Breech 101 - Part 3

Episode 13 · November 25, 2016 · with Dr. Emiliano Chavira, Dr. Barry Brock, Beth Cannon, and Susan Minich

IN THIS EPISODE

In the final installment of Breech 101, Dr. Elliot Berlin, DC and the panel take on the hardest questions — testing, timing, risk, and how families decide between trying to turn a breech baby and planning for a breech birth. One listener's own ultrasound story raises the stakes for everyone at the table.

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DR. ELLIOT BERLIN, DC: Welcome to the Informed Pregnancy and Parenting podcast, you're listening to Breach Babies 101 part three with my guests, Dr. Barry Brock, Beth Cannon, Susan Minick and Dr. Milo Shavira.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: So I saw a high risk doctor last week to get my first ultrasound after my midwife felt that the baby was probably Breach. And I'm sorry, that was two Tuesdays ago, 34 weeks. And she started questioning about my diet and my sugar intake. And I got tested for the third time for gestational diabetes and it was negative. And I got really stressed out and paranoid. I also was told that the weight was perfect at the time. And nine days later today, when I found out that the baby at that moment had its head down, I have no idea what position it's in right now. I was told that it weighs the same amount as it did nine days ago. So which makes me think of more fluid. Not first time out, but I'm gonna tell you

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: multiple studies out and second time mothers, not first time, between doctors, mothers and ultrasound, by far the most accurate are mothers. Not first time, they're clueless. But second time is a big or small in the previous kid. And there's so much more accurate than all of us. So I'm gonna tell you, take with a big grain of salt when an ultrasound or someone tells you that. It's very difficult to predict the weight. I would also like to jump in on this part as the ultrasound specialist in the room. You know, there's this incredible over-reliance and over-interpretation on the value of the ultrasound. Like we have these

measurements, like measuring the amniotic fluid. It's very inaccurate. You know, you made this comment that,

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: you know, last week you were 21 and now this week you're 19. It's the same. The precision of the measurement is not that high. The correlation between this amniotic fluid index and actually how much fluid is in there is not that high. This is all really just kind of a rough, you know, estimate. So when I hear you tell me that the fluid was 21, what I hear in my mind is, it's normal. End of story. There's no difference between, you know, it's 22 and 17 and nine. This is all, it's just normal. My question, what I'm sort of getting at is, is low birth weight correlated with excessive fluid? Is there a relation? Actually, the other way around, if you take populations of mothers who have excess amniotic fluid,

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: one of the things that you'll commonly find is a big baby. So there is a relationship between, and it kind of makes sense, a bigger baby's gonna make more water. But you don't always find that. The other thing that you very, very commonly find when you have excess amniotic fluid is you find nothing. You find a totally normal, healthy baby. Now as the fluid starts to get more and more and more and more, then you do start to find, you know, some problems, you know, fetal anomalies and so forth. But even in these cases where we have, you know, milder degrees of excess fluid, most of the time what you got is a totally normal, you know, pregnancy. And in your case, you know, this conversation's not even relevant

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: because your fluid is just normal. Normal range. It's just normal. Again, above adequate. The only thing I do tell my patients is your fluid's up, the fluid is, because it's very important to me because when I deliver the baby after the baby, I have to watch out because I can really get soaked.

DR. ELLIOT BERLIN, DC: You need a snorkel.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: It just flies at it. All this fluid comes, oh fuzz, I remember now you have the excess fluid and I have to just watch it because the baby comes out and it goes, oh, all comes flying out. And that's the biggest concern I have.

DR. ELLIOT BERLIN, DC: I've been noticing lately, actually a lot of the OBs don't even offer the ECV anymore, which is what happened to Fabriola who was just here. They just skip onto the cesarean and I sort of feel like it's on its way out.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Well, hopefully not.

DR. ELLIOT BERLIN, DC: I hope not.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: It's a great technique and it can be, you know, even you, you know, I'm running 60% but even 30%, 40%, it's still a great technique, especially if they don't do badger and breach deliveries. The only option is-

The options is there in section.

