

# **Fetal Presentation Clinical Guideline**

**V3.0**

**October 2024**

# 1. Aim/Purpose of this Guideline

- 1.1. This guideline applies to Midwife Sonographers on how to perform a presentation scan in the Fetal Medicine Assessment Centre.
- 1.2. This guideline makes recommendations for women and people who are pregnant. For simplicity of language the guideline uses the term women throughout, but this should be taken to also include people who do not identify as women but are pregnant, in labour and in the postnatal period. When discussing with a person who does not identify as a woman, please ask them their preferred pronouns and then ensure this is clearly documented in their notes to inform all health care professionals.
- 1.3. This version supersedes any previous versions of this document.

## **Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.**

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust     [rch-tr.infogov@nhs.net](mailto:rch-tr.infogov@nhs.net)

## 2. The Guidance

### 2.1. Guideline Purpose

The purpose of this guideline is to ensure the effective process for assessment and management of suspected and confirmed breech presentations from 36+0 weeks gestation.

This includes the effective communication between referrers; Fetal Medicine Administrator; Midwife Sonographers; staff in the maternity triage, Delivery Suite, the breech team and the families themselves.

## **2.2. Background**

Presentation scanning is performed in RCHT in accordance with the objectives established by the RCOG Green – Top Guideline 20b, March 2017. Breech presentation complicates 3-4 % of all term deliveries. It is associated with uterine and congenital abnormalities, has a significant recurrence risk and is more common in nulliparous women. A baby presenting breech at term have worse outcomes than a cephalic baby, irrespective of the mode of delivery. Antenatal detection at term is desirable to offer external cephalic version (ECV) and to allow women to be counselled on the risks and benefits of ECV and the implications for mode of delivery. Women who decline the offer of ECV or women with a term breech following unsuccessful ECV should be counselled on the risks and benefits of planned vaginal birth versus planned caesarean section.

## **2.3. Suspicion of Breech Presentation**

Practitioners who suspect breech presentation can refer to Fetal Medicine for assessment by ultrasound from 36 weeks gestation – Via 01872 252682. An appointment will be given to the woman to attend for ultrasound assessment and consent obtained from the sonographer at the time of the scan.

## **2.4. Confirmation of Breech Presentation**

If breech presentation is confirmed on ultrasound, the liquor volume, UA PI Doppler and fetal growth biometry (HC, AC and FL) should be obtained. The placental position must be documented. The sonographer should give the 'Breech Presentation at term' patient information leaflet and a referral made to the Breech team via email [rcht.breechteam@nhs.net](mailto:rcht.breechteam@nhs.net) with the woman's name, CR number, gestation and email address.

## **2.5. Follow up Care**

Any fetus that is or has been breech after 36 weeks gestation needs a postnatal hip scan at 6 weeks of age. Therefore, if breech presentation at the scan it is essential to document in the Maternity Management Plan on the electronic patient record.

## **2.6. Confirmed Cephalic Presentation**

Woman with a confirmed cephalic presentation on USS and no indication for growth scan biometry will to be referred to routine antenatal care.

## **2.7. Ultrasound Report**

The Viewpoint ultrasound report should be filed in the handheld maternity notes.

### 3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
<b>Element to be monitored</b>	Women who have been referred to Fetal Medicine for assessment of fetal presentation should follow the pathway of care as detailed in the policy and this will be monitored.
<b>Lead</b>	The Breech Team.
<b>Tool</b>	Compliance Monitoring Tool - ECV Proforma.
<b>Frequency</b>	10 sets or 1% of women having an ECV over the lifetime of this Guideline or earlier if indicated to ensure patterns of care are adhered to as detailed in this document.
<b>Reporting arrangements</b>	The findings of the audit will be presented at the departmental Fetal Medicine meetings. Findings will be discussed, and any action points devised.
<b>Acting on recommendations and Lead(s)</b>	<ul style="list-style-type: none"> <li>The Fetal Medicine team or an appropriate person with delegated responsibilities. The audit will be carried out by a member of the Fetal medicine Team. Findings will be presented to the Feta Medicine Lead Consultants and the Midwifery team annually, in order to make any necessary recommendations.</li> <li>During the process if the audit compliance is below 75% or other deficiencies identified, this will be reported at the next Obstetric Patient Safety Forum or Clinical Audit Forum and an action plan agreed. Any required actions will be identified and completed within 3 months and results recorded at a Fetal Medicine monthly meeting within the minutes taken.</li> </ul>
<b>Change in practice and lessons to be shared</b>	Required changes in practice will be identified and actioned at a Fetal Medicine Departmental meeting and communicated to the rest of the team within the minutes taken. Any changes to practice will be implemented within a 3-month time frame and minuted as complete. A lead member of the team will be identified to take each change forward where appropriate, and lessons will be communicated with all the relevant stakeholders.

