FOETAL LOSS IN BREECH PRESENTATION

by

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For an obstetrician in India, the breech still remains a formidable problem. A woman in labour with breech presentation presents the most difficult challenge in obstetrics. The secret of success lies in the skill and experience of the obstetrician. The results will naturally vary according to the availability of experienced accoucheur for breech delivery.

An attempt is made in this paper to analyse the foetal loss in breech presentation at the Government Maternity Hospital, Hyderabad-A.P. All the cases were delivered by resident staff, including assistants and postgraduates and, when difficulty was anticipated, by the attending obstetrician. Sixty per cent of cases were emergency admissions. Errors of judgement and in management, that are inherent in our teaching institution, are present in this series.

Material

This series embraces 978 breech deliveries at the Government Maternity Hospital, Hyderabad, for a period of four years from January 1959 to December 1962.

There were during this period a total of 40,537 deliveries of which 978 were breech deliveries giving a percentage of 2.5 per cent.

TABLE I

Comparison of Incidence of Breech Presentation

Name		Incidence/percentage
Varton	(1945)	2.2 per cent
Ward	(1955)	3.2 per cent
Moore	(1942)	2.8 per cent
Present series	(1959-62)	2.5 per cent

Foetal Mortality

Amongst the 978 cases of breech deliveries, a total of 197 foetuses were lost, the uncorrected foetal mortality being 20.1 per cent. As stated by Gayer and Heaton, one cannot compare the foetal mortality rates for different clinics unless the standards of management are the same.

For the calculation of corrected foetal mortality, the following conditions are excluded.

As experienced by Dugan (1962), and Ward (1952) a large loss is due to prematurity (31). In this series

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TABLE II

Causes of foetal death	Number
Maceration	28
Foetal heart absent on admission	8
Accidental haemorrhage ..	16
Toxaemia	8
Placenta praevia	9
Prematurity	31
Cord Prolapse	9
Foetal abnormality	22
Admitted with trunk delivered at home	5
No cause mentioned ..	3

there were 28 macerated foetuses. The cause of maceration was toxaemia in 5 cases and the cord was tightly round the foetus in 3 cases. In the remaining, the cause of maceration was not specified.

Of the 6 deaths due to toxaemia, two were lost due to eclampsia.

Cord prolapse gives rise to high foetal mortality. In two cases of cord prolapse, the foetus could not be revived after a caesarean section. Three were delivered by breech extraction.

Foetal abnormality was responsible for 22 deaths and included hydrocephalus, anencephalus, spina bifida, exomphelos. Five patients were admitted with the trunk already delivered at home. The delivery of the trunk had taken place from 20 minutes to two hours before admission. After these corrections were made, there are 58 foetal deaths left which could be attributed directly to breech delivery. The corrected foetal mortality still remains 6 per cent.

TABLE III

Comparison of Corrected Foetal Mortality

Name	Foetal mortality/ percentage
White (1952) ..	2.41 per cent
Dugan (1962) ..	5.3 per cent
Cox (1950) ..	3.2 per cent
Present series (1959-62)	6.0 per cent

All the infants weighed between $4\frac{1}{2}$ and $8\frac{3}{4}$ lbs.

Three patients refused a caesarean section operation, for two others consent was not available for the operation in time. Five patients delivered too soon after admission and hence no decision could be taken about the type of pelvis and mode of delivery.

Pelvis was assessed radiologically in 20 of the 58 cases and was found to be adequate. Proper assessment of foetopelvic disproportion being difficult, O'Connell, (1952) difficulty in the delivery of the aftercoming head was not probably anticipated.

One foetus could be delivered only after the after-coming head was perforated. Five cases were grossly infected before admission and the foetal death could be attributed to intrauterine infection.

Two were multiparae, who did not co-operate during the second stage of labour.

TABLE IV

Foetal Mortality According to Parity

Primiparae		Multiparae	
No. of cases	Foetal mortality	No. of cases	Foetal mortality
441 (45 per cent)	5.1 per cent	537 (55.0 per cent)	6.4 per cent

This table compares the foetal mortality rates in primiparae and multiparae. The foetal mortality in primiparae is a little less than that in multiparae. This is perhaps due to the difficulty in ensuring that there is an accoucheur of experience present to supervise the breech delivery in multiparae, Cox, (1950) and Daley, (1935) found that foetal mortality is higher in multiparae.

It can be seen that the greatest number of caesarean section was done for disproportion, Goethals, (1956).

A total of 4 foetuses delivered by caesarean section were lost.

Two were grossly infected cases, two were lost due to cord prolapse. The foetuses could not be revived.

In primiparae, cephalopelvic disproportion was a major indication.

TABLE V

Foetal Mortality in Relation to Method of Delivery

Method of delivery	Total number	Foetal death	Percentage
Spontaneous breech	401	18	4.5 per cent
Assisted breech	513	30	5.4 per cent
Breech extraction	24	6	25.0 per cent
Caesarean section	40	4	10.0 per cent

There were a total of 513 assisted breech deliveries and 30 foetuses were lost. And in 401 spontaneous breech deliveries, 18 foetuses were lost.

A total of 24 breech extractions was performed of which 6 foetuses were lost. The indications for breech extraction were prolonged second stage, maternal or foetal distress. Breech extraction carries with it a high foetal mortality. Breech extraction is certainly a formidable procedure and should not be undertaken lightly.

Caesarean section was performed in 40 cases, the incidence is 4.5 per cent. In Jackson's (1960) series caesarean section was done in 8.7 per cent; according to Daley-6.6 per cent (1935) and Cox-12% (1950) of cases.

The following table gives the indications for caesarean section.

TABLE VI

Indication	Number
Foeto-pelvic disproportion	23
Cord Prolapse	4
Placenta praevia	2
Accidental haemorrhage	1
Uterine inertia	4
Toxaemia	3
Previous bad obstetric history ..	4
Pelvic tumour	1

Summary

1. Nine hundred and seventy-eight cases of breech deliveries at Government Maternity Hospital, Hyderabad are presented.

2. There is an uncorrected mortality of 20.1 per cent and a corrected foetal mortality of 6.0 per cent.

3. Sixty per cent cases came in as emergency admissions.

4. Foetal mortality of breech extraction was very high.

5. The incidence of caesarean section was 4.5 per cent and there was a foetal loss in caesarean section of 10.0 per cent.

Conclusion

Breech presentation carries with it a risk to the foetus. The foetal mortality in multiparae is more than that in primiparae and special attention to the multiparae is indicated. Great care should be taken in choosing a case for vaginal delivery. More emphasis should be laid on the technique and art of breech delivery. A careful training of the junior staff by the senior obstetrician for raising the standards of technical skill will reduce the foetal mortality.

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