

# Breech Presentation

**دکتر فاطمه حاجی هادی**

**۱۳۹۹**

---

# Objectives

## Breech Presentation

- Incidence
- Mechanism of labour
- Diagnosis
- Managing breech delivery (ECS/ECV/VD)
- Complications of VD of the breech

# Incidence

- in 3-4% of births that occur at term
- 35% of births that occur before 28 weeks' gestation.

**WHY .**

# Etiologic factors in malpresentation

## ■ **Maternal**

### – Passages

- *CP*
- *Uterine malformation*

### – Power:

- *pendulous abdomen*

## ■ **Fetal:**

### – Passenger (*Fetus, placenta, cord, AF*)

- *Macrosomia*
- *Prematurity*
- *Multiple gestation*
- *Hydrocephaly*
- *Hydramnios*
- *Placenta previa*
- *Short cord*

# ***Breech: Etiology***

- ***Prematurity***
- ***Uterine abnormalities***
- ***Fetal abnormalities (e.g. hydrocephalus others)***

- *Perinatal mortality is increased 2- to 4-fold with breech presentation*
- *Congenital malformation 6%*

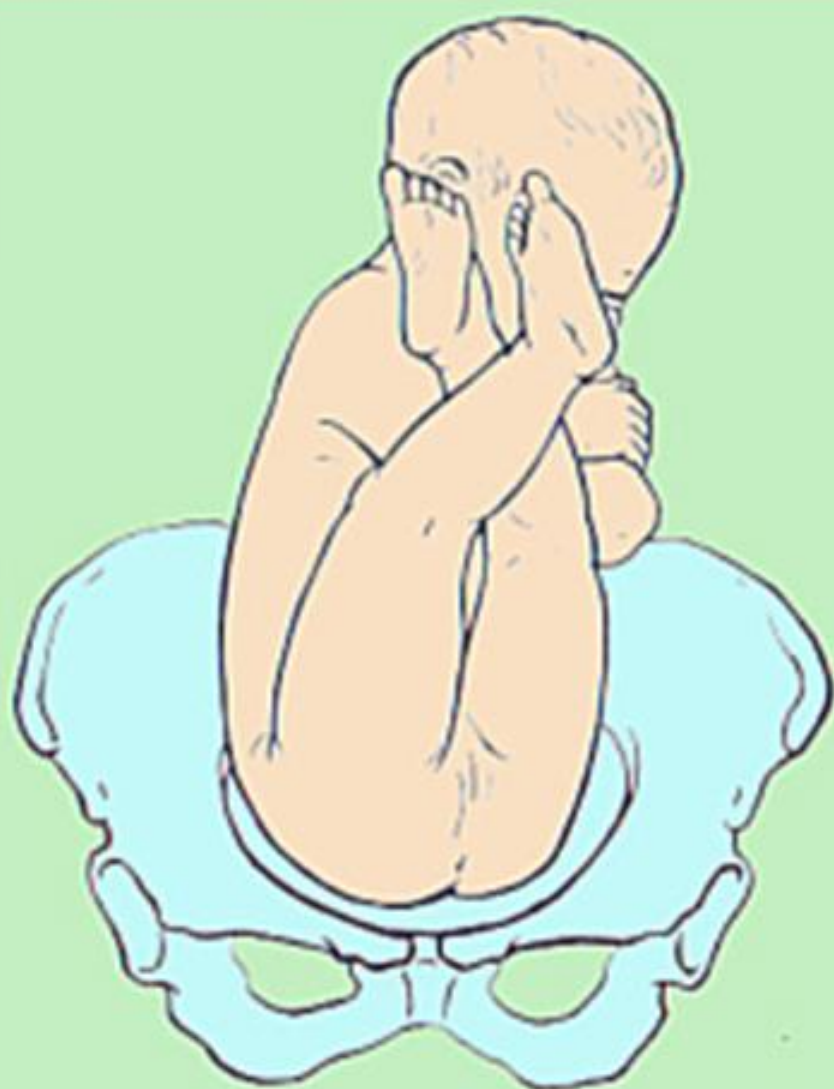
# Types of breeches

- **Complete** breech - Hips flexed, knees flexed
- **incomplete**
  - Frank breech - Hips flexed, knees extended
  - Footling - One or both hips extended, foot presenting
  - Knee presentation