### 4. Equality and Diversity

- 4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

#### 4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

## Appendix 1. Governance Information

Information Category	Detailed Information
<b>Document Title:</b>	Fetal Presentation - Clinical Guideline V3.0
<b>This document replaces (exact title of previous version):</b>	Fetal Presentation - Clinical Guideline V2.0
<b>Date Issued/Approved:</b>	October 2024
<b>Date Valid From:</b>	October 2024
<b>Date Valid To:</b>	October 2027
<b>Directorate/Department responsible (author/owner):</b>	Kerry – Ann Jenkin Fetal Medicine
<b>Contact details:</b>	01872 252682
<b>Brief summary of contents:</b>	This guideline advises Midwife Sonographers on how to perform a presentation scan in the Fetal Medicine Assessment Centre.
<b>Suggested Keywords:</b>	Breech, ECV, fetal medicine, presentation,
<b>Target Audience:</b>	<b>RCHT:</b> Yes <b>CFT:</b> No <b>CIOS ICB:</b> No
<b>Executive Director responsible for Policy:</b>	Chief Medical Director
<b>Approval route for consultation and ratification:</b>	Maternity Guidelines Group
<b>Manager confirming approval processes:</b>	Caroline Chappell
<b>Name of Governance Lead confirming consultation and ratification:</b>	Tamara Thrilby
<b>Links to key external standards:</b>	No
<b>Related Documents:</b>	None

Information Category	Detailed Information
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Midwifery and Obstetrics

### Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
July 2012	V1.0	Initial Document	Zoe Nelson Fetal Medicine Sonographer
July 2015	V1.1	'From 36+0 weeks gestation' added to the first paragraph.	Head Fetal Medicine Sonographer
July 2021	V2.0	Full version update Updated guidance at 2.4 to include and UA PI Addition at 2.6 that ECV can be booked from 36 weeks gestation for primigravida women and from 37 weeks for multiparous women.	Kerry Jenkin Fetal Medicine Sonographer
October 2024	V3.0	Full update – minimal changes	Kerry Jenkin Fetal Medicine Sonographer

**All or part of this document can be released under the Freedom of Information Act 2000.**

**All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.**

**This document is only valid on the day of printing.**

**Controlled Document.**

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

## Appendix 2. Equality Impact Assessment

### Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.  
For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team [richt.inclusion@nhs.net](mailto:richt.inclusion@nhs.net)

Information Category	Detailed Information
<b>Name of the strategy/policy/proposal/service function to be assessed:</b>	Fetal Presentation – Clinical Guideline V3.0
<b>Directorate and service area:</b>	Obstetrics and Gynaecology
<b>Is this a new or existing Policy?</b>	Existing
<b>Name of individual completing EIA</b> (Should be completed by an individual with a good understanding of the Service/Policy):	Kerry – Ann Jenkin, Fetal Medicine Sonographer
<b>Contact details:</b>	01872 252682

Information Category	Detailed Information
<b>1. Policy Aim - Who is the Policy aimed at?</b> (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To give guidance to Midwife Sonographers on how to perform a presentation scan in the Fetal Medicine Assessment Centre.
<b>2. Policy Objectives</b>	To ensure presentation scans are correctly performed.
<b>3. Policy Intended Outcomes</b>	Appropriate management of presentation scan.
<b>4. How will you measure each outcome?</b>	Audit of compliance to guideline.
<b>5. Who is intended to benefit from the policy?</b>	Pregnant woman with a suspected breech presentation from 36 weeks of pregnancy.
<b>6a. Who did you consult with?</b> (Please select Yes or No for each category)	<ul style="list-style-type: none"> <li>• Workforce: Yes</li> <li>• Patients/visitors: No</li> <li>• Local groups/system partners: No</li> <li>• External organisations: No</li> <li>• Other: No</li> </ul>

Information Category	Detailed Information
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/groups: Maternity Guidelines Group
6c. What was the outcome of the consultation?	Policy Agreed
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No

### 7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	All pregnant woman
Sex (male or female)	No	All pregnant woman
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	All pregnant woman
Race	No	All pregnant woman
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	All pregnant woman
Religion or belief	No	All pregnant woman
Marriage and civil partnership	No	All pregnant woman
Pregnancy and maternity	No	All pregnant woman

Protected Characteristic	(Yes or No)	Rationale
<b>Sexual orientation</b> (e.g. gay, straight, bisexual, lesbian etc.)	No	All pregnant woman

**A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.**

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Kerry – Ann Jenkin.

**If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here: [Section 2. Full Equality Analysis](#)**