Breech baby at the end of pregnancy

Patient and Family Education

25-350

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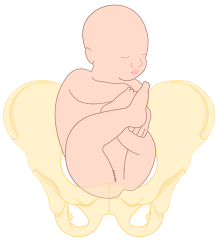
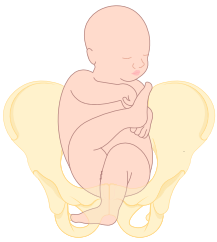
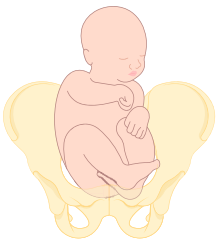
What is Breech?

It means that baby's head is up, and the bottom or feet are down in the uterus (womb) instead of in the usual head-down position. It is very common to have a baby in a breech position in early pregnancy, but most of the babies naturally change to a normal head-down position at the end of pregnancy around 36-37 weeks. Only a few babies, almost 3-4% of babies will continue to be in a breech position beyond 36-37 weeks.

The following pictures show different types of breech presentations.	
	**Extended or frank breech** - the baby is bottom down, with both legs straight up against its body and feet up by its ears.
	**Footling breech** – when the baby is sitting in the womb with one or both feet below its bottom.
	**Flexed breech** – It is like when the baby is sitting in the womb with its feet right next to its bottom.

Why is my baby breech?

There are a few factors that can make it difficult for your baby to turn its position from the bottom down to the normal head-down position. Otherwise, it's just a matter of chance that your baby will continue in its bottom-down position till the end of the pregnancy.

Following are the factors that can be the reasons for your baby to stay in the bottom-down position beyond 36-37 weeks:

- if you are pregnant for the first time.
- if the placenta is attached to the lower part of your womb (also known as placenta praevia).
- if there is too much or too little fluid (amniotic fluid) around your baby
- if you are having two or more babies.

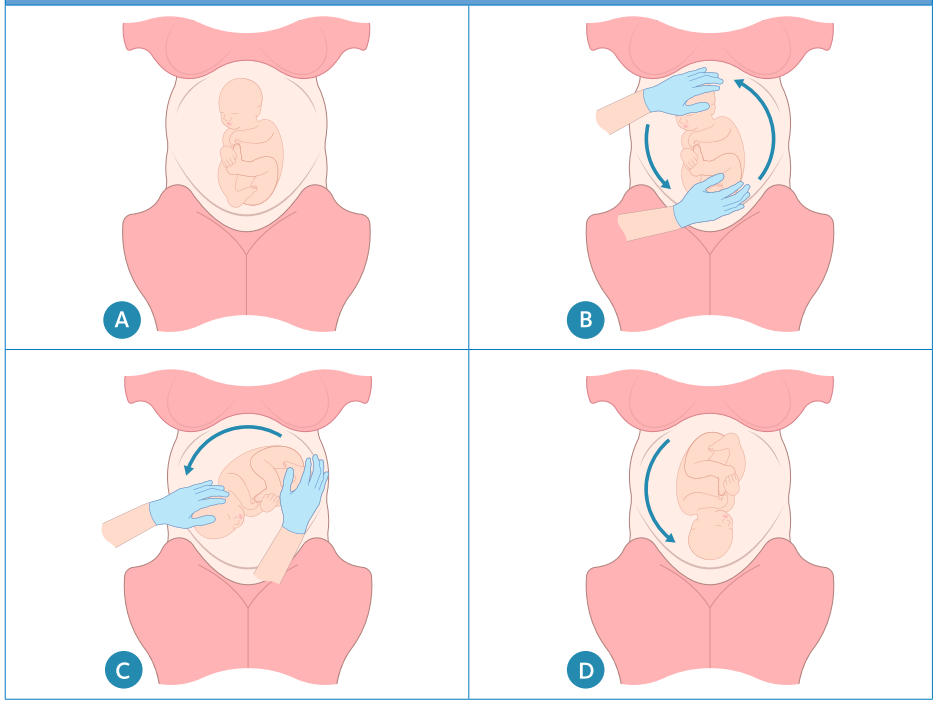
In very few cases, the baby might position itself in the womb in the wrong way including the breech position if there is a problem with the baby. However, it is part of routine antenatal care to have an ultrasound at 20 weeks of pregnancy to pick up such problems and pregnancy will be managed accordingly after a detailed discussion with the parents.

