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ARTICLE

Title: A Review on Breech Presentation and Its Homoeopathic Management

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ABSTRACT

The rates of Cesarean Sections done to a Pregnant woman, are increasing in the recent times, and one of the reasons for which, is Breech Presentation (fetus presenting with buttocks first, instead of head). There are several ways to turn breech babies and Homeopathy is considered safe. The medicine is given to mother, much before pregnancy or during pregnancy, to prevent or treat this condition respectively. Considering Mother and Child as one unit, the medicine given to the mother, acts beneficially not only on mother, but also on the child. The below is a detailed review about Breech Presentation and its Homoeopathic Approach.

Keywords:

Homoeopathy, Breech, Malpresentation, Turn breech, Normal Delivery, Homeopathy, Obstetrics

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INTRODUCTION

Fetus of about 45 cm, can get accommodated in the enlarged uterine cavity, of around 35cms, only if the fetal position becomes fully flexed (attitude). And for a normal vaginal delivery, fetal head should enter the maternal pelvis, because the nature has designed the female body, in such a way, that it accommodates diameters of fetal head in fully flexed attitude, (than in other positions) without much difficulties to the mother or the fetus. Fetus in Longitudinal axis (Lie) with head down is considered to be “Normal Presentation”.^[1]

Amniotic fluid helps the fetus move freely and the fetal position changes until last weeks of pregnancy. At “term” (38-42weeks of Gestation) the fetal parts gets into the maternal pelvis (due to the enlarging fetus). Also, the fetal head is heavier, in relation to its body, so, the head gets down into the pelvic cavity, while the remaining body area floats – (concept of Gravity).^[1]

“Presentation” is the word, given to the fetal part which is inside the maternal pelvis/Lower Uterine segment. Unless complicated, the fetus will turn Spontaneously into cephalic/vertex at term. If instead of fetal head, any other part of the fetus, enters the maternal pelvis, it is called Malpresentation.^[1]

Definition/Meaning- Breech Presentation:

Instead of head, if the buttocks enter the pelvis, it is called Breech Presentation. It is the commonest malpresentation. In other words, the longitudinal lie in which the podalic pole of fetus is at the pelvic brim-is Breech Presentation.^[1]

Incidence:

At 28th week, incidence is 20%, while the fetus reaches the term, it decreases to 3–4%. The chances of Breech Presentation, (with the History of previous Breech) in Subsequent Pregnancies increases. (The recurrence, for a second breech becomes 10%; while the subsequent third breech, it becomes 28%).^[1] Now-a-days, the incidence is decreasing due to External Cephalic Version, (procedure of turning Breech baby into cephalic) done at “term”.

Aetiology:

For majority, the exact aetiology is unknown. While the common clinical conditions are taught to be the conditions which affect fetal motility & vertical polarity of the uterine cavity.^[2]

