NHS
Lancashire Teaching Hospitals
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Information for patients and carers

Breech Baby – What are my options?

Information about External Cephalic Version (ECV) and your options for birth

Excellent care with compassion

Women and Children's Division - Maternity Services

@LancsHospitals

What does having a breech baby mean?

Breech presentation means that your baby is positioned with its feet or bottom near your pelvis, and head under your ribs. It is common in early pregnancy but most babies will turn to be head down by the time they are ready to be born.

If your baby is breech beyond 36 weeks it is unlikely to turn to the head down position on its own.

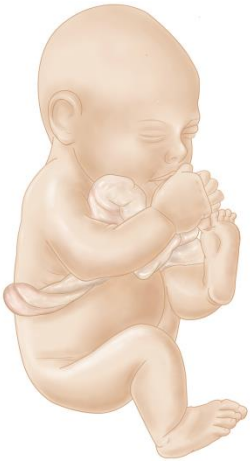
3 in 100 babies (3%) approaching their due date will be in a breech position. Sometimes it is not known that the baby is breech before labour starts – we call this undiagnosed breech.

Why is my baby in a breech position?

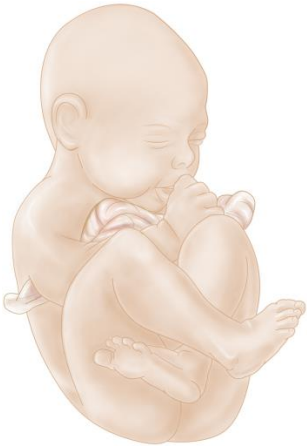
Often it is just a matter of chance that a baby does not turn and remains breech; however sometimes certain factors can make it difficult for the baby to turn:

- There may be too much or too little fluid around the baby
- The position of the placenta (afterbirth) is close to, or covering the opening of your uterus known as the cervix. This is called placenta praevia
- There may be a physical reason that the baby cannot get into a head down position such as fibroids or bi-cornuate uterus
- You may have a multiple pregnancy (twins or triplets)

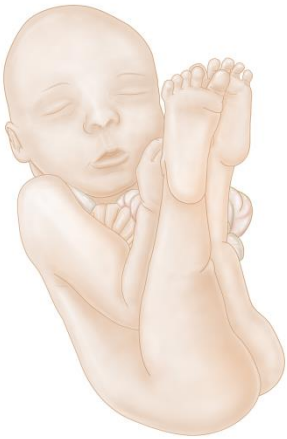
There are three different types of breech, as shown below:



Footling Breech



Flexed or Complete Breech



Extended or Frank Breech

What will happen if my baby is breech?

If your baby is breech after 36 weeks gestation you will usually be offered an appointment in breech clinic to discuss your options. These will include:

- Turing your baby so that it is head first (known as ECV)
- Vaginal breech birth
- Caesarean section birth

Turning your baby to a head down position

This is called external cephalic version or ECV. Usually we recommend that trying to turn your baby is the best option for you and your baby because it gives you the best chance of having a vaginal birth. It is usually performed at 36-37 weeks of pregnancy, because your baby is less likely to be engaged in your pelvis and therefore more easily turned. However, ECV can still be successfully performed later in pregnancy, even after your due date. ECV is usually performed in Breech Clinic.

External cephalic version is performed by either a midwife or obstetrician who has been trained in this procedure. Overall, half of ECV attempts are successful. This means that 50 out of 100 babies will turn to a head down position (50%).The main reason for a baby not turning is because its bottom has become engaged in your pelvis and we cannot move it or the baby has its back facing directly to your front or back rather than towards your side.

The evidence shows that ECV has a very low complication rate. The most common complication is discomfort. If the procedure is too uncomfortable then Entonox (gas and air) is available. We will not continue with an ECV if you ask us to stop.

Sometimes we see changes to the baby's heart rate after an ECV in most cases this does not cause any problems however we may ask you to stay longer so that we can monitor the baby for a period of time afterwards.

There is a 1 in 200 (0.5%) chance of needing a caesarean section on the same day as your ECV.

If you have any worries we can discuss these with you.

What happens before the ECV?

The success of any ECV depends upon a number of factors, such as how well engaged your baby's bottom is in your pelvis, the position of your baby's back and the amount of amniotic fluid around your baby. You will have an individual assessment made to check on these factors We will confirm the position of your baby using an ultrasound scan and then using a cardiotocograph (CTG) we will take a tracing of your baby's heartbeat. This is done by positioning two transducers onto your abdomen which are held in place by elasticated bands. The machine then monitors signals coming from your baby's heart and prints this onto a graph. The heartbeat recording takes anywhere from 10 - 60 minutes and will need to show your baby is well before the procedure is started.

