

Information for women if their baby is lying bottom or feet first during the later part of pregnancy



What is breech?

Breech means your baby is lying with its bottom, knees or feet at the bottom of your womb (uterus). As pregnancy continues a baby will usually turn into the head first position, but some will not and will stay breech.

How common is breech presentation?

Three in every 100 (3%) of babies are breech at the end of pregnancy (after 37 weeks of pregnancy).

Type of breech positions:



Flexed breech



Extended or frank breech



Footling breech

Why is my baby breech?

Your baby may be breech for a number of reasons. Sometimes it is just a matter of chance that the baby remained breech rather than turning to head first.

Sometimes the baby is breech because there are factors that prevent it from turning. This may include the amount of fluid in the womb (too much or too little), the position of the placenta, or an issue with the pelvis or womb (such as fibroids).

The vast majority of babies that are breech are healthy. For a few babies, breech may be a sign that there is a problem with the baby (such as head, neck or brain problems). This may be picked up during pregnancy, during a scan or after birth during a newborn examination.

Can the baby turn around?

Your baby may turn spontaneously at any point in your pregnancy but it is less likely to the nearer you are to your estimated due date.

There are a number of complementary therapies such as moxibustion (Moxibustion is a traditional Chinese medicine technique that involves the burning of mugwort, a small, spongy herb, over a specific acupuncture point) and acupuncture which may have some benefit in turning breech babies which you may wish to explore. We advise you contact an appropriately qualified complementary therapist for advice.

If you are over 36 weeks and both you and your baby are healthy you will be recommended to have an External Cephalic Version (ECV) where the obstetrician attempts to turn your baby to a head down position. This may not be appropriate for all women and your midwife or obstetrician can advise you on this.

See the ECV leaflet for further information (this leaflet can be read or downloaded from www.mypregnancymatters.org).

If my baby stays breech what are my choices?

You will be given information about your options regarding how to birth your baby. The Royal College of Obstetrics and Gynaecology recommends that breech babies are born by elective caesarean section at 39 weeks. This is also our Trust's current recommendation. You should also be given information about giving birth normally (vaginally).

You don't have to make your mind up immediately and we suggest that you talk to your family, other midwives, a supervisor of midwives and a senior obstetrician.

What are my choices for birth?

We will assess your individual situation with you and provide you with information in order for you to make an informed choice about how you would like to give birth. Depending on your situation, your choices include:

1. **Caesarean section** – a surgical operation where a cut is made in your abdomen and womb and the baby is delivered through this cut.
2. **Vaginal birth**

A caesarean section delivery carries a slightly higher risk to you, compared to a vaginal birth. There are greater risks of infection, complications from surgery and increased blood loss. Hospital stay and recovery time is longer and there may be longer term effects for future pregnancies for either you and/or your babies that we do not yet fully understand. Being born by elective caesarean section means your baby is more likely to have short term breathing problems. See the caesarean section leaflet for further information.

Vaginal breech birth is a choice for some women and babies. If you are considering a vaginal birth we advise that you have your baby in hospital (where there are facilities for an emergency delivery and neonatal support should it be required) and that you are cared for by a team that includes a doctor and/or midwife who is trained and experienced in delivering a breech baby. It is advised that you and your baby should be well and healthy when considering a vaginal birth.

We do not recommend you have a vaginal breech birth in the following situations:

- If your baby is breech with his / her feet at the bottom of your womb
- If your baby is considered large (over 3800g) or small (less than 2000g)
- If your baby is in certain positions (e.g. has his / her head tilted right back) or if you have a narrow pelvis as these would make vaginal birth very difficult
- If you have a low lying placenta (where the placenta covers some or all your cervix, the neck of the womb)
- If you have pre eclampsia (a medical condition of pregnancy associated with high blood pressure and protein in your urine).

If I choose an elective caesarean section what happens next?

You will be offered a date for your elective caesarean section which will occur when you are about 39 weeks pregnant. The doctor or midwife should discuss with you what would happen if you went into labour before this date; if this occurs you will be assessed as to whether it is safer to proceed to caesarean section delivery. If the baby is near to being born, it may be safer for you to have a vaginal delivery.

The plan should be discussed and agreed with you and be written in your maternity notes. You can change your mind about how you plan to give birth at any time and we ask that you contact your midwife if you want to discuss this further.

If I would like to consider a vaginal breech birth what happens next?

You will be offered an appointment with a consultant obstetrician and an appointment with a senior midwife. You can discuss your wishes and explore the evidence and recommendations for your care and birth options at these meetings. We ask that you consider several things including where to have your baby, what care you want during labour and our recommendations for what would happen if things do not go according to plan. The doctor and/or midwife will ensure that you have information on which you can make a decision.

This plan will be written and shared with the appropriate senior staff where you are going to give birth but you can change this plan at any time, including changing how you would like to give birth.

What happens in labour with a breech baby?

You will be supported by a midwife as with any labour. You will have the same options for pain relief and you will be encouraged to stay upright and mobile.

We advise that we monitor your baby's heart rate continuously during labour to check on wellbeing. In some circumstances you may need an emergency caesarean section during labour; the reason for this should be fully explained to you should it occur.

Your baby may be born requiring no assistance, but on some occasions the midwife or doctor may help your baby's body and head to be born if required (this is due to the baby's head, the largest part of the baby, being born last). Occasionally forceps may be used to assist your baby's head to be born. A neonatologist will be nearby to check your baby's wellbeing after he / she is born.

Further information:

The maternity unit has a protocol called 'Breech and External Cephalic Version' which gives clinical care and guidance to clinicians, but is also available to you to read if you wish to do so.

Books:

Breech Birth Woman Wise by Maggie Banks (1998/2000).
Birth Spirit Books Ltd. ISBN 0 473 04991 0

Breech Birth by Benna Waites (2003) Free Association Books.
ISBN 1 85343 563 5

Websites:

<http://www.mypregnacymatters.org.uk>

The Brighton and Sussex University Hospitals NHS Trust Maternity services website

<http://www.aims.org.uk>

Association for Improvement of Maternity Services website gives an overview of the research and debate around breech birth

<http://www.nice.org.uk>

National Institute for Health and Clinical Excellence. Guideline CG132 on Caesarean section and use for breech presentation

<http://www.breechbirth.org.uk>

Website set up by service users this too gives an overview of the research and issues with stories from women who have give birth to breech babies

<http://www.rcog.org.uk>

www.rcog.org.uk/womens-health/clinical-guidance/management-breech-presentation-green-top-20b

The Royal College of Obstetrics & Gynaecology Website with guidelines on care for women with breech presenting babies.

If you do not understand this leaflet, we can arrange for an interpreter.

إذا كنت لا تستطيع فهم محتويات هذه النشرة فيمكننا عمل الترتيبات لتوفير مترجم شفوي لك.

এই প্রচারপুস্তিকাকাটি যদি আপনি বুঝতে না পারেন, তবে আপনার জন্য আমরা একজন অনুবাদকের ব্যবস্থা করে দিতে পারি

如你不明白本單張的內容，我們可安排口譯員服務。

如你不明白本传单的内容，我们可安排口译员服务。

اگر مندرجات این جزوه را نمیفهمید، ما می‌توانیم مترجم در اختیارتان بگذاریم.

Jeśli masz trudności w zrozumieniu tej ulotki, możemy zorganizować tłumacza.

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Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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