

Title	Breech Birth at Term. Vaginal Delivery or Cesarean Section?
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Aim

To review current knowledge on the method of delivery for breech birth at term. The review group also assesses external cephalic version. Norwegian practice with breech birth is presented. Information on long-term effects on morbidity and mortality for both child and mother are of relevance.

Conclusions and results

Vaginal delivery for term breech birth is advisable in suitable cases after a careful selection process, given the facilities for fetal electronic monitoring, experienced obstetric staff, facilities for emergency cesarean section, and a good neonatal service. The external validity of the results of the Term Breech Trial (TBT) to Norwegian practice is questionable. Many of the centers and countries participating in the study differ from Norway as regards antenatal care, birth surveillance, delivery experience, and pediatric service. Perinatal and neonatal mortality are considerably lower in Norway than in the TBT. The data presented from four Norwegian hospitals (two published reports and two unpublished) confirm a low risk of complications by vaginal delivery in these hospitals.

It was not feasible to conduct a study similar to the TBT in Norway or the Nordic countries. As perinatal mortality and morbidity are low in these countries such a study would require a very large study population.

External cephalic version may reduce the frequency of breech births, but is not shown to affect perinatal mortality. The Norwegian practice of external cephalic version is poorly documented.

Recommendations

The expert group recommends establishing a national breech birth registry for continuous surveillance of delivery practice and results. This is a prerequisite in a field where practical obstetric skill is mandatory for good results.

Methods

Relevant databases were searched, including MEDLINE, EMBASE, CINAHL, MiDirs, Cochrane Controlled Clinical Database, Cochrane Database of Systematic Reviews, Database of Abstracts and Reviews of Effectiveness, and NHS Centre for Reviews and Dissemination.