What if my baby remains in the breech position all the way until delivery?

If your baby continues to be in the bottom-down position till 36 weeks of pregnancy, you can choose from the following options with your doctor

- External cephalic version which is a try by your doctor to turn your baby into a head-down position in the womb.
- Planned vaginal breech delivery
- Planned cesarean delivery.

External cephalic version (ECV)



During ECV, an Obstetrician will use moderate pressure on your abdomen to turn a baby into a head-down position.

When ECV can be performed?

ECV is usually carried out between 36 and 38 weeks of pregnancy. It should be suggested to first-time expectant mothers starting at 36 weeks, and to multiparous women starting at 37 weeks. It is typically performed between 36-38 weeks of pregnancy.

It can sometimes be done even in early labor.

Prior to the procedure

- On the day of the procedure, your doctor will obtain written consent from you.
- You will be admitted to the labor room for the procedure
- An IV line will be inserted, and you will be for at least six hours fasting prior to the procedure.
- Your vital signs will be monitored on admission and after 30 minutes.
- A cardiotocography (to check your baby's heartbeat and uterine contractions) will be performed 20 minutes prior to the procedure.
- You will be seen by an anaesthetist prior to the procedure.
- You must void urine before the procedure

During the Procedure

- During ECV, a gentle but firm pressure will be applied to your belly to turn your baby's head down position in the womb.
- You will be given some medication to relax your womb which can make it easier for your baby to turn.
- ECV takes just a few minutes.
- You may experience discomfort and sometimes pain during ECV, but your doctor will stop the procedure if you start feeling pain.
- If your doctor could not turn your baby on the first try, he may try again for a maximum of 3 times over 10 minutes

Post-procedure

- Your baby's heartbeat will be continuously monitored by Cardiotocography for a period of 30-60 minutes after ECV.
- A bedside ultrasound will be done after the procedure to confirm that the baby has turned to the head down position.
- Your vital signs will be monitored every 15 minutes for 30 minutes.
- If your blood group is negative, you will be administered an anti-D injection after the procedure and have a blood test.
- You may be discharged after 2 hours if all observations are normal.
- Make sure an antenatal clinic appointment is booked for one week to confirm the presentation and plan further management.

Is ECV safe?

In general, ECV is a safe procedure with a very low complication rate, and it is performed by a doctor.

Having ECV does not appear to increase the risk of your baby being harmed. There is a 1 in 200 chance that you will need an emergency cesarean section if bleeding from the placenta or a change in your baby's heartbeat occurs after ECV.

ECV will not be carried out if:

- You have vaginal bleeding
- You need a cesarean section for any other reasons
- Your baby's waters have broken
- You have multiple pregnancies

Is ECV always successful?

ECV is successful for about half of the women who undergo the procedure.

There is a slight chance that your baby will turn back to the breech position again even if ECV is successful. However, this chance is only 5%.

What complications may arise after ECV?

ECV has an extremely low complication rate (less than 1%).

Potential complications are:

- Bleeding
- Placental separation before delivery
- Uterine rupture
- Emergency caesarean section

What else can I do to help my baby turn to head-down position?

- There is no proven evidence that lying down or sitting in a specific position will help your baby turn.

What are my options for delivery if my baby remains breech?

The options are:

- Vaginal Breech Delivery
- Caesarean section

The benefits and risks associated with both modes of delivery will be discussed by your doctor.

When to seek medical help

If you experience any of the following signs, come to the hospital emergency immediately.

- Vaginal bleeding
- Water break
- Contractions
- Change in the pattern or reduced fetal movements
- Abnormal abdominal pain