DR. ELLIOT BERLIN, DC: Well, I'm glad you brought that up. Our last topic that we want to talk about today is what if you've already done the chiropractic, the acupuncture, the massage, the pulsatilla, the positional exercises, and you've rubbed marmalade in a counter-clockwise position on your belly button and you've done an ECV and none of it has worked. What are your options after that? I know commonly the only option is given, schedules a serine at 39 weeks, but I feel like there's more options than that. What options do you offer?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: In my mind, the three basic ideas are, one, do what your doctor says, which is schedule the serine section and that's the plan.

DR. ELLIOT BERLIN, DC: At 39 weeks?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Yeah. Okay. Or you could stretch it out another week or two and give a little more time to see if the baby spontaneously turns. But one option is basically go with the flow, with the modern obstetric flow, which is plan the cesarean delivery. Option number two is to try to make some efforts to turn the baby. So everything that we talked about today and try to increase the chance of getting the baby head down. And option number three is to plan for vaginal and breech delivery.

DR. ELLIOT BERLIN, DC: Okay, so before we get to vaginal and breech delivery, do you normally, if somebody wants to do a, if they're gonna opt for the cesarean, do you prefer 39 weeks over waiting? Or what are these?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: No, I give them the option. I says you can schedule, any time after 39 weeks, you can schedule it or you can wait to go into labor.

DR. ELLIOT BERLIN, DC: Is it the same if it's footling? Cause you mentioned there's the issue of being able to.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Well, if it's footling, breech is a different story. Then my concern is if it's dilated. And if the water breaks. Well, if she's not dilated, even the water breaks is not a big problem, but if she's dilated, then in fact, you may even do something, that's one case, if she's failed a version and you got a footling breech, it's like three centimeters dilated, that's the patient, I mean, do before 39 weeks. So then she ruptures, you're in big trouble. That's a rare case, thank God.

DR. ELLIOT BERLIN, DC: Okay, rare that it would be footling and dilated. Right. Okay, so as long as it's not footling breech, you're comfortable waiting beyond 39 weeks.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Yes.

DR. ELLIOT BERLIN, DC: Benefits being maybe the baby will still turn.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Well, the mother always likes the idea that something will happen. And it's possible. But you said all these techniques you tried and failed, so it's less likely, but.

DR. ELLIOT BERLIN, DC: No, other doctors who are not comfortable with vaginal breech birth sort of paranoid about beyond 39 weeks, because if they go into labor, they don't have anything to do. Then that's an emergency.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: I like spontaneous labors versus intervening. So I usually like to go into labor. So I'm doing a breech delivery, I like to go into spontaneous labor. I also don't do anything, and I don't care what's going on until about six, seven centimeters. After I get to six to seven centimeters, and she's in active labor, I wanna see a gorgeously normal, perfect labor curve. I wanna see the butt coming down, I want you dilating. And if it's not doing that stuff, this is not dragging it out for, oh, she's stuck at eight centimeters for six hours. No, that's a sign that mother nature's telling me this is not the case for you. And if she starts pushing, I wanna see this butt coming down nicely. And that's the criteria that I use

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: to make sure a safe vaginal delivery.

DR. ELLIOT BERLIN, DC: Are there other criteria that you guys use beforehand that make somebody more or less of a good candidate for a vaginal breech birth?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: There's a rare occurrence of the stargazer. So in other words, theoretically, the baby has a big goiter or something, the head is extended up and looking up to the stars. They call it stargazer effect. And then, because the baby has to flex its head and neck to come out. If it can't do that, and something's blocking it, that can present a problem.

DR. ELLIOT BERLIN, DC: You tell that on ultrasound?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: You can tell it on ultrasound, but it's a rare event.

