Update on elective cesarean section for term breech delivery

ATUALIZAÇÃO EM CESARIANA ELETIVA NA APRESENTAÇÃO PÉLVICA EM GESTAÇÕES A TERMO

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1. Regarding term breech delivery, it is correct to affirm that:
   a. Its incidence is 0.5% of pregnancies to term.
   b. It is the fifth most common presentation.
   c. Nulliparity is an associated factor.
   d. The complete presentation is the most common.

2. The term breech trial (TBT), which compared the elective cesarean section with planned vaginal delivery, found:
   a. Reduced risk of neonatal hypotonia with cesarean delivery.
   b. Increased risk of neonatal seizures with cesarean delivery.
   c. Increased perinatal morbidity and mortality with vaginal delivery.
   d. Reduced perinatal morbidity and mortality with cesarean delivery.

3. In maternal morbidity and mortality, comparing the elective cesarean section with planned vaginal delivery, it can be said that:
   a. There is a significant increase in maternal mortality with vaginal delivery.
   b. There is a significant increase in maternal morbidity with cesarean delivery.
   c. There is a reduction of maternal morbidity and mortality with cesarean delivery.
   d. Results are controversial.

4. Regarding neonatal morbidity and mortality, comparing the elective cesarean section with planned vaginal delivery, it can be said that:
   a. There is a significant reduction of maternal mortality with vaginal delivery.
   b. Results are controversial.
   c. There is a significant reduction of maternal morbidity with cesarean delivery.
   d. There is an increase in maternal morbidity and mortality with cesarean delivery.

5. What is the recommendation for the mode of delivery in patients with a TBT?
   a. Planned vaginal delivery is recommended, in selected cases, and under ideal conditions (professionals experienced in maneuvers for breech presentation).
   b. Cesarean delivery is mandatory in all cases.
   c. Planned vaginal delivery may be indicated provided that a C-section is contraindicated.
   d. There is no specific recommendation and the procedure is at the discretion of the obstetrician.

Answers to clinical scenario: update on cesarean on request [published in RAMB 2015; 61(4)]

1. What is the correct approach to maternal request for cesarean section?
   Know with greater emphasis personal values and preferences of the mother and approach them in a process of shared decision (Alternative A).

2. Does cesarean section on maternal request or with no indication increase the risk of bleeding complications?
   Yes, it increases the absolute risk of bleeding complications with statistical significance (Alternative A).

3. Does cesarean section on maternal request or with no indication increase the risk of infectious complications?
   Yes, it increases the absolute risk of infectious complications with statistical significance (Alternative A).

4. Does cesarean section on maternal request or with no indication increase the risk of which outcomes?
   Hemorrhagic, infectious and breastfeeding complications, and respiratory complications for the newborn (Alternative A).

5. What is the period when the cesarean section should be done in case of vaginal delivery refusal?
   After week 39 (Alternative A).