Breech Delivery : A Forgotten Obstetric Art

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Assisted breech delivery was widely practiced a century ago when maternal safety was the overwhelming deciding factor. Caesarean breech delivery was avoided as far as possible in the era prior to blood banking, safe anesthetic procedures and antibiotic availability because it was associated with a high risk of maternal mortality and morbidity. The aim was to save the mother's life disregarding neonatal outcome. The obstetricians of those days had possibly no other option and were mentally prepared to face the challenge of conducting an assisted breech delivery in the most perfect manner, using their ingenuity and versatility in mastering this art from the beginning of their obstetric carrier. They were also fully convinced that assisted breech delivery required watchfulness and gentleness to achieve greater degree of safety. Haste was dangerous and in general unnecessary. Over a period of time they could refine their skill to handle the breech delivery with confidence. Vaginal delivery was considered as a safer alternative. It was a matter of pride and immense satisfaction when the breech delivery used to be uneventful.

Gone are those days. Obstetric techniques have greatly improved and caesarean section has become a very safe and common practice. In the present scenario, the main focus is on achieving excellent foetal outcome. The slightest possible perceived risks, also justified the approach towards vaginal deliveries. The notable exceptions were maternal complication like hemorrhage, hypertension and sepsis, which may endanger foetal life and may leave long term disability, are not accepted. Infants who start the process of birth in the breech presentation are in far greater danger of morbidity and mortality than those with vertex presentation. About 25% of all breech deliveries were premature and in an era where it was difficult to support the premature baby, vaginal deliveries were considered. The presence of foetal congenital abnormalities, which were 3 to 5 times more common in breech deliveries, also justified the approach towards vaginal deliveries. The notable exceptions were maternal complication like hemorrhage, hypertension and sepsis. Liberal use of caesarean section reduces the potential of hypoxia and trauma of a breech delivery. On the other hand, caesarean section has an even higher incidence of maternal morbidity. Hence the optimal outcome for mother and neonate requires individual assessment. When there are facilities for doing an emergency caesarean section (anaesthesia, neonatology and good assistant), selected patients can be offered a trial of labour.

More and more breech presentations are being delivered by caesarean section. Most obstetricians exclude vaginal delivery by trial labour citing legal, ethical and social reasons. Due to the relatively safer procedure of caesarean section, the indications for this procedure were liberalized, and hence its application for breech delivery increased considerably. In 1959, Wright went so far as to state that any pregnancy of more than 35 weeks gestation that is in labour with a living baby in breech presentation should be delivered by caesarean section.

In the consumer oriented obstetric world, women envisage greater freedom of choice in childbirth and invariably demand Caesarean delivery for breech. Adoption of small family norm has made the obstetrician over conscious to ensure that every newborn must be well born, which is its birth right. No death or birth trauma with its consequences of disability even leading to low IQ is acceptable. The consumer protection act has shaken the confidence of the practicing obstetrician. Fear of litigation has persuaded them to be extra careful & to resort to the perceived protective effect of caesarean delivery. All these are contributory factors to the rising trend of abdominal delivery.

More recently, the world has witnessed unprecedented escalation in caesarean section rates and there is more than an eightfold rise in abdominal breech delivery in particular. Interestingly, there is no significance improvement in the perinatal outcome. Rather, there is a definite increase in maternal morbidity, which is a growing concern for all health care agencies and patients alike

The most disheartening feature of this trend is that vaginal breech delivery has steadily declined in recent times. Residents and junior doctors have less exposure and

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limited scope to acquire adequate practical experience in conducting breech delivery. It is therefore not surprising to see today's obstetrician, when confronted with an emergency breech, resorting to unconventional means and finds great difficulty to effect a successful vaginal delivery. The invaluable obstetric maneuver of assisted breech delivery is becoming a rapidly vanishing art. Consequently a day may come when future generations may totally forget its wonder and worth. Thus, the art and skill of vaginal breech delivery, which was the hallmark of a well-trained obstetrician, is being threatened with extinction today.

Now the question arises whether a practicing obstetrician can get away with ignorance or dispense with the art of assisted breech delivery! If an obstetrician encounters an undiagnosed breech in an advanced stage of labour, the second undelivered twin with breech when the emergency caesarean backup facilities cannot be mobilized in time, the obstetrician has to act swiftly and resort to assisted breech delivery, whatever may be the consequences. So, the art of conducting assisted breech delivery will continue to remain indispensable.

Surprisingly, it has also been clearly brought out that an abdominal delivery does not give hundred percent guarantee of preventing all inherent complications of breech deliveries. Thus, abdominal delivery undertaken for breech to improve neonatal outcome is a controversial future of modern obstetrics. The importance of vaginal breech delivery cannot be overlooked in modem obstetrics. No doubt, safety of the procedure depends upon judicious and strict individualized approach of an experienced obstetrician. Ultimately, it is the teacher who plays a key role in imparting the knowledge and art of assisted breech delivery to the future generation.