DR. ELLIOT BERLIN, DC: How do you know it's not just a snapshot, they're just extending at that moment?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Well, it's really, it's really,

DR. ELLIOT BERLIN, DC: It's really stuck into a deep extension.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Deep extension, the kid's neck's up, some mass is holding it back. And I also wanna make sure this child, she's diabetic and the child's gonna be 12 pounds. I mean, I'm not gonna strive for a vaginal. Usually, I think, throughout the world, they're saying 4,000 grams, roughly, under 4,000 grams, maybe 4,500, depending on. I like the height of the mother. If someone's tall, it makes me feel so much nicer because the pelvis is a bit, it goes by size, and the taller you are, that gives, you know, someone's

four foot six, and, you know, from Guatemala, but it's a first kid, I'm not too thrilled to.

DR. ELLIOT BERLIN, DC: Height of the mother because it's easier for birth, or you're saying some of that weight is height, not girth?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Well, because the pelvis is, usually I find the pelvis are bigger, and taller women, mother nature, makes it more room.

DR. ELLIOT BERLIN, DC: Okay, do you have a similar criteria, Dr. Shavir?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: You know, these one size fits all criteria just drive me absolutely bonkers, and, you know, contributes to, just a very mindless practice style. So I think, you know, taking into account their obstetric history, and their body size, and what we think of the baby, and doing more of an individualized approach.

DR. ELLIOT BERLIN, DC: What are we worried about with a breech baby outside of umbilical cord prolapse, which we can rule out?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Let me tell you, you need some good cojones, liver vaginal, breech delivery, because everything's fine until-

DR. ELLIOT BERLIN, DC: Beth does it.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: No, but, well-

DR. ELLIOT BERLIN, DC: Well, Beth used to do it.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: I do, I do. She's got good cojones, because let me tell you, after it comes down, you do not want to get this head stuck, because then, because the cords beside that, you need to get this baby out. And you want from the umbilicus to the baby out, you want a reasonable amount of time. And these babies come out, and mother nature has a system, they come out, and they are a little depressed. They're not screaming, but they perk up in a couple minutes, it's fine. But if your baby gets trapped there, that's a problem, you know, and I-

DR. ELLIOT BERLIN, DC: What's the problem?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Well, if the head doesn't come out, normally, if the head's coming down, the head can squeeze and mold and the bones, all those things, and it takes time. The same will happen to the breech delivery, but while it's doing it, the baby's dying, because the cord's trapped. So you don't have that luxury of waiting to the head mold and squeeze itself out of there. You have to have a quick and efficient delivery. So that's why I use all these criteria of everything progressing very nicely. Now, you can, and I've had one time that the cervix went ahead, and came down, it was clamped down, and you have to, I like the experience, you can use Piper forceps, or forceps designed to get the baby around the baby and to pop it out.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: There's techniques I use, lifting the baby up, and there's different techniques, put your finger in the baby's mouth and rotate it, and 98% of the time, that's what happens.

DR. ELLIOT BERLIN, DC: Do you use those techniques when you do a breech cesarean? Not the Piper, but I'm just saying like the, to get the, I mean, is it different to deliver-

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Yeah, but remember, it's easy, I can always extend the cesarean section, that's easy. I can't do that in the pelvis.

DR. ELLIOT BERLIN, DC: Do you end up cutting? Well, I mean, you can do a pesiotomy to give you a little more space.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: But that's not the pesiotomy. It's more of the cervix. The cervix, and it's the bones, the shape of the bones that do that. You don't have much room to do those things. So you have to have the experience to do that, and have the forceps available to do those things. I also use the criteria for beach deliveries, which I like in patients. I like the comfort belt, because I have to manipulate sometimes. And most of my patients, I prefer them to have an epidural. I don't insist upon it, but I prefer them epidural so I can control them. Now, if they don't want to be activated, I can just have them positioned. So if I, coming down and I need to do something, I can actually manipulate and move around.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Because you have to have the mother helping you out. She has to have, you know, legs extended. You need some room. You can't have her jumping off the table, because you're controlling. You don't have time. You don't have the luxury to do all these things. Because, so it takes a lot of-

DR. ELLIOT BERLIN, DC: So for you, as long as labor starts relatively spontaneously and progresses at a normal-

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Once you get, you go slowly till she gets to active phase. But once she gets to active phase of labor, it means six centimeters of dilate, six to seven. And then I want to see the dilate go rapidly and the butts start coming down in a very good pattern. I did one patient, did exactly that. Everything perfect. She failed version, everything else. Then she started pushing. After two hours of pushing, this butt did not come from zero station. And I section her for a nine and a half pound baby.

