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.