

## PROPHYLACTIC POSTURAL TREATMENT FOR BREECH PRESENTATION

by

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The incidence of breech delivery in a total of 9,270 deliveries at the Nowrosjee Wadia Maternity Hospital in 1961 was 2.09 per cent and that at the Motlibai Hospital in a total of 7,032 deliveries was 2.86 per cent respectively.

In the best of hands with all precautions possible the perinatal mortality of mature infants in breech delivery ranges from 3 to 10 per cent.

At the N. W. Maternity Hospital in 1961 out of 744 cases studied the total perinatal mortality in breech deliveries including premature babies was 28.3 per cent and excluding premature babies was 6.7 per cent. At

the Motlibai Hospital the perinatal mortality in a series of 201 cases studied was 4.5 per cent.

Spontaneous version in all cases diagnosed as breech after 28 weeks of gestation, occurred in 67 per cent of cases. Both in multiparae (2 to 4th para) and grande multiparae (5 and more deliveries) spontaneous version occurred in 70.1 per cent of cases; whereas in primiparae, it occurred in 54.8 per cent of cases. Thus in 30 to 45 per cent of cases spontaneous version failed to occur. Vartan also found that 60 per cent of breeches turned from 30th to 34th week of pregnancy, leaving 40 per cent on whom external version could be performed. Peel and Clayton found, in 1948, that gross foetal mortality in breech delivery, in cases in whom version had been tried and succeeded or failed, was 4 per cent.

Prevention of breech presentation would therefore be ideal and to obviate even the need to do an external version by a simple postural treatment to be adopted by the patient from the 30th week of pregnancy onwards has been tried by me for years and its results are described. By this postural treatment, no

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risk is involved and nature is given full chances to change the presentation of the baby to vertex.

#### Postural Treatment

The patient is never told that she has an abnormal presentation, because it is apt to frighten her, but for some reason or other she is asked to adopt the following postural treatment:—(See picture)



Fig. 1

pelvis should be raised at least six to nine inches above the level of the head. The patient is asked to lie in this position for about 10 minutes and then get up, move around and have her meals. She is asked to take this postural treatment regularly twice a day for 2 to 3 weeks and then report to the ante-natal clinic.

At the ante-natal O.P.D. of the N. W. Maternity Hospital a study was made of 744 cases of breech presentation occurring from 28th week of pregnancy and above. These cases were divided into, (1) No treatment series, (2) External version series and (3) Dr. DeSa Souza's postural treatment series. Table 1 shows the results of the different groups.

TABLE I  
*Results of the Different Groups*

Group	Total number of cases	Patients delivered as vertex	Patients delivered as breech	Failure of version	Successful conversion into vertex
No treatment series	505	338	167	33.0%	67%
External version series	71	63	8	11.2%	88.8%
Dr. DeSa Souza's treatment series	168	149	19	11.3%	88.7%
Total	744	550	194	26.1%	

Twice a day on an empty stomach, i.e. before lunch and dinner, the patient is asked to lie on a hard surface (a springy soft bed will not do) either a hard bed or a mat on the floor, with two pillows under the pelvis (see plate) and no pillow under the head. The

Table 1 shows that the rate of successful version in the external version series and the postural treatment series is almost the same, 88.8 per cent and 88.7 per cent respectively.

At the Bai Motlibai Hospital, one hundred cases of breech presentation

at the 30th week of pregnancy were studied. Fifty patients were given postural treatment and 50 served as controls. Sixty-eight per cent turned with postural treatment and only 28 per cent with no treatment.

In author's private hospital under her direct supervision 73 cases were studied. Out of these 70 patients (96%) with breech presentation turned into vertex with postural treatment. Of the 3 that failed to turn, one was a case of placenta praevia, one an extended breech and the third a case of twins.

In primiparae postural treatment is a little less successful than external

version. In 2nd to 5th parae it is almost the same without any of the risks involved with external version in grande multiparae, i.e. above 5th para it is more successful than external version.

The greatest number of conversions, i.e. 69.6 per cent occurred strangely enough in primiparae within two weeks.

From 28 to 31 weeks the presentation is not determined and even with no treatment 93.3 per cent turned, but it is after 32 weeks that the number is much higher both with postural treatment and external version.