DR. ELLIOT BERLIN, DC: Do you feel like there's a benefit to labor before doing a cesarean? Or is that a downside?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Well-

DR. ELLIOT BERLIN, DC: Is it like double jeopardy? Oh no, I had the labor, and now I still have to have a cesarean?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Laboring before the cesarean section, it does thin out the larynx segment. It makes the repair, I think, more

secure. But it also increased your chance of infection. There is some evidence now coming out to do a vaginal prep. In other words, put betadine in the vagina. We do the cesarean section. Someone's in labor, okay? But the infection rate, when I was a resident and I rotated through a county hospital, every one of my cesarean section got infected. Every single one of them. And then when I operated cedars, my infection rate is extremely small. So also, cesarean section in the county when I was a resident, it took two hours. And mine now takes 25, 30 minutes. So there's a big difference. So this is a great question you ask

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: about the pre-labor cesarean versus a cesarean done that's after labor has started. And one of the problems with the obstetric literature is that historically these two cases were not divided. It was just vaginal delivery versus cesarean section. So we were not really scientifically able to kind of address this question. But I think there's a growing appreciation for the fact that there are a lot of physiologic processes that happen both in the baby and the mother in the labor process that are designed to help the baby transition from the in utero life to the out in the world life and also begin the breastfeeding process. And it happens together with and during the labor process. So there now actually is some literature showing

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: that the babies do better when you actually wait for the labor to start and then doing the cesarean compared to the ones you just do a cesarean and there's no sign of labor anywhere on the horizon. And I think we're gonna start to see more and more studies looking at that. But there actually may very well be some physiologic reasons why the ideal thing to do is wait till labor starts and you don't necessarily wait till they're

DR. ELLIOT BERLIN, DC: deep inside labor.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: You know, nine centimeters, 10 centimeters, you know, the baby's halfway out. But you kind of wait for the labor process to start and then do the cesarean at that time. So I think we're gonna start hearing a lot more.

DR. ELLIOT BERLIN, DC: So that could be another benefit of not scheduling at 39 weeks, even if you're planning to have a cesarean. But waiting till you go into labor. I think also one thing that we maybe didn't mention was in terms of who's a better candidate and worst candidate is somebody who's already had a successful vaginal birth. Even if it's just a vaginal head down baby, this is their second or third baby and they've already had one or two vaginal births.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: The more vaginal deliveries have this, I feel much more comfortable, it's much more easier. Everything goes much quicker.

DR. ELLIOT BERLIN, DC: And the odds of the head entrapment.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: The reason why the literature doesn't back that up is because doctors used to think that, well, because she had a previous vaginal delivery, oh, this one should make it. So they didn't look at the obvious,

this one's not progressing, you know, things like that. So, you know, all of a sudden they're trying to drag out a 10-pound kid vaginally, breach, because she thought just to go like the others, she'd live with two babies before. But not necessarily, you have to.

DR. ELLIOT BERLIN, DC: But if she's had two seven-pound babies, now she has another roughly seven-pound baby.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Absolutely, no question.

DR. ELLIOT BERLIN, DC: But they're treated by medicine generally like the same as anybody else who's breached, scheduled you for a cesarean at the time.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: They do, but those, and listen, I've seen the rushing back to patients for cesarean, saying, why she's bruised, why? The butt's on the perineum.

DR. ELLIOT BERLIN, DC: Exactly.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Oh my God, Jesus.

DR. ELLIOT BERLIN, DC: Do you help them then?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Well, I've been called back to help, but I don't, I'm not my patient. I can't intervene. I know, but it's so upsetting to see that. That's not protocol. I know. There are doctors taking back to the cesarean section, look, stop, I can do this vaginally. You know, you can't do that.

