Editorial

How to handle breech presentation and delivery?

The study of Leiberman et al. [6] (this issue of EJOGR 1995 p. 111) is one of the many studies on breech presentation and delivery.

The issue of vaginal breech delivery was changed by the studies of the late Fred Kubli et al. [1] and Ingemarsson et al. [2] pointing towards acidemia and long-term sequelae for the newborns. The rates of Caesarean sections thereafter continued to rise.

Most studies are retrospective and rarely of a prospective randomized design. Two randomized studies from the University of Southern California, USA, however demonstrated no difference in outcome in the abdominal vs. vaginal delivery route for the term frank or non-frank breech [3,4] although the ‘drops-outs’ were considerable in both studies.

A critical review of the literature suggested that planned vaginal delivery may be associated with higher perinatal mortality and morbidity rates than planned Caesarean delivery [5] with higher relative risks for tetanus rupture, low Apgar score, Erbs-Duchenne paresis, clavicular fracture and long-term morbidity. The study of Leiberman et al. [6] in this issue of EJOGR confirms these findings on a small scale in an Israeli setting. The study was, however, non-randomized and also bears potential bias so that the final impression that Caesarean section will be the solution of the problem in term singleton breech is not warranted. Observational studies from the Slovenia database report even better outcome of 5012 single breech deliveries when delivered vaginally [7].

It still remains to be seen if the differences in outcome may not be due to factors other than delivery only. The issue of cerebral palsy also taught us that this is frequently the case. If this is true, then maternal morbidity due to the abdominal operation is increased for no good reason [8].

Such pregnancy factors can be derived from the study of Faber-Nijholt et al. [9]. In this study, significant differences existed only for minor neonatal neurologic dysfunctions.

Therefore, we recommend not to increase the rate of Caesarean sections still further and would draw the attention of our readers to the recommendations of the FIGO Committee on Perinatal Health on guidelines for the management of breech delivery [10]. These guidelines recommend external cephalic version at term as well as physicians well trained and experienced in handling vaginal breech delivery.

References


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