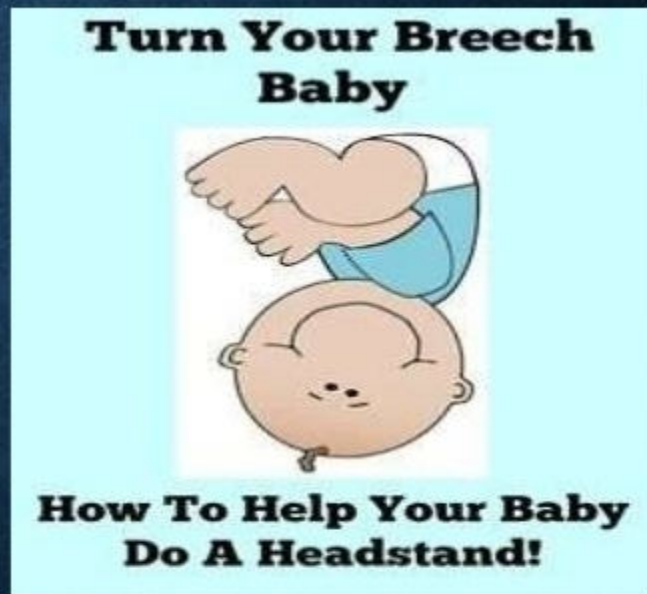
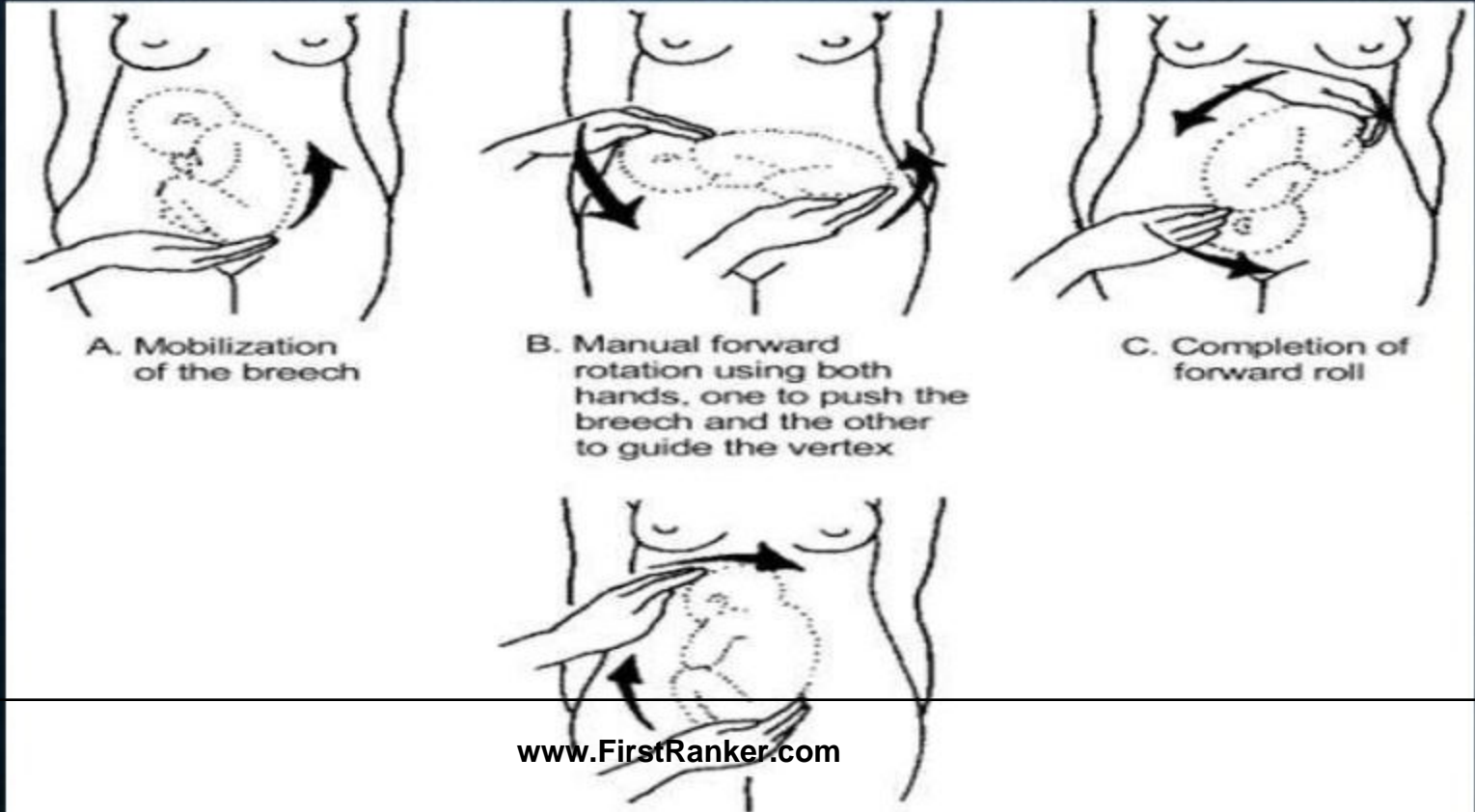


