



Vaginal Breech Birth



Key Recommendations from SOGC and ACOG

Both SOGC and ACOG report that there is some increased risk to the baby with planned vaginal breech birth. However, the increased risk is small and both organizations advocate offering the option of planned vaginal breech birth to women who meet certain criteria and who make informed decisions. Both organizations recommend external version to potentially reduce cesarean surgeries for breech presentations. SOGC more strongly promotes informed choice about mode of birth with the pregnant woman weighing the risks and benefits of vaginal breech birth versus the risks and benefits of cesarean surgery. The SOGC document is longer (13 vs. 4 pages) and contains more details about recommended management of care. Here are some key statements from both organizations.

SOGC¹

"CHANGE IN PRACTICE/INFORMATION

1. Evidence that perinatal mortality risk is between 0.8 and 1.7/1000 with planned vaginal breech birth and 0 and 0.8/1000 for planned Caesarean section.
2. Cerebral palsy rates and long-term neurological outcomes are similar with planned vaginal breech birth and planned Caesarean section.
3. There is modest evidence that home breech birth is associated with approximately 10-fold higher risk of perinatal mortality than well-supported planned vaginal breech birth in hospital.
4. There is modest evidence that careful induction of labour may involve similar level of risk as planned vaginal breech birth.

KEY MESSAGES

1. In the absence of a contraindication to vaginal delivery, a woman with a breech presentation should be informed of the risks and benefits of a planned vaginal breech birth and planned Caesarean section, and informed consent should be obtained. A woman's choice of delivery mode should be respected.
2. Long-term neurological infant outcomes including cerebral palsy do not differ by planned mode of delivery, even in the presence of serious short-term neonatal morbidity.
3. The risk of planned vaginal breech birth is acceptable to some women with a term singleton breech fetus.
4. Women with a contraindication to a trial of labour should be advised to have a Caesarean section. Women choosing to labour despite this recommendation have a right to do so and should be provided the best possible in-hospital care.
5. Women will continue to ask for planned vaginal breech birth and unplanned vaginal breech birth will occur in various settings; therefore, vaginal breech birth should remain a part of core and continuing obstetrical training/education."

ACOG²

"The American College of Obstetricians and Gynecologists makes the following recommendations:

- The decision regarding the mode of delivery should consider patient wishes and the experience of the health care provider.
- Obstetrician-gynecologists and other obstetric care providers should offer external cephalic version as an alternative to planned cesarean for a woman who has a term singleton breech fetus, desires a planned vaginal delivery of a vertex-presenting fetus, and has no contraindications. External cephalic version should be attempted only in settings in which cesarean delivery services are readily available.
- Planned vaginal delivery of a term singleton breech fetus may be reasonable under hospital-specific protocol guidelines for eligibility and labor management.
- If a vaginal breech delivery is planned, a detailed informed consent should be documented—including risks that perinatal or neonatal mortality or short-term serious neonatal morbidity may be higher than if a cesarean delivery is planned."

REFERENCES

1. Society of Obstetricians and Gynaecologists of Canada. (SOGC). (2019). SOGC clinical practice guideline No. 384 – Management of breech presentation at term. *JOGC*, 41(8), 1193-1205.
PubMed abstract: <https://www.ncbi.nlm.nih.gov/pubmed/31331608>
Full article must be purchased.
2. American College of Obstetricians and Gynecologists (ACOG). (2018). ACOG committee opinion #745: Mode of term singleton breech delivery. *Obstetrics & Gynecology*, 132(2), e60-e-63.
PubMed abstract: <https://www.ncbi.nlm.nih.gov/pubmed/30045211>
Full article: https://journals.lww.com/greenjournal/Fulltext/2018/08000/ACOG_Committee_Opinion_No_745_Mode_of_Term.50.aspx

RECOMMENDED

Muza, S. (July 26, 2019). Canada's obstetricians release updated breech guidelines: Informed consent is key. *Connecting the Dots* (blog). www.lamaze.org/Connecting-the-Dots



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