

**Choosing vaginal breech birth:  
Discourses of breech birth in contemporary society**

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**A thesis submitted in fulfillment of the requirements for the  
Degree of Doctor of Philosophy**

**Centre for Midwifery, Child and Family Health, Faculty of Health**

**The University of Technology Sydney, Australia**

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## **Certificate of Original Authorship**

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as part of the collaborative doctoral degree and/or fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

Signature of Student:

Date:

This research is supported by an Australian Government Research Training Program Scholarship.

## **Dedication**

I dedicate this thesis to my late father, Velko Petrovski, and my mother, Cena Petrovska, who were brave enough to come to Australia empty handed, and barely into adulthood, from their Macedonian homeland in the hope of starting a better life for themselves and gaining better access to education for their children. I know it was not easy and I will forever be in awe on your strength and courage. I hope I have made you proud.

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In 2012, when I was pregnant with my second daughter, I was told at 36 weeks gestation that she was breech and unlikely to turn. Never in my wildest dreams did I think that moment would result in me taking the most enthralling, liberating and challenging ride that has led me to complete a PhD thesis. I would like to thank the following people for supporting me through this incredible experience.

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## Peer-Reviewed Publications and Conference Presentations

This study is part of a larger project, “Breeching in the System”. The aims of this larger project are to explore the decision-making process for women seeking a vaginal breech birth and to explore the experience of the clinicians who counsel and attend these women.

As part of the Breeching in the System Team, I have co-authored a number of papers and given presentations on behalf of the Team.

### Breeching in the System Research Team

#### Peer-Reviewed Publications from the overall project

Watts, N.P., **Petrovska, K.**, Bisits, A., Catling, C. & Homer, C.S. 2016, 'This baby is not for turning: Women's experiences of attempted external cephalic version', *BMC Pregnancy Childbirth*, vol. 16, p. 248.

Catling, C., **Petrovska, K.**, Watts, N., Bisits, A. & Homer, C.S.E. 2016a, 'Barriers and facilitators for vaginal breech births in Australia: Clinician's experiences', *Women and Birth*, vol. 29, pp. 138-43.

Catling, C., **Petrovska, K.**, Watts, N.P., Bisits, A. & Homer, C.S.E. 2016b, 'Care during the decision-making phase for women who want a vaginal breech birth: Experiences from the field', *Midwifery*, vol. 34, pp. 111-6.

Homer, C.S.E., Watts, N., **Petrovska, K.**, Sjostedt, C. & Bisits, A. 2015, 'Women's experiences of planning a vaginal breech birth in Australia', *BMC Pregnancy and Childbirth*, vol. 15, no. 1, p. 89.

#### Poster Publications

**Petrovska K.**, Watts N., Catling C., Bisits A., Homer C.S.E., 2015. Breeching in the system: Expectations and experiences surrounding a planned vaginal breech birth. RCOG /RANZCOG World Congress, 12-15 April, 2015, Brisbane, Australia.

#### Conference Presentations

**Petrovska, K.**, Watts, N., Bisits, A., Homer, C.S.E. Breeching in the system: Expectations and experiences surrounding a planned vaginal breech birth. ACM NSW Branch Annual State Conference & AGM 2014. 24th-25th October 2014 at Novotel Sydney Brighton Beach.

### **My PhD Thesis and the publications**

This thesis includes five papers, Chapters 4 to 8. Chapters 4 to 7 are papers that have been published during my PhD candidature. Permission to reproduce the publications in this thesis has been provided by each of the journals. Chapter 8 is currently under review.

Publication details for each chapter are outlined below, together with a statement of contribution and percentage contribution for each author.

### **Incorporated as Chapter 4**

**Petrovska, K.,** Watts, N.P., Sheehan, A., Bisits, A. & Homer, C.S.E. 2016, How do social discourses of risk impact on women's choices for vaginal breech birth? A qualitative study of women's experiences. *Health, Risk and Society* (early view).  
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| <b>Statement of contribution</b>                              | <b>Percentage of contribution</b> |
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### **Conference Presentations**

**Petrovska, K.** How does social discourse impact on women's choices for vaginal breech birth? Normal Labour and Birth Conference 15 - 17 June 2015 University of Central Lancashire, United Kingdom.

**Petrovska, K.** An international survey of women's expectations and experiences surrounding planned vaginal breech birth. Normal Labour and Birth Conference 10 - 13 October 2016, Sydney, Australia.

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## List of Abbreviations

|         |  |
|---------|--|
| ACM     | Australian College of Midwives   |
| ACOG    | American College Obstetricians and Gynecologists                             |
| CNM     | Certified Nurse Midwife  |
| CS      | Caesarean Section  |
| ECV     | External Cephalic Version  |
| HREC    | Human Research Ethics Committee  |
| NHMRC   | National Health and Medical Research Council                                 |
| NICE    | National Institute of Clinical Excellence                                    |
| NSW     | New South Wales  |
| OB      | Obstetrician   |
| RANZCOG | Royal Australian and New Zealand College of Obstetricians and Gynaecologists |
| RCOG    | Royal College of Obstetricians and Gynaecologists                            |
| SCBU    | Special Care Baby Unit   |
| TOLAC   | Trial of Labour After Caesarean  |
| UTS     | University of Technology Sydney  |
| VBAC    | Vaginal Birth After Caesarean Section  |

## Prologue

“Never again,” I said to my husband. “This is it as far as more children are concerned, I can’t go through this stress again.”