You will usually be offered some medication called Terbutaline. This is used to help relax the muscles of your uterus which makes it easier for us to turn your baby. The decision to use this medication is made with you during your appointment. It is given as an injection into the skin on your arm. Some of the more common temporary side effects of Terbutaline are that your skin feels warm or flushed, your heart beats slightly faster, and you may feel shaky. It is your choice whether to have this medication, but it does increase the chance of your baby being turned.

What happens during the ECV?

While you are lying down on the bed, the midwife or obstetrician will place their hands on your tummy and apply pressure under your baby's bottom, near your pelvis. Gently but firmly, your baby will be moved in a forward or sometimes backwards somersault. It can take as little as 30 seconds or up to 2 minutes to turn a baby. We may try more than once but not more than 4 times to turn your baby.

What happens immediately after the ECV?

We will again confirm the position of your baby using ultrasound scan and then monitor your baby using a CTG. The heartbeat recording will take between 10-60 minutes to complete and needs to show your baby is well before you go home.

You may need to be admitted either for a repeat CTG or for observation relating to your baby's position after the ECV
There is a 1 in 200 (0.5%) chance that you will need to have an immediate caesarean section. This is either because they experience bleeding from the placenta or because the CTG monitoring shows changes in the baby's heart rate which does not return to normal.

You will need to return to the maternity unit in the hospital if you experience any bleeding, pain, or you are concerned about your baby's movements following an ECV attempt.

If you have a Rhesus negative blood group you will be offered an anti-D injection and a blood test after the procedure. This is because a small amount of your baby's blood may transfer into your body, which could cause you problems in any future pregnancies.

What happens next after the ECV?

Following a successful ECV you will usually be invited back to Breech Clinic the following week so that we can check that your baby is still in a head down position.

We know that a few babies who have been successfully turned by ECV will spontaneously turn back into a breech position. This happens to around 6 in 100 babies (6%). If this happens we will usually offer you another ECV and make an individual plan of care with you regarding ongoing monitoring or induction of labour.

If the attempt to turn your baby was not successful, you may be offered a repeat attempt the following week.

If you decide that you would prefer not to have this done then you need to decide how you would like your baby to be born. There are two options; a caesarean section birth or a vaginal breech birth (VBB). We will provide you with information about these options and you will be able to speak to an obstetrician about your choice.

Is there anything I can do to help my baby to turn?

ECV is the most effective way to turn a baby. The use of moxibustion (Chinese medicine) may also be effective between 34-36 weeks of pregnancy. There is no clear evidence how effective this is, but a complimentary practitioner may be able to give you advice.

You may wish to try different positioning, where you adapt your posture or position to encourage your baby to turn. This is known as the knee-chest position and if you choose to do this technique, use this position regularly towards the end of pregnancy; for example for 15 minutes 2-3 times a day. To get into this position, kneel on your bed with your knees apart and your hips above the knees, rest your shoulders down on a pillow.

You may decide to use acupressure or acupuncture to try to encourage your baby to turn. There is a small amount of evidence that supports the effectiveness of some alternative therapies and you may feel these are worth trying. You may also decide to consult a chiropractor who practices the Webster technique to encourage your baby to change position.

We advise that you consult a qualified practitioner if you want to use any alternative techniques and discuss your plans with your midwife.

Planned Vaginal Breech Birth or Caesarean Section?

	2020	2021
Number of babies who were 37 weeks or more and breech at the time of their birth	115	82
Vaginal breech birth	13	9
Category 1 caesarean section	0	3
Category 2 caesarean section	15 (5 had other reasons for having a caesarean section)	13 (4 had other reasons for having a caesarean section)
Category 3 caesarean section	16 (6 had other reasons for having a caesarean section)	17 (3 had other reasons for having a caesarean section)
Category 4 caesarean section	71 (20 had other reasons for having a caesarean section)	40 (14 had other reasons for having a caesarean section)

There are four different categories of caesarean section these are:

- Category 1 — immediate threat to the life of you or your baby. (Should be performed within 30 minutes of decision)
- Category 2 — there are problems affecting the health of you and/or your baby but they are not immediately life threatening. (Should be performed within 75 minutes of the decision)
- Category 3 — the baby needs to be born early but there is no immediate risk to you or your baby
- Category 4 — the operation will take place at a time that suits you and the caesarean section team

Which type of birth is safer?

