

Giving birth when your baby is in breech position at the end of your pregnancy

Information and advice for women

Maternity



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Matters

What is breech position?

Breech position is where a baby is lying with its bottom down instead of its head down during pregnancy. Lots of babies are in the breech position in early pregnancy but only about 3 in 100 babies stay this way after 37 weeks. Most babies will lie with their head down for the last 2 months of pregnancy (from about 34 weeks onwards).



Why are some babies breech?

We are not sure why some babies are breech in pregnancy but it does seem more common in some families.

Another reason is the placenta may be low or covering the opening of the womb. The baby will then lie bottom down so that he/she doesn't put too much pressure on his/her food and oxygen supply, because the bottom is softer than the head.

What are my options for giving birth if my baby is in breech position?

There are three options if your baby is in a breech presentation at or after 37 weeks of pregnancy:

- Vaginal breech birth
- Planned caesarean section
- External cephalic version (ECV)

Vaginal breech birth

A vaginal breech birth is where you give birth to your baby through your vagina. Your baby's bottom will come out first instead of his/her head. This is an option if your pregnancy has not been complicated and your baby does not appear to be too big.

If you attempt a vaginal breech birth and the midwife/consultant suspects you need help when delivering your baby's head, forceps may be used to protect it. You will be given local anaesthetic to numb the area before the forceps are used and an episiotomy may be performed (where a cut is made to the skin between your vagina and anus).

What are the benefits of a vaginal breech birth?

The benefit of this is that you will experience a normal labour and all the benefits of a normal birth such as going home much quicker than after a caesarean birth.

What are the risks of a vaginal breech birth?

In about 1 in 20 vaginal breech births the baby suffers some complication related to childbirth. Some of these complications will be mild and resolve completely but others will have long term effects:

- After birth your baby may rest with its legs in a 'frog like' position for a few days.
- Your baby may have palsy (paralysis) of the nerve in their face and neck, but this resolves after a short period.
- Your baby may have hip problems which may need to be corrected with wearing a brace or, in more serious cases, with surgery.

- A very small number of babies may suffer a brain injury if their head becomes stuck during the birth. This is difficult to predict but is more likely if you are giving birth for the first time. Brain damage is serious and may leave the baby with difficulties in feeding, moving or growing.

These complications are not predictable or preventable.

Planned caesarean section

A caesarean section is an operation where an opening is made in your tummy and womb and your baby is removed through it. If you have a large baby, medical problems or have had a caesarean in the past you may be advised to deliver your breech baby by caesarean section.

What are the benefits of a planned caesarean section?

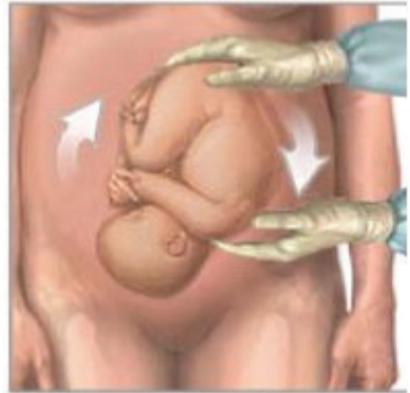
The benefit of having a caesarean is that it avoids you having a vaginal breech birth and lowers the risk of complications for the baby to about 1 in 200.

What are the risks of a planned caesarean section?

A caesarean is major surgery which means a longer hospital stay, greater blood loss, infection and potential problems in future pregnancies. More detailed information about having a caesarean section and the risks involved can be found in the leaflet 'Giving birth by caesarean section'.

External cephalic version (ECV)

External cephalic version involves turning your baby, using gentle but firm pressure applied to your tummy, in a similar way to a routine antenatal check-up.



Before an ECV is performed you will have an ultrasound scan to confirm that your baby is well and the position they are in. ECV is usually carried out at 37 weeks of pregnancy because after this the amount of fluid around the baby gradually decreases and the baby may move down into the pelvis or 'engage', reducing the chances of success.

What are the benefits of ECV?

The benefit of ECV is that it reduces the chance of you needing to have a caesarean section and means you can have a normal vaginal birth, which has fewer risks for you and your baby than a breech vaginal birth or caesarean section.

6 out of 10 breech babies can be successfully turned by ECV if their mother has had a baby before. 4 out of 10 breech babies can be successfully turned by ECV if their mother has not had a baby before.

What are the risks of ECV?

- In approximately 1 in 100 ECV attempts, the baby shows signs of 'distress' and steps must be taken to deliver the baby quickly. This is why ECVs are carried out on the Delivery Suite.
- There is a risk that the placenta could separate which could cause heavy bleeding for you and lack of oxygen for your baby.
- There is a small chance of your baby changing back to a breech position after an ECV. This happens in less than 5 in 100 cases. If your baby does change back to a breech position, ECV can be repeated.
- You may find ECV uncomfortable and 5 out of 100 women find it very painful. If you find it too painful you can ask for the procedure to be stopped.
- 4 out of 10 babies cannot be turned by ECV. If this happens you may be offered a second ECV with an epidural for pain relief. This is particularly helpful if you previously found the procedure too uncomfortable or if your tummy muscles are too firm. If the ECV is still not successful you could have a caesarean section straightaway under the same epidural. If it is successful then your labour could be induced straightaway.

How is an ECV carried out?

ECVs are performed on the Delivery Suite. You will be lying down for the procedure which will be performed by an obstetrician (consultant). You do not need to have an anaesthetic or pain relief for an ECV. The obstetrician will use an ultrasound scan to guide him/her and use their hands to apply gentle but firm pressure to your tummy to turn your baby.

We may ask you to fast for 6 hours before the procedure and to take a tablet called Ranitidine (this dilutes the acid in your stomach)

to reduce the risk of you inhaling the acid in your tummy. You may also be given a medication to relax the muscles of your womb (Ritodrine). This can increase your heart rate and cause palpitations, but this effect disappears quickly as the drug only lasts for 15 minutes.

If the procedure is successful, you will go home and wait for labour to start in its own time.

After an ECV

After having an ECV, even if it was not successful, you should contact the delivery suite if you experience any of the following symptoms:

- Abdominal (tummy) pain
- Vaginal bleeding
- Any sudden reduction in your baby's movements

Contact details

Maternity Triage

0121 507 4181

Further information

NHS Choices Pregnancy and Baby Guide

www.nhs.uk/planners/pregnancycareplanner

For more information about pregnancy, childbirth and our maternity services please see the maternity pages of our websites www.swbh.nhs.uk and www.swbhengage.com, follow us on Twitter [@SWBHnhs](https://twitter.com/SWBHnhs) and like us on Facebook www.facebook.com/SWBHnhs.



Sources used for the information in this leaflet

- Royal College of Obstetricians and Gynaecologists, Green top guideline 20a 'External Cephalic Version and reducing the incidence of breech presentation', December 2006
- Royal College of Obstetricians and Gynaecologists, Green top guideline 20b 'The management of breech presentation', December 2006
- A.D.A.M Medical Images

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5420 or email:

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