

Evaluation of Abdominal Circumference as an Indicator in Predicting Shoulder Dystocia

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ABSTRACT

Introduction: Shoulder dystocia (SD) is an obstetric emergency associated with significant neonatal and maternal morbidity. It has a high incidence in Hospital Sungai Buloh ranging from 1.4%-1.6%. Sonographic measurement of abdominal circumference (AC) of >350mm can improve the prediction of shoulder dystocia and is often missed out. **Objective:** To assess shoulder dystocia prediction can be made via sonographic measurement of AC of ≥ 350 mm. **Method:** This is a retrospective case control study, carried out in Perinatal Assessment Center of Hospital Sungai Buloh collected over a period of 2 years (2017-2018). This study analyses outcome of the delivery in 132 patients with $AC \geq 350$ mm complicated with SD and 132 controls with $AC > 350$ mm not complicated with SD matched by gestation. Independent variables analysed were gestational diabetes, AC and body mass index (BMI). Statistical analysis was done using SPSS. **Result:** The incidence of shoulder dystocia in 2017 and 2018 were 1.6%, and 1.4% respectively. Only 16% of infants with $AC > 350$ mm were complicated with SD (OR 1.55, 95%CI 333, 343mm). 29.5% of infants were born to mother with gestational diabetes, most of which was controlled by diet control (OR 2.52). 56.8% of SD were encountered in obese mothers (OR 1.58). **Conclusion:** In this study, sonographic measurement of $AC > 350$ mm is a useful predictor of shoulder dystocia. Further studies are needed to consolidate the findings.

Is Planned Vaginal Delivery for Term Breech an Option? A Prospective 2-year Study

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ABSTRACT

Introduction: After the Term breech trial, most centres recommend planned caesarean section in women with breech presentation at term. The aim of this study is to compare maternal and foetal outcome in term singleton breech deliveries in Hospital Sultan Ismail, Johor during a two-year period as well as factors predicting successful vaginal breech delivery. **Methods:** A prospective study including 295 women with term singleton breech delivery (>37 weeks) was recruited. Maternal and foetal outcomes were reviewed for maternal, labour and foetal outcomes. **Results:** Of the 295 women, vaginal breech delivery was planned in 109 cases (37%) and elective caesarean section in 186 (63%). Eighty-four patients (77%) who had achieved successful vaginal breech delivery. 55 patients (29.5%) in the planned caesarean section due to previous scar. The mean gestational age at delivery of the two groups 38 weeks \pm 2.96. There were no neonatal death. 35 cases (18.8%) in the planned caesarean section group and 28 cases (25%) cases in the planned vaginal group were transferred to neonatal intensive care unit but no statistical significant. However, there were reported higher in neonatal injury in the planned vaginal delivery group. ($p < 0.002$) but no long-term sequelae. Maternal blood loss was significantly higher in the caesarean group. **Conclusion:** Our findings showed high successful rate with vaginal breech delivery with favourable perinatal outcome. Gaining confidence and mastering the art of vaginal breech deliveries can be achieved through education and training.