# MANAGEMENT

- Antenatal Period
  - External Cephalic Version
  - Performed at 36-37 weeks
  - Pre-requisites
  - Higher Success Rates
    - Multiparous lady
    - Good liquor volume
    - Average fetal weight
    - Complete Breech





## ECV - COMPLICATIONS

- Fetal bradycardia
- Placental Abruption
- Fetomaternal Haemorrhage
- Uterine rupture



# MANAGEMENT OF BREECH AT TERM

- Mode of Delivery
- Elective Cesarean Section
  - Estimated fetal wt <3.5 kg
  - Footling Breech
  - Hyperextended head (Stargazing fetus)
  - Complicated Breech
  - Placenta previa
  - Contracted pelvis



## VAGINAL BREECH DELIVERY

- **Spontaneous breech** (rare): No manipulation of the infant is necessary, other than supporting the infant
- **Assisted breech delivery**: Fetus descend spontaneously upto the umbilicus then, the rest of the fetus is extracted using additional manouvres
- **Total breech extraction**: The entire body is extracted. This is indicated only if there is evidence of fetal distress unresponsive to routine

# VAGINAL BREECH DELIVERY

- Criteria for patient selection
  - Complete/ Frank Breech
  - EFW- 2-3.5 kg
  - Flexed head
  - Uncomplicated Breech

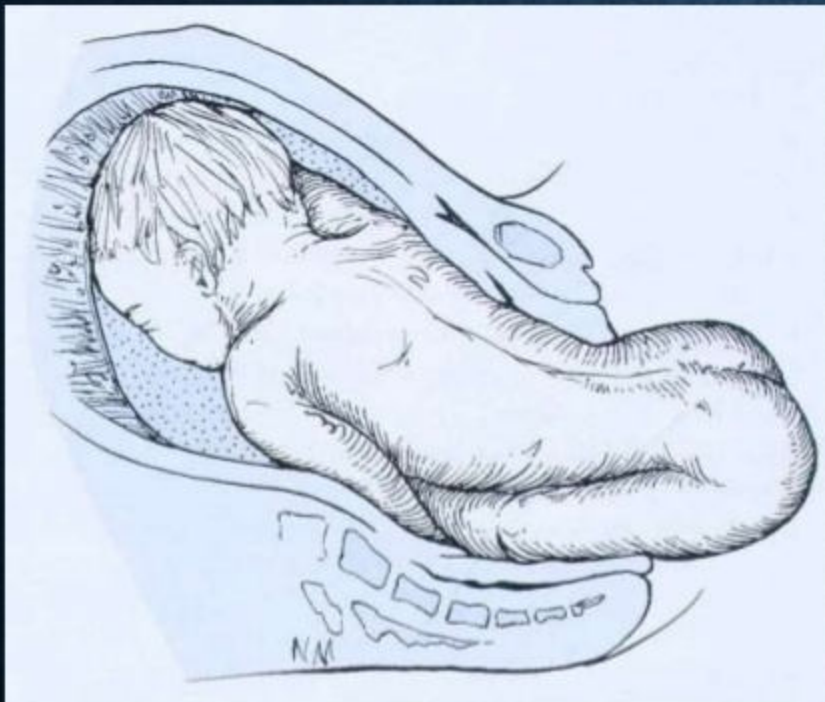




## ASSISTED BREECH DELIVERY

- Obstetrician skilled in breech delivery
- Facilities for EFM
- Neonatologist on call
- Facilities for 24 hour C section
- Forceps for after coming head





**FIGURE 22-5.** The anterior hip has now delivered and external rotation has occurred. The fetal thighs remain in flexion with extension at the knees.



