Management of Breech Presentation

**Clinical**
- Abdominal examination: the head of the fetus is in the upper part of the uterus.
- Auscultation locates the fetal heart at a higher location than expected with a vertex presentation.
- Vaginal examination: the buttocks and/or feet are felt. Thick, dark meconium is normal when membranes rupture in the second stage of labour.

**Ultra sound**
- Confirm the presenting part
- Localization of placenta
- Exclusion of abnormalities, etc.

**THE DIAGNOSIS OF BREECH CONFIRMED**

36 weeks
- Uncomplicated breech at term
- External cephalic version (ECV)
- Electronic foetal monitoring (EFM)
- Complicated (extended or flexed leg) breech presentation at term
- Caesarean section

Relative indications for Caesarean section
- Intraventricular growth restriction
- Previous uterine scar
- Hyperextension of the fetal head (Star gazer)
- When the head cannot be flexed
- Small pelvis or suspicious pelvic adequacy
- Footling presentation
- Gestation less than 34 weeks

Absolute indications for Caesarean section
- Feto-pelvic disproportion
  - When the fetal weight is estimated to be 3.8 kg or more
  - Major degree placenta praevia
  - Pelvic or uterine tumors preventing descent of presenting part
  - Major degrees of pelvic deformities.

38 weeks
- Wait till 36 completed weeks
- Uncomplicated breech at 37 to 40 weeks
- May be offered tocolysis (with beta mimetic drugs) to increase the success of external cephalic version (ECV)
- Unsuccessful

Delivery
- Vaginal delivery
- Caesarean section

No indication for L.S.C.S

X-ray of the pelvis to confirm presentation is to be avoided.