COMPLETE BREECH





FRANK BREECH



FOOTLING

***position***

***SA,SP,LST,RST***

***LSP,RSP.LSA,RSA***



Right Sacro  
Posterior



Left Sacro  
Posterior



Right Sacro  
Lateral



Left Sacro  
Lateral



Right Sacro  
Anterior



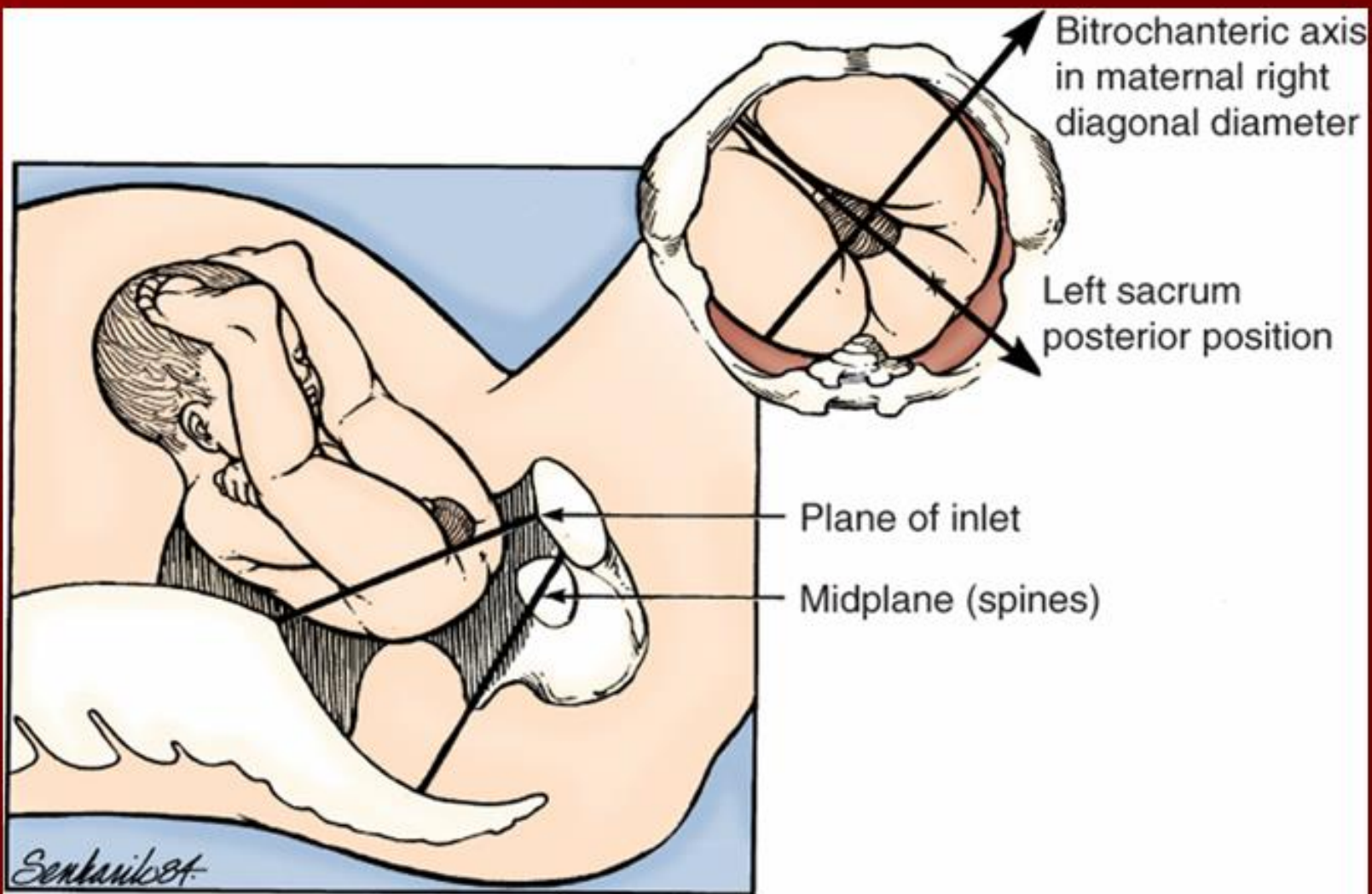
Left Sacro  
Anterior

The Six Breech Positions

***Mechanism***

# Breech delivery

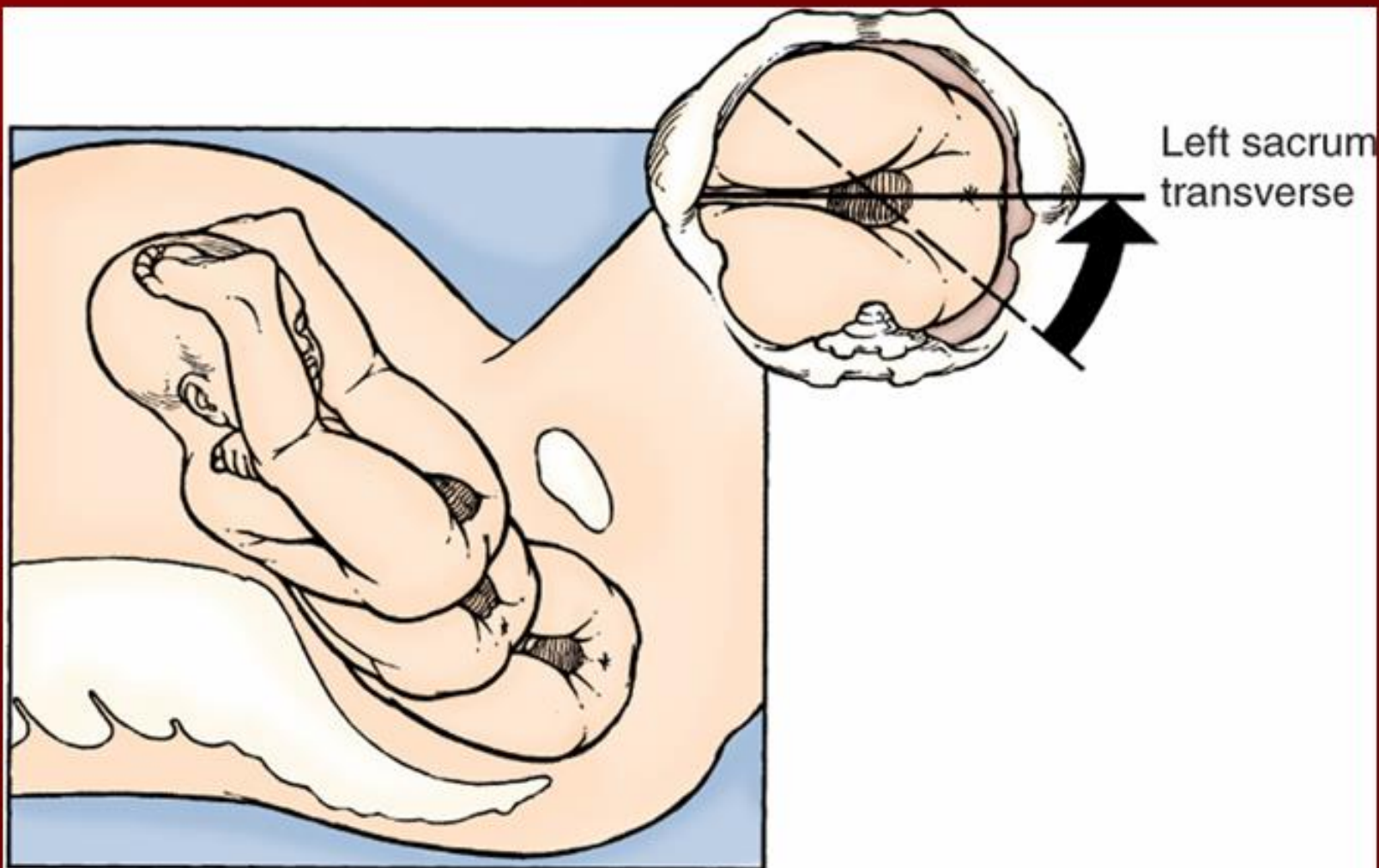
- Buttocks
- Shoulders
- After coming head



Copyright © 2007 by Churchill Livingstone, an imprint of Elsevier Inc.







Copyright © 2007 by Churchill Livingstone, an imprint of Elsevier Inc.





# ***DIAGNOSIS***

- Pregnancy :
  - Palpations and ballottement
  - FHS
  - Ultrasound
- Labour : Pelvic exam

# MANAGEMENT

- *Elective CS*
- *ECV*
- *Vaginal Delivery*



Royal College of  
Obstetricians and  
Gynaecologists

Setting standards to improve women's health

Guideline No. 20b

December 2006

## THE MANAGEMENT OF BREECH PRESENTATION

Women should be informed that planned caesarean section carries a reduced perinatal mortality and early neonatal morbidity for babies with a breech presentation at term compared with planned vaginal birth.

A

# **TERM BREECH TRIAL COLLABORATIVE GROUP**

**Planned caesarean section versus planned vaginal birth for breech presentation at term: a randomised multicentre trial.**

**Hannah et al. *The Lancet*. 2000(365):1375-83**

**121 Centers, 26 countries**

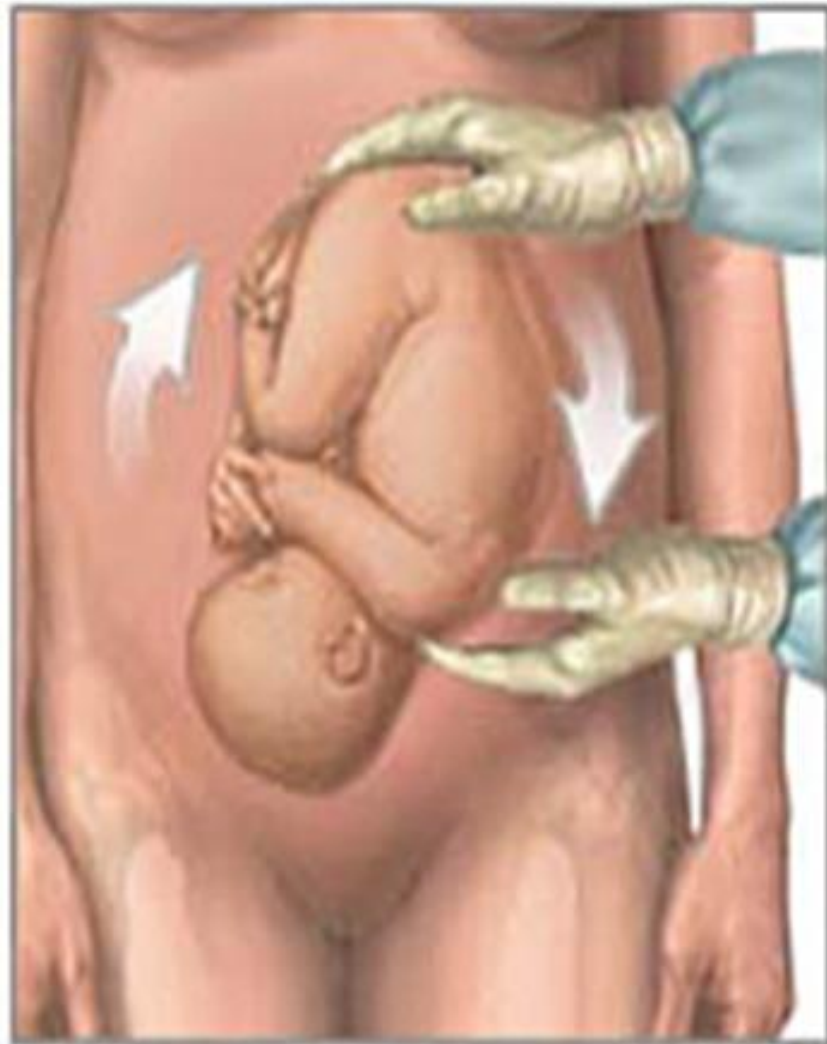
# Planned caesarean section for term breech delivery.

Hofmeyr & Hannah. *Cochrane Database Syst Rev*  
2003(2):CD000166.



# **External Cephalic Version (ECV)**

# Using external version to turn breech





# Royal College of Obstetricians and Gynaecologists

Guideline No. 20a

December 2006

Setting standards to improve women's health

## **EXTERNAL CEPHALIC VERSION AND REDUCING THE INCIDENCE OF BREECH PRESENTATION**

Women with a breech baby should be informed that attempting ECV lowers their chances of having a caesarean section.

