



Breech Delivery

Updated June 2021



Learning objectives



- Define Breech malposition
- Review predisposing factors for breech
- Discuss different types of breech presentation
- Review management of babies in breech position
- Review complications of Breech/breech delivery

The facts



- 3-4% of all pregnancies will result in a baby being breech at term



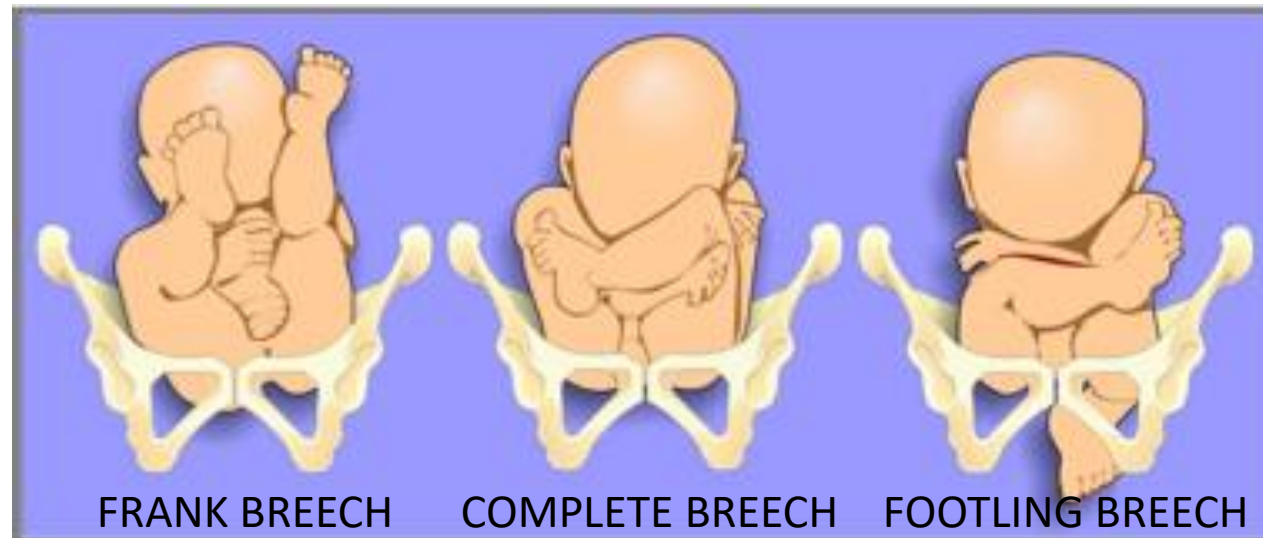


- Breech presentation is when the buttocks and /or feet of the foetus are the presenting part
- It is the most common malpresentation
- Breech presentation is more common in preterm labour



Different types of breech

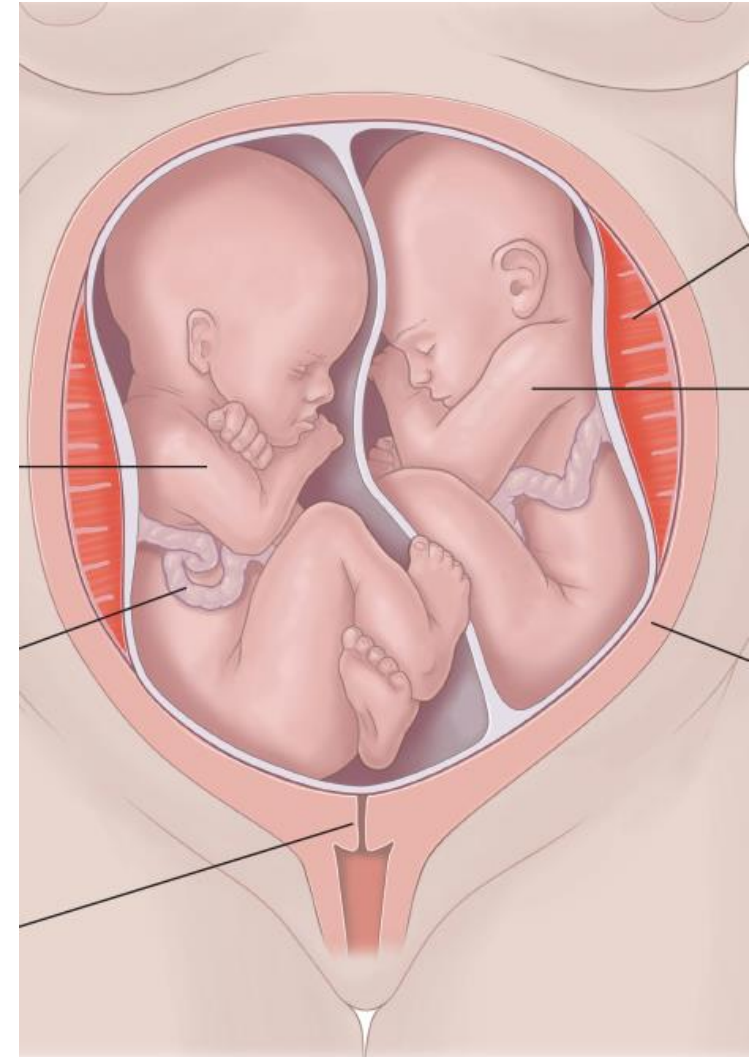
- There are 3 different types of breech presentation:
 - **Frank breech:** the hips are flexed, legs extended (*most common type)
 - **Complete breech:** the hips are flexed, legs also flexed
 - **Footling breech:** one leg folded up, one leg extending down into the birth canal (this is more likely in preterm babies)