AETIOLOGY OF BREECH PRESENTATION

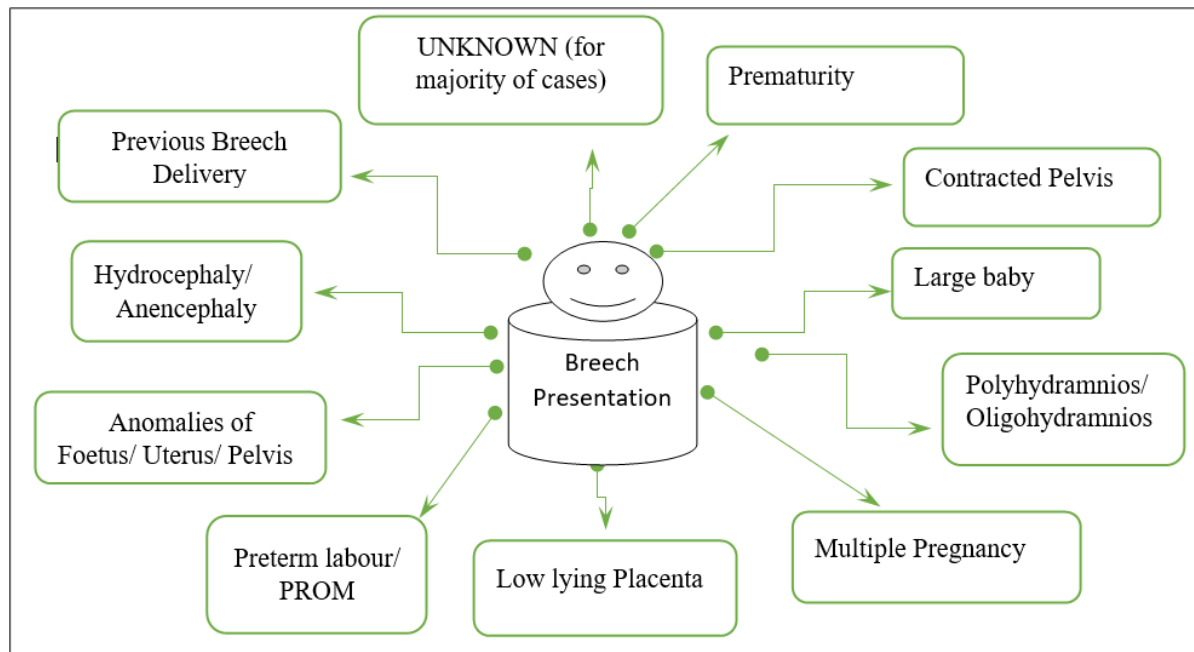


Figure 1: AETIOLOGY OF BREECH PRESENTATION- Source of text: Dewhurst ^[3]

The other aetiological factors are included in Figure 1, while the explanation for some aetiological factors include: ^[1-3]

Pre-maturity (the fetus is not ready to be delivered and so it is still in Breech)

Contracted Pelvis /Big baby- the diameters cannot accommodate bigger head into normal pelvis / Normal size of head into contracted (smaller) Pelvis.

Polyhydramnios-the fetus is not able to settle down into pelvis/ unable to engage- because of more fetal movements,

Oligohydramnios- Less amniotic fluid, and so the fetal movements are inadequate to cross the pelvic brim.

In Grand-multipara, Malpresentation is seen due to pendulous abdomen and increased pelvic inclination (due to lordosis)

Twin pregnancy (it is more commonly seen where both fetus may be in Breech/ or only one fetus in Breech Presentation)

Low-Lying Placenta -As in Placenta Previa, Placenta occupies the lower Uterine segment, thereby prevents entry of fetal head.

Abnormal uterine action (If Uterine contractions are not proper, then the Fetus stays in malpresentation)





In conditions which prevent spontaneous version of fetus at term include Frank Breech, (with extended legs), Congenital Malformations of Uterus, Short umbilical cord, Presence of Fetal abnormalities where muscular tone and mobility are altered- (Trisomy, Anencephaly etc)

TYPES OF BREECH

Breech Presentation is broadly classified into complete and incomplete breech. In complete breech the fetus maintains fully flexed attitude, whereas in incomplete breech, the fetus is not fully flexed/incompletely flexed, which is further classified into Frank, Footling and Knee Presentations. Different types of Breech are shown in Table 1 ^[1]

DIFFERENT TYPES OF BREECH PRESENTATION

Table-1: Different types of Breech Presentation, Source of Text- Dutta.D.C [1]

		<u>INCOMPLETE</u>		
<u>COMPLETE</u>		FRANK BREECH (Breech with Extended Legs)	FOOTLING BREECH	KNEE PRESENTATION
<i>Meaning:</i>	The normal attitude of full flexion is maintained.	The full flexion is not maintained, instead there will be varying degrees of extension of thighs or legs at the podalic pole.		
				
	COMPLETE BREECH	FRANK BREECH	FOOTLING BREECH	KNEE PRESENTATION
<i>Incidence:</i>	10%	65%	25%	
<i>Commonly seen in</i>	Multiparae (10%)	Primigravidae <i>(because of tight abdominal wall, good uterine tone)</i>	Not specific	Not specific
<i>Attitude:</i>	The thighs are flexed at the hips and the legs at the knees.	The thighs are flexed on the trunk and the legs are extended at the knee Joints.	thighs, legs are partially extended; & legs present at the brim.	Thighs are extended, knees are flexed, So, knees- present at the brim.
<i>Presenting Part:</i>	Two buttocks, external genitalia and two feet.	Two buttocks and external genitalia.	Feet	Knees
<i>Other points</i>	less chances of delay in first stage of labour- as it is seen in multipara	Frank breech acts as an effective cervical dilator. -The fetal mortality is least in frank breech	The fetal mortality is maximum because of cord prolapse	--

ABDOMINAL EXAMINATION: [1]

Inspection: The abdomen will look ovoid enlarged longitudinally

Palpation: 1st Grip: the hard, round fetal head

2nd Grip: the back is on one side of the abdomen and the small parts on the other.

