

OUTCOME OF CAESAREAN SECTION IN BREECH PRESENTATION

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SUMMARY

Retrospective analysis of 126 caesarean section over period of 10 years was done to find out conditions for which caesarean section is resorted, perinatal outcome of caesarean birth and factors involved. Trend toward increasing use of caesarean section is evident over 10 years (6% to 14%). Common indications are fetopelvic disproportion, repeat LSCS and placenta praevia, PNM is significantly low in LSCS if birth weight is more than 2500 gms.

Introduction

Breech is commonest malpresentation requiring operative delivery. To avoid unforeseen difficulties in vaginal breech delivery, rate of caesarean section is increased now-a-days in selected cases with resultant low perinatal mortality and morbidity. Caesarean section is still not indicated for breech presentation per se but with associated complications.

Material and Method

This retrospective study was carried out at Department of Obstetrics and Gynaecology, Medical College and S.S.G. Hospital, Baroda to know changing trend in incidence and indications for caesarean section in breech at SSGH and to study perinatal outcome as well as factors af-

fecting outcome. Multivariant analysis was done. Cases with incomplete information were excluded from study.

Analysis and Discussion

There were 126 caesarean sections in breech presentation over period of 10 years at SSGH. Table I shows percentage incidence in breech cases in 10 years and also caesarean section rate in non-breech cases in 6 years. There is definite trend toward increase in section rate. And there is simultaneous reduction in perinatal mortality in caesarean birth in breech.

Indications for LSCS

As shown in Table II commonest indication for LSCS in breech was fetopelvic disproportion. Repeat LSCS with breech and placenta praevia were two other common indications for caesarean section. Repeat caesarean section are more after 1980.

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TABLE - I
INCIDENCE OF CAESAREAN SECTION IN BREECH

Year	76	77	78	80	81	82	83	84	85	86
LSCS in breech-No.	8	12	8	8	12	16	12	15	18	17
%	6.8	10.2	6.8	6.8	10.2	13.6	10.2	12.7	15.3	14.4
Non-breech LSCS	4.5	5.5	6.1	5.6	6.2	7.25	7.2	6.6	9.1	10.9

TABLE - II
INDICATION FOR CAESAREAN SECTION

Condition	%
1. Large size baby or contracted pelvis.	33.33
2. Placenta praevia	15
3. Repeat LSCS	15
4. Cord prolapse	7.9
5. Premature rupture of membrane	5.5
6. Foetal distress	4.7
7. Non-progressive labour	4.7
8. Footling presentation	3
9. Limb prolapse	1.5
10. Bad obstetric history	1.5

TABLE - III
COMPARISON OF CAESAREAN BIRTH TO VAGINAL BIRTH

Mode of Delivery	PNM	No. PNM
L.S.C.S.	27	99
Vaginal	470	742

PNM in caesarean birth is 21.2% (27 out of 126) while PNM in vaginal deliveries is 38.38% (P<0.005), when birth weight of babies is controlled, significantly better (P<0.01) PNM in abdominal delivery as compared to vaginal delivery. Below 2500 gms no difference between abdominal or vaginal delivery is observed.

Birth weight and PNM

Amongst caesarean births also birth weight is significant factor determining perinatal mortality (P<0.01).

TABLE - IV

Birth weight in gms.	PNM	No. PNM
1000 - 1500	7	0
1501 - 2000	7	4
2001 - 2500	10	40
2501 - 3000	1	39
3000 & more	2	16

As already stated difference between abdominal and vaginal delivery is significant only above 2500 gms. birth weight.

Parity & PNM in LSCS Birth

Parity does not play a significant role in determining perinatal mortality as is evident from Table V.

TABLE - V

Parity	PNM	No. PNM
1	7	51
2	6	21
3	6	13
4	8	14

Antenatal Care

Out of 77 unregistered cases 25 cases had perinatal loss while only 2 cases out of 49 antenatally registered cases had perinatal loss. Significant reduction in PNM ($P < 0.01$) is observed as in other conditions.

Conclusion

From analysis of 126 LSCS over 10 years period trend toward increasing incidence is evident. Commonest reasons for LSCS are fetopelvic disproportion, repeat

LSCS and placenta praevia. Perinatal mortality is significantly low in LSCS if birth weight is more than 2500 gms. ($P < 0.001$). Other factors affecting outcome of LSCS are antenatal care and birth weight.

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