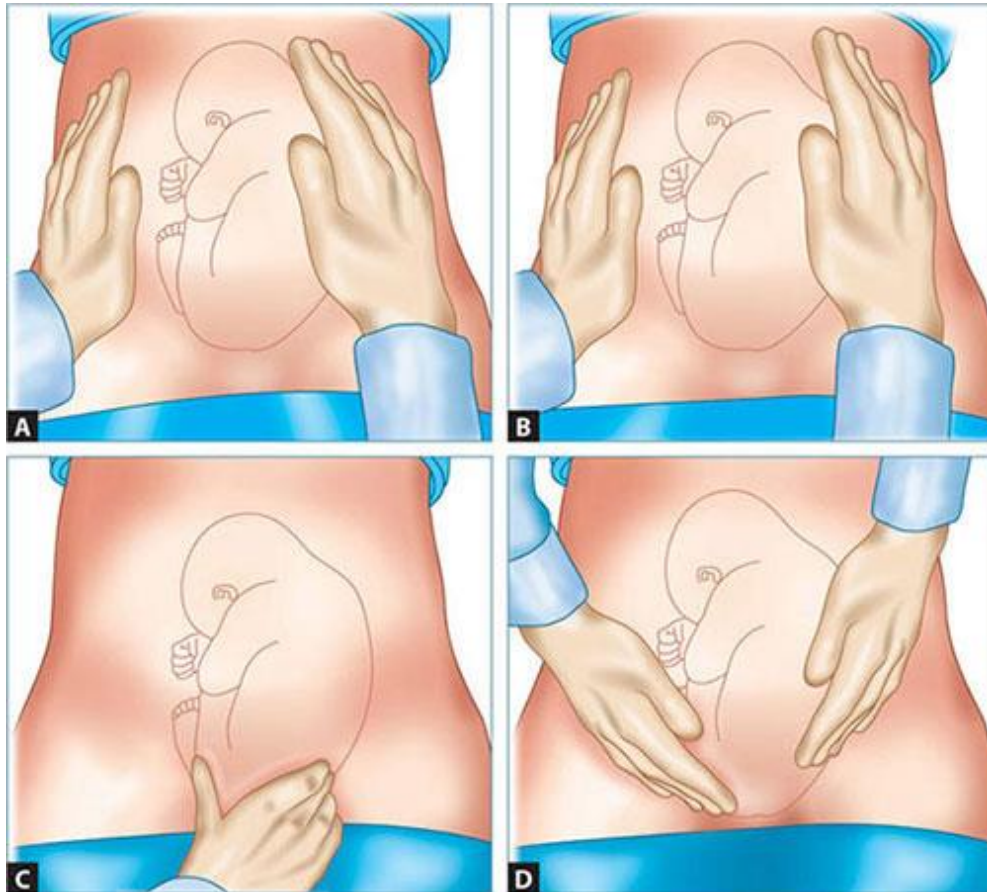
Predisposing factors to breech presentation



- Prematurity
- Multiple pregnancy
- Abnormalities of the uterus (ex. Fibroids, septate uterus)
- Foetal abnormalities
- Placenta previa
- Multiparity
- Polyhydramnios



Diagnosis of breech presentation



- The *majority* of breech babies are discovered before labour via palpation of the mother's abdomen
 - The head will be felt in the upper abdomen and the breech in the pelvic brim
 - Foetal heart tones are usually heard higher in the maternal abdomen
 - Confirmation via ultrasound is typically performed
- Approximately 1/3 of breech babies are discovered during labour during vaginal exam
 - It is important to have a high index of suspicion for any woman in labour
 - Thick meconium often present in babies that are breech

