The Shrewsbury and Telford Hospital NHS
NHS Trust

Patient Information

Women and Children's Care Group

What happens if my baby is breech?

This leaflet explains your options if your baby is breech after 36 weeks of pregnancy. It includes discussion of your option to try to turn your baby (ECV) and whether vaginal or caesarean birth is preferable

What is a breech baby?

If your baby is positioned in the uterus (womb) so that his or her bottom will be born first, this is a 'breech presentation'. A breech baby can be in one of the following positions:

- In a cross-legged sitting position (called a flexed or complete breech)
- With the legs straight up so that the feet are up by the baby's head (called an extended or frank breech)
- With one or both feet below the bottom (called a footling breech)
- In a kneeling position (this is rare)

How many babies are breech?

At 28 weeks of pregnancy about 1 in 5 (20%) of babies are breech, but most turn to be head down by the time of birth. Only 3 – 4 % of babies remain in the breech position at term (from 37 weeks).

Why are some babies breech?

Some factors associated with breech presentation at term are reduced volume of water round the baby, the placenta being low down in the uterus or the uterus being an unusual shape. Sometimes the reason is unknown.

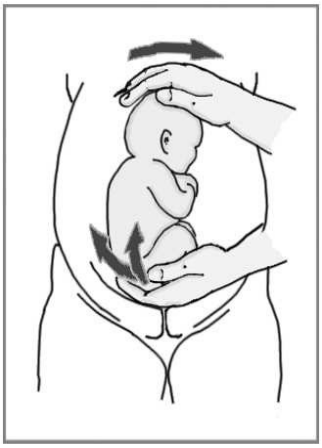
What happens if the midwife or doctor thinks your baby is breech?

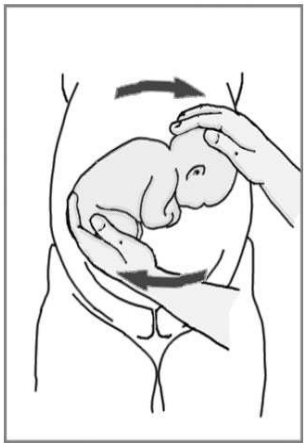
If your baby is thought to be breech at around 36 weeks you will be offered an ultrasound scan to confirm this. If a breech presentation is confirmed, you can consider having a procedure called external cephalic version (ECV) to turn the baby.

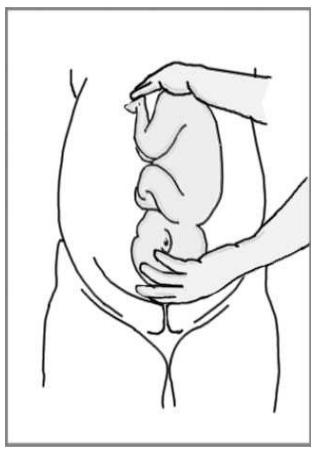
What is External Cephalic Version (ECV)?

ECV is a manoeuvre that changes the position of the baby from being bottom down to head down in the uterus. This is best performed around 37 weeks because there is less chance of the baby turning back to a breech position than if it is done earlier.

This procedure is done at the Consultant Led Unit at the Shropshire Women and Children's Centre in Telford. You may bring your partner or friend with you and you can expect to be in the unit for about 1 hour. The procedure will be performed by an obstetrician trained in performing ECVs. Ultrasound scanning is used before and after the procedure.







You will be asked to lie on a bed and the doctor will place his/her hands on your abdomen, gently moving the baby up and out of the pelvis. Gentle pressure is then applied either forwards or backwards to turn your baby into a head down position. The whole process takes up to 20 minutes.

Is the procedure painful?
Some women say the procedure is uncomfortable, but most say it is not painful. You can ask the doctor to pause or stop if you are experiencing pain.

What are the benefits of ECV?

- If successful, you can continue with your plan to have a vaginal birth at home, in a midwife led unit, or on the consultant led unit.

What are the risks of ECV?

- About 1 in 200 babies (0.5%) have to be delivered by emergency caesarean section immediately after ECV because of bleeding from the placenta or a worrying change in the baby's heart rate.
- If there is reduced amniotic fluid (waters), the umbilical cord can become wrapped around the baby. The procedure is unlikely to be done, however, if there is reduced fluid volume.

What happens after ECV?

If the ECV was successful you can continue with your normal pattern of antenatal care. If the ECV was not successful, a second attempt to try and turn your baby may be considered. Sometimes a small injection of a muscle relaxant may be offered to help make the procedure easier.

Sometimes the doctor performing the procedure requests that a CTG tracing of the baby's heart rate is done afterwards.

With this procedure there is a possibility that some of the baby's blood may be transferred to the mother. If your blood group is rhesus negative, you may require an injection of 'Anti-D' after the procedure. See your Pregnancy Health Record for more information about this.

Afterwards at home
You should not feel any ill effects afterwards, but contact the hospital if you have any vaginal bleeding or your baby is not moving as much as normal.

When is it not appropriate to have ECV?

ECV should not be carried out if:

- You need a caesarean section for any other reason
- You have had vaginal bleeding within the last 7 days
- Your baby's heart rate tracing (CTG) is not normal
- Your uterus (womb) is an unusual shape; some women have a heart-shaped uterus rather than the usual pear shape.
- Your waters have broken

- You have less fluid around the baby than normal
- You are expecting more than one baby (except the second twin in labour)
- You do not want to have the procedure

What happens if your baby cannot be turned or you do not want to have ECV?