**FIGURE 22-6.** Spontaneous delivery has proceeded to beyond the level of the umbilicus. The operator now completes delivery of the legs by placing the fingers parallel with the medial aspect of the femur and displacing the femurs laterally away from the midline.



leg delivery

: lateral pressure to sweep each leg away from midline

body delivery

: fingers on ASIS, thumbs on sacrum

: gentle downward traction until one axilla visible

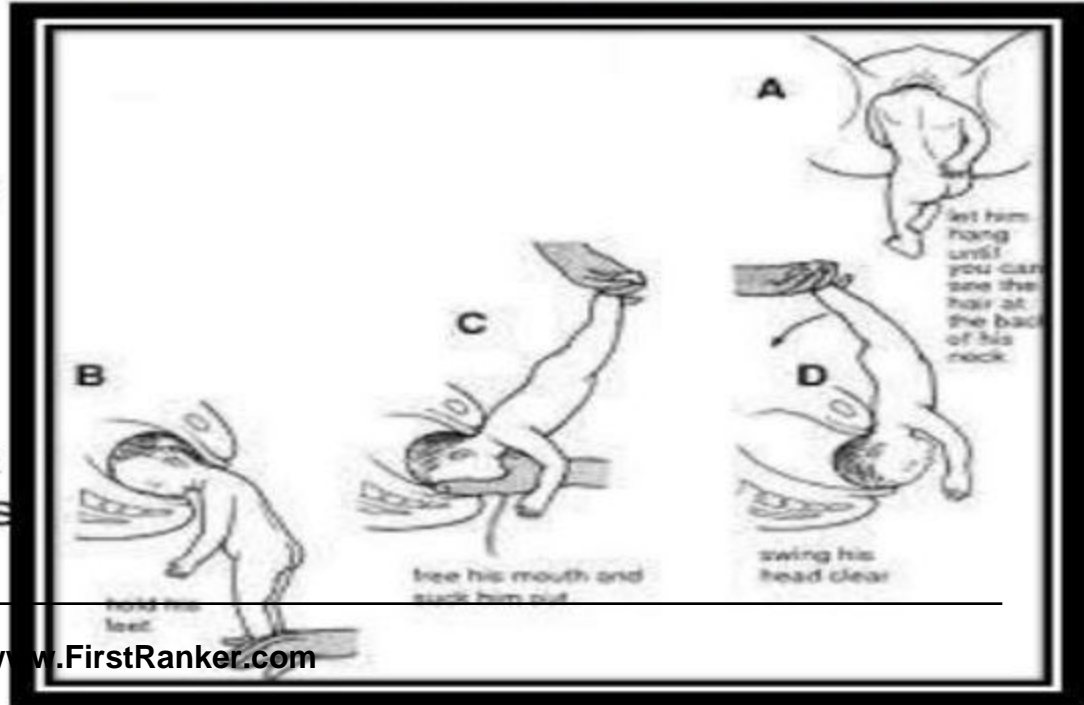
sen

# DELIVERY OF AFTER COMING HEAD

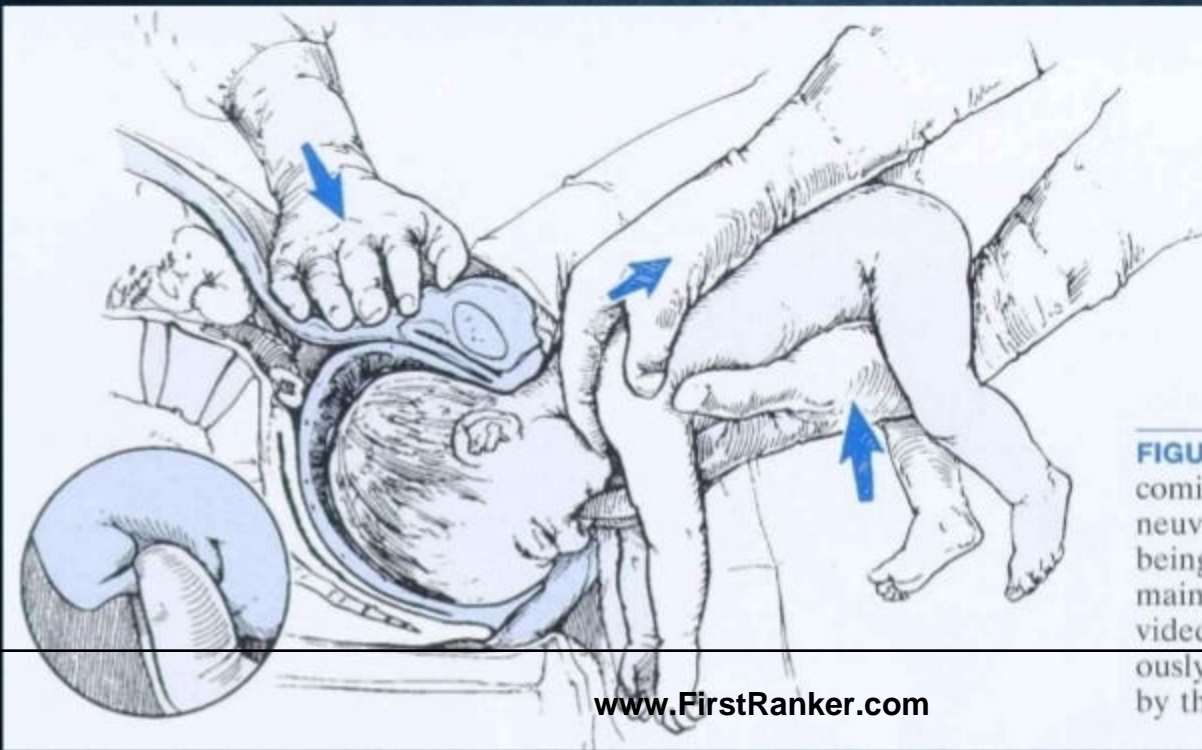
## BURNS-MARSHALL TECHNIQUE.

A) After delivery of shoulders and both arms baby let to hang unsupported from mother's vulva.

B) As nape of neck appears, efforts are made by clinician to deliver baby head by



