

Clinical Practice Guideline on Vaginal Delivery of Breech Presentation

To the Editor:

While I welcome the SOGC Clinical Practice Guideline on Vaginal Delivery of Breech Presentation,¹ I am concerned about the caveat that “an experienced obstetrician-gynaecologist comfortable in the performance of vaginal breech delivery should be present at the delivery to supervise other health care providers, including a trainee.” This is cited as a I-A quality recommendation, although I am unable to find the relevant reference, and I wonder what properly randomized controlled trial would pit “an experienced obstetrician-gynaecologist” against a “non-experienced” one.

The ALARM course has always taught vaginal breech delivery, and, if I say so myself, taught it well. It is taught to obstetricians, family physicians, midwives, and nurses. If the SOGC guidelines are followed to the letter, there seems

little point in teaching vaginal breech delivery to the last three of these groups, and they could simply be on the sidelines watching the obstetricians practise the delivery technique. This particular paragraph means that there should be no vaginal breech deliveries in rural hospitals with Caesarean section capabilities but with no obstetrician on staff, even though such hospitals may be staffed with competent and experienced *accoucheurs*. Many of these hospitals have ultrasound service, Caesarean section capabilities, and very experienced, often foreign-trained, family physicians and midwives, who, I believe, should be allowed to perform vaginal breech deliveries if all of the other criteria mentioned in the guidelines are met.

Perhaps “obstetrician-gynaecologist” in the caveat could be replaced by “accoucheur.” I welcome your response.

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REFERENCE

1. Kotaska A, Menticoglou S, Gagnon R; Society of Obstetricians and Gynaecologists of Canada Maternal Fetal Medicine Committee. Vaginal delivery of breech presentation. SOGC CPG No. 226, June 2009. *J Obstet Gynaecol Can* 2009;31:557–66.