3rd Grip: Soft, broad & irregular

4th Grip: →if not engaged- the softer breech is movable about pelvic inlet.
 →After engagement, breech to be beneath the symphysis.

In Breech Presentation, “External ballotement” can be easily elicited than other positions.”

Auscultation: FHS can be heard around umbilicus, the convexity where the fetus comes in contact with fetal back

MECHANISM OF LABOUR: ^[1,2]

SACRO-ANTERIOR POSITION: - It is considered to be the commonest position, where the fetal part which comes in contact with maternal pelvis is- Sacrum , while the Fetal head towards Right and Fetal back towards left is considered to be the common position.(Left Sacro-Anterior).

In Cephalic Presentation only the head undergoes the cardinal movements, whereas in breech presentation, Buttocks, shoulders, head – undergo cardinal movements. (like Engagement, descent, Flexion, Internal Rotation), During which the The Buttocks & Shoulders get more compressible, because they get more time during delivery/ squeezing through the pelvic cavity;

As the Head –descent rapidly in a short period, Moulding cannot occur

MECHANISM OF LABOUR IN BREECH PRESENTATION

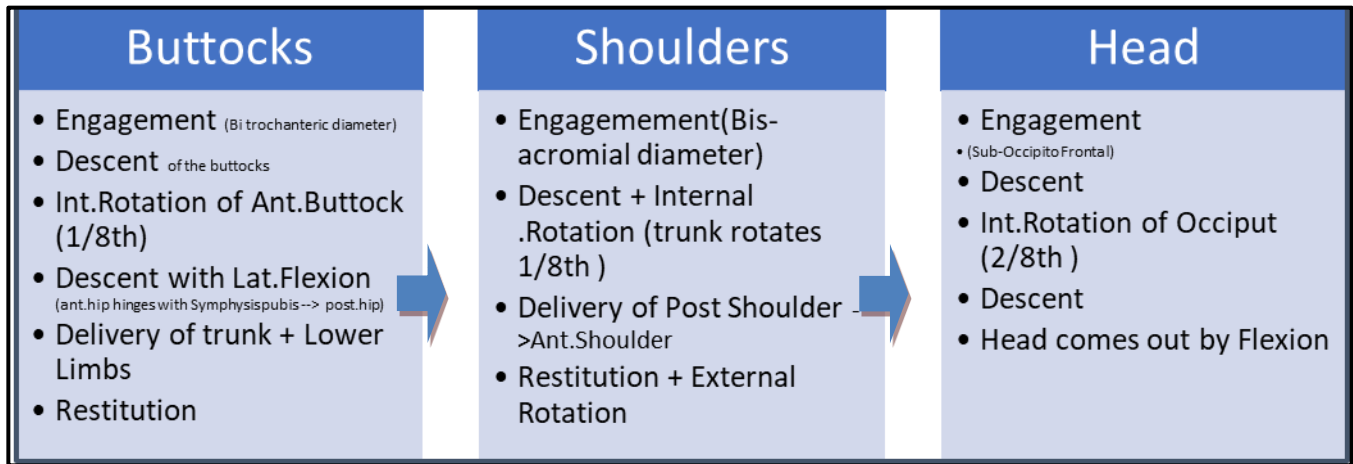


Figure 2: Mechanism of Labour in Breech Presentation,- it occurs at 3 levels- at buttocks, shoulder and head

DIFFERENTIAL DIAGNOSIS ^[2]

The conditions which have to be differentiated from breech presentations are:

- Other Malpresentations like Face and brow presentation
- Fetal anomalies/ death
- Grand multiparity/Multiple pregnancies
- Oligohydramnios
- Pelvis Anatomy/ Uterine Anomalies during Pregnancy
- Primigravida

COMPLICATIONS: ^[1]

Due to Breech Presentation, there are usually no complications during Pregnancy while most of the complications occur to mother and fetus during the course of Labor.

