

Noticias News

Nouvelles

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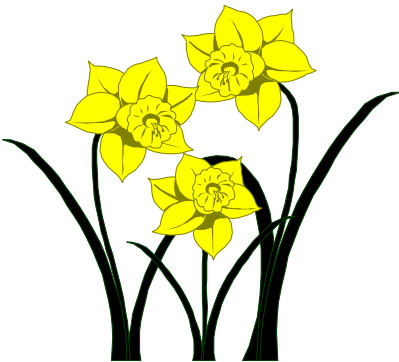
March 31, 2000

University of Toronto Maternal, Infant and Reproductive Health Research Unit
at The Centre for Research in Women's Health

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Women recruited in March: 56

Total to date: 2038



Spring is just around the corner for us in Toronto.
Whatever your season, it's time for a renewed
commitment to TBT.
Let's get it done!

A huge **“Thank you”** to everyone for working to get your

data booklets in and the queries answered so that we can run the second interim analysis. The database will be closed on April 10 and shipped to the statisticians, and then to the Data and Safety Monitoring Committee, shortly after that.

Mugs this month:

(for centres reaching or passing their annual goal)



**Jinnah, Karachi, PAKISTAN (#11); Jundiaí, São Paulo, BRAZIL (#10);
LC Lagomaggiore, Mendoza, ARGENTINA (#6); Atrium, Heerlen, NETHERLANDS (#6);
Princess Badeea, Irbid, JORDAN (#5); Treliske, Truro, UK (#4); Univ New Mexico,
Albuquerque, US (#2); Holy Family, Bethlehem, PALESTINE (#2).**



Compliance with the Vaginal Breech Delivery Protocol

The intrapartum management for women having a vaginal breech delivery in the TBT is based on the results of the Canadian Workshop on Vaginal Breech Birth at Term.* We are pleased to tell you that our monitoring of compliance with this management protocol shows that it has been followed in 89.8% of our vaginal breech deliveries. Well done!

The main areas of non-compliance are: active 2nd stage too long (4.3%), no skilled and experienced clinician present (2.6%), or a presentation at delivery other than frank or complete breech (2.0%).

Just a reminder about these items:

- **Active 2nd stage:** delivery should be imminent after one hour of active pushing, otherwise C/S is recommended. If the active stage starts, stops, and then starts again, please record in the data booklet the start time for pushing when “continuous” pushing begins, so that long breaks are not included.
- **A skilled and experienced clinician:** it is a requirement of the trial that someone from the local Clinician List of “skilled and experienced clinicians” must be present for each vaginal breech delivery. Be sure to record the code number of this clinician accurately in the *Labour & Delivery Form*.
- **Footling breech:** if, after randomisation, either prior to or during labour, the breech becomes a footling (ie the feet are found to lie below the fetal buttocks) C/S should be undertaken.

* Hannah WJ and Workshop Participants. The Canadian consensus on breech management at term. SOGC Policy Statement. Journal of the SOGC 1994;16(4):1839-58.

We are more than 70% of the way to completion. Keep your eye on recruitment and try to think of new local endeavours to rekindle enthusiasm.

With everyone working together we can get there.

