National Breech Society Of Canada

Proposed Resolution for Consideration by the Canadian Association of Midwives

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SUBJECT: Establishing Formal Support for Midwifery Managed Vaginal Breech Birth and the Creation of Clinical Practice Guidelines by the National Breech Society Of Canada (NBSC)

Background

The National Breech Society Of Canada (NBSC) recognizes and affirms the ethical standard and legal right for pregnant people to make informed reproductive healthcare decisions under their own authority, that are best for their individual and family circumstances. This basic right to self-determination and bodily autonomy is protected under the Canadian Charter of Rights and Freedoms (Section 7), and is reflected within midwifery and medical ethics as well as associated regulatory and legislative healthcare frameworks across Canada. These rights include the ability to decline unwanted surgical intervention, mandatory transfers of care and the right for clients to retain their midwife as their primary care provider (MRHP) within their chosen birth setting.

Midwifery clients approach midwives because of mutually shared philosophies that engender normalcy in birth. Approximately 3-4% of all term foetuses will present breech, with intrapartum diagnosis of a breech presentation occurring at a rate of 13/1000 births. As such, the knowledge and ability to attend vaginal breech births has long been considered an essential midwifery skill. However, while the management of unplanned breech birth has remained part of national midwifery emergency skills management programs, significant efforts from other obstetrical providers and institutions have been successful at removing planned vaginal breech birth from midwifery scope of practice in most Canadian jurisdictions.

The limiting of midwifery scope has profoundly affected midwives' ability to maintain normalcy and continuity of care for breech clients and has extensively restricted clients' access to vaginal breech birth. The shift to extremist medical management of breech birth within institutions has essentially rendered vaginal breech birth a non-existent option since the publication of the Term Breech Trial (2000), which reported a significant increase in perinatal mortality for babies born via vaginal breech when compared to planned caesarean section.

While subsequent studies have refuted the original conclusions of the Term Breech Trial (Goffinet 2006; Daviss, Johnson, Lalonde 2010; Kotaska and Menticoglou 2019 ; Whyte et al. 2004), a return to supporting normalcy for vaginal breech birth has not occurred, despite the Society of Obstetrician & Gynecologists of Canada (SOGC) continuing to publish updated breech guidelines advocating for the re-skilling of providers over the past 15 years.

At present, there are very few experienced vaginal breech birth practitioners in Canada. Many obstetricians have either stopped offering vaginal breech or have never received adequate training. Attendance of vaginal breech birth has largely remained de-prioritized among

physicians, and routine caesarean section has remained the accepted and expected norm, offering providers an illusion of safety and control within a litigious social context which has further ingrained the deskilling of the obstetrical profession as a whole. Even with concerted efforts from consumer groups advocating for their right to access vaginal breech birth, widespread motivation for institutional change has not occurred extensively.

Upright Physiologic Vaginal Breech Birth

While the SOGC has advised reskilling of providers in vaginal breech birth, their 2019 guidelines did not reference any upright breech birth literature. However, the past decade has produced compelling data that has found that upright positions for vaginal breech birth are associated with improved outcomes when compared to lithotomy based vaginal breech delivery (Louwen et al. 2017; Bogner et al. 2014; Borbolla et al. 2014; Reitter et al. 2014).

In response to resolutions passed at the Association of Ontario Midwives and recent research, Ontario has adopted upright breech manoeuvres within their new educational program. Furthermore, as of December 16th, 2024, all ESW instructors in Ontario are required to attend an eLearning presentation and will participate in an in-person, hands-on session in order to learn the upright breech manoeuvres required to teach.

Midwifery Skill Building and Choice of Birthplace

As hospital-based breech training programs are rare and are generally not inclusive of midwives, midwives seeking advanced training in vaginal breech birth have had to travel long distances and pay high costs in order to access breech training opportunities. In doing so, midwives are not just maintaining competency to skilfully manage undiagnosed vaginal breech, but are making the transition into attending planned vaginal breeches in order to fulfil their ethical and legal obligations to facilitate informed choice options for their clients in both community and hospital settings.

While SOGC has been clear in their opinion that all efforts should be made to facilitate vaginal breech birth within hospital settings only, midwifery attended vaginal breech birth in community-based settings should be understood as a reasonable attempt to engage in harm reduction, rather than as occurring in opposition or in defiance of community standards. This is especially important within jurisdictions where midwives have been prohibited from obtaining clinical privileges for vaginal breech or where institutional vaginal breech bans are currently in effect.

