

Breech Delivery at Term: Do the Perinatal Results Justify a Trial of Labor?

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Objectives: To determine the incidence of term breech delivery and to study the influence of mode of delivery on perinatal outcome in pregnancies presenting as breech.

Methods: Three hundred and thirty two normal live-born singleton term breech births between 1st January 1996 and 31st December 2000, were studied retrospectively. Fifty eight percent of the patients had vaginal breech delivery, while 42 % were delivered by cesarean sections. The age of the patient, parity, period of gestation, antenatal care, mode of delivery, type of anesthesia, infant birth weight, Apgar score, birth complications and neonatal outcome were recorded in the two groups. Seven patients with intrauterine fetal deaths and lethal congenital fetal anomalies were excluded from the study.

Results: The incidence of breech presentation at term was 2.4%. Forty-nine (14.8%) patients with breech presentation were delivered by elective cesarean section. Two hundred and eighty three patients were subjected to a trial of vaginal delivery, of whom 67.8 % had vaginal breech delivery while 32.2 % were delivered by emergency cesarean section. Slow progress during labor was the most common reason for emergency cesarean section. The patients with footling breech presentation, fetuses with extended head, macrosomic infants and cases of contracted maternal pelvis underwent cesarean section. No statistical difference were found in the neonatal outcome namely Apgar score and admission to NICU between the patients delivered by cesarean section and vaginal birth groups. The neonatal mortality rate was zero in both groups. Increasing maternal age and increasing infants birth weight positively correlated with an increasing rate of cesarean section.

Conclusion: We believe that safe vaginal breech delivery can be achieved in 58% of carefully selected cases without major adverse perinatal outcome.