**A**



# External Cephalic Version (ECV)

- Reduce number of Caesarean Sections for breech presentation
- Time: Currently: 36-37 weeks gestation
- Contraindications:
  - CS indicated
  - Placenta Praevia/APH
  - reduced liquor volume
  - multiple pregnancy
  - abnormality in uterus or fetus
  - Scared uterus

# ECV : Best Practice Principles

- Ultrasound guided
- Tocolysis ??? Success better with relaxed uterus (*G A Recommendation. RCOG*)
- Perform CTG before and after procedure to ensure fetal wellbeing
- No anaesthesia
- Experienced obstetrician

# ECV Steps

- Trendelenburg position
- Use lubricant e.g. warmed ultrasound gel on abdomen
- Lift lowest part of fetus out of pelvis inlet
- Bring head and buttocks into flexion for forward roll



# ECV Steps (cont'd)



# ECV Steps (cont'd)

- Continue firm pressure on the buttocks and head and rotate slowly
- Ensure head is above or at the brim (longitudinal lie) before removing hands
- Check FHR afterwards
  - CTG



# ECV

- If successful keep women resting on her left side for 15 – 30 minutes.
- Success rates
  - About 50% will be successful
  - About 1 in 6 will turn back again
  - Can be repeated if reverts to breech presentation

# ECV: complications

- SROM,
- fetal distress, cord entanglement,
- placental abruption, feto-maternal bleeding ( Anti D if Rh -ve)
- Fetal shock
- Rupture uterus

# **VAGINAL BREECH DELIVERY**



# **Selection Criteria For VD**

- **Efw : 2000-3500 grams**
- **Frank or complete breech**
- **Adequate clinical pelvimetry**
- **Flexed aftercoming head**
- **No other indications to CS (e.g. placenta praevia, compromised fetal condition)**

# **Prerequisites for VD:**

- **At Hospital , Op. theater**
- **Breech delivery team**
- **Electronic fetal monitoring**
- **Cx, memb, Episiotomy. forceps**
- **Informed consent**

# VAGINAL BREECH DELIVERY

- Non complicated
- Complicated

# Non Complicated Vaginal Breech Delivery

■ Three types:

1. Spontaneous breech delivery
2. Assisted breech delivery
3. Total breech extraction

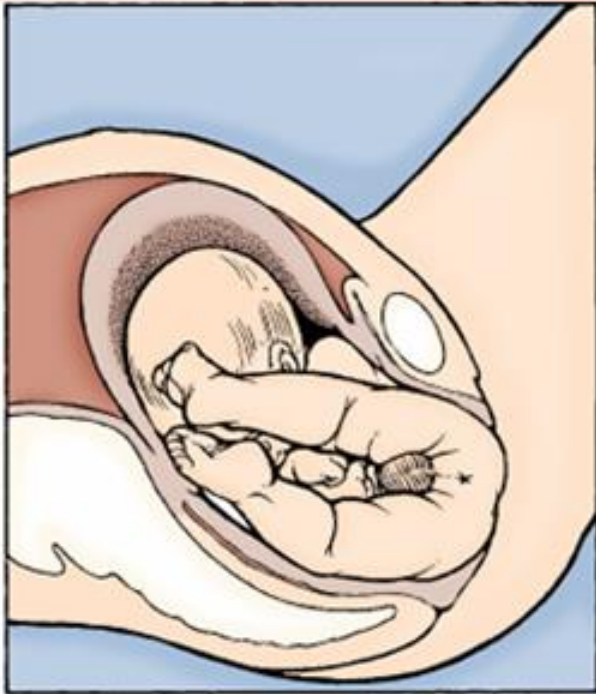


**Tell her to PUSH**

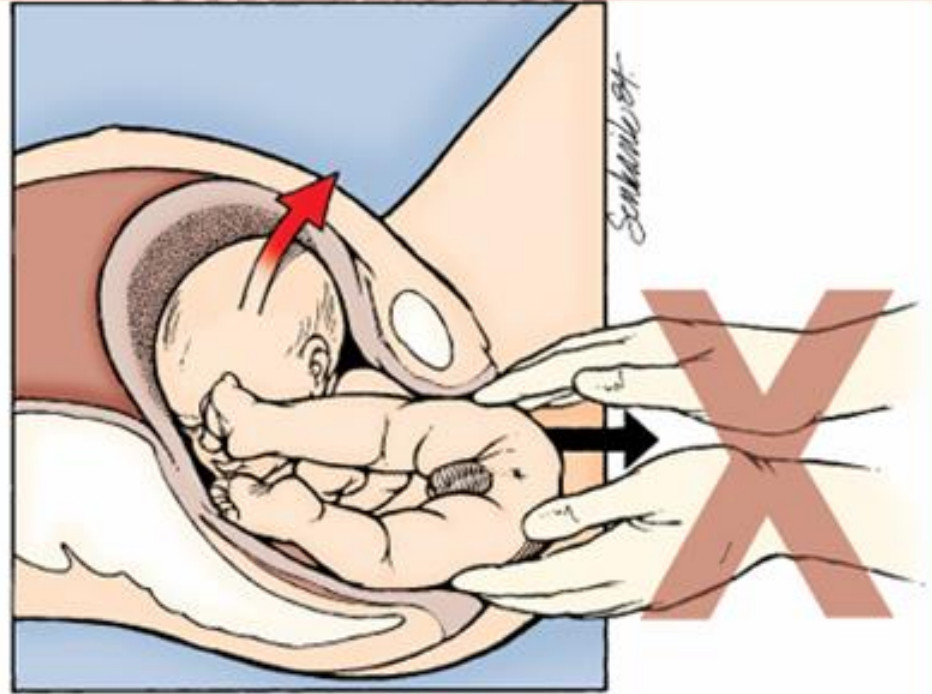






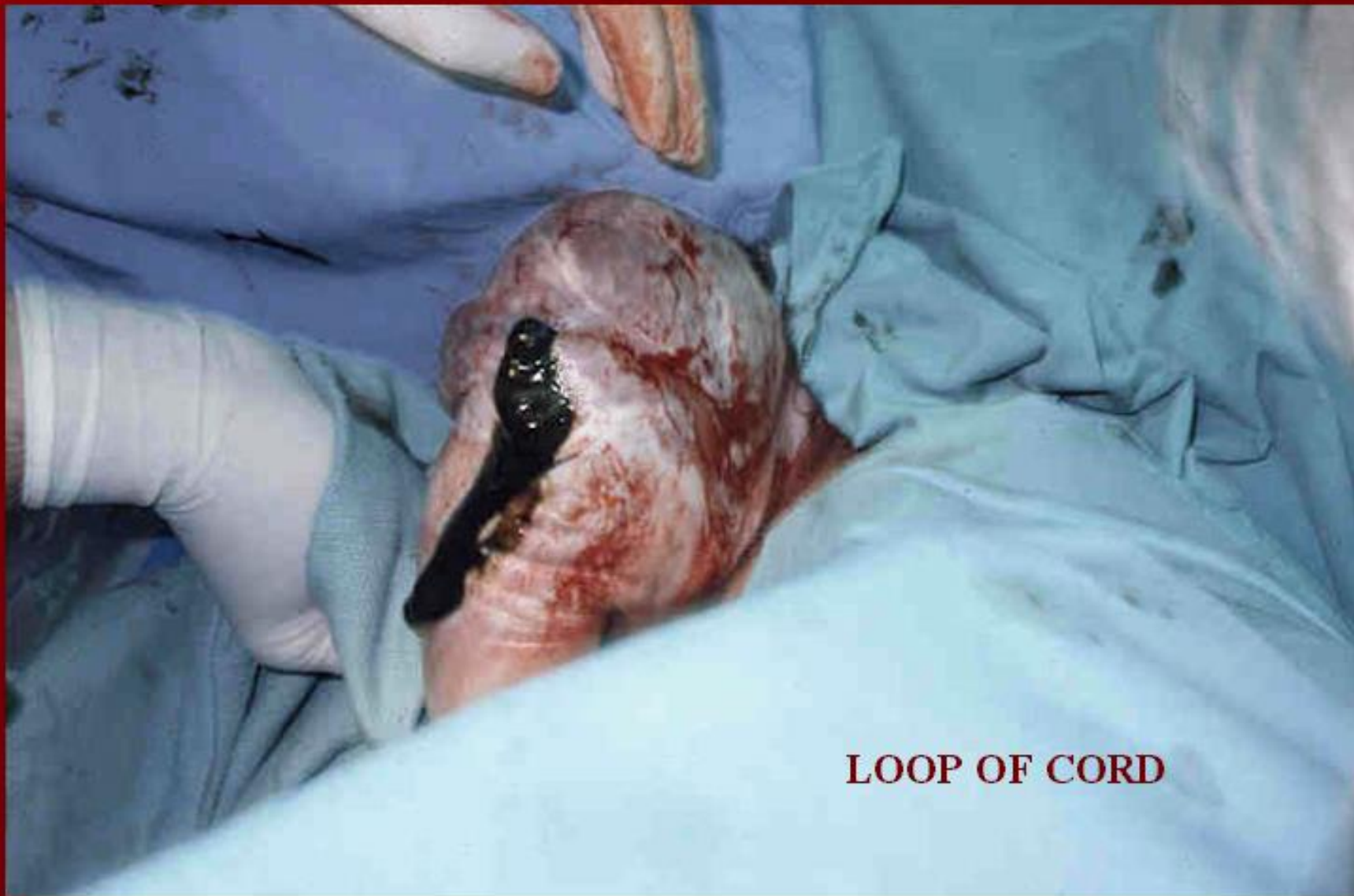


A Spontaneous expulsion



B Undesired deflexion





**LOOP OF CORD**

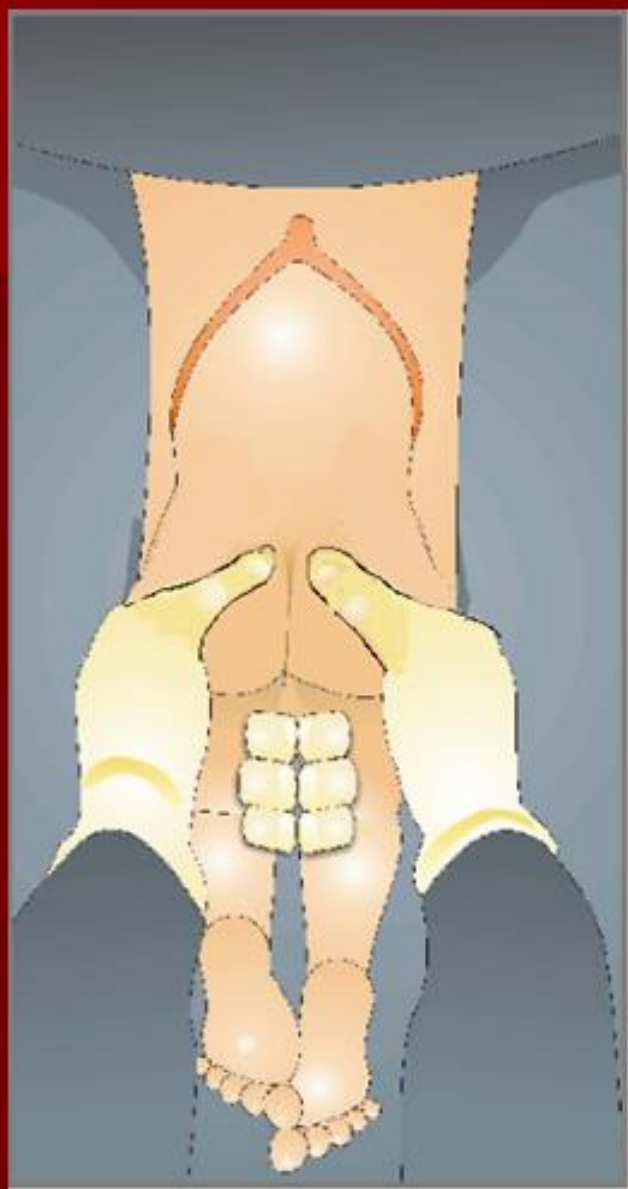








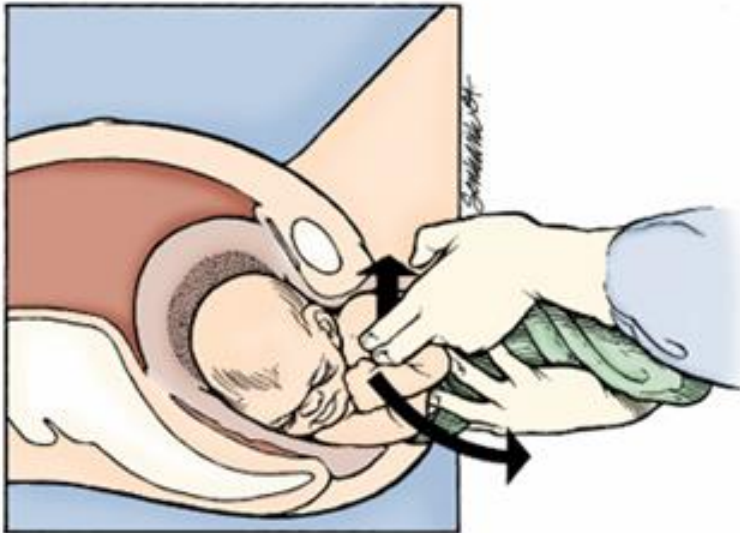
**Worm towel**



For Rotation of  
Baby's Pelvis



A



B

Copyright © 2007 by Churchill Livingstone, an imprint of Elsevier Inc.





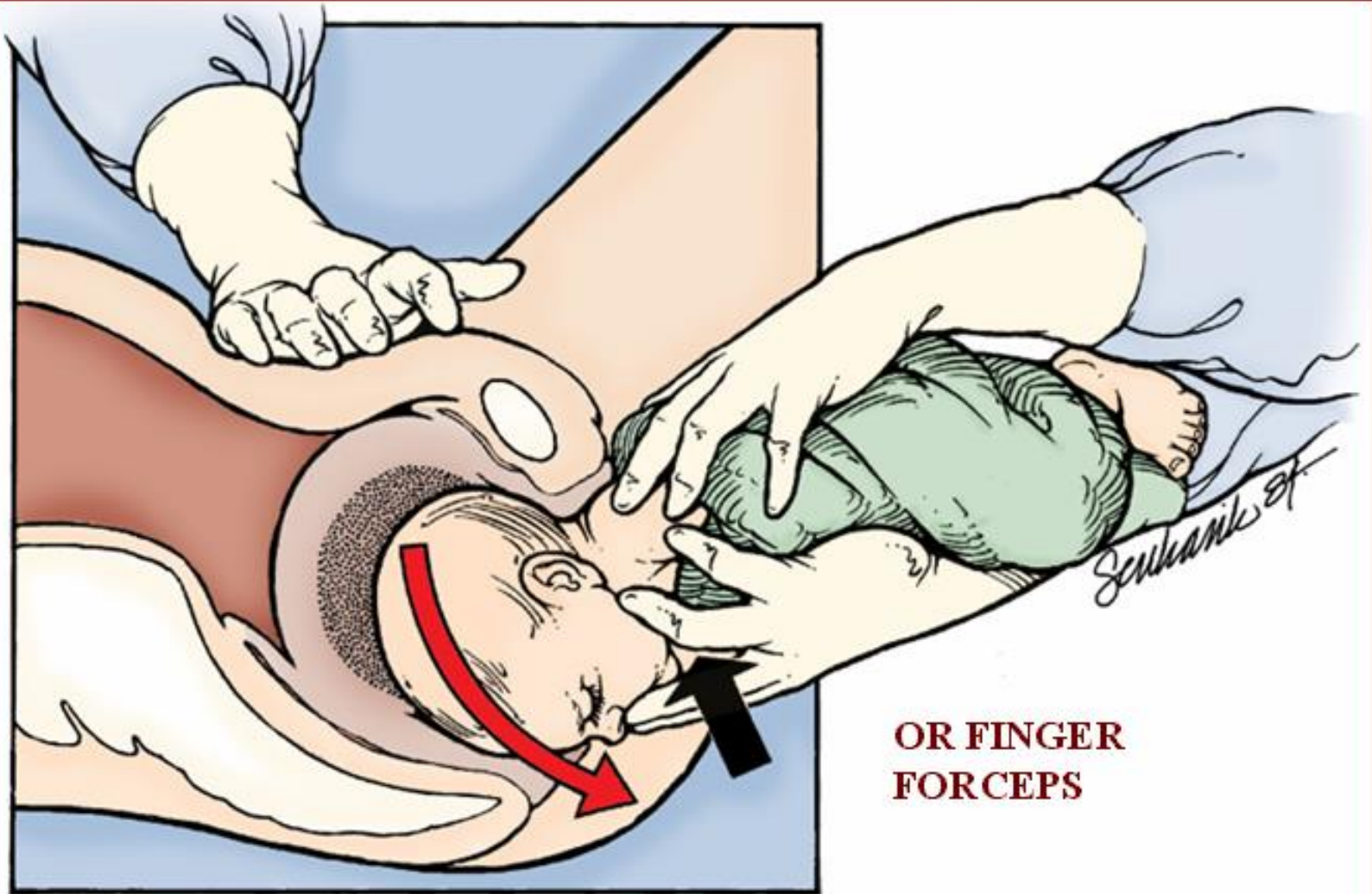
Copyright © 2007 by Churchill Livingstone, an imprint of Elsevier Inc.



