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Medico-legal issues in a breech delivery

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Introduction: A breech delivery is the birth of a baby from a breech presentation, in which the baby exits with the buttocks or feet first. When planned vaginal delivery is compared with planned cesarean delivery, the evidence unequivocally shows the relatively greater safety of planned cesarean delivery for breech presentation at term gestation.

Case report : A 34 year old P_4C_2 full term mother, who had normal past vaginal deliveries, had gestational DM in her second trimester, was found to be having breech presentation well ahead of the EDD. She started dribbling at home and she was admitted to a District Hospital and was transferred to a Base Hospital for specialized management.

Normal vaginal delivery was failed and forceps delivery was done. A baby girl was born but the condition deteriorated rapidly. She became pale and floppy and was admitted to the neonatal unit. Despite resuscitation efforts the baby died 1 ½ hours after birth. Autopsy revealed a contusion under the scalp, a subdural haemorrhage (SDH) at the base and a diffuse subarachnoid haemorrhage (SAH). COD was SDH and SAH due to assisted breech delivery. Mother expressed her dissatisfaction about the medical management during labour.

Conclusions : If breech delivery is done vaginally, it should be planned properly. Otherwise, a planned LSCS should have been arranged.

Full article

Introduction

A breech delivery is the birth of a baby from a breech presentation, in which the baby exits with the buttocks or feet first as opposed to the normal head-first presentation. When planned vaginal delivery is compared with planned cesarean delivery, the evidence unequivocally shows the relatively greater safety of planned cesarean delivery for breech presentation at term gestation[1]. We present an unplanned term breach trail which ended up with the death of the child.

Case report

A 34 year old P_4C_2 full term mother who had normal past vaginal deliveries and gestational DM in her second trimester was found to be having breech presentation well ahead of the EDD. She started dribbling at home and was admitted to a District Hospital and was transferred to a Base Hospital for specialized management.

Normal vaginal delivery was attempted and failed. Therefore, forceps delivery was done. A baby girl was born but the condition deteriorated rapidly. She was pale and floppy and was admitted to the neonatal unit. Despite resuscitation efforts the baby died 1 ½ hours after birth.

Autopsy revealed a contusion under the scalp, a subdural haemorrhage (SDH) at the base (Figure 1) and a diffuse subarachnoid haemorrhage (SAH) over the hemispheres (Figure 2). COD was SDH and SAH due to assisted breech delivery. But the mother expressed her dissatisfaction about the medical management during labour.

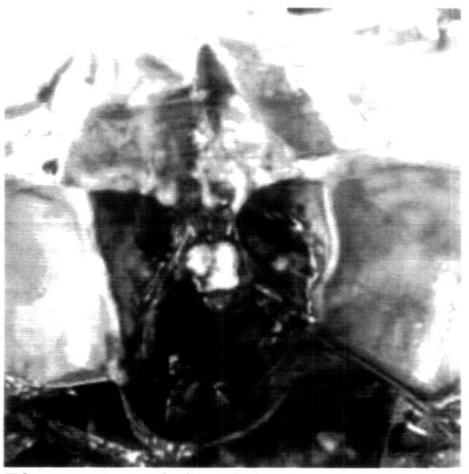

Figure 1. subdural haemorrhage (SDH) at the base

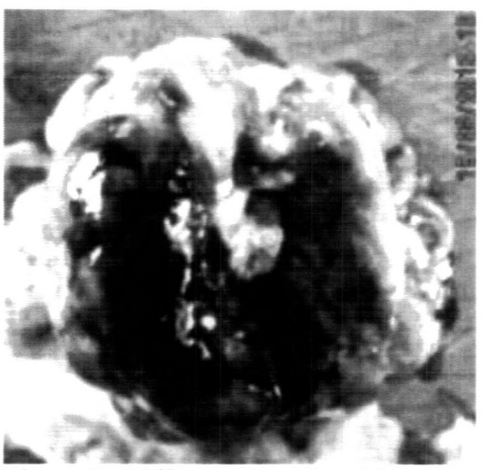

Figure 2. Diffuse subarachnoid Haemorrhage (SAH)

Discussion

The publication of the 'Term Breech Trial' in 2000 has undoubtedly been associated with an almost complete elimination of breech presentations from delivery suites in the developed world and the trial findings simply accelerated that trend worldwide[2]. The absolute risk of foetal death or severe morbidity was only 5% in term breech trial, so some parents remain willing to take the risk for the chance of a vaginal birth, but most now opt for elective caesarean[3].

Planned caesarean section compared with planned vaginal birth reduced perinatal or neonatal death or serious neonatal morbidity, at the expense of somewhat increased maternal morbidity. The benefits need to be weighed against factors such as the mother's preference for vaginal birth and risks such as future pregnancy complications in the woman's specific healthcare setting and the individualized decision-making regarding breech delivery is recommended[4]. In this case under discussion, the presence of a breech delivery was known to the clinicians well ahead of the expected delivery date (EDD). If term breach trial was expected, it should have been planned properly without waiting until dribbling to occur at home. Otherwise, a planned Caesarean should have been arranged to overcome the complications.

When dribbling with membranes rupture, in the absence of adequate progress in labour, Caesarean section is advised than extraction[5].

In this case, there were no antenatal, postnatal or autopsy evidence of contraindications to term breach delivery such as cord presentation, fetal growth restriction or macrosomia, any presentation other than a frank or complete breech with a flexed or neutral head attitude, clinically inadequate maternal pelvis, and fetal anomaly incompatible with vaginal delivery[5].

In this case, when the term breech trial was failed, the clinicians had applied forceps. When the guidelines of mode of term breech delivery were compared between the American College of Obstetrician's 2006 and the Royal College of Obstetrician and Gynaecologists 2006, the effective maternal pushing efforts are essential to safe delivery and should be encouraged. At the time of delivery of the after-coming head, an assistant should be present to apply suprapubic pressure to favour flexion and engagement of the fetal head. Therefore, in term breech delivery, spontaneous or assisted breech delivery is acceptable but foetal traction should be avoided[5]. However, in this case, the forceps were applied as an emergency management.

Instrumental vaginal delivery involves the use of the vacuum extractor or obstetric forceps to facilitate delivery of the fetus. It is associated with substantial risk of head injury, including hemorrhage, fractures, and, rarely, brain damage or fetal death[6]. In this case, the forceps were applied and resulted contusion under the scalp, a subdural haemorrhage (SDH) at the base and a diffuse subarachnoid haemorrhage (SAH) and had resulted the death of the newborn. Further, mother was not satisfied about the medical management of the labour and alleged that the poor planning had led to the poor outcome of the pregnancy.

Conclusions

If term breech delivery is done vaginally, it should be planned properly. Otherwise, an elective Caesarean section should have been arranged.

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