

## THE OUTCOME OF BREECH DELIVERIES - VAGINAL DELIVERIES VIS-A-VIS L.S.C.S.

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### SUMMARY

**This is a study which reviews the outcome of the fetus in breech presentation. It looks at the outcome of 130 singleton breech deliveries over a period of one year. Delivery by the abdominal route is compared to that by the vaginal route.**

#### INTRODUCTION

Breech delivery remains on the horizon of modern obstetrics as a looming enigma. It has always been a topic of great interest because of the extra attention and care that a fetus in breech presentation demands.

#### AIM OF THE STUDY

The aim of the study was to compare maternal and neonatal outcome in the two routes of delivery and show if it was possible to approach the results of L.S.C.S. delivery by vaginal delivery. Further analyses are made of the relationship between birth weight and fetal outcome.

#### MATERIALS AND METHODS

The outcome of 130 singleton breech

deliveries covering a period of 1 year at R.N. COOPER HOSPITAL is reviewed. All neonates with lethal malformations were excluded.

The criteria to allow vaginal delivery were - Estimated fetal weight of less than 3600 grams, adequate maternal pelvis and flexed head. All babies with extended heads were delivered by L.S.C.S.

The Neonatal outcome was divided into good, fair and poor. To be rated good a neonate had to have a Apgar score of 8-to-10 at five minutes with no evidence of trauma. The neonatal outcome was considered fair when the Apgar at five minutes was 5 to 7 with no need for admission to the N.I.C.U. The neonatal outcome was considered poor when Apgar was 0 to 5 at five minutes, admission to the N.I.C.U. was required there was R.D.S.

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requiring oxygen and evidence of intracranial haemorrhage prior to discharge.

The maternal outcome was based upon the presence or absence of P.P.H., either traumatic or atonic, cervical or vaginal tears and maternal mortality.

### RESULTS

The incidence of breech presentation was 3.6% (Table I). The maximum number

of breech deliveries occurred with the birth weight of 2-3.5 kgs. (Table II). In the range of 2.2.5 kgs. birth weight the number of neonates with poor outcome was not significantly different by either mode of delivery. (Table III) However in the 2.5 - 3.5 kgs. range there was a significant difference in the number of babies with a poor outcome between vaginal (14%) and L.S.C.S. (8%) deliveries with the babies

**Table I**  
**Incidence of breech Presentation**

Total number of deliveries.	3612
Number of breech deliveries.	130
Percentage of breech deliveries.	3.6%

**Table II**  
**Distribution of breech deliveries by birth weight**

Birth Weight	Vaginal delivery	L.S.C.S. delivery
Less than 1 kg.	10	1
1.5 to 2 kg.	11	3
2 to 2.5 kg.	42	9
2.5 to 3 kg.	16	4
3 to 3.5 kg.	8	9
More than 3.5 kg.	6	11

**Table III**  
**Neonatal outcome in babies with a birth weight between 2 to 2.5 kgs.**

Mode of delivery	Good outcome (%)	Fair outcome (%)	Poor outcome (%)
Vaginal delivery	55	24	21
L.S.C.S. delivery	65	36	20

Table IV

Neonatal outcome in babies with a birth weight between 2.5 to 3.5 kgs.

Mode of delivery	Good outcome (%)	Fair outcome (%)	Poor outcome (%)
Vaginal delivery	72	14	14
L.S.C.S. delivery	74	18	8

Table V

Poor neonatal outcome distributed by parity and mode of delivery

Parity	Vaginal delivery (%)	L.S.C.S. delivery (%)
Primiparas	60	28
Multiparas	36	34

delivered vaginally having poorer outcomes (Table IV).

The total number of primiparas delivered were 51. Thirty were delivered vaginally and 21 were delivered by L.S.C.S. Poor outcomes in babies delivered by vaginal delivery (68%) exceeded those by L.S.C.S. Total number of multiparas delivered were 78, 66 were delivered vaginally and 12 were delivered by L.S.C.S. The poor outcomes were nearly equal in vaginal and L.S.C.S. deliveries.

#### DISCUSSION

The prognosis for the fetus in breech presentation is considerably worse than for the one in vertex presentation. This was conclusively shown by Brenner et al (1974). Enthusiasm for external cephalic version is not shared by all. Bradely Watson (1975)

seriously questioned the value of attempting external cephalic version and attributed major complications like abruptio and premature rupture of the membranes to the procedure.

The rate of L.S.C.S. for breech delivery has risen to an extent where it is the indication for 15% of all L.S.C.S. (Williams A. 1993). Over 20 major series on breech deliveries have been reported since then and the recent 5 papers notably those by Bingham & Lifford (1987) and Grougham (1990) have focused on the comparable neonatal outcomes in L.S.C.S. and vaginal deliveries of the breech.

That salvageable preterm and small for gestational age babies below 2 kgs. should be delivered by L.S.C.S. is now accepted (Duenholter et al 1979). The same applies to babies more than 3.5 kgs. (Rovinsky et al 1973). Thus the controversy arises

when there is a salvageable baby of 2-3.5 kgs. and thus this is where our paper concentrates upon.

It is evidenced in our study that for babies in the range of birth weights of 2.5 - 3.5 kgs. the preferred mode of delivery should be by L.S.C.S. for primiparas. Vaginal deliveries can be utilized in multiparas with due consideration to the previous type of delivery and appropriate patient selection.

#### REFERENCES

1. Bingham P., Lilford R.J.: *Obstet. and Gynec.*: 69, 965, 1987.
2. Bradely Watson P.J.: *Am. J. of Obstet. Gynec.*: 123, 237, 1975.
3. Brenner W.E., Bruce R.D., Hendricks C.H.: *Am. J. of Obstet Gynec.*: 118, 780, 1974.
4. Duenholter J.H., Wells C.E., Riesch J.S., Rigoberto Santos Ramos, Juan N. Jimine & *Obstet. and Gynec.*: 54, 310, 1979.
5. Grougham J. : *Obstet. and Gynec.*: 146, 580, 1990.
6. Rovinsky J.J., Miller J.A., Kaplan S.: *Am. of Obstet. and Gynec.*: 115, 497, 1973.
7. *Willam's Text Book of Obstetrics. Cunningham, Gilstrap, Leveno, McDonald Gant (Eds). Appleton and Lange 18th Edition 1993.*