DR. ELLIOT BERLIN, DC: I think another thing that we didn't address is twins, because you brought it up briefly, or you did. It's so sad. If you have two babies and baby A, the first baby to come out is vertex, head down. And then the second baby is roughly the same size or smaller and breach. A lot more doctors are comfortable delivering those twins vaginally. And even if the second baby stays breach.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: They should be, but a lot are not, unfortunately.

DR. ELLIOT BERLIN, DC: Well, I would say, I shouldn't say a lot. A handful more are comfortable with that after coming twin that's breached. There's a few of them. But why do you say they should be more comfortable with it? Why is that not a concern like a regular breached baby, a singleton?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Well, first of all, remember, someone's already dilated everything open. It's there. So usually the head doesn't get trapped. It comes out as long as the second baby, and usually second babies usually are smaller. But give me exception. I had one patient that the ultrasoundographers told me that the baby was a pound bigger. I live with the first one. And so this one I personally did not do a breach extraction. And after six hours, I gave up on section with the second one. It was a pound bigger, but I

tried to move the head down. It wasn't coming.

DR. ELLIOT BERLIN, DC: It wasn't coming.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: But that's the patient. Normally, if I didn't know it was a pound bigger, I would have put her up and done a breach extraction.

DR. ELLIOT BERLIN, DC: So safer because if baby A comes out and baby B is roughly the same size or smaller, then it should just come out. The odds of getting trapped very small. What about the concern about the cord?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Well, first of all, you don't draw your cord bloods, but usually you'd go ahead and the cord should not be a problem. But over the years, I've had to do cesarean section for the second twin. But fortunately, it's not that common at parents. That may be once or twice in my career, but it does happen. You're set up for that. I do my vaginal, my twin delivery is in a quota C section room, but I do everything vaginally.

DR. ELLIOT BERLIN, DC: Do you, all of you, because you have experience with clients who have breached babies, do you have patients who have had both vaginal breach birth and vaginal head down birth? Because one of the most common questions when somebody's considering this is that must be incredibly painful to deliver a vaginal breach birth. Do you have a comparison from patients who've done both about one being a lot more uncomfortable or difficult?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: I've heard that it's just different. It's different. It feels different than the head first baby. One of them said, and it was her sixth baby.

DR. ELLIOT BERLIN, DC: Oh. Right.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: And that made me, it was like that. It was. It was. I almost missed it because I was thinking about what I might, what would I do if, whatever. But anyways, she just plopped out. But mom afterward was like, of the six, that was the most painful.

DR. ELLIOT BERLIN, DC: The breach.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Yeah. Yeah.

DR. ELLIOT BERLIN, DC: I've had a handful say that. Handfuls, most say it's just different. Not one's better or worse. And a handful say that the breach was more comfortable with the soft butt pushing down there the whole labor. We are gonna take a quick commercial break. Don't go anywhere. We'll be right back. Do you have a final question?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Yeah, maybe two short quick ones. One, are most vaginal breech bursts done on the back? Or are there

different positions that can be done when delivering a vaginal breech baby? And then my second question is, if it was done with the cesarean section, what exactly happens? How do you deliver the placenta then? Is there delayed cord clamping? Is it vaginal or is it pulled, you know, what happens? You deliver the section, you deliver the baby, you can milk the cord to delay cord clamping and give the blood to the baby and then the placenta comes out. That's the easiest thing in the world because it's right there. You can manually take it out of the uterus. You can maybe get a cesarean section. And the first question was?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Do you deliver on the back? Do vaginal breech babies always have to be on the back? I do my deliveries all the same way. Usually I do some on the side, things like this, but I usually like more control. I have a sitting up position I like to deliver at. Like gravity help me, but that's me. But other different positions you can't. But you do need. Access? Access.

DR. ELLIOT BERLIN, DC: Dr. Shreer, if you deliver a breech, is it different on the back for you versus a head down baby?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: So I think probably most obstetricians are trained with the patient on the back and there are techniques for delivering in that position but it's maybe that the best way to do it is on hands and knees. I don't know how you. I was just gonna say that there's a, most OBs are trained because they were trained a while ago to do on the back but there's a lot in Europe and in Australia, there's a lot of upright and hands and knees. Even for breech. So now, and I've done upright and hands and knees as well. Cause sir, would I understand if you're hooked up or you have an epidural or you're hooked up, you can't. You have to be on your back. That's the thing. But then I heard you say, yeah, then I heard the midwife say that.

