

Midwifery Emergency Skills Program (MESP) Team Action Checklist

Undiagnosed Twins / Breech

→ Check each action performed by either 1st or 2nd attendant

Primary attendant: _____

2nd attendant: _____

Checked by: _____

- Immediately palpates and confirms presence, lie and presentation of 2nd twin. It will be breech.
- States would NOT give oxytocin for AMTSL until twin born.
- Clamps and cuts umbilical cord of delivered twin A when dichorionic not confirmed.
- Does NOT take cord blood or unclamp cord – articulates concern for chorionicity / TTTS
- Calls for help and communicates clearly what is happening to all present.
 - Asks family / partner to call EMS / 911 immediately
 - Asks 2nd to call hospital and consultant team
 - Asks 2nd to document
- Auscultates FHR or asks 2nd to do so as continuously as possible.
- Indicates would consider ECV to longitudinal lie if transverse.
- Performs internal exam:
 - Wants info: presentation, dilatation, station, membranes, cord?
- Communicates with & reassures parents re breech presentation and plan to transfer.
- Asks 2nd to initiate 16-18G IV with LR or NS - does not bolus – just tkvo
- If appropriate for community - draws blood for CBC, cross match
- Considers inserting foley catheter if time
- Monitors vitals, continuous fetal HR by IA
- Prepares for transport and identifies equipment to bring
 - Doppler, Birth instruments, Oxytocic, Ergot, Blood samples, if drawn
 - NB Resuscitation equipment
 - Health records,
- Performs internal exam if: urge to push, abnormal FHR , bleeding, to assess progress/ RO cord.
- Directs 2nd to prepare for neonatal resuscitation
- ICD with client / recommend AMTSL / directs 2nd to prepare to do so
- Discourages active pushing until breech on perineum
- Stays Calm, Quiet, does not interfere. Discourages active pushing. Watch time.
- Positions when breech on perineum let it hang: **Upright: all fours – or Supine: edge of bed**
- Considers episiotomy if progress impeded – see timeline:

- Refers to **Walker Algorithm timelines and interventions.**
- Notes time of rumping (7 m). Notes time of hips (5 m) Notes time of umbilicus (3 m) **BABY will NOT turn tum to bum.**
- AFTER umbilicus - Recognizes need to assist with legs if frank breech – usually unlikely
 - Demonstrates modified Pinard Maneuver – see images
- AFTER umbilicus, tum to bum **rotation does NOT happen.** No descent.
 - hand placement prayer hands or Lovset is first time to touch breech
- Recognizes role of cleavage plain / and lack of = extend arms
- Demonstrates rotational manoeuvres to release arms appropriately -watch hand placement:
 - **Upright:** flat **prayer hands** on chest and spine/ shoulder girdle, turns in direction infant faces – delivers anterior arm (NOT posterior)
 - **Supine:** **Lovset** with hand placement over bony pelvis –
 - Rotates does not pull - Ensures ends up tum to bum with both arms down.
- Allows body to descend with active pushing
 - Allows body to hang / sit until junction of neck/occiput visible / arms born

Upright / all fours:

- baby hangs to sit, stay close to support head falling forward as chin/ nose/ eyes/ brow/ vault are spontaneously born by flexion with contraction.
- Should do **shoulder press** mid-subclavicular space or distal clavicles -see images + Butt lift

Supine:

- When sub-occipital viewed, stop pushing – ask them to pant / breathe
- Performs **Mariceau-Smellie-Viet (MSV)** maneuver
 - One arm supports chest with 2 fingers against malar bones and middle finger of other hand placing pressure on occiput to increase flexion (push back of head forward, opposite hand pulls malar bones down) – while face if born chin to forehead.
- 2nd can apply suprapubic pressure while body lifted in slow arc to allow SLOW birth of head

AFTER Birth

- Double Clamp Twin B cord immediately re: possible TTTS. Notes DCC for singleton breech
- Evaluates need for neonatal resuscitation (if singleton breech with intact cord)
- Active management third stage / anticipate PPH
- Delivers both placenta together: Applies gentle CCT on both cords, guarding uterus after signs of separation and confirmed uterine contraction. Consider adding oxy 20units to 1litre to run in over several hours.