

# Management and Perinatal outcomes of women with breech presentation in late pregnancy at a tertiary maternity hospital: a retrospective audit.

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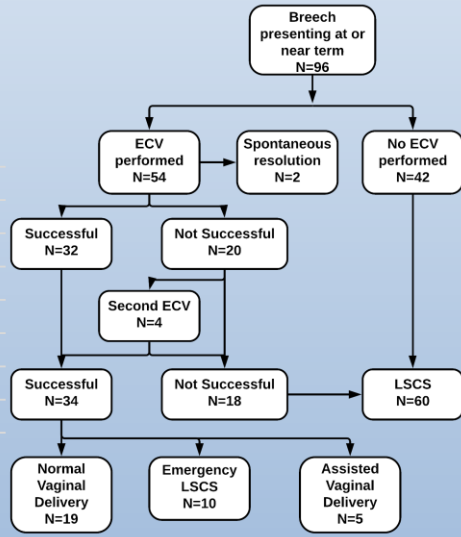
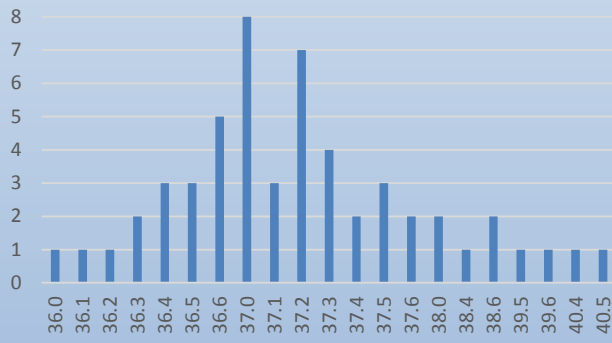
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Breech presentation occurs in 3-4% of women with a singleton pregnancy at term<sup>1</sup>. Management has significantly changed following the publication of Term Breech Trial. Although there is increasing caesarean section, guidelines suggest external cephalic version (ECV) is a safe management option<sup>2</sup>. The success rate quoted in literature is 40% for nulliparous and 60% for multiparous women, with a serious complication rate of approximately 1:200<sup>2,3</sup>. We assessed management of breech presentation at term and compliance with published guidelines. Data was collected by retrospective case note audit of women with breech presentation beyond 36 weeks gestation at a single tertiary hospital over a 6 month period.

ECV by Gestation



A total of 96 women with breech presentation were identified. Of these, 63.5% received a formal ultrasound and 77% had documented ECV counselling. All ECVs were undertaken in a delivery suite with access to emergency theatre. A total of 54 women underwent ECV, at average gestational age of 37 + 3; with an overall 60.7% success rate. The nulliparous success rate was 55.8% and multiparous success rate was 77.2% with a 19.6% occurrence of complications with 3.5% being serious. Where ECV was unsuccessful, all women proceeded to caesarean birth. Where ECV was successful, 70% achieved a vaginal birth, while the remainder required emergency caesarean (29.4%).

Of women with a breech presentation who did not undergo ECV, 71.4% had a documented contraindication to the procedure (absolute contraindications 11.9%, relative contraindications 59.5%). Of the women eligible for ECV who proceeded straight to caesarean section, 66.7% had counselling on ECV and 41.6% had breech vaginal birth discussed.

Management of breech presentation in late pregnancy within this hospital was inconsistent. Documentation of ECV procedure and discussion of risks with women was variable with individual risks inconsistently counselled for. Discussion of breech vaginal birth rarely occurred, with most women who did not undergo ECV birthing by caesarean. ECV was safe, with comparable success rates to those published. Staff education and implementation of standardised pathways of care may facilitate greater uptake of ECV. The recommendation for the use of ECV scoring systems in selection of appropriate candidates may improve success rates and could be incorporated in the development of a hospital wide "breech presentation" management protocol.

- Hannah ME, Hannah WJ, Hewson SA, Hodnett ED, Saigal S, Willan AR. Planned caesarean section versus planned vaginal birth for breech presentation at term: a randomised multicentre trial. Term Breech Trial Collaborative Group. *Lancet*. 2000;356(9239):8375-83
- Management of breech presentation at term. *The Royal Australian and New Zealand College of Obstetricians and Gynaecologists*. 2016
- Hofmeyr, G. J. and R. Kulier. External cephalic version for breech presentation at term. *Cochrane Database Systematic Review* 10: Cd000083, 2012