DR. ELLIOT BERLIN, DC: Yeah, even Dr. Brok said he doesn't always have an epidural. It's maybe his preference.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: It might be prepped, but you might not be.

DR. ELLIOT BERLIN, DC: You might not have any drugs in there either.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Upright. Yeah. You know, the other thing is that, I just find this so universal in medicine, these things that get said that are just untrue. You know, you hear this, if you have an epidural, then you can't move. You know, I think what happens is that on labor and delivery, what they like to do is they put the epidural, they lay in the bed, they put a Foley catheter into the bladder so that now we don't have to worry about, you know, when you have to pee. And then you just don't require any attention. You just lay there. And, but, you know, in fact, I don't know if you've ever heard this term, the walk-in epidural, but, you know, I've had patients that, you know, with an epidural and they kind of lay in there

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: and they're uncomfortable and it, can I just get up? And people are freaking out saying, how could she get up? There's no epidural. And we just get them up. So you can actually move when you have an

epidural. And you know, it depends a little bit. Sometimes the block is very dense.

DR. ELLIOT BERLIN, DC: It also depends on the hospital policy. I know legal teams don't love when your legs are sort of wonky and jello-y for you to, and you're in labor, for you to not have full control and be able to walk around, even if it's doable. Although with a walk-in, I mean, some hospitals have a protocol.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Well, but you assist.

DR. ELLIOT BERLIN, DC: You assist, but I'm just saying, the lawyer doesn't hear that you're assisting.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Yeah, feel free. Go ahead and get up. And then you go to, you assist. You help them out. You're there to kind of protect them. But then I've also heard that you can eat or drink. While you're in labor? With epidurals? Uh-huh. It depends. That's anesthesia. Like some hospitals won't let you eat or drink. Most hospitals have that. That's a matter of policy. But- If you have the epidural. Even in general. They don't let you-

DR. ELLIOT BERLIN, DC: Once you're in labor, some of the hospitals don't let you eat at all.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Just ice chips.

DR. ELLIOT BERLIN, DC: Can I please have some ice chips? Can I have an opaque fluid? Okay.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: in their control.

DR. ELLIOT BERLIN, DC: You don't have to be flat on your back just because you have an epidural.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Okay, so breach, you can still be in different positions. Yes.

DR. ELLIOT BERLIN, DC: Okay. We are gonna take a quick commercial break. Don't go anywhere. We'll be right back. All right. Did anybody have a final thought that you wanted to share on the topic of breach babies?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: My final comment is, can we figure out a way to train the doctors? Re-teach breach. Is there a way to re-teach it on a grand scale in the country? Because I know it's been brought up a volume and this and that.

DR. ELLIOT BERLIN, DC: Okay.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: So some location in America or some kind of funding or grant to get doctors and midwives, but doctors, because most people see doctors trained in the skill. Like it doesn't make any logical sense to me. So.

DR. ELLIOT BERLIN, DC: Our children I think are definitely gonna say, how did you let this happen? How did you let this skill disappear completely? Because that's where it's heading.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: It's actually, yeah, I agree with you. It's a major problem. And people. And there's no one left. My sense, I'll tell you what I think my sense. You asked, are we gonna be able to re-teach us on a grand scale? And if you mean by grand scale that it becomes part of the skill set of your standard obstetrician, I don't know that we'll ever get there again. But the practice of medicine is becoming increasingly specialized where you don't necessarily teach every physician how to do every therapy. The surgeons don't do every surgeon that's out there, but they kind of specialize. So I think a place we may be able to get to is where every major city has a handful of physicians and midwives who are able to offer this

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: so that the practice is not completely dead. And it becomes coordinated. Everybody in the city knows these are our breach providers. And when I have a breach patient, I can counsel them appropriately instead of telling them, this is too dangerous. Let's schedule your section. It's not an option. We're just scheduling your C-section. You can actually outline what the options are. And if you're interested in this one with breach vaginal delivery, there's a place where we can send you. There are people who are experts in that. Hopefully we can get to that place. And I think we're gonna have to grab an opportunity that we have right now, which is that we have an older generation of providers who have the knowledge and the skill.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: And we're gonna have to have younger providers who have not yet been completely paralyzed by the medical legal fear and actually still have the interest in learning and serving the patient. And basically grab that knowledge and skill so we can keep it alive.

