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

- **conform the presenting part**
- **localizatiion of placenta**
- **exclusion of abnormalities,etc.**

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

THE DIAGNOSIS OF BREECH CONFIRMED

External cephalic version not recommended[1]

prior to 36 completed

Wait till 36 completed weeks

36 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)

Electronic foetal monitoring (EFM)

external cephalic version (ECV)

Unsuccessful

uncomplicated (no extended or flexed leg) breech presentation at term

complicated (extended or flexed leg) breech presentation at term

38 weeks

Delivery

No indication for L.S.C.S

Vaginal delivery

Relative indications for Caesarean section

Intrauterine 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.

Indication for LS.C.S present

Caesarean section

Informed Decision Making is Essential

Documentation Mandatory

Sri Lanka College of Obstetrics and Gynaecology
Health sector development Project
Guidelines- Management of breech presentation