There are benefits and risks to both planned caesarean section and vaginal breech birth and a midwife or obstetrician will discuss these with you, on an individual basis, to help you to decide the best option for you.

Perinatal mortality numbers are the number of babies that die before during or in the seven days after birth.

The risk of perinatal mortality is very low. It is approximately:

- 0.5 per 1000 (0.05%) with caesarean section after 39^{+0} weeks gestation
- 1.0 per 1000 (0.1%) with a planned vaginal birth where the baby is head down
- 2.0 per 1000 (0.2%) with planned vaginal breech birth

Planned caesarean section leads to a small reduction in perinatal mortality compared with planned vaginal breech birth. However a decision to perform a caesarean section needs to be balanced against the potential adverse consequences that may result from this.

The reduced risk of perinatal mortality with a planned caesarean section is due to three factors: the avoidance of stillbirth after 39 weeks of gestation, the avoidance of risks to the baby during labour and birth and the specific risks of vaginal breech birth. Only the last is unique to a breech baby.

Planned caesarean section carries a small increase in immediate complications for you compared with planned vaginal birth. Caesarean section increases the risk of complications in future pregnancy, including the risks of opting for vaginal birth after caesarean section, the increased risk of complications at repeat caesarean section and the risk of an abnormally invasive placenta.

Caesarean section has been associated with a small increase in the risk of stillbirth for subsequent babies although this may not be causal.

The lowest risk of maternal complications is with a successful vaginal birth. Planned caesarean section carries a higher risk, but the risk is highest with emergency caesarean section which happens in approximately 40 out of 100 (40%) cases where a vaginal breech birth is planned. This means in 60 out of 100 cases a caesarean section will not be needed.

Selection of appropriate pregnancies and skilled care during labour and birth enables planned vaginal breech birth to be nearly as safe for your baby as planned vaginal birth where the baby is head down.

Vaginal breech birth does increase the risk of low Apgar scores (Apgar scoring is the initial assessments of a baby's heart rate, tone, colour, breathing effort and response to stimulation. It is a score out of 10 and performed at 1, 5 and 10 minutes of age) and serious short-term complications, but has not been shown to increase the risk of long-term health problems.

What factors affect the safety of vaginal breech birth?

You will be checked for any risk factors that may lead to a poorer outcome in planned vaginal breech birth. If any risk factor is identified, you will be counselled that planned vaginal birth is likely to be associated with increased risk and that birth by caesarean section would be recommended.

A higher risk planned vaginal breech birth is expected where there are other indications for a caesarean section, and/or in the following circumstances:

- Hyperextended neck on ultrasound (where the baby had their head tilted backward and is looking up towards your head)
- When your baby is expected to weigh more than 3.8 kg

- When your baby is thought to be smaller than expected (less than tenth centile)
- If your baby has their feet coming first rather than their bottom (footling presentation)
- Evidence that your baby may be compromised for some reason

It is very important that there is someone present who is knowledgeable and skilled in supporting vaginal breech birth to make sure that you and your baby are safe. We strongly recommend that you give birth in our Delivery Suite (Obstetric unit) so that we can ensure that you are cared for by someone with this experience. We always have a consultant obstetrician available either on site or on call and they would be asked to attend when you are giving birth. The Delivery Suite Co-ordinators have experience of providing care during a vaginal breech birth. In addition all midwives and doctors have annual training to enable them to provide care during a vaginal breech birth.

If you would like to discuss your chosen place of birth then please speak to your midwife or obstetrician. Our Consultant Midwife is also available to support you.

Vaginal Breech Birth

A vaginal breech birth is not any more difficult than a birth where the baby is head down. But like all births, breech births can vary.

Heart rate monitoring

Guidelines from the National Institute of Clinical Excellence (NICE) recommend that, if your baby is breech, their heart rate should be monitored all the time during labour and birth. Monitoring your baby's heart rate, especially in the second stage of labour, will help us know whether the baby is coping well with labour. This monitoring is done using a machine called a CTG (Cardiotocograph), by attaching sensors

to your tummy, we can observe your baby's heartbeat and how often your contractions are coming and lasting. You can still keep upright and remain mobile whilst this is place. We have wireless machines called telemetry monitors, which enable you to be active during labour.

In some circumstances it can become difficult to accurately listen to your baby's heart rate. In such circumstances we may talk to you about putting a clip on your baby's bottom so that the heart rate can be picked up through the baby's skin.