Fetal complications include:

- Shoulder dystocia-which is difficulty in the delivery of shoulder.
- Ophthalmia neonatorum
- Intracranial hemorrhage-compression & decompression of un-moulded head-

- Birth asphyxia, IRDS – (cord prolapse/compression/delayed delivery of head)
- Birth injuries- occurrence is 13 times more than other malpresentations
- Hematoma—over the sternomastoid /thighs.
- Skin over BUTTOCK injuries (bruises & lacerations)
- Fractures occurring to femur, humerus, clavicle and odontoid process.
- Dislocation of hip joint, mandible or 5th and 6th cervical vertebrae and epiphyseal separation.
- Visceral injuries
- Nerve—Erb's or Klumpke's palsy, Phrenic nerve injury
- Meconium aspiration syndrome-because of compression of thorax during breech extraction
- Legal & ethical issues may arise following perinatal injuries
- Increased mortality rate
- LONG TERM Neurological damage

MATERNAL Complications include:

- Risk of increased operative interference-episiotomy, forceps
- Increased rates of Cesarean section Delivery, because of inadequate Skilled personnel for conducting vaginal breech deliveries.; followed by Sepsis, Anaesthetic complications, due to Cesarean Section.
- Cervical Dystocia -Because the Force of Presenting part (buttocks) is not sufficient to cause gradual dilatation of cervix
- Increased risk of trauma to the genital tract
- Cervical injuries, Uterine Rupture -due to incompletely dilated Cervix.
- Post-Partum-Haemorrhage- in Puerperal State.

MANAGEMENT:

Management of Breech Presentation at term include the following: ^[4]

1. Planned Vaginal Breech with skilled Obstetrician, Anaesthesian, and Neonatologist – called Assisted Vaginal

Breech

2. External Cephalic Version (ECV)
3. Planned Cesarean Section

Vaginal Breech Birth: ^[5]

- In Footling variety, vaginal breech delivery cannot be conducted as feet /legs can slip through incompletely dilated cervix, while head/shoulders become trapped at pelvic brim.
- If the baby does not get delivered spontaneously, and some specific manoeuvres are required: -Flexing the fetal knees to enable delivery of the legs.
- Using Lovett's manoeuvre to rotate the body and deliver the shoulders.
- Using the Mauriceau-Smellie-Veit (MSV)-head is delivered by flexion While the delivery of the aftercoming head can be challenging, forceps may be employed if the MSV maneuver is unsuccessful.

ECV: ^[1] - External cephalic version is a Manipulative procedure to change the fetal lie / to bring favourable fetal pole at lower uterine segment. It helps in reduction of incidence of C-Section or Complications associated with vaginal breech. The Version can be successful only in cases of complete breech with adequate liquor, mostly non-engaged breech and with favourable position being Sacro-Anterior- fetal back anterior. ECV fails in case where the fetus presents with extended legs, with scanty liquor, certain mechanical causes like Obesity, or short cord or if uterine malformations are seen.

Complications of version include PROM, Early separation of placenta and Bleeding Per vagina, cord entanglement around fetal part causes fetal death, amniotic fluid embolism, etc,

Success Rate for ECV is 60%, Pregnancy being precious, women don't want to fall under the other category of 40 % of failure rate to put their baby's life at risk or to have a complicated pregnancy. ^[1]

OTHER THERAPEUTIC OPTIONS:

Other than ECV and Cesarean Section, Treatment options include ^[6]

HOMOEOPATHY

- Moxibustion with / Without Acupuncture
- Acupuncture
- Walking, Swimming
- Pelvic Tilt Exercises
- Usage of Cold packs, with hot packs

- Physical exertion
- Talking to the baby,
- Relaxation techniques /Visualization

HOMOEOPATHIC MANAGEMENT:

Homeopathic Literature says about As per MCH-VOL-2 , the Treatment plan for malpresentation is given in figure ^[7]

