

February 04, 2004

Views turn on breech births

BY BARBARA ROWLANDS

Doctors are re-examining whether surgery is best for feet-first deliveries

THREE to 4 per cent of babies enter the world in the breech position — feet or bottom first, rather than head down — and now routinely arrive by Caesarean section.

In the past a breech baby was “turned” manually, a standard procedure to ensure that the head was down, in the womb. But because of fears that it might be damaged during the manoeuvring or that a vaginal delivery could harm or even kill it, most women are now advised to have a Caesarean; some are given no option. There is concern at the rising rate of Caesareans, which account for 21.9 per cent of all deliveries: around 11 per cent of these are performed for breech babies, affecting over 15,000 women.

Last month the Royal College of Obstetricians and Gynaecologists met to consider how breech births are handled. “Some consumers, midwives and senior medical staff feel that we have overplayed the risks and that women really haven’t a choice,” says the meeting’s organiser, Steven Walkinshaw, a consultant in maternal and foetal medicine at Liverpool Women’s Hospital. “Some women are being refused a vaginal delivery; this is just not acceptable.”

There *is* a risk of serious harm — one case in 200 — to a breech baby delivered vaginally, but while Caesarean operations are very safe, abdominal surgery can be a risk (a woman is four times more likely to develop endometritis and to suffer blood clots). And after a Caesarean for a first baby, a woman is 70 per cent more likely to have the procedure with subsequent births.

“There are other things to balance,” says Peter Young, a consultant obstetrician at University Hospital of North Staffordshire, Stoke-on-Trent. “A woman with no partner, not much care at home, with two children to get to school and who lives at the top of a five-storey block is unlikely to want to an operation. If it’s your first baby and you plan on having a football team, it’s probably as well to go for a vaginal birth.”

Furthermore, for the one woman in five whose breech baby is diagnosed only when the labour is well advanced and too late for a Caesarean, the delivery can be doubly traumatic. Not only is the baby in the “wrong” position, but the midwife and obstetrician have probably lost the skills to deliver the baby with ease and confidence.

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Donald Gibb, a former consultant obstetrician at King's College Hospital, South London, and now an independent consultant obstetrician and gynaecologist at the Hospital of St John & St Elizabeth, says that these days junior doctors rarely see a breech birth. "The training authorities have not done their job to ensure that there are doctors around who can offer women this choice. Breech delivery is certainly less safe than head first, but it is even more unsafe when there are people handling it who lack the experience or knowledge."

Surgery became routine after a multicentre trial published in *The Lancet* four years ago found that babies delivered vaginally were three times more likely to die or be injured than those delivered by Caesarean. The study has been criticised not just by proponents of natural birth, but also by obstetricians: the researchers compared Caesarean section with "medicalised" vaginal birth, in which the mother is on her back, anaesthetised and with her feet in stirrups.

When Benna Waites, 35, a clinical psychologist from Hertfordshire, learnt at 38 weeks that she was having a breech baby, she struggled to find a hospital that would allow her to give birth as she wanted. Then she found Mr Gibb. "The birth was remarkably straightforward. I was thrilled that I was lucky enough to be able to do it and felt fantastic afterwards," she says.

But while Waites, many midwives and some obstetricians are enthusiastic about vaginal delivery for breech babies, there is no hard evidence that this is a safer way than medicalised delivery to bring such babies into the world, and this, the meeting concluded, had to be addressed.

The meeting also concluded that "turning" the baby — an uncomfortable but mercifully short procedure called external cephalic version (ECV) — should not only be available more widely, but actively sold to mothers. In 40 per cent of cases the baby will turn successfully and be delivered normally, but four women out of 10 refuse an ECV. "I'm sure most of them say no because they're afraid," Mr Gibb says. "There is still the idea out there among professionals that ECV is a dangerous thing to do when in fact all the evidence shows that it's very safe."

Breech Birth by Benna Waites, Free Association Books, £16.95; Independent Midwives' Association, 01483-821104; www.independentmidwives.org.uk