Sometimes babies will still turn before labour starts, but you now need to plan your breech birth. You have the choice of having planned caesarean section or a vaginal birth. To make an informed decision, you need to know the factors that make a successful vaginal birth more likely and risks and benefits to woman and baby for each choice.

Vaginal breech birth

Factors making a successful vaginal breech birth more likely

- If you have a straightforward pregnancy with no complications
- If you have had a previous vaginal birth
- If your pelvis is not narrow
- If you have not had a previous caesarean section
- If your baby's bottom is well engaged in the pelvis and the feet are lying above the buttocks – either a flexed or extended breech
- If your baby weighs between 2.0 and 3.8 kilograms
- If your baby is term i.e. 37- 42 weeks
- If your baby's head is not tilted back
- If you go into labour spontaneously (without induction) and the labour progresses without any problem
- If staff are experienced in delivering breech babies

If any of these favourable factors are not present, your obstetrician may strongly advise you to have a caesarean section. That is, if:

- Your baby is footling breech
- Your baby is large (over 3.8 kg)
- Your baby is small (less than 2.0 kg)
- Your baby is in an unfavourable position, such as the neck being tilted back
- You have had a previous caesarean section
- You have a narrow pelvis

Benefits and risks of a vaginal breech birth

Benefits	Risks
• You avoid the risks of an operation (see your Pregnancy information book), including increased longer recovery, more abdominal pain, and risk of infection after the operation, and a small increased risk of infertility, miscarriage, and placental problems in future pregnancies	• Increased risk of poor short-term outcome for the baby (3.3% vaginal vs 1.6% caesarean) • The need for an emergency caesarean section if labour does not progress well without intervention. This has more risks than a planned caesarean section

Advice about planned vaginal breech birth
The Royal College of Obstetricians and Gynaecologists (RCOG) states that in units where vaginal breech birth is common practice for straightforward breech pregnancies, vaginal breech birth is a safe option that should be offered to women. There are midwives and obstetricians at our Trust who have experience of vaginal breech births, and all staff do regular training to ensure their skills are kept up to date.

- Your baby's heart rate should be monitored continuously in labour
- Artificial rupture of membranes is not usually recommended
- Using artificial hormone to enhance labour is not recommended, but may be considered in advanced second stage of labour if the contractions start to come less often
- Your choice of pain relief is the same as for any other labour, and national guidance is that epidural should not be routinely recommended
- Caesarean section should be considered if there is delay in your labour or your baby shows any signs of distress. You should therefore have your baby in a hospital with facilities for emergency caesarean section and with immediate access to a Neonatal team.

What will happen if you decide to have a vaginal breech birth?
Planned breech births take place at the Consultant Unit at the RSH where there are facilities for an emergency caesarean section if necessary.

- You will need to have a drip in your arm or hand in case you need any fluids or drug during labour
- A sample of your blood will be taken and stored in case you need an emergency caesarean section
- During labour your baby's heart beat will be monitored all the time with a CTG (cardiotocograph) machine
- If there is any delay in progress during your labour you will be advised to have an emergency caesarean section
- The senior doctor or midwife will use simple manoeuvres to help you deliver your baby. Sometimes the doctor may use forceps to help the baby's head to be born.

Generally, induction of labour and speeding up your labour using synthetic hormones are only used in very selective cases where circumstances are favourable.

Planned (elective) caesarean section

Benefits and risks of planned caesarean section

Benefits	Risks
• Reduced risk of poor short-term outcome for the baby (1.6% caesarean vs 3.3% vaginal) • Reduced risk of bladder incontinence 3 months after the birth	• Risks of the operation – see your Pregnancy information book.

For more information about caesarean section births, please see your Pregnancy Information Book. The long-term effects of planned caesarean section for breech presentation on outcomes for women and their babies in future pregnancies is uncertain.

What will happen if you decide to have a planned caesarean section?
If you decide to have a planned caesarean section you will be given a date for your operation at your antenatal appointment around 36 weeks of pregnancy. You will then have another appointment a week before the operation at the antenatal clinic to discuss consent and take blood, screen for MRSA, and provide an opportunity for you to ask any further questions. You will be given a time to come in for your operation.

Before going into theatre you will have a scan to see if the baby is still in a breech position. If your baby has turned you will be advised to wait for labour to start by itself. If you go into labour before the date of the operation and your baby is still breech, it is more than likely that a caesarean section will be offered. However, if you are in advanced labour it may be more harmful to perform an emergency caesarean section than to have a vaginal breech birth, but this will be discussed with you.

For more information about caesarean section and anaesthesia please read the information in your Pregnancy Information book in your purple folder given at booking.

What happens if your baby is found to be breech during labour?

Occasionally, babies that have not been identified as lying in a breech position during pregnancy may be turned in early labour if a an obstetrician trained in performing external cephalic versions is present on the consultant unit.

Diagnosis of breech presentation for the first time in labour is not a contraindication for vaginal breech birth.

Other sources of information

NHS Choices

The UKs biggest health website, certified as a reliable source of health information: www.nhs.uk

Patient UK

Evidence based information on a wide range of medical and health topics. www.patient.co.uk

Patient Advise and Liaison Service (PALS)

PALS will act on your behalf when handling patient and family concerns, they can also help you get support from other local or national agencies. PALS, is a confidential service.

Princess Royal Hospital, Tel: 01952 282888

Royal Shrewsbury Hospital, Tel: 0800 783 0057 or 01743 261691

Website: www.sath.nhs.uk

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Your information

Information about you and your healthcare is held by the NHS. You can find out more about how we hold your information and how it is used on our website in your Pregnancy Information Book.

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