Texas Midwifery Board
Breech Risk Assessment Form

Client & Partner Names:	**Date:**
Any major findings on general risk assessment:	
Gestation History that includes prior breech delivery, operative delivery, or labor dystocia:	
Weight of largest previous baby:	
Lengths of all previous labors:	
Pelvic assessment details – consistent with vaginal breech birth	BMI:
Diagnostic ultrasound findings *Current fetal position:* *Placement of placenta:* *Details:*	**Date:** *Current EFW:*
Anticipate greater than 4,000 grams at delivery: YES or NO	
Client education/discussion:	
Proximity to hospital:	
ASSESSMENT:	Date: Signature:
Updated information/discussion: EFW: Current Position:	Date: Signature:
Updated information/discussion: EFW: Current Position:	Date: Signature:
Updated information/discussion: EFW: Current Position:	Date: Signature:
Updated information/discussion: EFW: Current Position:	Date: Signature:
FINAL ASSESSMENT:	
Signature:	**Date:**

Approved 02/16