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Low overall mortality and morbidity for breech babies in the Netherlands

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Review

Dear Editor,

We are concerned about the way Vlemmix et al represented the results of their study about the impact of increased rates of elective caesarean sections (ELCS) for breech presentation on neonatal outcomes (1). The authors identified a steady low rate of neonatal mortality associated with vaginal breech deliveries (VBD) in the Netherlands in 1999-2007 (1.6/1000 overall or 1.3/1000 for planned VBD) despite a large increase in the number of ELCS performed. This research adds to the growing body of retrospective data indicating significantly less risk of neonatal mortality for VBD than the term breech trial (TBT) suggested (approximately 1:100)(2).

The risk of neonatal mortality for planned VBD in this study is comparable to the risk of planning a vaginal birth after caesarean (VBAC) rather than an ELCS, an acceptable option that women are encouraged to consider in most European countries (3). Taken in context, the results therefore support the view that it would be reasonable for a larger proportion of women to attempt a VBD in their current pregnancy, rather than plan a VBAC in their next, particularly for first time mothers. Outcomes for babies may be further improved by the one thing the authors did not suggest: better training and approaches to the management of VBD.

The authors call for the proportion of women who plan a VBD in the Netherlands (40%) to be reduced and for the Dutch national guidelines to be revised to exclude the fact that the 2-year outcomes in the TBT were no better for the ELCS group than for the planned VBD group (4). Given that women are concerned about the long-term effects for their children more than any other factor (5), this information should only be replaced by better, more contemporary research on 2-year and long-term outcomes.

This study's methodology does not justify its predictions about lives saved. It overestimates the risks of planned VBD because the category in this study absorbs risk from:

- unplanned breech births, diagnosed for the first time in labour (19.1% of the mortalities in this study)
- planned ELCS where labour occurred prior to the scheduled CS (approximately 10% in the TBT).

It also fails to take into account the increased number of babies who turn head down prior to labour when a VBD is planned (twice as many in the TBT, compared to those who planned CS). Because these factors are so complex and in many cases, unable to be controlled, predictions about numbers of lives saved should only arise from intention-to-treat studies.

Numerous studies have already established that VBD is associated with a higher (but nevertheless low) risk of short-term neonatal morbidity and mortality in most cases, at current standards of management and training. We would like to see more robust studies exploring best practice for managing both planned VBD and undiagnosed breech identified in active

labour, long-term outcomes of planned VBD, and more support for women and providers who collaboratively decide that the small risk of the rare outcome of neonatal mortality, similar to that of VBAC, is acceptable.

- (1) Vlemmix F, Bergenhenegouwen L, Schaaf JM, Ensing S et al. Term breech deliveries in the Netherlands: did the increased caesarean rate affect neonatal outcome? A population-based cohort study. *ACTA Obstet Gynaecol Scand.* 2014;93:888-96.
- (2) Hannah ME, Hannah WJ, Hewson SA, Hodnett ED, et al. Planned caesarean section versus planned vaginal birth for breech presentation at term: a randomised multicentre trial. *Term Breech Trial Collaborative Group. Lancet.* 2000;356(9239):1375-83.
- (3) Royal College of Obstetricians and Gynaecologists. *Birth After Previous Caesarean Birth (Green-top 45).* 2007.
- (4) Whyte H, Hannah ME, Saigal S, Hannah WJ, et al. Outcomes of children at 2 years after planned cesarean birth versus planned vaginal birth for breech presentation at term: the International Randomized Term Breech Trial. *Am J Obstet Gynecol.* 2004;191(3):864-71.
- (5) Kok M, Gravendeel L, Opmeer BC, van der Post JAM, et al. Expectant parents' preferences for mode of delivery and trade-offs of outcomes for breech presentation. *Patient Educ Couns.* 2008;72(2):305-10.