The chances of a baby turning on its own



- If a *primiparous* patient has a breech baby at 36 weeks, the chance of the baby turning itself naturally before labour is about 1 in 8
- If a *multiparous* patient has a breech baby at 36, the chances of the baby turning naturally is about 1 in 3





Management of Breech

- There are 3 different options for a woman with a breech baby at term:
 - External cephalic version
 - Vaginal assisted breech delivery
 - Caesarean section





External cephalic version

- This procedure may be attempted if:
 - It is being performed by an EXPERIENCED healthcare provider
 - The gestation is at or after 37 weeks
 - There are no contraindications for vaginal delivery
 - Membranes are intact
 - Amniotic fluid volume is adequate
 - It is being done in a facility that can accommodate an emergency caesarean section

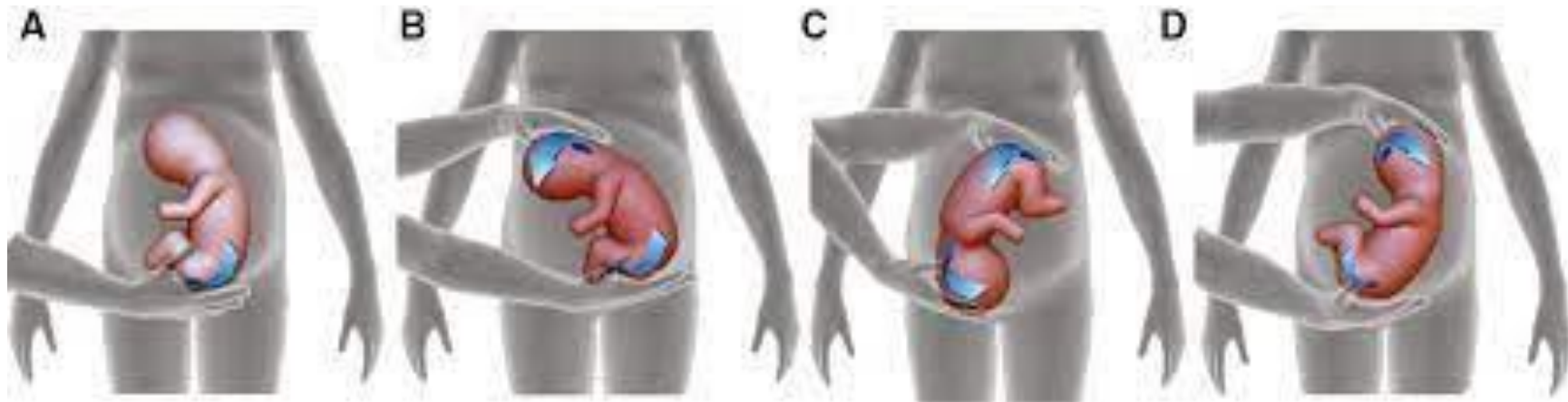




External cephalic version - complications

- Placental abruption
- Foetal bradycardia or distress
- Knotted or entangled cord
- Amniotic fluid embolism
- Foetal or maternal death

****NOTE:** This procedure is best performed under ultrasound guidance. It is rarely performed in Kenya at this time





Vaginal assisted breech delivery

- This procedure may be attempted if:
 - It is being performed by an EXPERIENCED health provider
 - it is a complete or frank breech (cannot attempt in footling breech!)
 - Estimated foetal weight is between 2500- 3500 (do not attempt in preterm, IUGR or macrosomic babies)
 - There is adequate pelvic pelvimetry
 - The head is well flexed
 - There is no history of previous C/S or myomectomy
 - There are no foetal anomalies identified



NOTE: only approximately 50% women aiming for vaginal delivery will achieve this.



Vaginal assisted breech delivery - complications

- Cord prolapse
 - Birth trauma (damage to abdominal organs, fractures, dystocia)
 - Asphyxia
 - Trapped foetal head
 - Stillbirth
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- **NOTE:** the Second stage of labor is the most concerning part of a vaginal breech birth because this is the time the umbilical cord gets compressed and acidosis may ensue (especially in a small fetus).
 - **NOTE:** Perinatal outcomes are affected if the second stage of labor lasts longer than 60 minutes.





