

'I'd like to know what's happening to my body': Patient Experiences with Obstetric Counseling on Management of Fetal Malpresentation

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BACKGROUND

- Breech presentation affects 3-4% of all term pregnancies
- Current standard of practice: delivery via scheduled Cesarean section (CS) or trial of external cephalic version (ECV)
- ECV is a safe intervention, however less than half of patients diagnosed with breech presentation opt for ECV.

STUDY OBJECTIVE

- Describe patient perspectives on the counseling received at diagnosis with breech presentation
- Understand the facilitators and barriers to decision-making between CS and ECV.

METHODS

Identified patients diagnosed with breech presentation from 4 obstetric clinics in Baltimore, MD

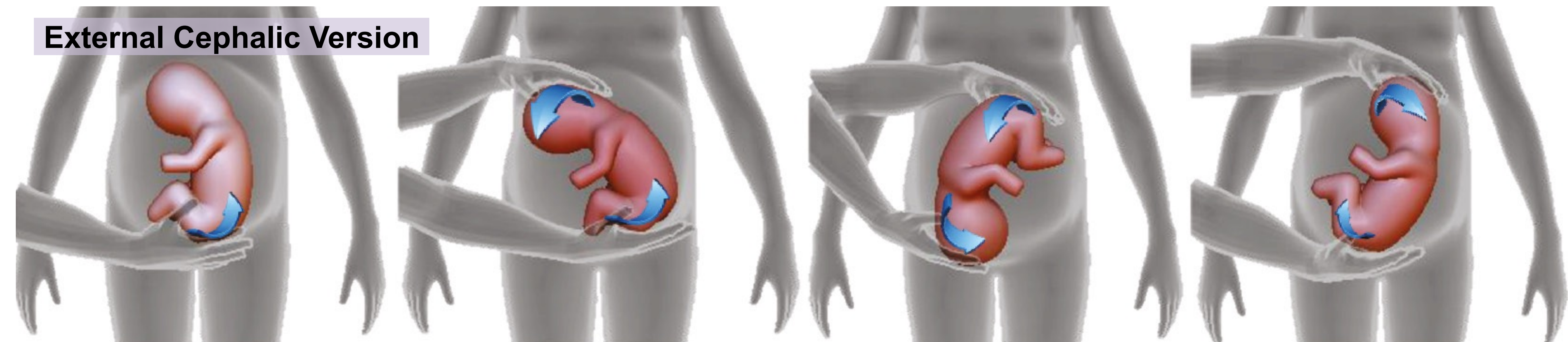
Included (1) English-speaking pregnant patients (2) > 18 years age (3) 35-37 weeks gestational age (4) No previous CS

Conducted semi-structured interviews

Thematic analysis conducted in NVivo until data saturation

RESULTS

- Recruited 10 participants
- 5 participants opted for ECV and 5 participants opted for CS.
- Median age = 32 years
- 9/10 Caucasian
- 7/10 primiparous



Trobo, D., Pintado, P., Ortega, V., Yllana, F., Hernández, C., Mendizábal, R. & De León-Luis, J. (2019). Maternal and perinatal outcomes in external cephalic version: prognostic factors for the success of the technique. *Journal of Perinatal Medicine*, 47(7), 717-723. <https://doi.org/10.1515/jpm-2019-0143>

RESULTS

Theme	Quote
Desire for statistics during counseling	<i>"For me, the stats are really helpful ... I really like to receive information and like the percentage and the statistics of success rate."</i>
Lack of information on ECV	<i>"You just found out today that you're breech ... and you haven't had time to wrap your head around it. And they're like, alright, what questions do you have? And you're like don't know what questions I'm supposed to have."</i>
Consideration of medical and pregnancy history	<i>"We did like 7 years of IVF to get to this point, but it's like I'm just not sure I want to like throw in an added complication."</i>
Desire to avoid CS	<i>"I don't want to bring my baby home while I am recovering from a major medical intervention... and to me, a C-section, if it's necessary, it's necessary. Unless medical need makes that my only option, I want to exhaust other options."</i>
Alternative management of breech presentation	<i>"In the course of preparing for the ECV, I was encouraged by one of the mid-wives to get acupuncture done. I also went to a chiropractor. ... we are doing what we can to avoid the necessity of a C-section."</i>
Maternal prioritization of fetal safety	<i>"I mean, the first provider sent me an article to read, which I did. But it still.. I don't know, it still feels risky. Maybe it is not actually as risky, so if they had talked through the complications, I wouldn't see it as being as risky because the C-section is a major surgery too, so."</i>

CONCLUSIONS

- Patients desire more information about ECV when diagnosed with fetal malpresentation
- Uncertainty about safety of ECV is a barrier to deciding between management options.

IMPLICATIONS

- Standardized and comprehensive counseling on ECV vs. CS will allow patients to make more informed decisions and increase patient satisfaction

LIMITATIONS

- Lack of racial diversity
- Inability to interview non-English speakers