I was sitting up in bed with my hands resting on my very pregnant belly, late at night and unable to sleep. We had found out that afternoon our baby was well and truly breech and, at 36 weeks, the likelihood of her turning to a cephalic presentation was small.

Earlier that afternoon, during the antenatal appointment, I felt my face grow hot with panic when the lovely midwife, with whom I had carefully cultivated a relationship with from 14 weeks gestation, informed me that the facility we were in did not offer the option of vaginal breech birth. I worked in maternity services policy development at the NSW Department of Health, so this was not news to me. I understood the maternity service landscape across the state - it was my job. Hearing someone say it to me, though, made it all too real and utterly destabilising. It wasn’t a statistic or situation that I was detached from, as was usually the case. Now it was about me, about my world. Gone were nesting and excitement of the final few weeks of pregnancy. Instead it was replaced by decisions about external cephalic version, the potential for Caesarean section, exploring vaginal breech birth, and the logistics of getting to a hospital further away from our home that supports this birth option. The potential of getting stuck in Sydney’s eye watering peak hour traffic and my genetic predisposition to labour and birth quickly led to many a dream about a roadside birth in those final few weeks of pregnancy.

I remember the panic...of getting phone numbers to the ‘right’ obstetrician, organising an ECV, of changing facilities late in pregnancy so I could try for a vaginal birth after the baby remained

breech, of squeezing in appointments with midwives at the new facility so at least I had met them once before they would see me in full flight during birth.

I remember feeling fortunate... I knew how to navigate the system. What would other women have done? I knew who to call, I knew where to go. How would other women have known what to do? I could only imagine how impossible it all would have seemed for them.

I remember cursing myself...I had been smug about the birth of our second child, I shouldn't have been. The birth of our first child was quick and straight forward. My husband and I took bets on how much quicker the second would be. I should have known better, anything can happen and nothing is guaranteed.

I remember forcing myself to change my mindset...a Caesarean section could be on the cards. If it was needed, then of course I would have one. But was it definitely needed? We had seen the obstetrician at the new hospital, he was encouraging and advised that I was a favourable candidate for vaginal breech birth.

I remember wrestling with feelings of selfishness...despite our decision to try for a vaginal breech birth, the unknown was scary. Was I 'making it about the birth not the baby'? Was that what I was doing?

I remember looking for information...I was desperate for some sort of recognition that vaginal breech birth was *ok to explore as an option*. I didn't find much.

I remember the judgement...of people's eyes widening and conversations falling silent. I knew what they were thinking...that I was crazy. My husband and I decided to keep it a secret from our

families. What a great shame that what should have been a time of excitement was instead replaced with secrecy and anxiety.

And finally, I remember packing my bag a few days before I went into labour... I realised I was going to be OK. I had changed care providers, they listened to me and instead of the system putting itself at the centre of MY pregnancy, I was at the centre and I was being supported in trying for a vaginal breech birth with skilled clinicians. If I needed an emergency Caesarean section, then so be it. At least I had the chance to try for a vaginal birth. I would not have to spend the rest of my life feeling like not trying was a wasted opportunity. I also remember feeling lucky. And then I remember feeling sad and angry for other women, because finding clinicians that support you in your options for birth should not have anything to do with luck.

## **Abstract**

### **Aim**

Most breech presenting babies are born by elective Caesarean section. Very few are born vaginally, with even fewer accounting for planned, rather than unplanned, vaginal birth. Despite maternity services in middle and high income countries offering limited support for planned vaginal breech birth, some women continue to seek this option for birth. Little is known about these women and how socio-cultural views impact on their decision-making for birth. The aims of this research were to understand how social discourse in contemporary society impact on women's decisions for vaginal breech birth; explore how and why women make decisions for this birth option; and identify strategies for clinicians to support women considering vaginal breech birth.

### **Methods**

A multi-methods study was undertaken in which four different approaches were employed to gather data for this project. The approaches were taken in four parts: 1) semi-structured interviews with 22 women who opted for a vaginal breech birth in Australia; 2) an international online survey of 204 women between April 2014 - January 2015 who sought a vaginal breech birth; 3) an analysis of internet forum discussions; and 4) a content analysis of online news media to explore how breech presentation and birth are portrayed.

### **Findings**

Social discourse in contemporary society holds a strong belief that Caesarean section is the safe way to manage the birth of a breech baby. Planned vaginal breech birth has a limited profile in



society and is seen as a high risk option. These views may be the result of limited clinical support for this birth option. Despite this resulting in anxiety for women when decision-making for this mode of birth, women seeking a vaginal breech birth feel strongly about bodily autonomy and their ability to give birth. They are able to transcend negative views of others and display a determination in finding supportive care for birth. These findings are presented in Chapters 4-8, which outline the results and conclusions arising from this study.

### **Conclusion and implications**

Clinical recognition of vaginal breech birth as a legitimate option for women may address socio-cultural perceptions of risk relating to this birth option. Strategies to increase the profile of vaginal breech birth in clinical settings include the development of high level policy supporting this birth option, increasing availability of vaginal breech birth services and targeted training programs for clinicians. This in turn may normalise the option of vaginal breech birth in socio-cultural contexts and facilitate a more positive experience for women seeking this mode of birth.

