

# Baby in a breech position - your options

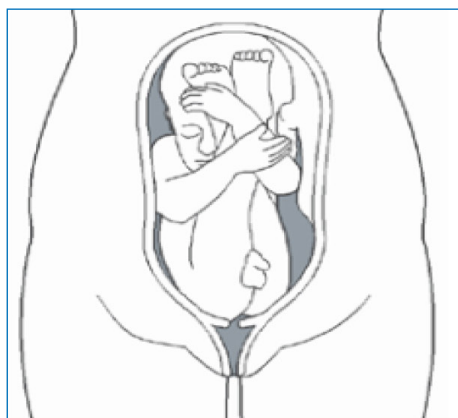
## Maternity Patient information

### What does breech mean?

A breech position is when your baby has its bottom or feet in your pelvis. In early pregnancy, when babies have lots of space, it is not unusual, but most babies turn head down (cephalic) by the time they are born. By 36 weeks about three in 100 babies are still breech and are unlikely to turn head down themselves.

Breech babies usually are found in one of these positions:

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**Extended breech** - baby is bottom down, with its thighs against its chest and feet up by its ears. Most breech babies are in this position.



**Flexed breech** - baby is bottom down with its feet right next to its bottom. Its thighs are against its chest and knees are bent.



**Footling breech** - when one or both of baby's feet are below its' bottom.

### Why is my baby breech?

In most cases we don't know why babies don't turn and remain in the breech position. However breech is more common in:

- first pregnancies
- twin pregnancies
- where women have a differently shaped uterus (womb)
- if the placenta is in a low-lying position in the uterus
- if a baby has too much or too little water (amniotic fluid) around it

Most breech babies are healthy when they are born. Very rarely being breech may be a sign that there is a problem and this may have been picked up at your 20 week scan.

All babies will be offered a newborn and infant physical examination (NIPE) within 72 hours of being born. The NIPE includes screening baby's hips for abnormalities. If your baby was in a breech position at or after 36 weeks or your baby is in a breech position at birth, you will be offered an appointment at six weeks to have an ultrasound scan of your baby's hips.

## What are my options?

If your baby is breech from 34 weeks of pregnancy, your healthcare professional will discuss the following options with you:

- Moxibustion - using principles of Chinese medicine to encourage your baby to move into a head down position. Offered to women between 34-36 weeks.
- External Cephalic Version (ECV) - a specialist practitioner uses their hands to turn your baby to a head down position. Offered to women from 36/37 weeks onwards.
- Planned (elective) caesarean section.
- Planned vaginal breech birth.

Moxibustion and ECV are suitable for most women, however they may not be offered if:

- your placenta is low-lying or you have significant fibroids
- you have a history of ongoing bleeding in this pregnancy
- you need a caesarean for other reasons
- there are concerns with your baby's heart rate
- your baby is smaller than expected
- you are expecting twins or more
- an ultrasound scan has shown there is more/less water around your baby than normal
- you have high blood pressure

## Moxibustion

This is a traditional Chinese therapy that can encourage a breech baby to turn head down. During this therapy herbal moxa (mugwort) sticks are lit and placed close to acupuncture points on your feet to give a gentle heat. It is not clear how it works but it is thought to:

- increase your baby's movements, helping them to become active enough to move into a head down position.
- improve the tone of the muscles in your uterus, making it more likely for your baby to stay in a head down position.

## What does moxibustion involve?

Your midwife will give you some moxa sticks to use at home. They will explain how to light them and place them next to the acupuncture points on your little toes, close enough to feel pleasantly warm, but not so they are uncomfortable or burn. This will probably be easier if another adult helps so that you can use the moxa sticks on both feet at the same time. You will need to use moxibustion twice a day for seven days, for 10 minutes each time (morning and evening).

Research has shown that moxibustion is safe and most likely to work when the mother also spends 10 minutes twice a day in what is called the 'knee chest position'. Your midwife will show you how to do this.

## Does moxibustion work?

It is successful in turning about 60% of breech babies. If you use moxibustion you will be given an appointment at ECV Clinic when you are 36-37 weeks pregnant. You will have an ultrasound scan to see if your baby has turned head down. If your baby remains breech you will be offered the chance to have your baby turned by ECV.

## ECV

ECV is the process of turning a baby from a breech to a head-down position. This is done by applying gentle pressure on your tummy (abdomen) to encourage the baby to do a 'somersault'.

## Why should I have an ECV?

The aim of an ECV is to turn your baby head-down, reducing the complications and risks of breech birth and caesarean section. If the ECV is successful, it increases the likelihood of having a vaginal birth.

