Term Breech Trial Bullet Points

Debunking of the Term Breech Trial, Hannah et al 2000

Study was a randomized multi-center trial that included 2083 women from 121 centers in 26 countries. Approved interventions included induction, amniotomy, augmentation, and controlled delivery of the after-coming head with forceps or the Mariceau-Smellie- Veit maneuver.

• Study cut short

• Sites for delivery were not all industrialized countries as study purported. Large interinstitutional variation of standard of care

- Babies who died before labor (2) were included in vaginal group.
- Babies with anomalies (13) were included in vaginal group.
- Babies (8) in the morbidity category never went to the NICU.
- Neonatal morbidity was often transient or a misdiagnosis.

• Study inconsistent with what is deemed a "skilled provider" - as it was self- defining.

• Study guidelines changed mid-study from "no intervention until there has been spontaneous exit of the infant to the umbilicus" to "gentle traction while encouraging mother to push."

• No definition of "gentle traction" for 4.6% of attendants having "difficulty with delivery of the foetal head, arms, shoulder or body."

• 6 infants who died weighed less than 2500 grams with the smallest being 1150g.

- Women were randomly assigned VBB and PCB regardless of their desire.
- Large number of women recruited in active labor.
- 2 sets of twins were included.
- Standard attendant: 18.5% trainees, 2.9% midwives or trainee midwives.

• Most deaths in term breech trial cannot be attributed to the mode of delivery.

• 2 year follow-up VBB babies healthier than PCB.

• Inclusion of frank and complete as part of study, but many were footling or "uncertain."

- Other studies with larger groups found no greater risk (PREMODA).
- Follow up shown increase of maternal morbidity.

Banks, Maggie. (2000). *Term breech trial.* New Zealand College of Midwives Midwifery News, (20) 25-26.

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