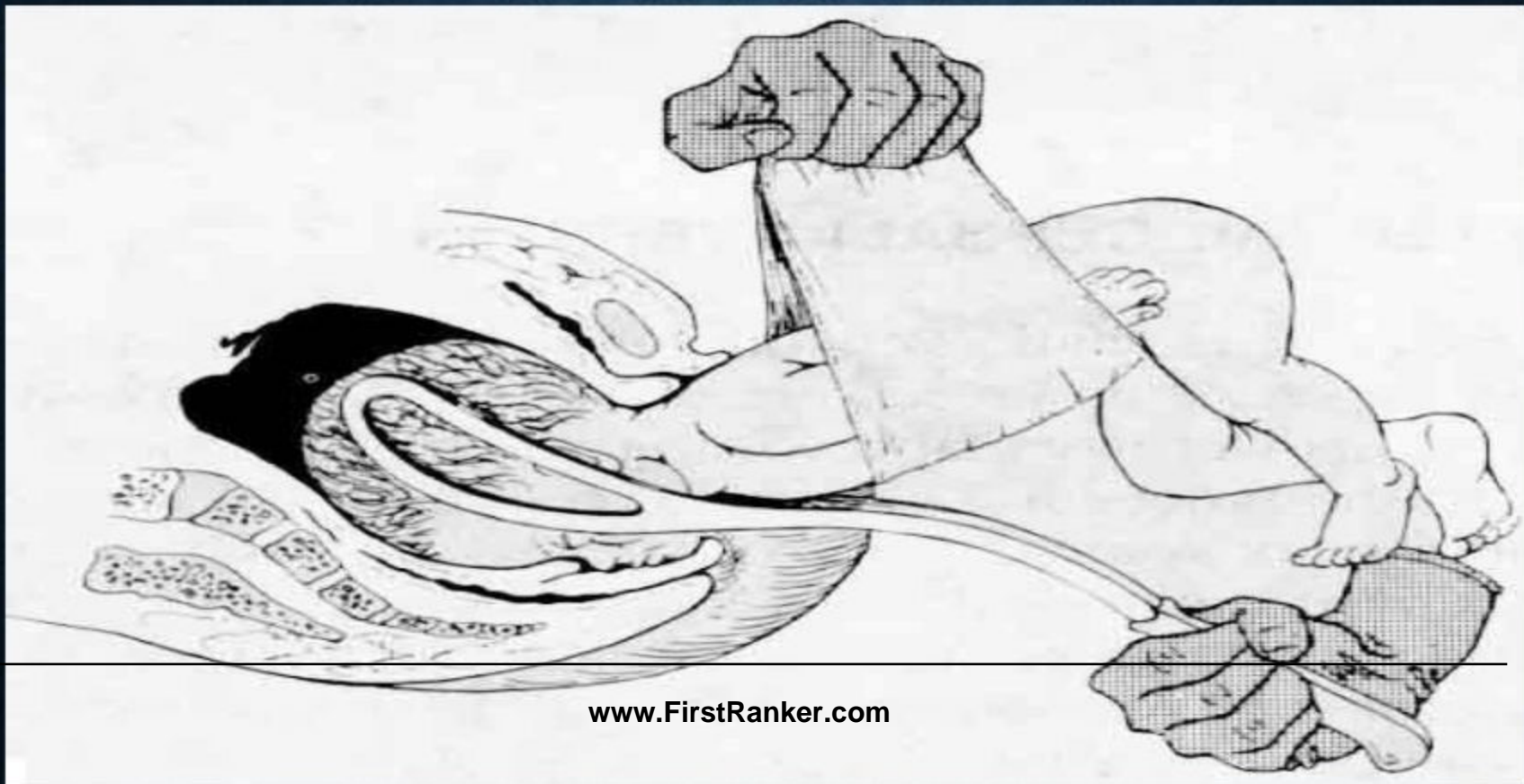
# MAURICEAU- SMELLIE- VEIT TECHNIQUE



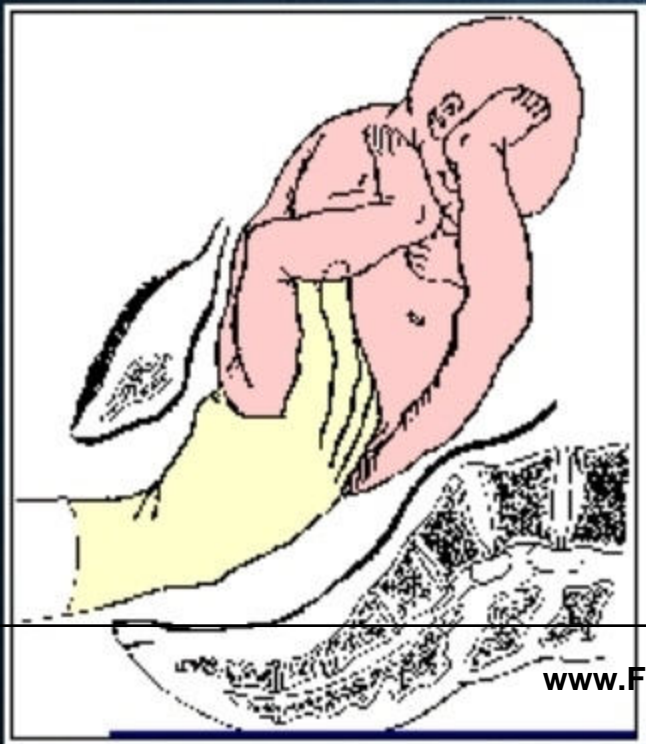
**FIGURE 22-17.** Delivery of the after-coming head using the Mauriceau maneuver. Note that as the fetal head is being delivered, flexion of the head is maintained by suprapubic pressure provided by an assistant, and simultaneously by pressure on the maxilla (inset) by the operator as traction is applied.