Navigating Interprofessional & Political Roadblocks

Midwives across Canada who attend vaginal breech births frequently meet opposition from obstetrical colleagues and hospital boards that are largely made up of physicians and lawyers acting on consensus opinion within an institutional risk tolerance that does not accurately reflect birthing peoples' unalienable rights to bodily integrity, autonomy and informed choice. When institutions fail to acknowledge midwifery scope of practice and midwifery skill and expertise in vaginal breech, they obstruct the midwifery mandate of protecting and promoting access to normal birth for clients within hospital settings and increase the likelihood of consumers opting out of systems-based care altogether.

This may result in birthing people engaging the services of a traditional birth attendant or electing to give birth unassisted in order to protect themselves from a hostile birthing environment and unwanted surgery. This has occurred in recent years in B.C. and in the GTA in Ontario and has resulted in breech baby deaths.

NBSC recognizes that in November 2022, the CAM Board wrote to the SOGC to call attention to the fact that their 2019 guidelines had overlooked midwives' right to occupy the role of Most Responsible Healthcare Provider (MRHP) during vaginal breech births. As the CAM Board did not receive a written response from SOGC, NBSC wonders if engaging in a collaborative relationship with CMPA may yield a better result at the national level. Midwives require exceptional support within their communities and clinical practices as they work not only towards becoming skilled and competent vaginal breech providers, but as they continue to do the work to negotiate, obtain and maintain privileges to attend planned vaginal breech births in all birth settings, at great personal risk to their reputations, in potentially hostile work environments.

CALL FOR RESOLUTION:

Whereas midwives across Canada who have made efforts to "bring back breech" in order to meet their ethical and legal obligations to the families they serve, frequently meet opposition from both physicians and hospital boards that are made up largely of physicians and lawyers acting on consensus opinion within institutional risk tolerance frameworks that do not accurately reflect the unalienable rights of birthing people to bodily integrity, autonomy and informed choice;

And whereas engagement with the Association of Ontario Midwives (AOM) and the CAM Board, has revealed that neither organization currently has the resources or capacity to create and publish midwifery clinical practice guidelines for vaginal breech birth to assist midwives with formalizing midwifery standards, promoting harm reduction and upholding client choice as a means to increase reproductive justice and reduce rates of unassisted breech births;

Be it resolved that the Canadian Association of Midwives in combination with the National Council of Indigenous Midwives, the Canadian Midwifery Regulators Council and the Canadian Association for Midwifery Education will provide a position statement affirming the scope and competence of midwives who attend vaginal breech birth with details drafted by the National Breech Society of Canada (please see attached).

Let it be resolved that CAM and NCIM will support the creation of evidence based vaginal breech birth guidelines by providing consultation and feedback for breech guidelines drafted by the National Breech Society of Canada, based on an update for midwives from the SOGC vaginal breech guidelines;

And let it be resolved that CAM will act as an advocate during meetings with CMPA, SOGC and where critical, engage with individual hospital sites to affirm midwives' right to practice to their full scope, including vaginal breech birth after achieving advanced breech training.

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NBSC would like the Canadian Association of Midwives to consider the following advised steps in order to fulfill the Resolution:

1. Support midwives who have taken advanced breech training and have obtained experience either within Canada or internationally to exercise their right to attend vaginal breeches as primary care providers in Canadian hospitals by writing to the appropriate medical staff in hospitals across the country advising them of this part of our scope of practice.

2. Create a position statement on vaginal breech birth advising:

a) Midwifery practices to encourage access to midwifery-managed breech birth for clients in every jurisdiction.

b) Where midwives are conscientiously studying and attempting to attend vaginal breech births, that support be provided in order to facilitate attendance at breech births when they occur. This may include not putting unnecessary restrictions in place that prevent individual midwives from attending breech births, allowing the midwife to be off call for their practice if a breech client goes into labour, or giving the midwife the right to take "soft call" when a breech birth is occurring.

c) Reinforce the assertion that place of birth for breech, like with VBAC, carries risks and recommendations, and requires certain expertise, but a midwife cannot abandon a client if they decide to give birth at home.

d) Advocate that the recognition of midwives providing breech delivery options for their clients is a protection of client choice, bodily autonomy, and the collaborative health care process/unique therapeutic relationship between midwife and client.

5. Consultation and review of the National Breech Society of Canada's vaginal breech clinical practice guideline which will reflect updated evidence, the SOGC vaginal breech guidelines and upright breech within the midwifery model of care.

6. Approach the CMPA and SOGC about a meeting between themselves and representatives of the National Breech Society of Canada, CAM, the National Council of Indigenous Midwives, the Canadian Midwifery Regulators Council and the Canadian Association for Midwifery Education to negotiate proper recognition of midwives' expertise and scope of practice.

7. Advise Registered Midwives in Canada that a new organization called the National Breech Society of Canada (NBSC) has formed and would like to encourage midwives to join who are involved or would like to be involved with planning vaginal breech deliveries, especially from the provinces not yet represented.