Protocol for Management of Breech Presentation

Breech presentations:

**Frank (Extended) Breech:**
Buttocks presenting with legs flexed over the body (knees extended).
Can be allowed to deliver vaginally if the following conditions are met:
1. No hyperextension of the head. (ultrasound is the best mode for assessing head extension)
2. No evidence or suspicion of macrosomia
3. Normal progress of labor in terms of partogram
4. Adequate help is available, including experienced obstetrician and or midwife, second assistant, adequate anesthesia, neonatal support and availability of performing C/Section.
5. Adequate clinical Pelvimetry
6. Availability of Piper forceps for the after coming head is desirable.
7. An obstetrician should be called for all breech presentations during labor.

**Complete (Flexed) Breech:**
Buttocks and legs are presenting at the same time.
Should be evaluated by an obstetrician for possible vaginal delivery. If delivering vaginally, the conditions above also need to be met.

**Double-footing Breech:**
Both legs are extended at hip and knee so that both feet are presenting.
High risk of cord prolapse and CPD. Must have C/Section if it is not too late.

**Footing Breech:**
Single leg is extended at hip and knee so that one foot is presenting.
High risk of cord prolapse and CPD. Must have C/Section if it is not too late.

- Consider C/Section in patients with premature breech presentations in labor. Each case needs to be assessed individually and the risks and benefits discussed with the parents.
- All patients with breech presentation should be given the option of external cephalic version (ECV) at 38 weeks. If patients accept, Dr Jacqui should be contacted and a time will be arranged for them to attend labor ward for this procedure. See also ECV proforma.
- All patients with breech presentation should have adequate counseling by an obstetrician or experienced midwife in terms of risk benefit of vaginal delivery verses C/Section regarding infant and maternal morbidity and mortality.
- The decision of the rout of delivery should be left to the patient as long as she understands all aspects of the procedure and has signed an informed consent.
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Evidence from research:

Recently, researchers conducted a large international multi-centre randomized clinical trial (the Term Breech Trial) comparing a policy of planned cesarean birth with planned vaginal birth. Following the results of this trial, both the American College of Obstetricians and Gynecologists and the UK’s Royal College of Obstetricians and Gynecologists recommended that obstetricians continue their efforts to reduce breech presentation in singleton gestations through the application of external cephalic version whenever possible.

In the USA, if a breech presentation is not converted to cephalic presentation by version, according to ACOG standards they will have C/Section unless the patient refuses. C/Section in the modern world is extremely safe, but in Afghanistan the selective delivery of breech is probably safer than C/Section.

Algorithm for the management of breech presentation at term:

1. **Medical or obstetric contraindications to labor and vaginal delivery**
2. **Breech presentation at term**
   - **Repeat procedure may be offered**
   - **ECV offered**
     - **Unsuccessful / unwanted**
       - **Counselling of patient re: risks/benefits of vaginal breech delivery**
         - **Wishes trial of vaginal delivery**
           - **Footling breech**
             - **Macrosomic fetus**
               - **Abnormal fetus or hyperextension of head**
                 - **Advise C/Section**
           - **Arrange USS**
             - **No placenta praevia**
               - **Extended or flexed breech <3.8kg**
                 - **Flexed fetal head**
                   - **Clinical pelvimetry**
             - **Obvious pelvic abnormality**
               - **Trial of vaginal breech delivery**
                 - **Book elective C/Section if wishes**
           - **Successful**
             - **See after one week to confirm cephalic**
   - **Successful**