DR. ELLIOT BERLIN, DC: I had this secret dream that Kaiser Permanente, because you have so many hospitals in Southern California. But I will say this. Kaiser invited us to show the film, heads up, to a whole room full of OBs in residence. And it was very well received. I wasn't sure. You know, when I show it to the midwives and doulas, it's a lot of hugs and kisses, I thought. In the OB community, I thought I was gonna get like rotten tomatoes. And it was very well received. And some of the younger doctors in residence in particular were very curious. And one of them, I think, went to Germany.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: He's going.

DR. ELLIOT BERLIN, DC: He's going to Germany and get some training in breeches. So I just had this little dream, like you have so many patients and a high volume of breech clients that if one Kaiser could be set as the breech center in Southern California that had 24-hour breech coverage and anybody who wanted to have a vaginal breech delivery would go to that one. It could become not only a place where people can go, but a place where people could train.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: It seems, it doesn't seem like it should be that hard to do that, but it also seems like the hugest uphill battle.

DR. ELLIOT BERLIN, DC: It's a big corporation.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: But there is. But there are people left. And that's a thing.

DR. ELLIOT BERLIN, DC: There's a handful. But if we took that little ember. He is interested in that. But it has to come from a corporate level. I mean, right now, if you happen to have the baby while he's there, you know, then you can have a vaginal breech.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: The consumers.

DR. ELLIOT BERLIN, DC: We had the opposite. We had the opposite, right? We had the opposite, where a patient was scheduled to have a cesarean, and she was, I think she worked at Kaiser, right? Yeah, that's what I'm saying. It was the opposite. She was all, tried everything. Baby was stuck breech. Scheduled her cesarean, like a good little patient, And then like, you like ran into her in the hall or something, what happened there?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: They had the stars really aligned for it.

DR. ELLIOT BERLIN, DC: But they happened to align, but if there was always supervision there. And there were young, you know, eager doctors who wanted to keep the joys alive.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: I'll tell you, I was at this Kaiser with Susan for five years. So I, you know, I know that location fairly well. And I had this idea. And we had some discussions within the department about developing a breach team to, you know, increase the number of experienced attendings who, you know, were willing to do this. And the motivation was just a little low.

DR. ELLIOT BERLIN, DC: It's, I mean, I think it's a case that we can't teach a new dog old tricks. Think about that for a second. And we did talk about some of the risks of the vaginal breach birth, but we didn't talk about any of the risks of the cesarean birth. And that's just in that birth and then she'll get pregnant again. And the next pregnancy automatically has some risk involved. So I also do want to stress that. That's a really good point, Susan, which is that I don't think anybody at this table is anti-cesarean. I think we're all in love with a cesarean that is given to somebody, offered to somebody who needs one. For sure, we're all in agreement on that. And probably most of us are in agreement for someone who really wants one,

DR. ELLIOT BERLIN, DC: who's making an informed choice to have one, should also be supported in that choice, I think. Personally, maybe I'm not totally supported in that. I want you to listen to a conversation like this and come away with some facts that are hard to come by. Mostly, if you find out your breach, you're gonna be offered, just like I'm real, a cesarean at 39 weeks, period. If you ask

about an external version, you're gonna be told about all the risks that could happen and they're gonna be blown out of proportion, made to seem like they happen pretty much every time we do one or 50% chance of, you know, the benefits are minimized, the risks are maximized, and you walk away saying, I'm not gonna do that. What I'd like you to do is, and same thing

DR. ELLIOT BERLIN, DC: with a vaginal birth versus a cesarean birth, I don't have a choice for you, except that you have the information that you can make an informed choice and be supported in that choice. First step is to be able to make the choice, and what we're collectively working on is trying to create support system for that choice within the system, yeah.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: And that was one thing I wanted to mention as a patient when I'm frantically online researching, what is it that I can do? One thing that came up was a hospital in Oregon, and it actually crossed my mind, maybe I need to go over there and stay a few weeks and deliver there.

