

Obstetrics OSCE Station

Instruction for Students

Miss Jane Smith is a 23 year-old pregnant lady who has come to see you regarding her recent ultrasound scan. She has been told her baby is “breech” and is worried about the results.

Please take a history and counsel the woman regarding her management options.

Instruction for Patient

P/C - You are 36 weeks pregnant. Your recent ultrasound scan shows that your baby is “breech” – you didn’t understand what this meant and are very anxious about what this means.

You are very keen on having as natural delivery as possible and any idea of surgery makes you emotional. You actually have planned a home birth.

PMHx - none significant

Obstetric History – this is your first baby, but you have had 1 previous miscarriage. You have had no concerns regarding this pregnancy and have been under the midwife for the majority of your pregnancy.

DHx – None, NKDA

FHx – Nil significant

SHx – live with your partner. Non- smoker. No alcohol. You are a primary school teacher

Ideas/concerns – you think you need surgery and are very scared at the thought. Mom had a major complication with caesarean section and ended up having a hysterectomy.

Expectations – you hope that the doctor will give you another option, you are adamant you don’t want surgery.

In the end you opt for an ECV and get booked in the following day.

Instruction for Examiner

- Open questions, empathy, and confidentiality to gain patient's trust.
- Presenting complaint:

Address the current issue of breech presentation. What is the patient's understanding of breech? Explain what the term means in layman's terms.

e.g. "usually the baby's head is at the exit of the womb, in your case, the baby's bottom is at the exit of the womb. This happens in 3-4% of term pregnancies"

Extra points for use of drawings to help explain

Explores patient for any risk factors of breech presentation such as:

- Twins
- Oligohydramnios/polyhydramnios
- Uterine fibroids
- Pelvic tumour
- Pelvic deformities
- Placenta praevia

Explain that most of the time, there is no cause (reassure the patient)

- Main component of this station is counselling the patient about her options for a breech baby:
 1. External Cephalic Version (ECV) → at 36 weeks may put the baby in its normal position. This involves an obstetrician attempting to rotate the baby in your womb, by putting their hands on your tummy. Immediate success rate about 50%, but in about 10%, the baby subsequently reverts back to "breech" position.
N.B → address contraindications to ECV (e.g. twins, antepartum haemorrhage, previous caesarean section).
Also → address risks of ECV: umbilical cord entanglement, placental abruption and induction of labour)
 2. Vaginal Breech delivery → this is a more hazardous labour.
 3. Caesarean Section → discuss the risks associated with this procedure.
- Points given for addressing patients IDEAS, CONCERNS and EXPECTATIONS