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Management of Breech Presentation

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Management of Breech Presentation

This is the fourth edition of this guideline originally published in 1999 and revised in 2001 and 2006 under the same title.

Executive summary of recommendations

What information should be given to women with breech presentation at term?

Women with a breech presentation at term should be offered external cephalic version (ECV) unless there is an absolute contraindication. They should be advised on the risks and benefits of ECV and the implications for mode of delivery. [*New 2017*] A

Women who have a breech presentation at term following an unsuccessful or declined offer of ECV should be counselled on the risks and benefits of planned vaginal breech delivery versus planned caesarean section. ✓

What information about the baby should be given to women with breech presentation at term regarding mode of delivery?

Women should be informed that planned caesarean section leads to a small reduction in perinatal mortality compared with planned vaginal breech delivery. Any decision to perform a caesarean section needs to be balanced against the potential adverse consequences that may result from this. A

Women should be informed that the reduced risk is due to three factors: the avoidance of stillbirth after 39 weeks of gestation, the avoidance of intrapartum risks and the risks of vaginal breech birth, and that only the last is unique to a breech baby. [*New 2017*] B

Women should be informed that when planning delivery for a breech baby, the risk of perinatal mortality is approximately 0.5/1000 with caesarean section after 39^{+0} weeks of gestation; and approximately 2.0/1000 with planned vaginal breech birth. This compares to approximately 1.0/1000 with planned cephalic birth. C

Selection of appropriate pregnancies and skilled intrapartum care may allow planned vaginal breech birth to be nearly as safe as planned vaginal cephalic birth. [*New 2017*] C

Women should be informed that planned vaginal breech birth increases the risk of low Apgar scores and serious short-term complications, but has not been shown to increase the risk of long-term morbidity. [*New 2017*] B

Clinicians should counsel women in an unbiased way that ensures a proper understanding of the absolute as well as relative risks of their different options. [*New 2017*] ✓

What information should women having breech births be given about their own immediate and future health?

Women should be informed that planned caesarean section for breech presentation at term carries a small increase in immediate complications for the mother compared with planned vaginal birth. A

Women should be informed that maternal complications are least with successful vaginal birth; planned caesarean section carries a higher risk, but the risk is highest with emergency caesarean section which is needed in approximately 40% of women planning a vaginal breech birth. [*New 2017*] B

Women should be informed that caesarean section increases the risk of complications in future pregnancy, including the risks of opting for vaginal birth after caesarean section, the increased risk of complications at repeat caesarean section and the risk of an abnormally invasive placenta. [*New 2017*] B

Women should be given an individualised assessment of the long-term risks of caesarean section based on their individual risk profile and reproductive intentions, and counselled accordingly. [*New 2017*] ✓

What information should women having breech births be given about the health of their future babies?

Women should be informed that caesarean section has been associated with a small increase in the risk of stillbirth for subsequent babies although this may not be causal. [*New 2017*] C

What factors affect the safety of vaginal breech delivery?

Antenatal assessment

Following the diagnosis of persistent breech presentation, women should be assessed for risk factors for a poorer outcome in planned vaginal breech birth. If any risk factor is identified, women should be counselled that planned vaginal birth is likely to be associated with increased perinatal risk and that delivery by caesarean section is recommended. [*New 2017*] ✓

Women should be informed that a higher risk planned vaginal breech birth is expected where there are independent indications for caesarean section and in the following circumstances: C

- **Hyperextended neck on ultrasound.**
- **High estimated fetal weight (more than 3.8 kg).**
- **Low estimated weight (less than tenth centile).**
- **Footling presentation.**
- **Evidence of antenatal fetal compromise. [*New 2017*]**

The role of pelvimetry is unclear. [*New 2017*] C

Skill and experience of birth attendant

The presence of a skilled birth attendant is essential for safe vaginal breech birth. C

Units with limited access to experienced personnel should inform women that vaginal breech birth is likely to be associated with greater risk and offer antenatal referral to a unit where skill levels and experience are greater. [*New 2017*] ✓

Intrapartum assessment and management of women presenting unplanned with breech presentation in labour

Where a woman presents with an unplanned vaginal breech labour, management should depend on the stage of labour, whether factors associated with increased complications are found, availability of appropriate clinical expertise and informed consent. [*New 2017*] C

Women near or in active second stage of labour should not be routinely offered caesarean section. [*New 2017*] ✓

Where time and circumstances permit, the position of the fetal neck and legs, and the fetal weight should be estimated using ultrasound, and the woman counselled as with planned vaginal breech birth. [*New 2017*] ✓

All maternity units must be able to provide skilled supervision for vaginal breech birth where a woman is admitted in advanced labour and protocols for this eventuality should be developed. [*New 2017*] ✓

What is appropriate intrapartum management of the term breech?

Are induction and augmentation appropriate?

Women should be informed that induction of labour is not usually recommended. Augmentation of slow progress with oxytocin should only be considered if the contraction frequency is low in the presence of epidural analgesia. [*New 2017*] D

What is the role of epidural analgesia?

Women should be informed that the effect of epidural analgesia on the success of vaginal breech birth is unclear, but that it is likely to increase the risk of intervention. [*New 2017*] ✓

What fetal monitoring should be recommended?

Women should be informed that while evidence is lacking, continuous electronic fetal monitoring may lead to improved neonatal outcomes. [*New 2017*] D

Where should vaginal breech birth take place?

Birth in a hospital with facilities for immediate caesarean section should be recommended with planned vaginal breech birth, but birth in an operating theatre is not routinely recommended. D

What guidelines should be in place for the management of breech birth?

Women should be informed that adherence to a protocol for management reduces the chances of early neonatal morbidity. [*New 2017*] C

The essential components of planned vaginal breech birth are appropriate case selection, management according to a strict protocol and the availability of skilled attendants. [*New 2017*] ✓

Management of the first stage and passive second stage

Adequate descent of the breech in the passive second stage is a prerequisite for encouragement of the active second stage. [*New 2017*] D

What position should the woman be in for delivery during a vaginal breech birth?

Either a semirecumbent or an all-fours position may be adopted for delivery and should depend on maternal preference and the experience of the attendant. If the latter position is used, women should be advised that recourse to the semirecumbent position may become necessary. [*New 2017*] ✓

What are the principles for the management of active second stage and vaginal breech birth?

Assistance, without traction, is required if there is delay or evidence of poor fetal condition. [*New 2017*] ✓

All obstetricians and midwives should be familiar with the techniques that can be used to assist vaginal breech birth. The choice of manoeuvres used, if required to assist with delivery of the breech, should depend on the individual experience/preference of the attending doctor or midwife. [*New 2017*] ✓