# PIPERS FORCEPS

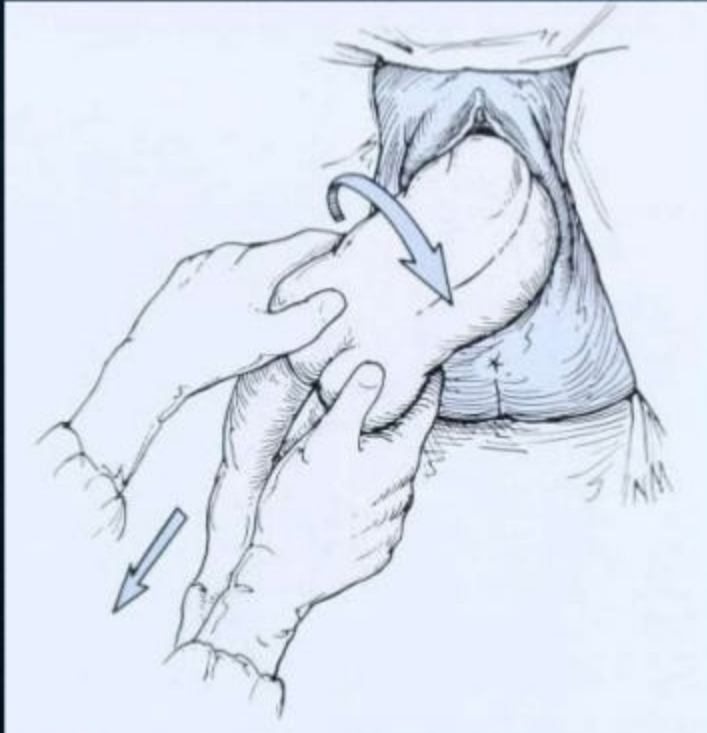


# DIFFICULTIES DURING ASSISTED BREECH DELIVERY

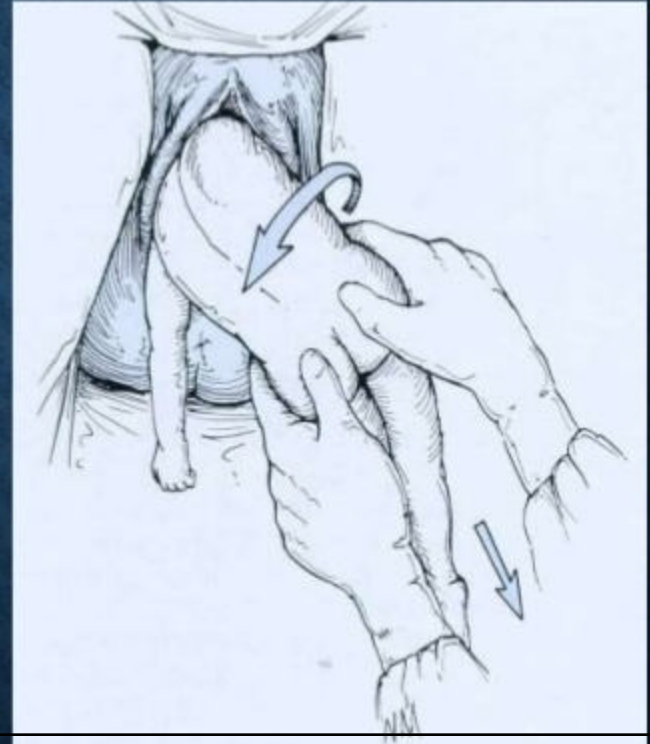


Extended Legs –  
Pinard's Manoeuvre

# EXTENDED ARMS LOVSET MANOUVRE

[www.FirstRanker.com](http://www.FirstRanker.com)[www.FirstRanker.com](http://www.FirstRanker.com)

**FIGURE 22-8.** Clockwise rotation of the fetal pelvis 180 degrees brings the sacrum from anterior to left sacrum transverse. Simultaneously, exerting gentle downward traction effects delivery to the scapula.



**FIGURE 22-9.** Counterclockwise rotation from sacrum anterior to right sacrum transverse along with gentle downward traction effects delivery to the right scapula.

[www.FirstRanker.com](http://www.FirstRanker.com)



# BRINGING DOWN POSTERIOR ARM





# ENTRAPMENT OF AFTER COMING HEAD



DUHRSEN'S INC



## ROTATION OF HEAD- PRAGUE

www.FirstRanker.com

www.FirstRanker.com

MANOUVRE



www.FirstRanker.com

# BIRTH INJURIES DURING BREECH DELIVERY

- Tentorial tears
- Intracranial Haemorrhage
- Brachial plexus injury
- Spinal cord injuries
- Fracture of clavicle, humerus, femur
- Depressed fracture skull
- Injury to external genitalia
- Injury to abdominal viscera