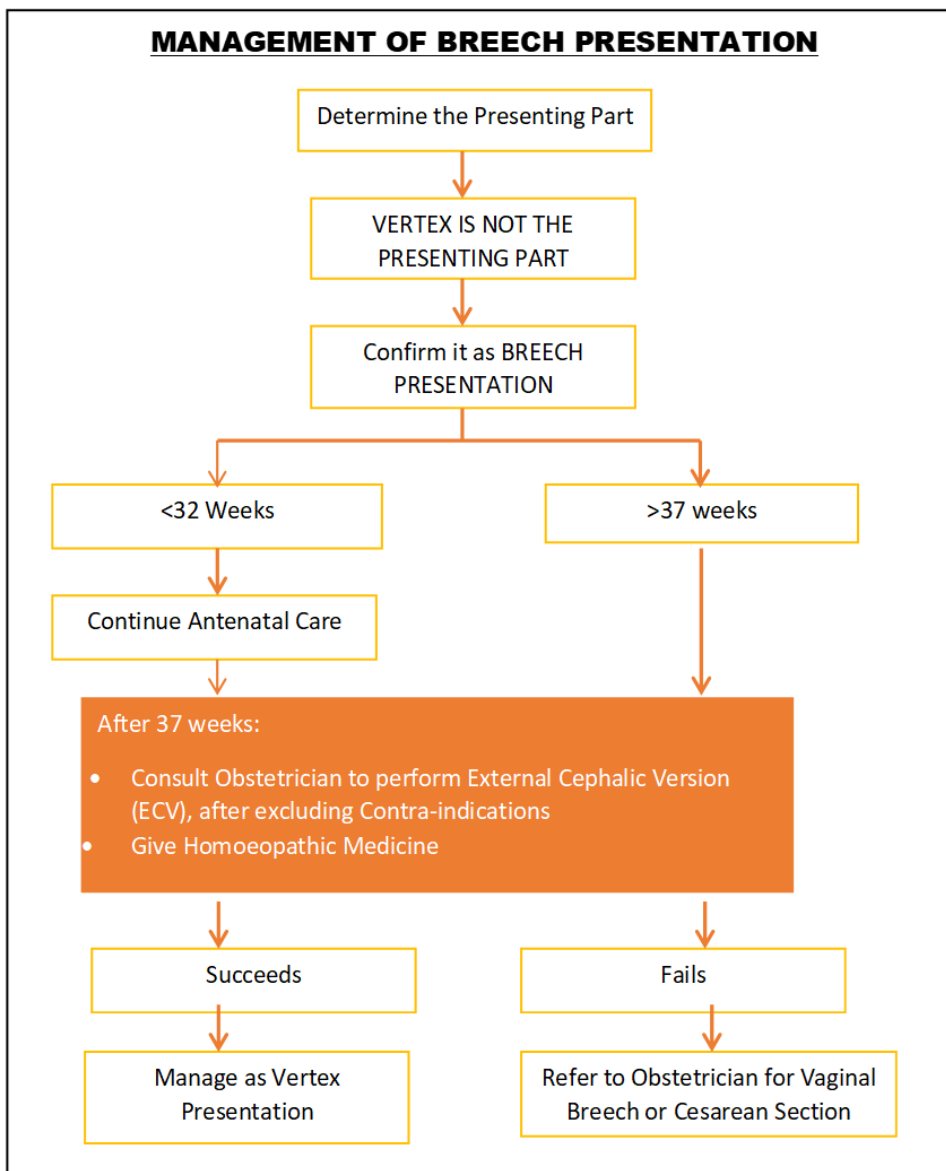


Figure 3: Homeopathic Management of Breech Presentation; Source of text: MCH-Volume 2, CCRH ^[7]

Prevention is better than Cure , is the saying, This concept holds true for Homeopathy for

several conditions, where Samuel Hahnemann has given the concept of

PRIMAL prevention, way back 200 years ago^[8], in his Theory of Chronic Diseases, where he says a list of certain conditions like miscarriage, abnormal positions of fetus, etc^[9] can be prevented, by Timely “Anti-Psoric Medicine” is given much before Pregnancy or at least during Pregnancy, which is also discussed in §284 Footnote in 6th edition of Organon, where he also tells about Homeopathic Medicine prepared in 50-Millesimal Scale, for a healthy pregnancy or healthy fetus. By Anti-Psoric Medicine, Hahnemann means the remedy which matches the symptom-similarity. § 80Footnote.^[10]

- Among the Treatment options to turn breech baby, Homeopathic Potentized Medicine, in minimum dose (§154, §155)^[10], is considered to be Safe^[13-17] for Mother and Child Unit (MCU) and does not produce any side-effects.
- Homeopathic remedies act at Energy level, and it is not the “placebo effect” as claimed by other practitioners, which is evident through its wonderful action, even on infants/animals. (Brennan,1999).^[11]

