Royal Cornwall Hospitals
NHS Trust

Breech baby at the end of pregnancy

Your options

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What is a breech baby?

A baby in the 'breech presentation' is when their bottom is down, and the head is towards the top of your abdomen. You may feel your baby's kicks lower down your abdomen and the head under your ribs. About 3-4 in 100 babies are in the breech position at the end of pregnancy.

Babies can present in the breech position for many different reasons, such as a low-lying placenta or fibroids. It is important to identify any complications which may have resulted in your baby presenting in the breech position so we can best discuss with you the safest recommendations for birth. Most babies are breech just by chance.

Will my baby turn on its own?

- If this is your first baby or you have had a baby in the breech position before it is less likely that your baby will turn head down on their own after 34 weeks gestation.
- If this is not your first baby and you have had a head down baby before, there is an 80% chance that your baby will turn head down before 37 weeks gestation. After 37 weeks gestation there is still a 33% chance your baby will turn head down. You may like to think about your options and make a birth preference plan in case your baby does not turn on their own.
- We may offer you an external cephalic version to turn your baby.

What is external cephalic version (ECV)?

This is a procedure to turn your baby to a head down position using pressure on your abdomen (tummy). The procedure itself only takes about 10 minutes, but we will monitor your baby before and after for 20-30 minutes.

Attempting ECV will increase your chances of having a vaginal birth and lower the chances of a caesarean section. ECV is a common and safe procedure. If this is your first baby success rates are 47% and for subsequent pregnancies 60%.

What does it involve?

Before your ECV you will have an ultrasound to confirm your baby is well grown and has enough fluid. This will also confirm the exact position of your baby. You can discuss any concerns or questions you have with the staff and you can change your mind at any time.

Before the procedure we may offer you an injection to help relax your womb. This medication is completely safe for you and baby but may make you feel flushed or have an awareness of your heart beating faster than usual.

While you are lying in a flat position on the bed, the doctor will place their hands on your abdomen to move the baby to a head down position. They will then check the baby's new position with an ultrasound.

Are there any risks or complications?

ECV is generally safe with a very low complication rate. Following ECV, you will usually be able to go home on the same day. However, as with all procedures there are some possible risks:

- An ECV can be uncomfortable and occasionally painful, but your healthcare professional will stop if you are experiencing pain. You will be offered gas and air.
- Your baby may turn back to breech presentation (in less than 5% of cases).
- Immediately after ECV, there is a 1 in 200 chance of you needing an emergency caesarean section because of bleeding from the placenta and/or changes in your baby's heartbeat.

- If successful, when you do go into labour, your chances of needing an emergency caesarean section, forceps or vacuum (suction cup) birth is slightly higher than if your baby had always been in a head-down position.

What are my birth choices if my baby remains breech?

Elective caesarean section

This is planned surgery at about 39 weeks' gestation. At this point in pregnancy, your baby's lungs are mature enough to be born without additional difficulty. Most women will not go into labour before this. Research has found that a planned caesarean is slightly safer for your baby than a vaginal birth. (The risk of your baby dying around the time of birth is 2 in 1000 for vaginal breech birth compared with 0.5 in 1000 for planned caesarean.)

However, a caesarean has higher risks to you:

- a longer recovery period where you may experience more pain around the site of the wound
- you may experience less common complications such as blood clots, bleeding, bowel/bladder injury and infection
- it can increase your chances of problems in future pregnancies. This may include serious placental problems, difficulty with repeat caesarean section surgery and a small increase in stillbirth in subsequent pregnancies
- if you plan to have a vaginal birth in your next pregnancy, there is a higher risk of having a uterine rupture (1 in 98 women after a previous caesarean compared with 1 in 2500 with no previous caesarean).

If you choose to have a caesarean section but then go into labour before your planned operation, your healthcare professional will offer you an examination to assess whether it is safe to go ahead. If the baby is close to being born, it may be safer for you to have a vaginal breech birth.

Vaginal breech birth

After discussion with your healthcare professional about you and your baby's suitability for a breech birth, you may choose to have a vaginal breech birth. If you choose this option, you will be cared for by healthcare professionals with additional training in helping women to have breech babies vaginally.

Your labour would need to start spontaneously. You would be encouraged to mobilise during your labour just as with a head down baby. Your recovery would be quicker than with a caesarean section and you would be more likely to successfully begin and continue to breastfeed.

The risks associated with a vaginal breech birth:

- a small increased risk of your baby dying around the time of birth (2 in 1000 for vaginal breech births, 1 in 1000 for head down vaginal births and 0.5 in 1000 for elective caesarean sections)
- increased chance of your baby needing help at the time of birth and needing admission to the neonatal unit (although research has shown no difference in death or neurodevelopmental delays at two years of age for breech babies born either by caesarean or vaginal breech birth)
- around 40% of planned vaginal breech births end in an emergency caesarean section. Many of these may be because of slow progress in labour or because we do not usually recommend induction of labour with a breech baby.
- you will have the general risks of vaginal birth such as the chance of tears to your vagina or perinium, which are common during a vaginal birth.

If you would like to plan a vaginal birth you will be able to discuss your birth plan in detail such as positions for birth, and some of the manoeuvres that are occasionally needed to help your baby be born safely.

What happens next?

Your midwife, sonographer or doctor will refer you to the breech clinic.
This is a clinic run by a midwife who has a specialist interest in breech birth.
Women and birthing people are usually seen when they have had a baby identified at scan as being in the breech position after 36 weeks.

Following referral you will be given an appointment, which will usually be via telephone. During your appointment you will have a detailed discussion about your options, wishes and birth plan.

Any questions?

If you have any questions please speak to your midwife.

Further information

RCOG

Breech baby at the end of pregnancy leaflet

www.rcog.org.uk/for-the-public/browse-our-patient-information/breech-baby-at-the-end-of-pregnancy/

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

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