

# BREECH PRESENTATION : MANAGEMENT AND PROGNOSIS

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## SUMMARY

A five year retrospective study of breech deliveries and their outcome, who attended Dr. R.N. Cooper Hospital, Bombay from the year 1984 to 1988 is presented. Out of 602 cases of breech presentation, the caesarean section rate was 22.09%. The perinatal mortality rate was 16.61% which was 2.5 times higher than the overall perinatal mortality rate of this hospital (6.44%). The perinatal mortality rate of patients delivered abdominally was 5.26%. The average birthweight in vaginal delivery group was significantly lower than the caesarean section group.

## Introduction

Management of breech presentation is a challenge to the obstetrician managing the case. The present study is aimed at looking at the current practice of managing breech presentation, the comparison of vaginal versus abdominal route and the factors responsible for the selection of the route. The ways to reduce the high perinatal mortality rate are also looked for.

## Materials and Methods

Study was conducted at Dr. R.N. Cooper Hospital, Juhu during the period January, 1984 to December, 1988. During this period, there were 13,195 deliveries out of which 602 were that of breech presentation. 218 were primigravidas and 384

were multiparas. The decision regarding the mode of delivery was taken by the consultant, X-Ray examination of abdomen and pelvis was done in all cases except those advanced in labour. Neonatologist attended all the deliveries as this is a practice in this hospital.

## Results

Incidence of breech presentation according to parity is shown in Table I.

TABLE - I

Total No. of confinements	Breech presentation		
	Total	Primi	Multi
13,195	602	218	384
	4.56%	36.21%	63.79%

The route of delivery in breech presentation cases according to parity is shown in Table II.

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TABLE - II

	Primigravida	Multipara	Total
Vaginal delivery	146	323	469
Caesarean Section	72 (33.03%)	61 (15.89%)	133 (22.09%)
Total	218	384	602

The mortalities and perinatal mortality rates of cases delivered abdominally and vaginally are tabulated in Table III.

TABLE - III

	Vaginal delivery	Caesarean delivery	Total
Babies died	93	7	100
Babies survived	376	126	502
Total	469	133	602
PNMR/1000	186.4	52.6	166.1

Table V makes a comparative study of the perinatal mortality rate and the birth weight in the abdominal versus vaginal delivery group.

TABLE - V

	Vaginal delivery	Caesarean Delivery
Average birth wt.	2.056 Kg.	2.6 Kg.
SD	0.1394	0.083
PNMR/1000	186.4	52.63

\*P 0.001

### Discussion

Incidence of breech presentation is about 3-4% of all deliveries (1). In our study, the incidence was higher (4.56%), which can be explained by ours being a referral centre. The caesarean section rate for breech presentation has been increas-

ing over the years. Hall & Kohl (2) reported a caesarean section rate of 10.7% in 1956 whereas it is presently close to 75% in Parkland Memorial Hospital (1). Our overall caesarean section rate of 22.09% fall maiday. The parity played a major roll in our management 33.02% of our primigravidas were delivered by caesarean section as against 15.89% of multiparas. However, Cox et al (3) Hay et al (4) have shown that the perinatal mortality in multipara with breech presentation was in fact higher than in primigravidas. So it appears that there is a scope for improving the mortality rate by considering more multiparas for caesarean section.

The perinatal mortality in our series was 16.61% whereas the overall perinatal mortality rate of our hospital was 6.44% Brenner et al (5) have reported a perinatal mortality rate 9 times higher in breech deliveries than in non breech ones. The perinatal mortality rate was 18.64% in the vaginal delivery group (P 0.001). Some of the very low birth weight babies were considered nonviable in our institution and therefore delivered vaginally. Indeed the average birth weight in the vaginal delivery group ( $2.056 \pm 0.2788$ ) and abdominal delivery group ( $2.60 \pm 0.166$ ) speak of this fact.

We, in India are yet reluctant to perform a caesarean section for low and very low birth weight babies because of two major reasons. The neonatal survival of low birth weight babies is not comparable to Western world and the other is the risk of maternal mortality due to the future possibly unsupervised performance of the once scarred uterus.

### Conclusions

This study clearly demonstrates that the birth weights of babies born vaginally

are significantly lower than the weights of babies born by abdominal route (using the 95% confidence limit).

The perinatal mortality in breech presentation was almost thrice as high as the overall perinatal mortality rate of our hospital. The perinatal mortality rate for caesarean group was 5.26% as against 18.64% for vaginal group. These results are highly significant (P 0.001). The caesarean section rate was 22.09%.

The data presented in this study indicate that one should not be complacent with the present management of breech presentation. One of the ways to

reduce the high perinatal mortality rate may be a higher resort to caesarean section especially in multipara. The other way may be improved care of low birth weight babies.

References

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Group	No. of cases	Perinatal mortality (%)	Caesarean section (%)
Vaginal	1456	18.64	22.09
Caesarean	322	5.26	-
Total	1778	11.70	22.09

TABLE I  
 Comparison of perinatal mortality and caesarean section rate in breech presentation group.

Group	No. of cases	Perinatal mortality (%)	Caesarean section (%)
Vaginal	1456	18.64	22.09
Caesarean	322	5.26	-
Total	1778	11.70	22.09

The present study shows that the perinatal mortality rate in breech presentation is significantly higher than the overall perinatal mortality rate of our hospital. The caesarean section rate in breech presentation was 22.09% which is higher than the overall caesarean section rate of our hospital. These results are highly significant (P 0.001). The caesarean section rate was 22.09%.