

What barriers / challenges do you see to the success of this trial?



Responses

- No suggestions!really intercepted in it.
- Timing of how long the training o set this trial up.
- uptake of women wanting to have a PBB
- Staff being oncall to cover the support.
- None
- Non trained staff training for physiological breech being obstructive.
- Changing obstetricians views on standard care
- Uptake of both women and participant clinicians
- Selecting women and getting 100 women happy to participate could be difficult. Moreover creating an on call team might be challenging, especially in fitting this on call rota with the rest of the rota of the hospital.
- Breech team being on call for standard care as well.
- Old fashioned staff who still quote the Term Breech Trial. Inappropriate counselling of women. The success will be if all staff sign up for this and enjoy enhancing their skills to help and support women.
- Lack of skilled practitioners
- Confidence amongst women and practitioners
- Not enough women willing to be randomised
- Reputation of breech birth. Women may find it 'scary' until they feel confident in services.
- Staff not being as confident due to lack of training. ?are all SHO's and Registrars confident to ensure a consultant is called when at night or weekends as some can be reluctant to call them in
- Obstetricians may not feel confident to go with the team.
- General public perception of vaginal breech birth as dangerous
- Numbers of women who trust the normal physiology of their bodies. Historical anecdotes may alter their perceptions of what is best choice.
- Just ensuring vaginal breech is well respected by doctors as well as midwives, not just assume caesarean is best, ensure drs are happy to call in consultant obstetrician at all times if breech presentation from study arrives in labour. Can moxibustion be recommended as an alternative to ECV
- Informed choice
- Obstetricians being able to step back and be there as a support rather than take over from the midwife
- Staff that's not supporting this trial
- Cross over of staff that are both part of the PBB care team and also provide standard care
- If this is not attended by all staff in the trust, other HCPs will challenge this manouvers and approach to breech birth. Often counselling is not balanced and leans heavily on CS if a woman comes in with undiagnosed breech. This study day needs to be widely disseminated to all staff. Not enough practice and consolidation of the manouvers as we see VBB so rarely.
- No buy-in from senior obstetricians in local trusts, mainly from fear of litigation.
- The trust's openness to change and agree to take part.
- Making sure the 24/7 team is actually 24/7. Getting enough woman who wish to have a physiological breech birth and actually end up having one.
- Agreement by women to the trial
- Women's views
- Resistance by my colleagues. Cascade training to all practitioners will be hard as this all seems v new
- Accessibility to specialist/. Specialists actually getting their time back
- Having enough midwives that can confidently support other midwives in breech delivery
- Getting enough staff trained in physiological Breech - would need additional study days
- Staff not well trained
- Breech vaginal birth not being that frequent in practice and myself as junior mw not being allocated to them
- Convincing staff about taking part and learning about vaginal Breech delivery
- No candidate
- Not lots of vaginal breech
- Training will help

100%

Engagement

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Responses

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- Challenges of how the trial is discussed with the women by different practitioners
- Experience of the MPL and Drs to support us providing it
- not a lot vaginal breech deliveries as women choose c/s
- Barriers-- insufficient trained staff Willing participants
- Confidence of staff to be able to carry out these manoeuvres
- Midwives confidence in doing breech births not much vaginal breech deliveries
- Making sure the doctors understand and go for the training
- Number of patients wanting to be part of it Recruitment Recruitment