

# Breech babies

What is breech ?

Babies lying bottom first or feet first in the uterus (womb) instead of in the usual head-first position are called breech babies. Breech is very common in early pregnancy, and by 36-37 weeks of pregnancy, most babies turn naturally into the head-first position.

Towards the end of pregnancy, only 3-4 in every 100 (3-4%) babies are in the breech position.



**Complete breech**  
Legs folded with feet at the level of the baby's bottom.



**Footling breech**  
One or both feet point down so the legs would emerge first.



**Frank breech**  
Legs point up with feet by the baby's head so the bottom emerges first.

If your baby remains breech, it does not usually mean that you or your baby have any problems.

Turning your baby into the head-first position so that you can have a vaginal delivery is a safe option.

The alternative to turning your baby into the head-first position is to have a planned caesarean section or

a planned vaginal breech birth.

## External cephalic version (ECV) – turning a breech baby in the uterus

### What does ECV involve?

ECV involves applying gentle but firm pressure on your abdomen to help your baby turn in the uterus to lie head-first.

Relaxing the muscle of your uterus with medication has been shown to improve the chances of turning your baby. This medication is given by injection before the ECV and is safe for both you and your baby. It may make you feel flushed and you may become aware of your heart beating faster than usual but this will only be for a short time.



Before the ECV you will have an ultrasound scan to confirm your baby is breech, and your pulse and blood pressure will be checked. After the ECV, the ultrasound scan will be repeated to see whether your baby has turned. Your baby's heart rate will also be monitored before and after the procedure. You will be advised to contact the hospital if you have any bleeding, abdominal pain, contractions or reduced fetal movements after ECV.

ECV is usually performed after 36 or 37 weeks of pregnancy. However, it can be performed right up until the early stages of labour. You do not need to make any preparations for your ECV.

ECV can be uncomfortable and occasionally painful but your healthcare professional will stop if you are experiencing pain and the procedure will only last for a few minutes. If your healthcare professional is unsuccessful at their first attempt in turning your baby then, with your consent, they may try again on another day.

If your blood type is rhesus D negative, you will be advised to have an anti-D injection after the ECV and to have a blood test. See the NICE patient information Routine antenatal anti-D prophylaxis for women who are rhesus D negative, which is available at:

[www.nice.org.uk/guidance/ta156/informationforpublic](http://www.nice.org.uk/guidance/ta156/informationforpublic).

ECV is successful for about 50% of women. It is more likely to work if you have had a vaginal birth before

### **Alternative ways to turn baby**

There is evidence that the use of moxibustion (burning a Chinese herb called mugwort) at 33–35 weeks of pregnancy may help your baby to turn into the head-first position, possibly by encouraging your baby's movements. Please contact Emma Campbell or Tara Rivero Zea on our website to book an appointment. They both offer acupuncture & moxibustion for successful & natural method of turning a breech baby.

If you choose to birth your breech baby vaginally, you have the same choices for pain relief as with a baby who is in the head-first position. If you choose to have an epidural, there is an increased chance of a caesarean section. However, whatever you choose, a calm atmosphere with continuous support should be provided.

If you choose this option, you will need to be cared for by a team trained in helping women to have breech babies vaginally. If you have a vaginal breech birth, your baby's heart rate will usually be monitored continuously as this has been shown to improve your baby's chance of a good outcome.

Important factors for a safe vaginal breech birth include:

Labor begins on its own

Labor gets stronger, progressing on its own in good time

Once a woman is in active labor, there are no notable stalls in labor (for over an hour)

The urge to push establishes on its own without direction or hindrance from a provider/nurse

The mother is able to move freely

When the baby's presenting part appears, the mother is in an upright position of her choice

#### References to read more :

1. <https://www.rcog.org.uk/for-the-public/browse-all-patient-information-leaflets/breech-baby-at-the-end-of-pregnancy-patient-information-leaflet/>
2. <https://www.sarawickham.com/research-updates/new-research-on-upright-breech-birth/>
3. <https://www.sarawickham.com/research-updates/how-professionals-develop-physiological-breech-birth-skills/>
4. Listen to : <https://thamidwivescauldron.buzzsprout.com/1178486/6273775-your-questions-answered-2-breech-birth-galactogogues-and-more>
5. <https://www.spinningbabies.com/pregnancy-birth/baby-position/breech/breech-for-providers/>
6. <https://www.aims.org.uk/journal/item/hands-off-that-breech>
7. <https://www.breechwithoutborders.org>
8. <http://www.birthingininstincts.com/breech-birth-information>

**Midwife Nadia says " I love to reference Mary Cronk, she taught me all I know on breech babies through attending her workshops. I love her article on ' hands off that breech".**