Caesarean section breech delivery

- This procedure is the safest method of breech delivery
- CS should **ALWAYS** be performed in cases of breech that are:
 - Footling or double footling breech
 - Small or malformed foetus
 - Very large foetus
 - Previous C/S or myomectomy
 - Hyper extended / deflexed head





How to conduct a vaginal breech birth

- **Step 1. Delivery of buttocks and Legs:**

- Once buttocks have entered the vagina/cervix is fully dilated, tell woman to push with contractions
- Let the buttocks deliver until the lower back and then the shoulder blades are seen
- Wrap fetal body in dry towel and gently hold the buttocks in one hand, but do not pull
- If the legs do not deliver spontaneously, deliver one leg at a time using **Pinard Maneuver**



Pinard maneuver

- Sweeping/external rotation of each thigh combined with rotating the pelvis in the opposite direction resulting in the flexion of the knee and the delivery of each leg





How to conduct a vaginal breech birth

- **Step 2. Delivery of arms:**

- Allow the arms to disengage spontaneously one by one
- Assist if necessary using **Lovset's maneuver**



Lovset's maneuver



- With thumbs on the infant's sacrum, take hold of the hips and pelvis with the other fingers
- Turn infant 90° to bring the anterior shoulder underneath the symphysis and engage the arm Deliver the anterior arm
- Then do a 180° counter-rotation to engage the posterior arm, which is then delivered



How to conduct a vaginal breech birth

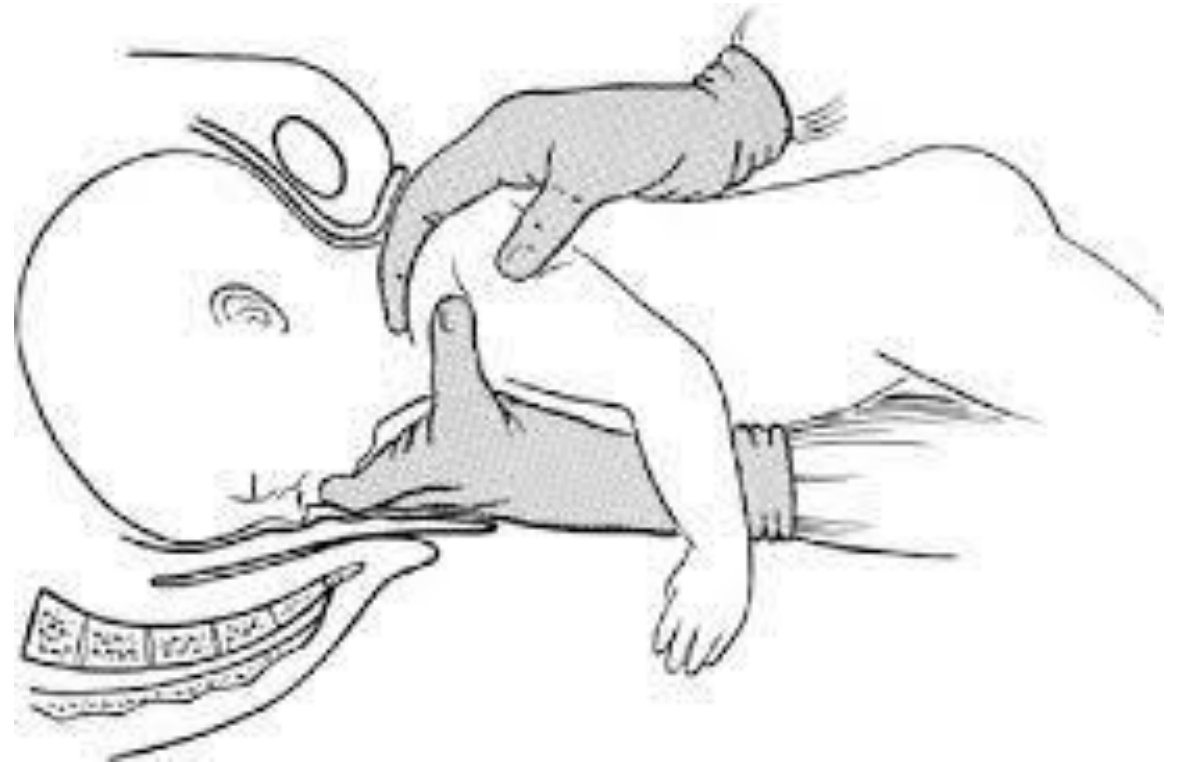
- **Step 3. Delivery of the head**

- Lay the baby face down with the length of its body over your hand and arm.
- Use **Smellie Veit** maneuver to delivery head
- **** Note:** Ask an assistant to push above the mother's pubic bone as the head delivers. This helps to keep the baby's head flexed.



