Singleton breech presentation at term: review of the evidence and international guidelines for application to the New Zealand context

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Background: Over the last few decades the management of a breech baby at term has been immersed in controversy. It is important that New Zealand midwives and doctors have sufficient understanding of the evidence to be able to effectively counsel women to make an informed decision when a baby presents in a breech position at term.

Aims: To review the evidence and international guidance related to mode of birth for singleton breech presentation at term, identify the current evidence and gaps in knowledge and highlight how the evidence can be used to support women within the New Zealand context of maternity care.

Method: We searched Scopus, PubMed and the Cochrane Database of Systematic Reviews for peer reviewed publications about term breech presentation. The search terms used were "breech presentation" and "term". Limiters were set for the time period between 2000 and 2015, English language, human pregnancies, and peer reviewed journals.

Findings: We found 456 published papers covering breech presentation related to clinical outcomes, professional commentaries, professional guidelines and the woman's perspectives. We identified and retrieved 37 papers as relevant to our search criteria. We report specifically on the papers that provided professional commentary (detailed critique of the evidence), clinical studies, systematic reviews, meta-analyses and professional guidelines.

Following the publication of the Term Breech Trial there was a change in practice to that of recommending planned caesarean section for term breech presentation. Subsequent critiques and reviews have identified concerns with the study which undermine its reliability. Further retrospective/ prospective studies, a systematic review and a meta-analysis have demonstrated equivocal results and suggest that perinatal mortality during vaginal breech births can be reduced when strict criteria are applied and an experienced clinician is involved. Many professional guidelines now advise that offering women the option of a vaginal breech birth is reasonable.

Conclusion: New Zealand midwives and doctors need to be in a position to inform women with breech presenting babies about factors that support the safety of vaginal breech birth, as well as about the benefits and potential harms of both caesarean section and vaginal breech birth, to support their decision making.

Keywords: breech, term, birth, evidence, guidelines

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This paper focuses on vaginal breech birth of singleton babies in New Zealand using a review of international literature to inform discussion on the care of women presenting at term with an uncomplicated breech presentation. This review is published following a transdisciplinary collaborative venture between the New Zealand College of Midwives and New Zealand College of Obstetricians and Gynaecologists called the 'Illuminate forum: a breech experience'. According to the paper, 1–3% of all pregnancies are breech at term, but in New Zealand only 0.10% of term breech singletons are born vaginally. As a midwife and a reader, these stark statistics demonstrate how difficult it is for the average midwife to gain enough exposure to normal breech births to develop both skills and confidence in advocating and caring for women choosing a vaginal breech birth.

The authors reviewed evidence and international guidance related to breech presentation at term and mode of delivery. They aimed to identify gaps in knowledge and highlight how evidence can be used to support women making choices in the New Zealand maternity care system. They retrieved published papers which addressed the topic of breech presentation, quantitative and qualitative studies, professional commentaries, other literature reviews and professional guidelines in order to facilitate a broad base for discussion.

A limitation of this review is the methodology used. This section is brief, stating how the 37 included papers were identified using key words and three electronic databases, date and language limiters. The papers retrieved were not critically appraised using a recognised tool or framework and there is not enough information to replicate the literature search.

The review provides an interesting discussion on the impact of the now infamous Term Breech Trial (TBT) on global management of breech births, reporting the predominant immediate shift to birth by caesarean section. Although the reliability of the results of the TBT have since been disputed, the paper correctly identifies that clinical guidelines and normal clinical management of a term breech pregnancy has not shifted from the change in practice to operative delivery, a trend that is definitely recognisable within mainstream UK maternity care.

Findings are reported under four themes, the first being professional commentaries on the TBT; criticising the misreporting of some perinatal deaths and the variations in the application of the care pathways. A key finding reported and supported by commentators is that having an experienced practitioner present at the birth decreased perinatal mortality. The second theme considered clinical studies and reported that planned vaginal breech birth is safe in areas that deal with vaginal breech birth frequently and where strict criteria before and during birth are followed. Thirdly, systematic reviews and meta-analyses were considered; and finally professional guidelines are examined as a theme.

An interesting point is raised for current practising midwives supporting women — the reviewers comment on the differing tone and focus of the guidelines globally, with some guidelines presenting tolerance of risk and outcomes, others explicitly stressing the importance of full discussion of all birth options for a woman with a term singleton pregnancy, including the risks and benefits of both choices. This perspective provides encouragement for all practising midwives to consider the tone and language used within their clinical guidelines and the influence this may have on the care provider's attitude to breech birth.

Conclusion

The authors discuss the review findings in the context of New Zealand maternity care, exploring attitudes to risk *versus* safety. The benefits and harm of both planned caesarean sections and planned vaginal breech birth are documented and from this perspective, the paper provides easy to digest information for midwives to consider when counselling women in clinical practice. A limitation of this review is the methodology section and lack of critical appraisal of the papers, introducing bias and reducing reliability and validity of the findings. There is also no voice for the pregnant woman in the paper as this was not the remit of the literature review. The lack of critical appraisal means that although this paper encourages discussion it is not sufficiently rigorous to inform practice. Overall this is an interesting review which encourages midwives to consider how they counsel women and also opens up discussion about global obstetric attitudes to risk.

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