

بسم الله الرحمن الرحيم



-C-02-50-2-





شبكة المعلومات الجامعية التوثيق الالكتروني والميكرونيلم





جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأقراص المدمجة يعيدا عن الغيار







بالرسالة صفحات لم ترد بالأصل









Ain Shams University
Faculty of Medicine
Department of Obstetrics & Gynecology

BREECH DELIVERY
A FIVE YEARS SURVEY OF
AIN SHAMS MATERNITY HOSPITAL

A Thesis
Submitted for the Partial Fulfillment of
Master Degree in Obstetrics & Gynecology

By Rania Hassan Hammad M.B., B.Ch.,

Resident in El-Galaa Maternity Hospital

618 E

Under Supervision of

Prof. Dr. Ibrahim Elmitwally Samaha

Professor of Obstetrics & Gynecology Ain Shams University

Dr. Hazem Mohamed Sammour

Lecturer of Obstetrics & Gynecology Ain Shams University

frely

T. }

المالح المال

قالوا سبحانك لاعلم لنا إلاما علمتنا إنكأنت العليم الحكيم.

> ربلات العظريم

سورة البقرة أية ٣٢

•	•			
				,
,•				
		·		
	·			
	· ·			
	•			
	•			
	•			
	,			
		•	. •	

ACKNOWLEDGMENT

First of all, thanks are all due to **ALL MIGHTY ALLAH** for blessing me with everyone who supported, encouraged and helped me to present this work and to overcome every obstacle I faced, as a part of his ever generous and continuous help throughout my whole life.

I would like to express my sincere gratitude to *Prof.*Dr. Ibrahim Elmitwally Samaha, Professor of Obstetrics and Gynaecology, Ain Shams University, for his faithful supervision, valuable suggestion, continuous advice and guidance throughout the whole work. It is him who offered me a chance to perform this work in a proper manner.

It is a great pleasure to direct my thanks and appreciation to *Dr. Hazem Mohamed Sammour*, *Lecturer of Obstetrics and Gynaecology*, Ain Shams University, for his constant support in valuable time and kind care, he has done tremendous effort in the meticulous revision of this work word by word.

Last, but not least, words stand short when coming to express my deepest thanks and gratitude to my ever giving family for their endless love and support.

• .

List of Contents

No.	Title	Page No.
1	Introduction	1
2	Aim of Work	2 .
3	Review of Literature	3
4	Material and Methods	115
5	Results	118
6	Discussion	138
7	Conclusion and Recommendations	155
8	Summary	157
9	References	160
10	Arabic Summary	

List of Tables

Fig.	Title	Page
No.		No.
1	Zatuchni and Andros Scoring System	113
2	Incidence of breech and parity	118
3	Types of breech presentation	118
4	Parity and type of breech	120
5	Mode of delivery	121
6	Mode of delivery and parity	121
7	Mode of delivery and type of breech	122
8	Incidence of previous breech	124
9	Previous breech and mode of delivery	124
10	Station of the breech	125
11	Mode of delivery and station	125
12	Cervical dilatation	126
13	Mode of delivery and cervical dilatation	127
14	Gestational age and mode of delivery	128
15	Fetal weight	130
16	Fetal weight	130
17	Fetal weight and mode of delivery	131
18	Zatuchni Andros scoring system and mode of	
10	delivery	133
19	Mode of delivery and Zatuchni Andros scoring system	134
20	Fetal outcome	136
21	Fetal outcome and mode of delivery	138
22	Mode of delivery and APGAR score	140
_	Fetal complications	140
23	Fetal complications and mode of delivery	142
24	Maternal complication during pregnancy and mode of	
25	delivery	144
26	Maternal complication during labour and mode of	
26	delivery	145
27	Maternal complication immediately after delivery and	
27	Material complication inflications are	146

List of I	Figures
-----------	---------

Fig. No.	Title
	Frank breech
2	Complete breech
3	Footling presentation.
1	External cephalic version.
5	The posterior hip of the frank breech is delivering over the perineum. A generous midline episiotomy has been cut
,	The anterior hip has now delivered and external rotation
	has occurred. The fetal thighs remain in flexion with extension at the knees.
	Spontaneous delivery has proceeded to beyond the level of the umbilicus. The operator now completes delivery of the legs by placing the fingers parallel with the medial aspect of the femur and displacing the femurs
	laterally and away from the midline
	Extension of frank breech using fingers in groins Bringing down the leg after breech has been dislodged
	from pelvis
)	Breech extraction. Traction on the feet and ankles
2	Breech extraction. The scapulas are visible and the body is rotating
ļ	Breech extraction. Upward traction to effect delivery of the posterior shoulder, followed by freeing the posterior arm.
	Breech extraction. Delivery of the anterior shoulder by downward traction. The anterior arm then may be freed the same way as the posterior arm.
;	Delivery of the aftercoming head using the Mauriceau maneuver. Note that as the fetal head is being delivered, flexion of the head is maintained by suprapubic pressure provided by an assistant, and simultaneously by pressure on the maxilla (inset) by the operator as traction is applied

Fig. No.	Title	Page No.
16	Delivery of the aftercoming head using the modified	
	Prague maneuver necessitated by failure of the fetal	
	trunk to rotate anteriorly	91
17	Pinard maneuver, which is sometimes used in a case of	•
	a frank breech presentation to deliver a foot into the	03:
	vagina	93
18	A. Left blade of Piper forceps applied to the aftercoming	•
	head. The fetal body is held elevated by using a warm	
	towel. B. The right blade is applied. C. Forceps delivery	
	of aftercoming head. Note the direction of movement	95
19	(arrow)Incidence of breech and parity.	,,,
19	Types of breech presentation	.119.
20	Mode of delivery and types of breech	123
21	Mode of delivery and gestational age	129
22	Fetal weight. Fetal weight and mode of delivery	132
23	Mode of delivery and Zatuchni Andros scoring system	135
24	Fetal outcome	137
25	Fetal outcome and mode of delivery	139
26	Mode of delivery and Apgar score.	
20	Fetal complications	141
27	Fetal complications and mode of delivery	143

. ≮