# Aftercoming head

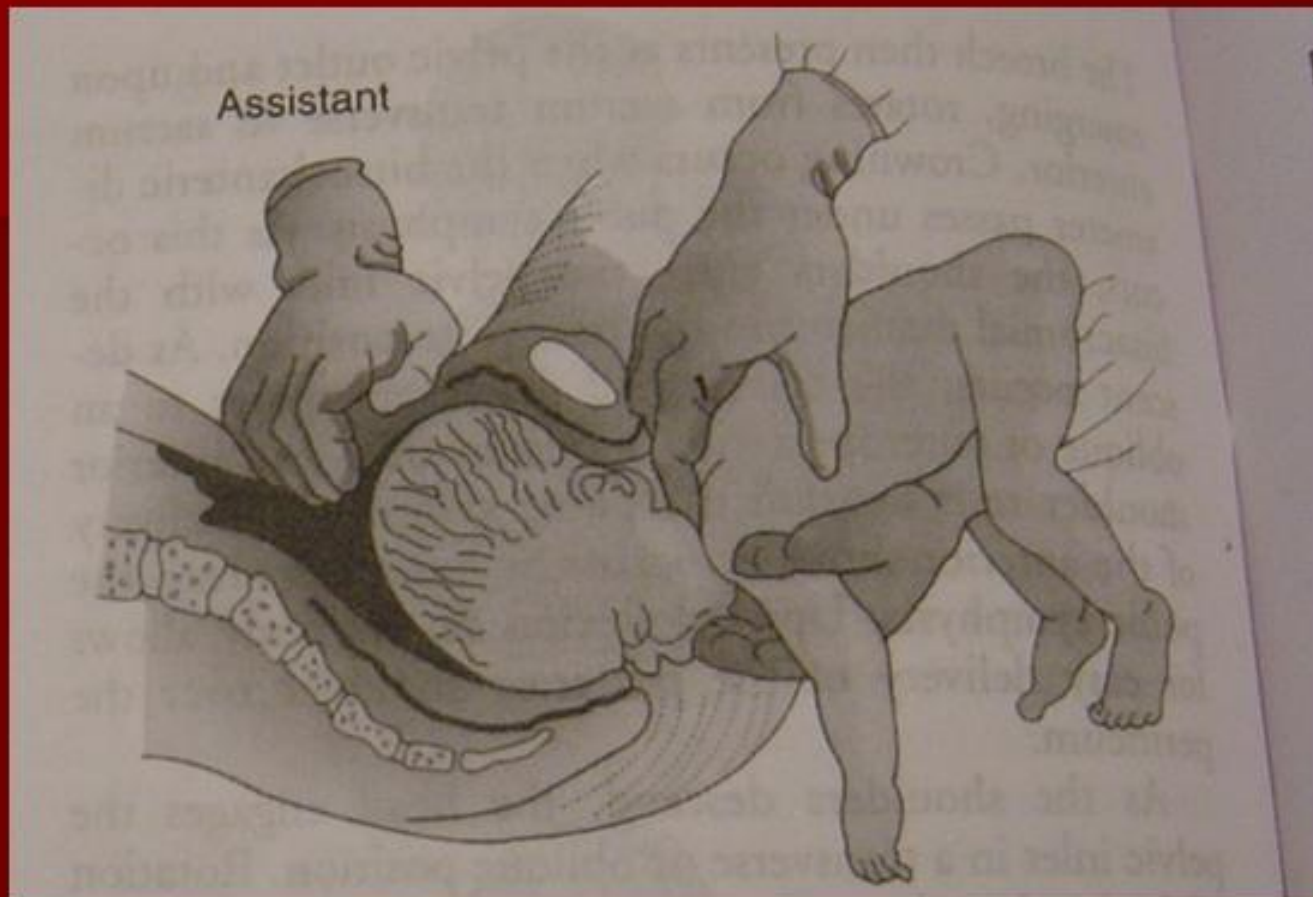
- Burns Marshall
- JFST( MSVT)
- Piper Forceps





