

Breech deliveries - mode and intrapartum CTG: introduction in second level maternity in St. Petersburg

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Introduction: The use of electronic FHR monitoring has become routine in second level maternity in Russia. The positive or negative of intrapartum FHR monitoring is still debated with in conflicting results noted in comparisons with intermittent auscultation. But beginning of intrapartum CTG introduction strongly associated with increase of CS rate. At the same time breech deliveries mode is strongly associated with obstetrician factors and it is frequent cause of malpractice litigation.

The aim of the study was to compare the outcome of breech deliveries before and after obligatory intrapartum FHR monitoring.

Results:

	1999 before intrapartum CTG	2000 intrapartum CTG
N of deliveries in St. Petersburg	31272	34339
Perinatal mortality‰	10,6	9,9
N of deliveries in the Maternity	2388	2694
Perinatal mortality‰	8,3	10,3
N of breech deliveries	67 (2,81%)	116 (4,31%)
Perinatal mortality in breech ‰	29,9	---
Vaginal deliveries in breech	31 (46,3%)	90 (77,6%)
C/S deliveries in breech	36 (53,7%)	26 (22,4%)
Emergency	16 (44,4%)	8 (30,8%)
elective	20 (55,6%)	18 (69,2%)
Suspected intrapartum asphyxia in vaginal breech deliveries	12 (38,7%)	---
Emergency C/S deliveries	7 (43,8%)	---
Intranatal death in vaginal breech deliveries	1 (32.3‰)	---
Apgar 1'≥7 in suspected intrapartum asphyxia in vaginal breech deliveries	6 (85,7%)	---
Emergency C/S deliveries	---	---
Apgar 1'<7 in unsuspected intrapartum asphyxia in vaginal breech deliveries	5 (16,1%)	1 (1,1%)

Conclusion: Our short-term results do not support the wide spread opinion that introduction of FHR intrapartum electronic monitoring strongly associated with increase of CS rate. The method that is much more objective when auscultation and appropriate CTG trace interpretation training program has possibility to smooth the subjective obstetrician influence on the decision process about mode of breech deliveries. Introduction of intrapartum CTG may has additional value for obstetricians who have experienced severe intrapartum complication and malpractice litigation to decrease CS rate and simultaneously improve outcome.