## **If I have an ECV what will happen?**

You will be given an appointment for your ECV and it is important that you do not eat in the six hours before your appointment time. First you will have an ultrasound scan to confirm that your baby is still breech. If your baby is head down, no further action is needed, you can continue with your antenatal care as originally planned.

The ECV will be done by a specialist practitioner who will explain the risks, benefits and alternatives of this procedure. If you are unsure about any aspect of the treatment proposed or alternatives options to ECV, please do not hesitate to discuss it with the ECV practitioner beforehand. You will be asked to confirm your consent by signing a consent form before the procedure starts.

Prior to the ECV your temperature, pulse and blood pressure will be checked. Baby's heart rate will also be monitored electronically for about 20 minutes before the procedure. We will give you an injection of medication (terbutaline) into your arm which relaxes the muscle of the uterus and helps to increase the chances of the ECV being successful. This medication will not affect the baby.

The ECV is done with you lying down. The bed may be tilted a few degrees head down to help encourage your baby's bottom/feet out of your pelvis. The practitioner will put gel or powder on your tummy and place their hands around baby. They will move baby away from your pelvis and gently, in several small steps, turn your baby from breech to a head down position. They may repeat this up to three times, monitoring your baby regularly.

After the ECV, you will have another ultrasound scan to check if your baby has turned head down and your baby's heart rate will be monitored electronically again. If you have a negative blood group you may need an Anti D injection after the ECV.

## **Do ECVs always work?**

At St Mary's we successfully turn about 40-50% of babies. This is slightly less than the national average. In less than 5% of cases the baby turns back. The most common reason why ECV may not work is because your baby's bottom has become engaged in your pelvis and it can't be moved. If after three attempts if the practitioner can't turn your baby, you may be offered a second ECV depending on individual circumstances. The practitioner will discuss this with you at the time.

## **What are the risks of an ECV?**

The risks associated with ECV are very small. Very occasionally babies can become distressed, this is why we monitor their heartbeat closely. This leads to approximately one in 200 babies being delivered by emergency caesarean section immediately after an ECV due to changes in the baby's heartbeat or bleeding from the placenta.

Some women find the procedure uncomfortable. Please tell the practitioner if you are experiencing pain so they can move their hands or stop. However try to tolerate the procedure for as long as you can because it is much better for you and your baby to go into labour when the baby is lying head down.

When you go home after your ECV, you should phone Labour Line straight away if you have:

- pain in your tummy
- vaginal bleeding
- any sudden reduction in your baby's movements

## **What happens if my baby doesn't turn or I decide not to have moxibustion / an ECV?**

- Depending on your situation, your options are:
- planned vaginal breech birth
- planned caesarean section

There are benefits and risks associated with both vaginal breech birth and caesarean section, and these should be discussed with you so that you can choose what is best for you and your baby.

## Planned vaginal breech birth

A planned vaginal breech birth is a choice for some women. However, it may not be recommended as safe in all circumstances. It can be a more complicated birth, as the largest part of your baby (the head) is the last to be born and in some cases this may be difficult. The risk of death around the time of delivery for a breech baby born vaginally is two in every 1,000 babies born this way, it is one in every 1,000 babies born vaginally and head first.

## Planned caesarean section

This involves an operation to deliver your baby through a cut made in your tummy and uterus. Research has shown that planned caesarean section is safer for your baby than a vaginal breech birth. Caesarean section carries slightly more risk for you than a vaginal birth.

Caesarean section usually results in a longer hospital stay, greater blood loss and increased the chances of problems in future pregnancies. This can include problems with the placenta, difficulty with repeat caesareans and a small increase in stillbirth in future pregnancies. Planned caesareans are carried out after 39 weeks, to reduce the risk of breathing difficulties for babies.

If you choose to have your baby by planned caesarean you will have a scan to check your baby's position when you come in for your assessment appointment before your operation (pre-op assessment). This appointment normally happens around two days before your operation. You will also have a scan on the day of your operation to check that your baby is still breech.

If your caesarean section is booked and your baby changes to a head down position, you will be counselled about your options for birth. If you want to go ahead with a caesarean section and your baby is head down, you will be referred to our birth choices or antenatal clinic for further discussions. If you have been booked for a planned caesarean but are already in rapid or advanced labour you will be reviewed by the medical team to discuss the options that are best for you and your baby.

## What else I can do to help my baby turn?

Some people think that lying down or sitting in a particular position can help your baby to turn. The website [www.spinningbabies.com](http://www.spinningbabies.com) has many ideas. Some complementary practitioners, such as acupuncturists, also offer treatments. There is no scientific evidence for or against this.

## References

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[www.expectancy.co.uk](http://www.expectancy.co.uk)

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