Breech Presentation Fact Sheet

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Published: July 24, 2013

What is Breech Presentation?

- Breech presentation is the most common human malpresentation and occurs in 3-4% of all term pregnancies.[1]

- Three types of breech presentation occur: Frank (baby's hips are flexed and knees extended bilaterally) , Complete (baby's hips and knees are flexed bilaterally), and Incomplete (baby may present with one or two feet – 'footling'- or one knee extended and the other flexed with hips flexed).[2,3]

- Early in pregnancy about half of all babies are breech presentation.[4] Babies continue to turn to cephalic presentation throughout all weeks of pregnancy.[1]

What Causes Breech Presentation?

- Only about 15% of breech presentations have an identifiable etiology.[5]

- Established risks for breech presentation are: Previous breech presentation pregnancy,[5,6,7,8] Late or lack of antenatal care,[8,9] Prematurity (<37 weeks gestation),[6,7,8] Comparatively lower birth weight,[8,9] and Congenital anomalies.[8,9,10]

Recent Rates of Vaginal Delivery for Breech Presentation By Country

- Japan 56%.[11] Findings: Poor outcome 1.2% vaginal delivery : 0.0% cesarean

- Sweden 52%.[12] Findings: No statistically significant difference between vaginal birth and cesarean section babies for perinatal/neonatal outcomes.

- Norway 40%.[13]

- Finland 39%.[14] Findings: Less birth trauma for vaginal breech deliveries than vaginal vertex deliveries. More trauma for breech vaginal delivery than breech CS, but lower long-term morbidity for breech vaginal than breech cesarean deliveries. Breech vaginal death 0.07%, vertex vaginal delivery death 0.02%.

- Sweden 37%.[15] Findings: Infant mortality, birth injury and convulsions higher for breech vaginal birth than breech CS

- Ireland 23%.[16] Findings: No nonanomalous perinatal deaths, significant trauma, or neurological dysfunctions for vaginally or CS delivered breech babies.

- Denmark 15.3%.[17] Findings: Higher rates of puerperal fever and pelvic infections for CS breech delivery.

- California 4.9%.[18] Findings: Neonatal mortality, asphyxia, brachial plexus injury, and birth trauma higher for vaginally delivered breech than CS. If woman had a previous vaginal delivery no difference in neonatal mortality by delivery mode.

- Canada <5%.[19]

Other Research on Breech Presentation Outcomes by Delivery Method

- Meta analysis 1: 24 studies published between 1966-1992[20]
  Findings: Higher perinatal mortality, traumatic morbidity, short-term morbidity, and long-term morbidity in vaginal delivery than in CS for breech presentation. Lower maternal morbidity and mortality for vaginal delivery of breech.

- Meta analysis 2: nine randomized trials or cohort studies published between January 1981 to June 1993[21]
  Findings: No statistically significant difference between infant mortality and morbidity between vaginal and CS delivery of breech presentation.

- Term Breech Trial: randomized controlled clinical trial in 121 centers in 26 countries and included 2088 women with term singleton breech pregnancies who were randomly assigned to give birth vaginally or by cesarean section[22]
  Findings: Perinatal mortality, neonatal mortality, and serious neonatal morbidity higher for vaginal breech delivery than for CS in countries with low levels of infant mortality. No difference in infant outcomes by delivery method in countries with high infant mortality. No difference in maternal morbidity and mortality by delivery mode.

Turning Options

- External Cephalic Version (ECV) after 37 weeks has a success rate of 35% - 86% while spontaneous version occurs in 22%.[23,24] Women who have successful ECV are at higher risk of having cesarean deliveries than are women with vertex presentation babies who did not have ECV.[25]

- Moxibustion or ginger paste applied close to the acupuncture point Bl 67. Small studies show a success rate of 66.6%-92%.[26-32]

- Other less studied options: Homeopathic formulas *pulsatilla* and *natrum muriaticum*,[33-36] Gentle chiropractic treatments: Webster's technique or Bagnell system,[37,38] Hypnosis,[39] Playing music over the maternal abdomen.[40,41]

Overview

- Morbidity and mortality for breech infants and mothers is most related to inclusion and exclusion criteria adhered to by the hospital for determining mode of delivery, the competence of the attending physician, and the expectation of the mother rather than the mode of delivery.

- In general countries that perform more vaginal breech births have birth outcomes that are as good as or better than cesarean section outcomes. Countries that perform few vaginal breech births have birth outcomes that are worse than those for cesarean section births.

- In many countries breech vaginal birth has higher morbidity and mortality risks for babies, but the risk is still relatively low.

- Some of what has been typed as risk (e.g. low Apgar scores) is clearly not a long-term risk.

- Much of what has been typed as risk can be ameliorated by proper screening for vaginal birth.

- If you want to have a successful vaginal birth look for an old-time doctor or someone with a lot of experience with breech presentation.

- If you have a macrosomic baby or a footling breech cesarean may be better for you.

- To have a successful vaginal birth avoid induced or augmented labor and epidurals.

- If you are going to have a cesarean, consider having a scheduled cesarean without trial of labor.

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