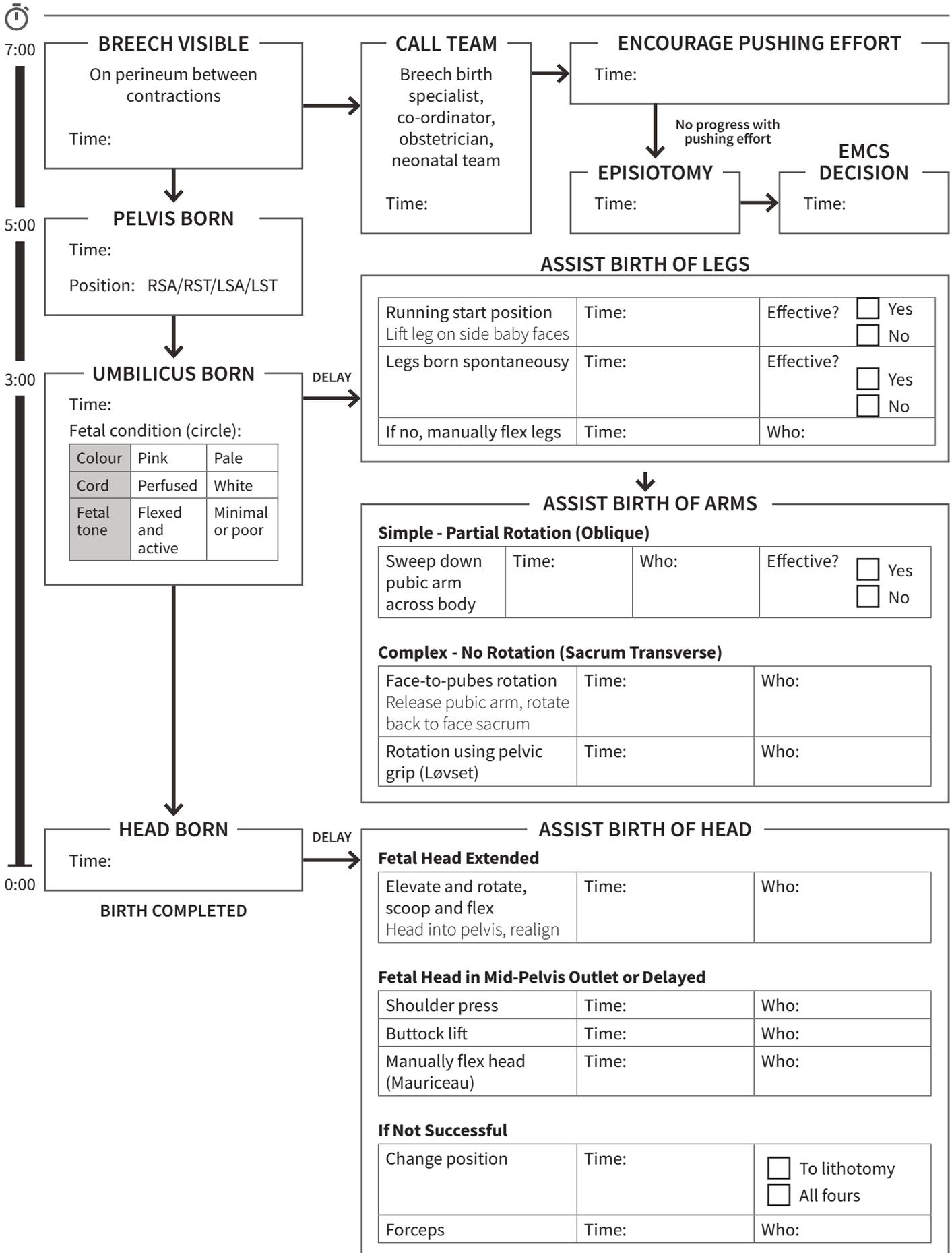


# Breech Birth Documentation Tool

Birthing position: \_\_\_\_\_ Date: \_\_\_\_\_

**PATIENT DETAILS**  
 Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Hospital #: \_\_\_\_\_



Planned vaginal breech	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cord gases taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason if not done:		
Cord gas results	Arterial:	Venous:		
	Base excess:	Base excess:		
Explanation to parents	<input type="checkbox"/> Yes <input type="checkbox"/> No	By	Risk management form completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Form number:
Baby assessment after birth by		If yes, to any of these for review and follow up by consultant neonatologist		

### Transfer Times/Details

Ambulance/labour ward called Time:	Arrival of ambulance Time:	Time to transfer to hospital/ labour ward Time:
Handover Time:	Decision to transfer to theatre Time:	Transferred to theatre Time:

### Staff Present at Birth

Name	Role	Time called	Time arrived

### Additional Notes

Scribed by	Signature	Designation
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Reflective review by	Date	Staff included
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Notes