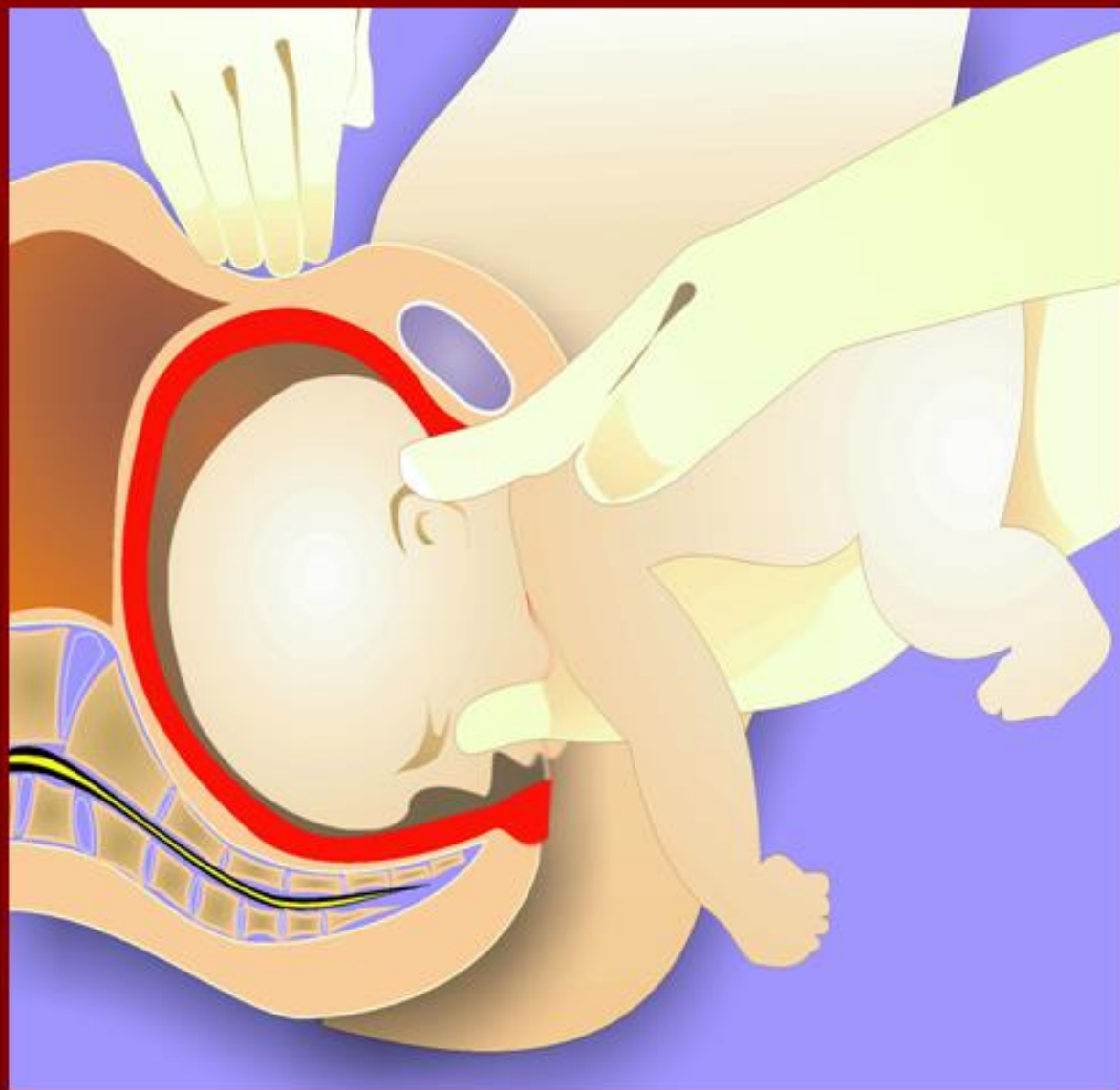
**OR FINGER  
FORCEPS**

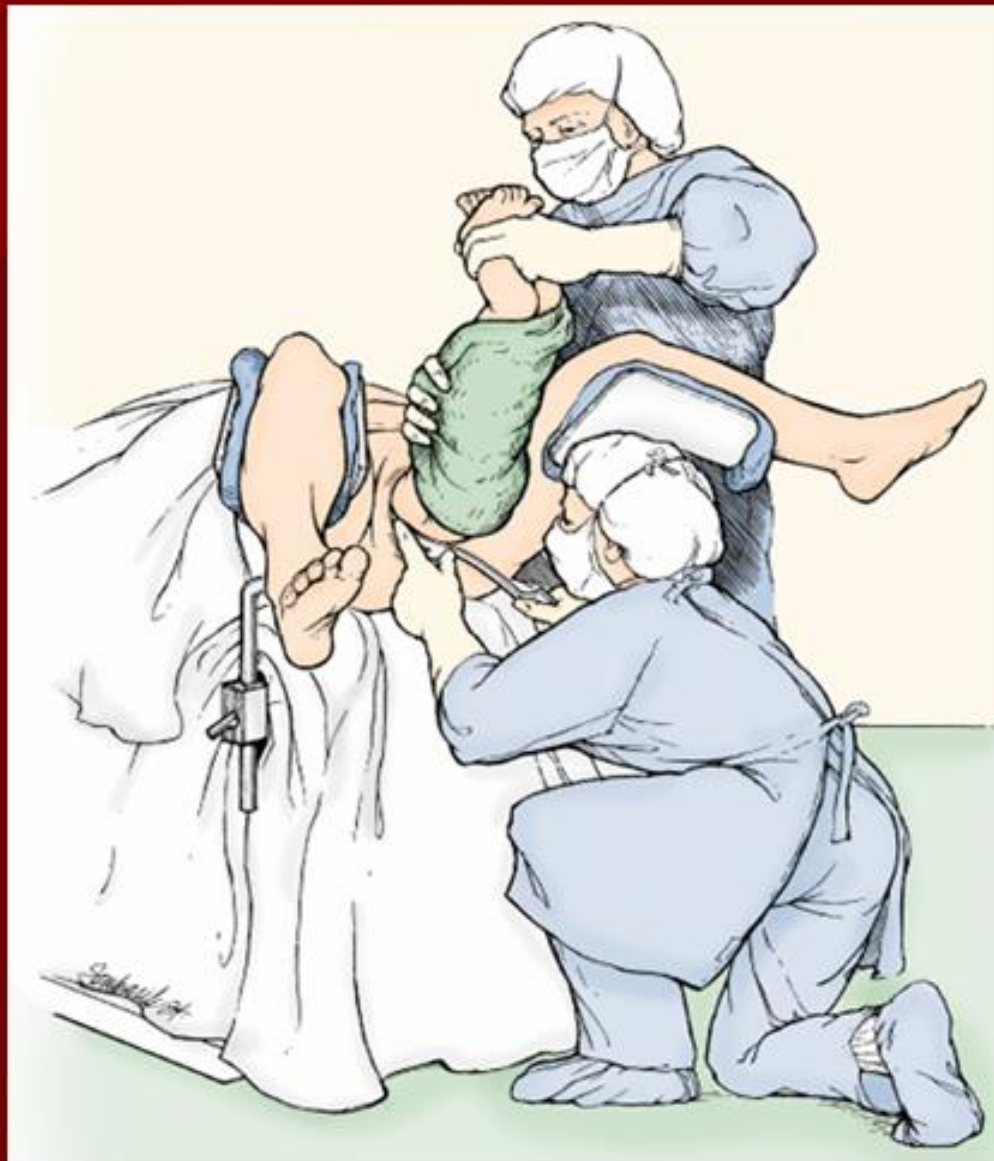




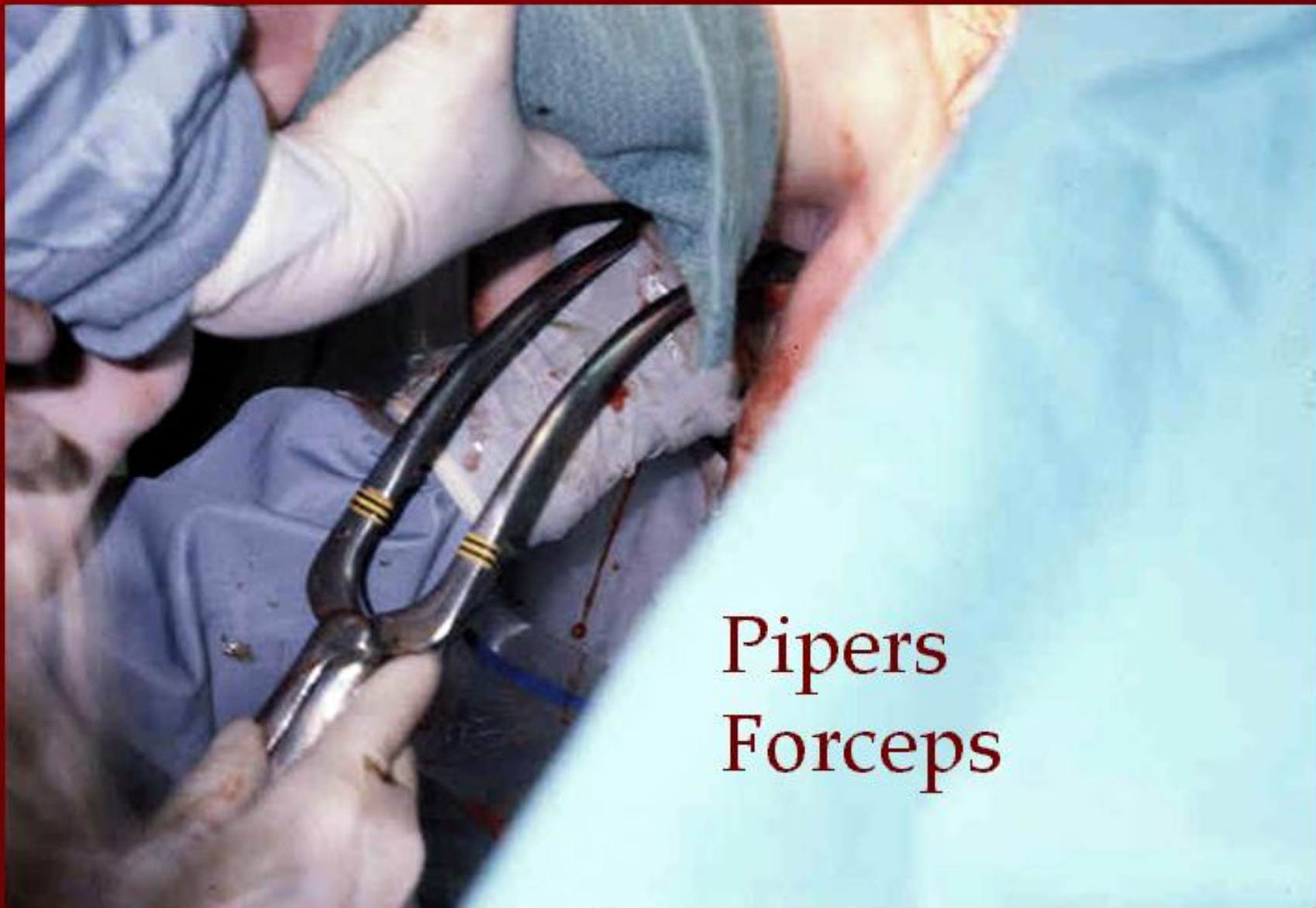
**Mauriceau-Smellie-Veit maneuver( JFST)**