Smellie Veit maneuver

- Lay baby face down with the length of its body over your hand and arm
- Place index and middle fingers of this hand on the baby's maxilla (bone behind upper lip) to bring the neck into moderate flexion
- Use the other hand to grasp the baby's shoulders
- Gently flex the baby's head towards the chest, while applying downward pressure on the jaw to bring the baby's head down until the hairline is visible
- Pull gently to deliver the head

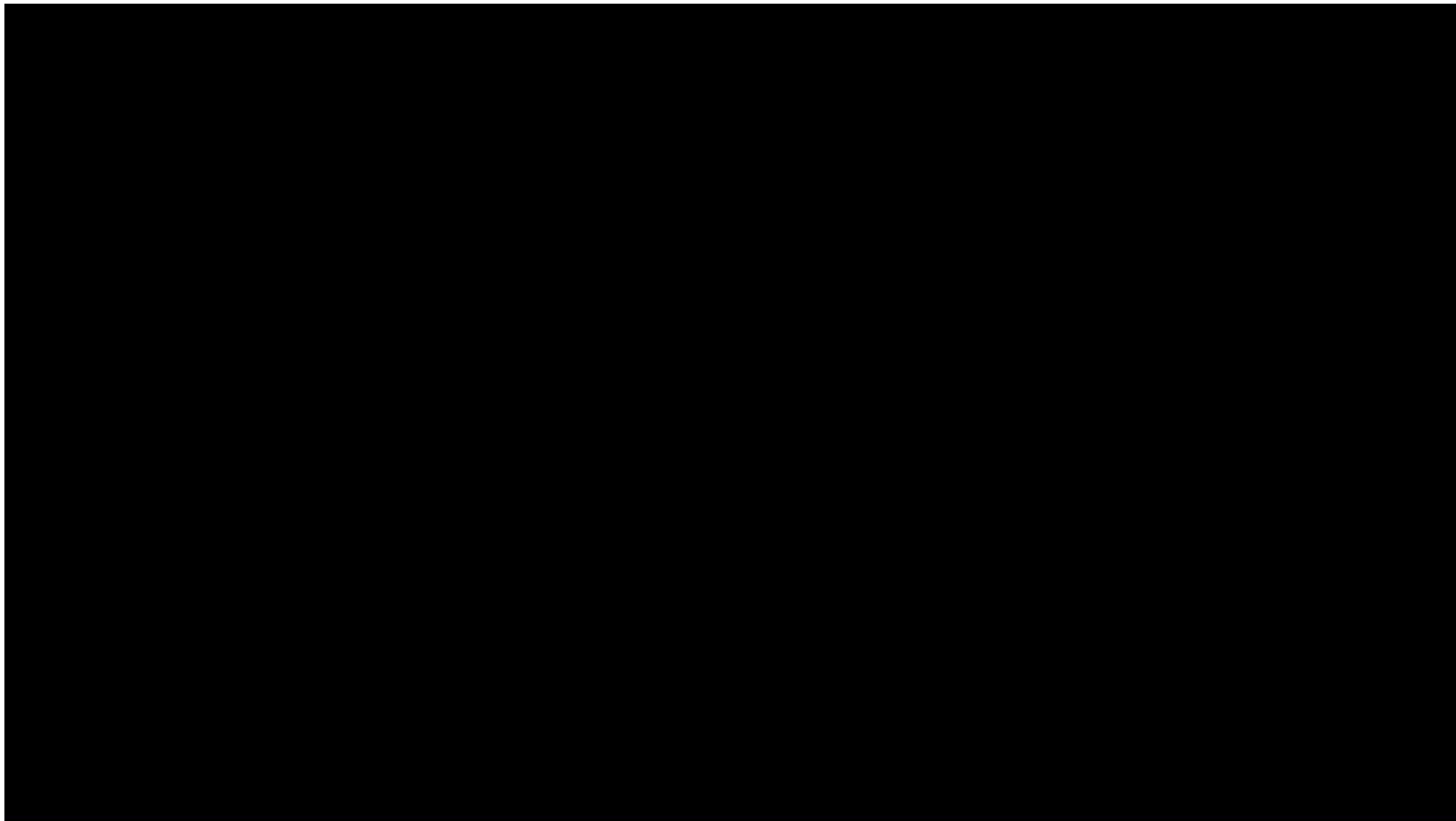




How to conduct a vaginal breech birth

- **Step 4: Post delivery care:**
 - Place infant on mom's abdomen
 - Proceed with routing post delivery care





Vaginal Breech Extraction