TABLE II  
*Success Rate According to Parity*

Parity	No treatment series	External version series	Dr. DeSa Souza's treatment series
Primipara	54.8% (57 out of 104)	87.5% (14 out of 16)	82.2% (23 out of 28)
Multipara	70.7% (183 out of 259)	89.5% (34 out of 38)	89.4% (76 out of 85)
Grande multipara	69.0% (98 out of 142)	88.7% (15 out of 17)	90.9% (50 out of 55)
	67.0% (338 out of 505)	88.8% (63 out of 71)	88.7% (149 out of 168)

TABLE III  
*Time Taken for Version*

Period	Primipara		Multipara		Grande-Multipara	
	No treatment series	Dr. DeSa Souza's treatment series	No treatment series	Dr. DeSa Souza's treatment series	No treatment series	Dr. DeSa Souza's treatment series
2 weeks	54.4%	69.6%	40.4%	52.6%	40.8%	54.0%
4 weeks	24.6%	13.0%	21.3%	15.8%	26.5%	20.0%
6 weeks	21.0%	17.4%	38.3%	31.6%	32.7%	26.0%

TABLE IV  
*Success Rate According to Period of Gestation in Primipara*

Period of gestation	No treatment series	External version series	Dr. DeSa Souza's treatment series
28 to 31 weeks	93.3%	100.0%	84.6%
32 to 35 weeks	50.0%	88.8%	83.3%
36 to 40 weeks	23.3%	66.6%	66.6%
Total	54.8%	87.5%	82.2%

TABLE V  
*Success Rate According to Period of Gestation in Multipara*

Period of gestation	No treatment series	External version series	Dr. DeSa Souza's treatment series
28-31 weeks	80.3%	100.0%	90.6%
32-35 weeks	71.2%	88.8%	88.6%
36-40 weeks	53.3%	83.3%	87.5%
Total	70.7%	89.5%	89.4%

The same is proved in multiparae and note that external version series and postural treatment series is almost the same.

TABLE VI  
*Success Rate According to Period of Gestation in Grande-multipara*

Period of gestation	No treatment series	External version series	Dr. DeSa Souza's treatment series
28-31 weeks	82.1%	100.0%	95.0%
32-35 weeks	72.8%	88.8%	90.6%
36-40 weeks	52.3%	80.0%	66.6%
Total	69.0%	88.3%	90.9%

In grande multiparae with postural treatment the success rate was highest — 90.9 per cent.

TABLE VII  
*Success Rate According to Period of Gestation in all Parity*

Period of gestation	No treatment series	External version series	Dr. DeSa Souza's Treatment series
28-31 weeks	83.4%	100.0%	90.9%
32-35 weeks	67.6%	88.8%	88.6%
36-40 weeks	45.5%	80.0%	78.6%
Total	67.0%	88.8%	88.7%

Table VII shows that success rate from 32 to 40 weeks by external version is almost the same as with postural treatment.

After correction by postural treatment reversion to breech occurred in very few cases. These were again given the same postural treatment for a period of 2 to 3 weeks and everyone of them turned and delivered as vertex.

amni and because some breeches engage very early, even before the 30th week.

(2) It must be persisted with, at least for 4 to 6 weeks though three-fourths of the cases turned within 2 to 3 weeks of the treatment.

(3) Spontaneous version occurs in 60 per cent of the cases, whereas with this simple postural treatment version occurred in 88.7 to 96 per cent.

TABLE VIII

*Total Perinatal Mortality in the 744 Cases Observed Including Prematurity*

Mode of delivery	No treatment series	External version series	Dr. DeSa Souza's treatment series	Total
Cases delivered as vertex	2.7%	1.6%	1.3%	2.2%
Cases delivered as breech	29.3%	37.5%	15.8%	28.3%
Total	11.5%	5.6%	2.9%	9.0%

TABLE IX

*Perinatal Mortality in Mature Foetus as Prematurity Vitiates Results*

Mode of delivery	No treatment series	External version series	Dr. DeSa Souza's treatment series	Total
Delivered as vertex	1.2%	1.6%	0.7%	1.1%
Delivered as breech	6.1%	12.5%	5.3%	6.7%
Total	2.9%	2.8%	1.2%	2.6%

As is seen the total perinatal mortality, viz. in those cases that delivered as vertex after postural treatment and those in which it failed and baby was delivered as breech was 1.2 per cent, the lowest in the series.

*Conclusion*

(1) To be successful the postural treatment must be started at the 30th week when there is more liquor

(4) Even if a vertex presentation is not achieved the postural treatment has dislodged the breech from the pelvis sufficiently to allow an easy external version.

(5) Cases that failed to respond to this treatment are:

(a) those in whom the breech engaged in the pelvis even earlier than 30 weeks,

(b) Breech with extended legs in

primiparae (in these cases

even external version was unsuccessful), and

- (c) Cases with marked oligoamnios, which does not allow much movement of the foetus.

Hence I make a plea that this postural treatment should be given to all antenatal patients with breech presentation after the 30th week of pregnancy until the correction to vertex is obtained.

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