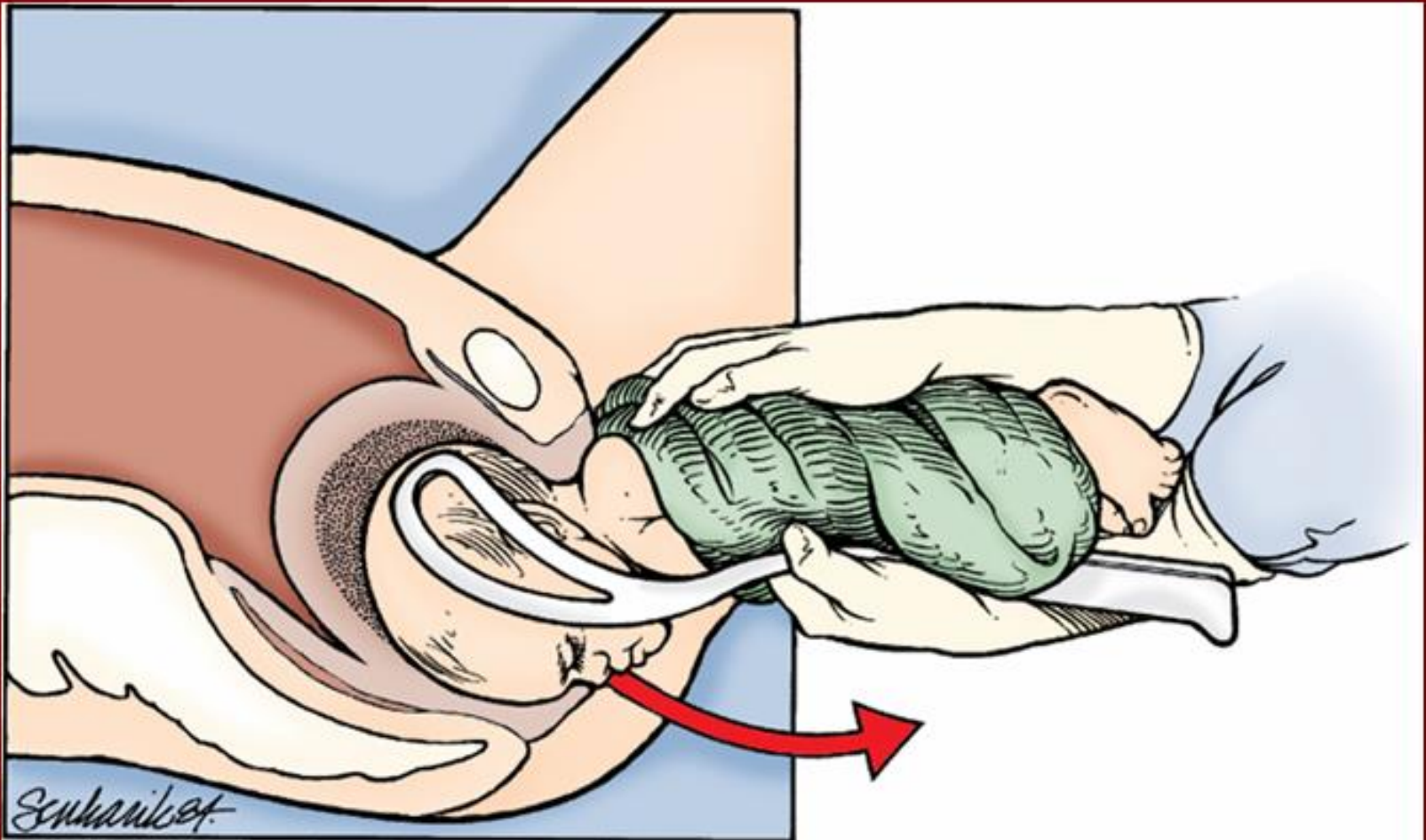




Copyright © 2007 by Churchill Livingstone, an imprint of Elsevier Inc.



Pipers  
Forceps

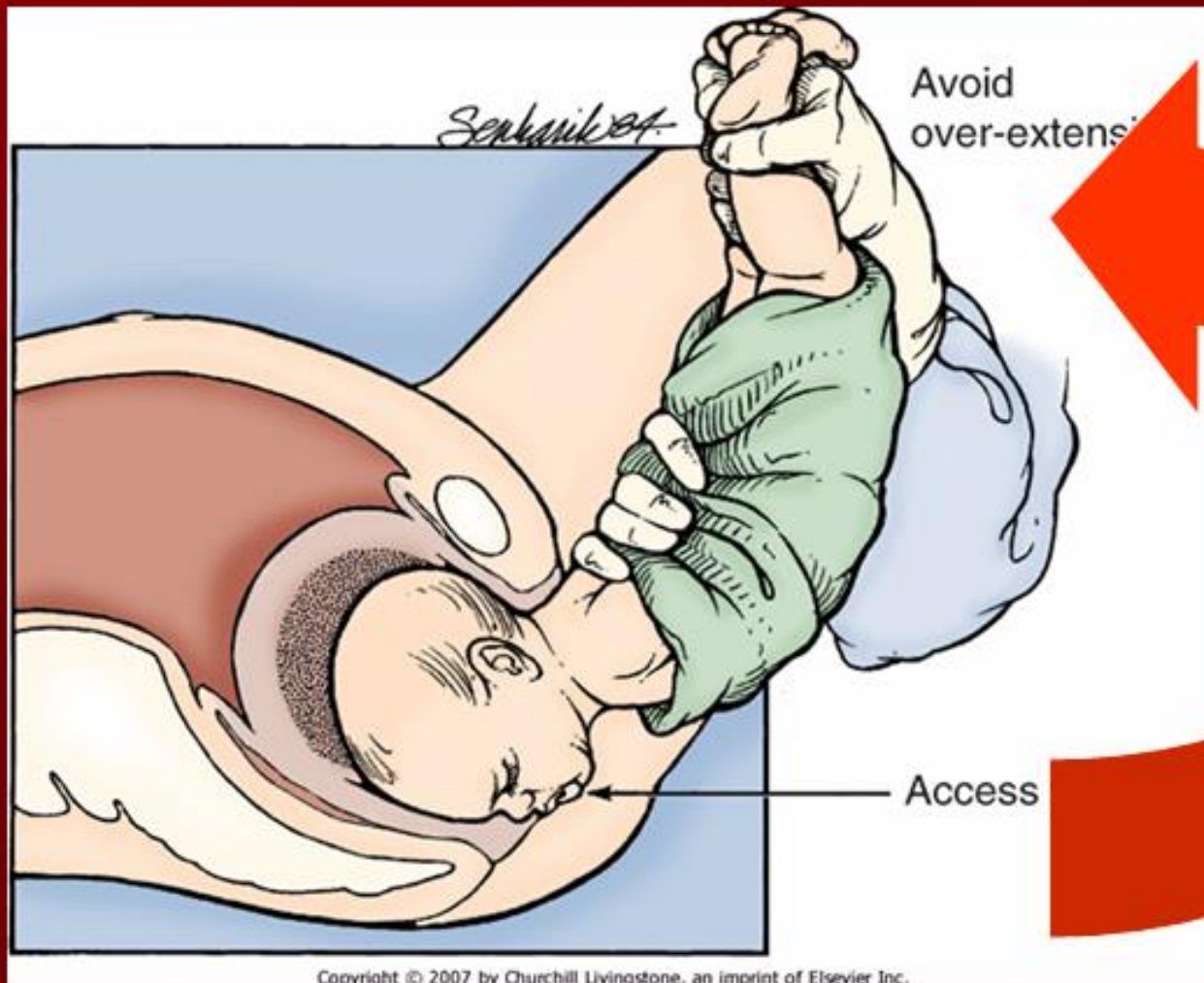


Copyright © 2007 by Churchill Livingstone, an imprint of Elsevier Inc.