DR. ELLIOT BERLIN, DC: You would not be the first.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: So it would be great if there was some kind of centralized hospital or a network of hospitals that could cater to people like that. All I can say is. It crossed my mind, I'm like, I'm packing up and moving.

DR. ELLIOT BERLIN, DC: Efforts are being put into that. The film was also meant to raise awareness, to let women know you might have a choice here other than that schedules is here in our 39 weeks or multiple choices, and to create more of a demand among people who want that choice to go demand it from there. And it is happening. Our patients are, the reason I call Dr. Brock every day or Milo pretty much every day last week, I put you in touch with somebody who is great.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: That's always so great to hear from me. Thanks.

DR. ELLIOT BERLIN, DC: Or Dr. Fishbun or Dr. Wu, the handful left here who do it. As people are leaving their OB and going to someone who specializes in breach because they need that specialty, other OBs are sort of starting to say, maybe I need to think about this. I don't think it's created dramatic action, but there are a handful of sprouts that are talking about it, thinking about it, looking for training in it. And even Dr. Brock who's doing a lot more of them now than he was doing before. I think the other doctors are thinking about it and we're trying.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: It'd be good to have that support because for me, I have the mindset if my body can make it, it can take it. And why can't I have that support? Write a letter to ACOG. That's a great idea. Write a letter.

DR. ELLIOT BERLIN, DC: It's a great idea. Look, ACOG got together in 2010.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: And to your hospitals. I mean, it's gonna be consumer driven because it's consumer driven.

DR. ELLIOT BERLIN, DC: National Institute of Health did get together in 2010, not about this, but about VBAC, it still is very hard to come by in many areas. And just did an analytical look at the state

of VBAC, vaginal birth after cesarean, and their conclusion was more people should be offered VBAC and there's too many obstacles to getting one. And so I think if people do write to ACOG or the National Institute of Health and demand an analysis of breach, now that since 2006, ACOG sort of reversed their policy in Canada where this all started, made a bigger reversal in their policy and they offer more breach and they offer training among older doctors to younger doctors. Maybe it can happen. Unfortunately, I don't think it's gonna happen in the next three weeks.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: No.

DR. ELLIOT BERLIN, DC: We'll see what options you have.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: No, but I appreciate, thank you so much. I appreciate all the information and I'll definitely go and see you tomorrow.

DR. ELLIOT BERLIN, DC: All right, so I'm gonna come see you tomorrow then.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Oh yeah, thank you so much.

DR. ELLIOT BERLIN, DC: I would like to thank everybody for being here. Dr. Barry Brock, Beth Cannon, Susan Mink, and Dr. Mila Shavira, and our guests, Fabriola, Danielle, and Nusha. And all I can say on the way out is if you look at our website, informedpregnancy.com, you'll find a lot more information about breached babies. You'll find a directory of doctors and midwives around the country who offer vaginal breach option and also other options in terms of trying to encourage your baby into the ideal position. And as always, I encourage you to research the options, weigh the pros and cons as they pertain to you specifically, make an informed choice and try to find support for those choices. Thanks for listening to the Informed Pregnancy and Parenting podcast.

DR. ELLIOT BERLIN, DC: Find us at informedpregnancy.com and as always, write questions to info at informedpregnancy.com. That concludes our series on Breached Babies 101. Hopefully you've picked up a tremendous amount of information and are in a better position to do more research, have conversations, and make informed choices. You can find our show notes and other information important for breach at informedpregnancy.com. And as always, if you have any questions, feel free to write to info at informedpregnancy.com.

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