

Breech Delivery – MRCOG SBA/EMQ Questions with Answers

Q1. At 37+1 weeks, a primigravida has a frank breech presentation. She is otherwise well. Which is the most appropriate next management step?

- A. Book elective caesarean section at 39 weeks
- B. Offer external cephalic version (ECV)
- C. Plan induction of labour at 40 weeks
- D. Admit for continuous monitoring until delivery
- E. Advise vaginal breech delivery

Answer: B. Offer ECV

Explanation: GTG recommends offering ECV at 36–37 weeks.

Q2. Which of the following is an absolute contraindication to ECV?

- A. Previous caesarean section
- B. Oligohydramnios
- C. Antepartum haemorrhage in the last 7 days
- D. Obesity
- E. Small for gestational age fetus

Answer: C. Antepartum haemorrhage

Explanation: Recent APH, placenta praevia, abnormal CTG are absolute contraindications.

Q3. During ECV, which intervention improves success rate?

- A. Epidural anaesthesia
- B. Routine ultrasound
- C. Tocolysis with beta-agonist (terbutaline)
- D. Amniocentesis
- E. Lateral positioning

Answer: C. Tocolysis

Explanation: Beta-agonist relaxes uterus and increases success rate.

Q4. Which is the most common type of breech at term?

- A. Frank
- B. Complete
- C. Footling
- D. Knee
- E. Compound

Answer: A. Frank breech

Explanation: Frank accounts for ~65% of term breech.

Q5. A 28-year-old multiparous woman at 39 weeks presents in labour with complete breech. She is fully dilated, membranes intact, FH normal, experienced staff available. Best option?

- A. Emergency CS
- B. ARM and immediate augmentation
- C. Allow labour to progress with close monitoring
- D. Immediate forceps delivery
- E. Induction with oxytocin

Answer: C. Allow labour to progress

Explanation: Vaginal breech acceptable in selected cases with skilled staff.

Q6. Which manoeuvre is used for delivery of extended arms?

- A. Pinard
- B. Burns–Marshall
- C. Mauriceau–Smellie–Veit
- D. Lovset
- E. Zavanelli

Answer: D. Lovset

Explanation: Rotation of trunk to deliver extended arms.

Q7. Which manoeuvre is appropriate for delivery of after-coming head?

- A. Pinard
- B. Mauriceau–Smellie–Veit
- C. Woods screw
- D. Ritgen's
- E. Lovset

Answer: B. Mauriceau–Smellie–Veit

Explanation: Used to flex and deliver head.

Q8 (EMQ). Match manoeuvre to situation:

1. Extended legs
2. Extended arms
3. After-coming head
4. Replace head into pelvis for CS

- A. Pinard
- B. Lovset
- C. Burns–Marshall
- D. Mauriceau–Smellie–Veit
- E. Zavanelli

Answers: 1→A, 2→B, 3→D, 4→E

Q9. Which is a contraindication to planned vaginal breech delivery?

- A. Frank breech
- B. Fetal weight 3.0 kg
- C. Hyperextended head
- D. Multiparity
- E. Adequate pelvis

Answer: C. Hyperextended head

Explanation: Hyperextension is contraindication to VBD.

Q10. Which complication is more common in breech vaginal birth than cephalic?

- A. Shoulder dystocia
- B. Cord prolapse
- C. Uterine rupture
- D. PPH
- E. Amniotic fluid embolism

Answer: B. Cord prolapse

Explanation: Especially common in footling breech.

Q11. Counselling statement true regarding breech:

- A. Planned VBD safer than CS
- B. Vaginal breech only for footling
- C. Planned CS reduces perinatal morbidity/mortality but ↑ maternal risks
- D. ECV not after 36 weeks
- E. Vaginal breech contraindicated multiparous

Answer: C. Planned CS safer for neonate but ↑ maternal risks.

Q12. In vaginal breech, after buttocks/trunk delivered, head entrapped. First-line manoeuvre?

- A. Suprapubic pressure
- B. Zavanelli
- C. Mauriceau–Smellie–Veit
- D. Symphysiotomy
- E. Fundal pressure

Answer: C. Mauriceau–Smellie–Veit

Explanation: First-line for head entrapment.