

## **CESAREAN SECTION WITH PREMATURE FETUS IN BREECH PRESENTATION**

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Recently, the problem of the methods of delivery of premature newborns in breech presentation (PNBP) is widely but contraversily discussed. We aim at analyzing our own clinical material and at establishing the methods of delivery in PNBR and their reflection on postnatal morbidity and lethality rates in order to recommend relevant methods according to the degree of prematurity in such cases. Premature births during the period from 1980 till 1990 were examined. The group included newborns delivered between the 28th and 36 g.w. and with body weight at birth corresponding to their gestational age. Newborns with b.w. non-corresponding to gestational age and with malformations as well as intranatally lost newborns were excluded from the analysis. Table 1 presents all premature births in head and breech presentations according to age. Distribution in 2 periods is done according to prevailing method of delivery - vaginal or abdominal.

**Table 1**

Gestational age	1980 - 1984		1987 - 1990	
	head pres. n = 792	breech pres. n = 73	head pres. n = 512	breech pres. n = 64
28 - 29	6 %	22 %	5 %	16 %
30 - 33	11 %	21 %	14 %	25 %
34 - 36	83 %	57 %	81 %	59 %

CS usage in PNBP increases significantly in 1987-1990.

The highest CS usage increase in PNBP is seen when 30-33 g.w. age is concerned (from 7 up 94% in 1987-1990).

Postnatal morbidity rate is 1,5 times higher in breech than in head presentation of premature newborns. PNBP postnatal morbidity for both periods according to age is shown on table 3.

Table 2

Gestational week	Breech presentation			Head presentation	
	1980-1984	1987-1990	p	1980-1984	1987-1990
28 - 29	6 %	40 %	<0,01	2 %	7 %
30- 33	7 %	94 %	<0,001	8 %	15 %
34- 36	12 %	47 %	<0,001	5 %	14 %
Total	10 %	58 %	<0,001	5 %	12 %

Table 3

Gestational week	1980 - 1984	1987 - 1990	p
28 - 29	68 %	44 %	> 0,05
30 - 33	43 %	9 %	< 0,001
34 - 36	12 %	7 %	> 0,05
Total	41 %	20 %	< 0,001

Total morbidity rate is reduced from 41% down to 20% for 1987-1990. Acute depression (AD), encephalopathy and traumatic lesions (TL) of newborns are the most common etiological factors. More frequent CS usage leads to a significant TL reduction (from 23% down to 3% in 1987-1990;  $p < 0.001$ ). Routine epidural anaesthesia application in CS decreases the risk for AD in newborns. Postnatal infant lethality rate is significantly reduced (from 23% down to 8%;  $p < 0.001$ ). However, there is a statistically significant difference in the group of 30-33 g.w. only. We can conclude that CS with epidural anaesthesia reduced significantly both morbidity and mortality rates in the group of 30-33 g.w. and its use should be recommended. However, in the group of 28-29 g.w. a careful evaluation of possibilities for adequate reanimation and intensive care is needed. In the group of 34-36 g.w. CS indications should be strictly observed as they do not significantly differ from these for abdominal delivery of mature newborns.