

The presenting part of the foetus is the buttocks, i.e. the 'breeches' end. For many the choice will lie between external cephalic version and elective caesarean section (Young & Johanson 2001). The American College of Obstetricians and Gynecologists (ACOG 2002) reported and recommended, as a result of the large and well-controlled Term Breech Trial, that: o obstetricians continue to reduce breech deliveries in singleton pregnancies by applying ECV whenever possible o planned vaginal delivery of a singleton breech may no longer be appropriate o if breech vaginal deliveries are pursued then it must be with great caution o those with persistent breech presentation at term singleton gestation should undergo a planned caesarean section o a planned caesarean delivery does not apply to: o those in advanced labour with a breech presentation in whom delivery is imminent o those in whom a second twin is in a non-vertex position. Other dangers of breech delivery include fractures, dislocations, brachial 74

PHYSIOTHERAPY IN OBSTETRICS AND GYNAECOLOGY

MATERNAL DISTRESS

MALPRESENTATION BREECH PRESENTATION

plexus lesions, rupture of abdominal organs and genital oedema and bruising (Sweet 1997). Vaginal delivery will be unavoidable in certain circumstances but as a consequence of the Term Breech Trial, progressively fewer midwives and junior doctors will gain the experience and confidence to conduct a vaginal breech delivery. Approximately 3% of fetuses present buttocks first at term.