CASE-TAKING DURING PREGNANCY

Careful history taking and observation is important for remedy selection, also taking into considerations the qualities like:^[12]

- Basic nature of the Expected mother
- The situations around her during pregnancy and its effects on her mind set.
- Her feelings and state of mind (especially emotional changes like grief, shock, fright, disappointment, hatred, neglect, etc.) during pregnancy.
- Her interpersonal relationship during pregnancy.(with in-laws, with spouse, with friends,etc)
- Any medical problems/ Obstetrical complications/ Socioeconomic and cultural background.

If there are any symptoms- the etiology and location of a complaint, associated sensations, aggravating and

ameliorating factors, the emotional and mental states during the complaint, general observations, and striking, uncommon and peculiar symptoms are stressed.^[11]

If no specific totality can be formed, Clinical Prescriptions /Specific remedy are used.^[18] The medicine is selected on the basis of Law of Similar.

WAYS OF ADMINISTRATION:

Medicine must be taken Early in the morning, with small amount of water while fasting, not taking anything within half an hour. After the medicine, keeping quiet for at least an hour, even without sleeping after the medicine.^[9]

INDICATED REMEDIES according to Repertorial Rubrics:

Synthesis repertory^[19]: *Female Genitalia-Fetus-Position, Abnormal-*

“Aconite, Cimicifuga., Medorrhinum. PULSATILLA., Sepia”

(Where Pulsatilla is the 1st grade remedy, while other remedies are 2nd graded)

1st GRADE REMEDY:

Pulsatilla - Considered almost Specific^[7,20-24] for Malpresentation (with adequate liquor), when given after 28 weeks. General symptomatology includes Mild, gentle, affectionate and yielding disposition, with Marked changeability of symptoms; thirstlessness but great dryness of mouth, desires company; whitish/yellow coated tongue, desires cheese, pungent things, highly seasoned food, sausage and has an aversion to fatty food, meat, butter, bread, warm foods and drinks; craves for ice-cream and pastry. Hot patient; Complaints <evening; >slow, gentle motion, open air.^[25,26]

2ND GRADE REMEDIES:

Aconite: There is a state of Mental & Physical Restlessness, all complaints associated with fear, anxiety. Complaints starts Suddenly, and suited for functional disturbances. Cannot bear Pain in any form. A/F - Exposure to dry, cold weather, checked perspiration, very hot weather. < evening; lying on left side; in warm room. Dry hot skin

without sweat. Fear of death, believes and predicts the time and date of death. Fear of future, crowd, crossing the street. Has a delusion that her body parts are thick and the thoughts come from stomach. ^[25,26]

Cimicifuga: *Great Female remedy.* It affects the nervous system and causes wide range of symptoms. It is mostly suited for Hysteria. Talks non-stop, switching topics frequently; faints, feels grieved, with much sighing. Severe Headaches. Complaints associated with Uterine disturbances. Muscular rheumatism (affects belly of muscle); stiff neck; Backache. Muscular soreness. Especially from Stitching, Piano-playing, typewriting, etc. Pains are like electric shocks. Complaints < morning, cold, >warmth, eating. ^[25,26]

Medorrhinum: A Deep-acting remedy, usually for Suppressed gonorrhoea. H/Suited for women with chronic pelvic disorders. Pains intolerable; Chronic catarrhal conditions. Oedema of limbs; Time passes too slowly. Always in great hurry. Despair of recovery. Melancholy, with suicidal thoughts. Leucorrhoea acrid with fishy odour. Desires fanning; Ravenous hunger. Desires-salt, sweets, ice, ale, acids. Complaints <While thinking of them, covering, thunder storm, day-time > seashore, lying on stomach, damp weather. ^[25,26]

Sepia: A Women`s Remedy. Indifferent to loved ones/family members. People who are exhausted from the stresses of daily life, easily offended. Having weeping disposition. Dreads to be alone. Indolent & sensitive to cold air. bearing down-feeling in internal organs, sluggish digestion, and improvement from vigorous exercise. Morning sickness, Nausea due to smell /sight/thought of food. All complaints <before a thunderstorm > Warmth of bed, hot applications. ^[25,26]

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