An alternative to continuous monitoring is to listen regularly to your baby's heart rate using a hand held device called a Doppler or Sonicaid and although this lets you move around more freely, it will give us less information about your baby's heart rate. This is not the recommended method of monitoring your baby

If you wish to discuss your options for monitoring in labour please speak to your obstetrician or midwife.

Pain management options

Your pain management options are the same as they would be if your baby was being born head first.

We have birthing pools available on the Delivery Suite and if you are using the birthing pool we will recommend you leave the water for birth because it can affect the birthing process for breech births. In addition if there are any complications it is easier to provide assistance when you are out of the birthing pool.

Passing meconium

About 10% of babies open their bowels inside the womb during labour. This is known as passing meconium. It is common for breech babies to pass meconium in the second stage of labour when their bottoms are squeezed as they go down the birth canal.

Caesarean section

If there are concerns about your wellbeing, or that of your baby, during labour we may recommend your baby is born by caesarean section. In most cases where a caesarean is recommended in labour this happens it is because labour is not progressing as expected.

Breathing

Babies born in the breech position are often slightly slower to breathe than those born in a head down position. The maternity team are trained to help a baby at birth if needed. We also recommend that a doctor who specialises in the care of newborn babies attends the birth of your baby.

Positions during labour

We will encourage you to adopt upright positions during labour. This can help make labour more comfortable for you and can make the length of time you are in labour shorter.

In an upright position your baby is able to move down through your pelvis more easily. Different pieces of equipment are available for you to use to help you keep upright and active these include birthing balls, beanbags, floor mats, and birthing stools. If these are not in the room then please ask the midwife caring for you to provide them.

During the birth

For the birth we encourage you to get into the position you feel most comfortable in, however, we advise you not to stand for the birth of your baby because this can cause problems with the process of a breech birth.

You may wish to give birth in a lying or sitting position on the bed, or you may prefer to be in a more upright position such as kneeling or squatting..

At times the midwife or obstetrician caring for you may suggest a particular position, which in their experience is effective.

Planned caesarean section

If you choose to have a caesarean section and then go into labour before the planned date, you and your obstetrician and midwife will assess which method of birth is right for you at the time.

Other things to consider

What if my labour starts before 37 weeks?

If your labour starts before 37 weeks, the risks and benefits of having a caesarean section or vaginal birth change and this will be discussed with you at the time.

What if I am pregnant with twins and one baby is breech?

If you are having twins and the first baby is breech, your obstetrician will usually recommend a caesarean section. The position of the second twin is not as important as this baby often changes position after the first twin is born.

Sources of further information

www.lancsteachinghospitals.nhs.uk
www.nhs.uk
www.patient.co.uk
www.accessable.co.uk

Breech baby at the end of pregnancy patient information leaflet (rcog.org.uk) - www.rcog.org.uk/en/patients/patient-leaflets/breech-baby-at-the-end-of-pregnancy/
Choosing to have a caesarean section (rcog.org.uk) – https://www.rcog.org.uk/en/patients/patient-leaflets/choosing-to-have-a-caesarean-section/

Elective Caesarean Section at Lancashire Teaching Hospitals on Vimeo - https://vimeo.com/268570111

https://www.lancsteachinghospitals.nhs.uk/maternity-leaflets :

- Your Anaesthetic for Caesarean Section
- Frequently Asked Questions After Caesarean

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati:
આ માહિતીને સમજવામાં સહાયતા જોઇતી હોય તો કૃપા|કરીને પૂછો. આ માહિતી મોટા છપાણ માં અને અન્ય ભાષામાં ઉપલબ્ય કરી શકાય છે.

Romanian:
Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi."

Polish:
Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:
ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਚਿ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਚਿ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:
دو سر ی زبـانوں او ر بـڑ ی اگـر آپ کـو ہی معلومـات سـمجھنے کـے یـئے ل مدد ی ک ضـرورت ہے تـو ی ئچھیا یں ی یـہ ابـی دسـت ہو ی سـکت ہے بـرا ئے مہر ی یـان پـو ے ی چھ ہی۔ معلومـات

Arabic:
مطبـو عةً بـأ حر ف كبـــير ة و بلغـــات إذا كنتَ تـر يـد مسا عدةً فـي فهـم هذه لمعلـــو مات يُر جى أن تطلـــب أخرى يمكن تـو فـــير هذه المعلـــو مات

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