

ROLE OF CAESAREAN SECTION IN BREECH DELIVERIES

(Review of 10 years' experience)

by

V. R. AMBIYE,* M.D., D.G.O.

and

P. R. VAIDYA,** M.D., D.G.O., D.F.P., F.C.P.S.

Introduction

Kohiyar and Masani (1964) reported 8.6% corrected perinatal mortality rate and no foetal deaths in babies delivered by caesarean section. Kapur and Kaur (1969) reporting on 303 cases of breech deliveries concluded that caesarean gave best results as far as foetal salvage was concerned but recommended its use only in selected cases.

Many foreign authors (Wright, 1959, Brenner *et al* 1974, Greenhill 1974) advocate routine caesarean section for breech presentation especially in primigravida. Although routine use of caesarean section brings down the perinatal mortality and morbidity, one should keep in mind that it is at the cost of increased maternal morbidity and occasional maternal mortality. Looking at our figures of 8% corrected perinatal mortality in multipara and 16% in primigravida for vaginal breech delivery and only 1.6% in caesarean sections (2.2% for caesarean in primigravida and Nil in multipara), one has to conclude that use of caesarean section should be more liberal in case of

breech presentation, especially in primigravida at or near term.

Material and Results

The present study was carried out at L.T.M.M. College and Hospital Sion, Bombay for a period of 10 years from January 1970 to December 1979.

During the period of study there were 1009 breech deliveries giving an incidence as 2.45%. The incidence of breech delivery in primigravidas and multiparas is as shown in Table I.

TABLE I
Incidence of Breech Deliveries

Parity	Total Deliveries	Breech Deliveries	Incidence
Primis'	18003	599 (59%)	3.32%
Multis'	23100	410 (41%)	1.77%
Total	41103	1009	2.45%

An analysis of various mode of delivery as per obstetric terminology by Huges H. C. is shown in Table II.

The term spontaneous breech birth is used to denote breech birth in which the entire foetus is expelled by natural forces of labour without traction or manipulation other than support of the body of the foetus.

*Lecturer.

**Prof. & Head of the Dept.

Dept. of OB & GY L.T.M.M. College and L.T.M.G. Hospital, Sion, Bombay-400 022.

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TABLE II
Mode of Delivery

Spontaneous breech Birth:	697 (69%)
(Assisted) Partial breech extraction:	234 (23%)
Total breech extraction:	16 (1.6%)
L.S.C.S.:	62 (6.1%)
Emergency caesarean section:	35 (56.45%)
Planned Caesarean:	27 (43.54%)
Incidence of caesarean in primi's:	7.5% (45/599)
Incidence of caesarean in multi's	4.1% (17/410)

The term partial (assisted) breech extraction is used when the foetus was expelled as far as the umbilicus by natural forces of labour, but the remainder was extracted by the attendant. The term total breech extraction is used when the entire body of the foetus was extracted by the attendant.

In our series partial breech extraction was done in 23% of the cases and only 1.6% had total breech extraction. Caesarean section rate was 6.1%. The incidence of caesarean section was higher in primigravida (7.5%) as compared to multipara (4.1%). Among the total caesarean sections planned caesarean sections were done in 43.5% of the cases and 22 out of 27 planned caesarean sections were in primigravidas (81.4). Only 5

patients who had undergone planned caesarean were multiparous.

Table III shows indications for caesarean section. The common indications

TABLE III
Indications for Caesarean

	No.	Percentage
Foetal distress	14	22.58
Disproportion	9	14.52
Big baby	8	12.90
Elderly primi	6	9.67
Prolonged labour	4	6.45
Extended head	4	6.45
A.P.H.	4	6.45
Cord prolapse	3	4.83
Previous L.S.C.S.	3	4.83
Inco-ordinate action	3	4.83
Postmaturity	2	7.4
Toxaemias	2	7.4

were foetal distress (22.58%), disproportion (14.52%) big baby (12.9%) and elderly primigravida (9.67%). The indications for planned caesarean section included big baby in 8 cases (29.6%), elderly primi in 6 (22.2%), extended head in 4 (14.8%), previous caesarean and disproportion in 3 cases each (11.1%), postmaturity in 2 (7.4%), and toxaemia in 1 case (3.7%). Thus constituting 27 out of 62 (43.5%) caesarean sections.

Table IV shows the relationship between perinatal mortality and method of

TABLE IV
Perinatal Mortality and Method of Delivery

Method of delivery	Gross Perinatal Mortality			Corrected Perinatal Mortality		
	Primi	Multi	Total	Primi	Multi	Total
Spontaneous	37.68%	27.49%	33.42%	14.01%	6.6%	9.7%
Assisted	41.3%	11.4%	50%	19%	11.45%	15.3%
Extraction	50%	50%	29.05%	37%	25%	33%
L.S.C.S.	2.2%	5.8%	3.2%	2.2%	—	1.6
Total	36%	25.6%	30.82%	14.44%	7.6%	10.8%

delivery. Gross perinatal mortality was 32.3% for spontaneous and assisted breech deliveries, 50% for total breech extraction and only 3.2% for caesarean section. When seen in relation to parity it was observed that gross perinatal mortality rate was 38.8% for vaginal delivery in primigravida and 23.8% for vaginal delivery in multipara.

When corrected according to the method suggested by Neilson and Neilson (1954) and recommended by Lewis Eastman (1954), the perinatal mortality rates were 11.2% for spontaneous and assisted breech deliveries, 33% for total breech extraction and only 1.6% for caesarean section. Corrected perinatal mortality for vaginal delivery was double in primigravida as compared to multipara (16.1% in primigravida and 8% in multipara).

As shown as Table V the perinatal morbidity like asphyxia, bony and mus-

TABLE V
Perinatal Morbidity Method of Delivery

Method of delivery	Perinatal Morbidity		
	Asphyxia	Injuries	Cerebral Palsy
Spontaneous	3.1%	2.58%	1.72%
Assisted	3.4%	2.56%	0.42%
Extraction	25%	18.7%	12.5%
L.S.C.S.	1.6%	—	—

cular injuries, and cerebral palsy were more common in vaginal deliveries than in caesarean sections.

Discussion

It is clear from the presented data that the corrected perinatal mortality and morbidity was much higher in vaginal deliveries than in caesarean sections. This observation has been made by

many. Kohiyar and Masani (1964) reported 8.6% corrected perinatal mortality rate and no foetal deaths in babies delivered by caesarean section. Kapur and Kaur (1969) reporting on 303 cases of breech deliveries concluded that caesarean gave best results as far as foetal salvage was concerned but recommended its use only in selected cases.

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