



## SHORT NOTE

# Preterm Vaginal Delivery of Breech Presentation

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Very early preterm delivery is defined as delivery in week 23-28 GA. The incidence of preterm delivery in Denmark is about 5.6%. The incidence of breech presentation at date of delivery is 3-4% and there is an increase of breech presentation in lower gestational age. The few cases of extreme premature delivery have not been subjects to randomized controlled studies. In recent years retrospective multicentre studies comparing vaginal delivery versus cesarean section in breech presentation have not revealed significant difference in the degree of child mortality or morbidity [1] (Figure 1).

On the other hand the prognosis for the mother is better after a vaginal delivery compared to a cesarean section, which has a higher risk of aspiration, thromboembolic complications, amniotic fluid embolism, the risk of peri- and postpartum hemorrhage, increased risk of infection and in the long term the risk of reduced fertility. In later pregnancies the risk of a new cesarean section is increased due to placenta previa, -accreta, -ablata, uterine rupture.

Predisposing factors for extreme premature birth are cervical insufficiency, premature rupture of membranes (PROM), congenital anomalies of the uterus, uterine leiomyomas, multiple gestation, maternal diseases as Marfan Syndrome, asthmatic disorders, genital infections including group B streptococci, urinary tract infections, pneumonia and appendicitis. For most cases of preterm birth no explanation can be found.

Premature deliveries require information given by the obstetrician and neonatologist to the parents regarding the newborns prognosis, the risk of mortality due to low gestational age and birth weight. A child delivered extremely premature has a poor prognosis in



Figure 1: Breech presentation.

psycho- and motoric development.

The mortality rate of the extremely premature born has decreased significantly in recent years due to the intensification of treatment with perinatal and subsequent supportive and follow-up treatment. This has not

altered the frequency of short and long term neurological outcome [2,3].

## References

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