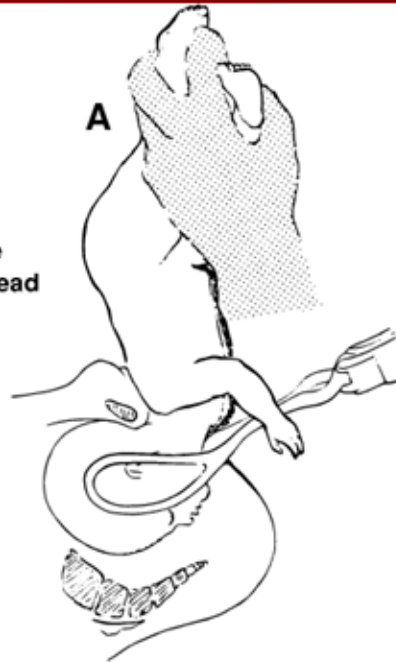
Apgars 8 -9



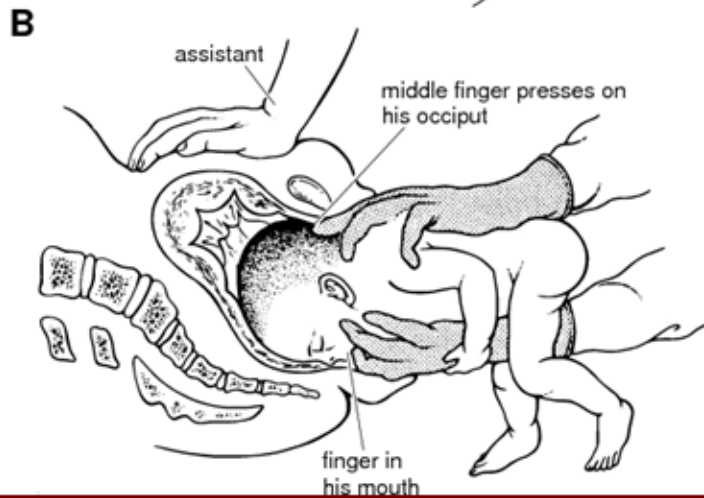
Burn's and Marshall maneuver

## TWO MORE METHODS FOR DELIVERING THE HEAD

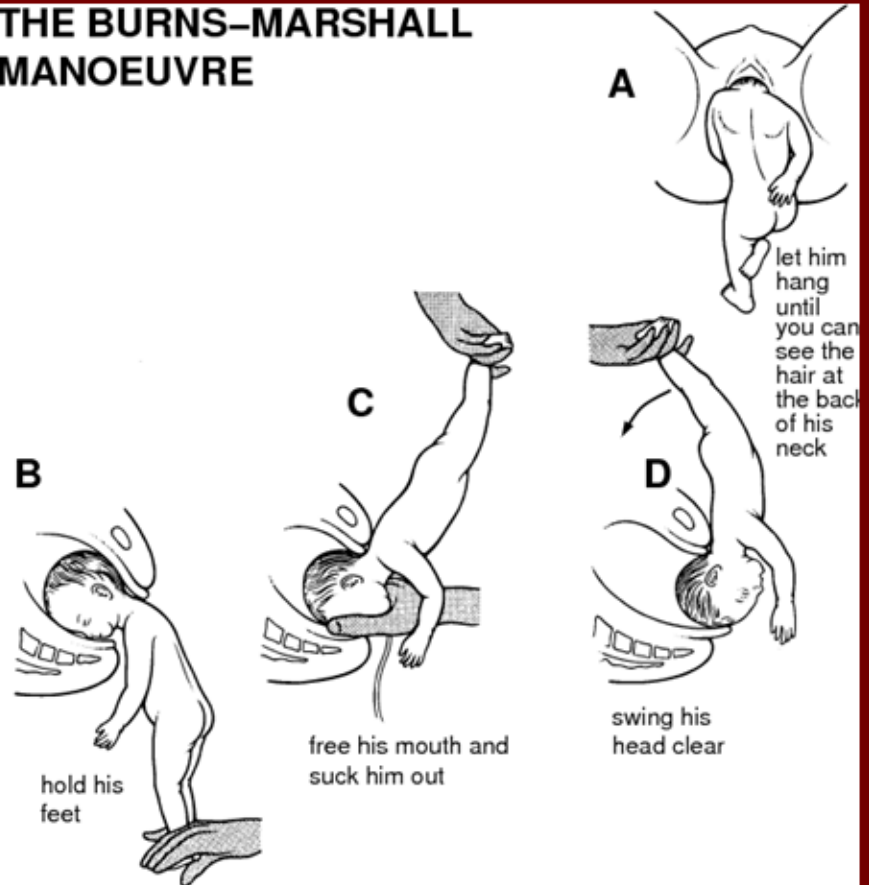
Forceps to the  
aftercoming head



The Mauriceau-Smellie-Veit  
manoeuvre



## THE BURNS-MARSHALL MANOEUVRE



# Total breech Extraction

- Only for second twin ( Cephalic/**Breech**)

# **Complicated Vaginal breech delivery**

# Complicated breech delivery

- Arrest of buttocks
- Arrest of Shoulders
- Arrest of After coming head



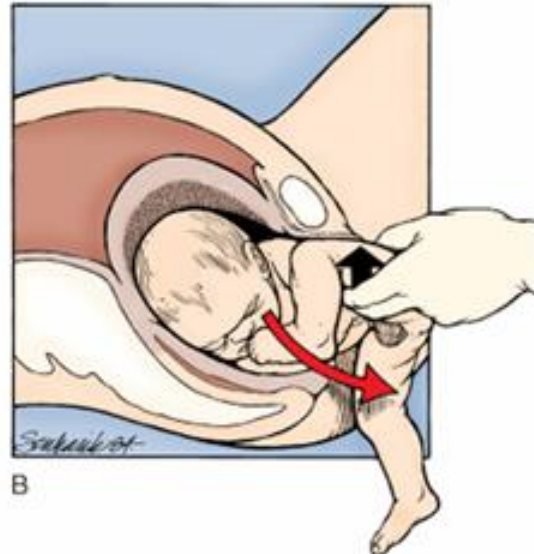
# Complicated breech delivery

- Arrest of buttocks
  - Inlet & cavity
  - Outlet
  - Frank breech
    - Pinard ( bringing down a leg)
    - Groin traction

Frank breech  
Pinard ( bringing  
down a leg)



A

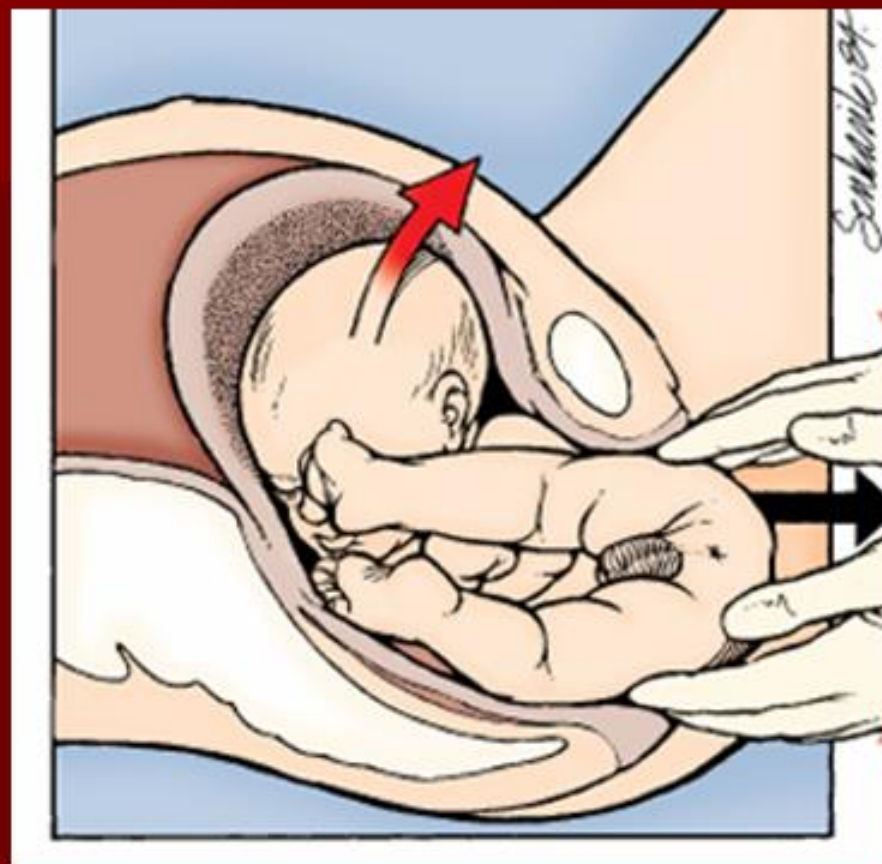


B

Copyright © 2007 by Churchill Livingstone, an imprint of Elsevier Inc.



Frank breech  
Groin  
traction

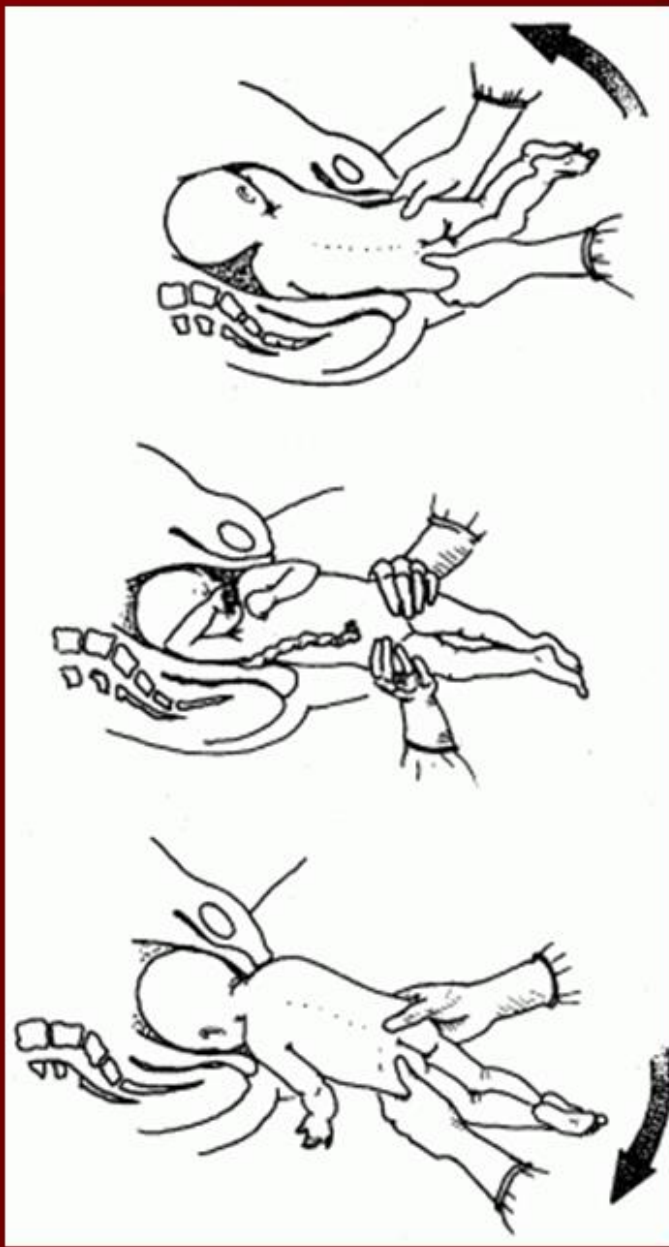


# Complicated breech delivery

- Arrest of Arms
  - Extended
    - Classic method
    - Lovset method
  - Nuchal position



## Lovset method



# Complicated breech delivery

- Arrest of Aftercoming head
  - Passenger
  - Passages



# Fetal Complications during vaginal breech delivery

- Mortality
- Morbidity
- How to avoid

*Thanks*

DR

HATEM ABU HASHIM

