

My Baby is Breech Information Sheet for Mothers

WHAT DOES THIS MEAN?

Breech presentation means that your baby is bottom down (breech) rather than head down (cephalic).

This is only important for 36 weeks of pregnancy onwards. Earlier than this the baby will nearly always turn around on its' own.

WHY DOES IT MATTER?

The safest way for you and your baby to be delivered is head first.

WHAT HAPPENS NEXT?

It is important to do an ultrasound to confirm that the baby is breech. It also gives us the opportunity to check the baby's size and well-being, the site of the placenta and if there is any special reason for the baby to be "upside down" eg. Fibroids, too much fluid etc.

WHAT ARE MY CHOICES?

1. External cephalic version ("turning the baby round")
2. Caesarean section
3. Vaginal breech delivery

1. External cephalic version (ECV)

ECV is usually offered to you if there are no other pregnancy complications. It involves the Obstetrician trying to turn the baby around, in a controlled way, after 37 weeks of pregnancy. It has a 50% chance of success, but if it does work, then your baby can be delivered head first (cephalic), and this is best for you and the baby.

We monitor the baby's heart beforehand. Pressure is applied to the uterus to try to turn the baby. This can last several minutes. The risks are that the baby's heart can slow during the attempt to turn it, or that the membranes around the baby can break. It is therefore important that we monitor the baby's heart rate immediately before the procedure and for sometime after it. If there are any heart rate changes that do not return quickly to normal then the baby can be delivered straight away by caesarean section if necessary. Complications are rare and the advantages to you both of the baby being head down for outweigh the risks.

There are some alternative therapies that have been used to try and convert the baby to ahead down position. These include acupressure or acupuncture, positions for the mother to adopt and moxibustion.

2. Caesarean section

As a result of a large trial involving many thousands of women with a breech baby around the world, it now appears that a planned caesarean section is better for the breech baby than a planned vaginal breech birth. The mother seems to do just as well either way. The caesarean section involved delivering your baby at operation, usually with an epidural or spinal anaesthetic so that you are awake and can hear your baby's first cry. Your partner can also be present. During caesarean section there are greater chances that the mother may bleed, suffer infection or a deep vein thrombosis (clotting in the veins of the leg).

3. Vaginal breech delivery

Although the evidence shows that a caesarean section delivery may be better for your baby, some women choose to have a vaginal breech birth. Before you decide to try for a vaginal birth the obstetrician will assess your health, the size of your pelvis and the health and size of your baby. It would be ideal if you went into labour by yourself before 41 weeks of pregnancy. The delivery is usually assisted by the obstetrician in the operating theatre so that everything is at hand if it is needed. It is more likely that your baby will need forceps to assist the delivery. You can still choose whether you wish to have an epidural or not.

HOW DO I DECIDE WHAT TO DO?

Usually we offer ECV, as a head down baby is safer for the mother and the baby. Sometimes, though, this is not right for you. Every case is different and for whatever reason, one of these options may not be suitable for you.

We do not encourage you to attempt to deliver your breech baby vaginally but we will support any decision that you make.

AFTER THE BIRTH Babies who have been lying in the breech position have more of a chance of having dislocated hips ("clicky hips"). Therefore, the paediatrician will check your baby's hips and arrange for an ultrasound scan of the hips at a few weeks of age. This is regardless of how your baby was born.