Breech Presentation and Delivery at Term

About 3-4% of babies present bottom first (breech) near the end of pregnancy. Labour and delivery with a breech baby can be complicated. If your midwife suspects the baby is breech you will be referred to the hospital antenatal clinic to discuss how you wish to proceed.

In the clinic an ultrasound will be performed to confirm that the baby is breech and what type of breech.

Types of breech are:

- Extended - legs up in front of the body
- Flexed - legs tucked up next to the body
- Footling - feet lying below the body

Other information such as the estimated weight of the baby, amniotic fluid volume and location of the placenta may be used to decide how to deliver your baby.

The options available are:

- Facilitating normal labour and a chance for vaginal delivery to occur
- Attempting to turn the baby to head first (ECV)
- Planning to have a caesarean section

Recommendations on method of delivery

Current evidence suggests that even in ideal circumstances, the risk of serious injury or death of a breech baby is higher in planned vaginal breech births.

Planned caesarean section leads to a small reduction in risk to the baby compared with planned vaginal breech delivery; however caesarean sections have been associated with a small increase in the risk of stillbirth for subsequent babies. It is not known why this is.

The reduced risk to baby with a planned caesarean section is to avoid:

- stillbirth after 39 weeks of pregnancy
- risks associated with labour
- risks of vaginal breech birth (this is the only risk unique to a breech baby)

The risk of baby dying during birth is approximately:

- 0.5/1000 (0.05%) with caesarean section after 39 weeks of pregnancy
- 1.0/1000 (0.1%) with planned cephalic (head down) vaginal birth
- 2.0/1000 (0.2%) with planned vaginal breech birth

Vaginal breech birth increases the risk of low Apgars scores (responsiveness of baby during the first five minutes of life that may require intervention i.e. resuscitation) and serious short-term complications (admission to the neonatal unit), but the risk of long term complications is not increased.

Information for Patients

We are willing at UHB NHS Foundation Trust to support any woman who wishes to have a labour and a chance of vaginal breech delivery. We will advise you on an individual basis whether your circumstances are good. Please bear in mind that these circumstances may change before or during labour and up to the moment of birth.

For various reasons 45% of women who plan vaginal deliveries of a breech baby will require a caesarean section.

External Cephalic Version (ECV)

What is external cephalic version (ECV)?

The technique of trying to turn your baby to a head-down position is called external cephalic version (ECV). This is when your doctor will apply gentle pressure on your tummy which will help the baby turn in the womb to head first position (cephalic version).

When is ECV performed?

ECV is normally performed at or around 37 weeks of pregnancy.

Can ECV be performed on all breech babies?

No. There are some situations when ECV cannot be attempted. These may include:

- 2 or more previous caesarean sections
- Concerns about the baby's wellbeing
- Low fluid volume around the baby
- Low lying placenta

Your doctor or midwife will discuss alternative options if ECV is not appropriate.

What are the benefits of ECV?

If your ECV attempt is successful this will:

- Reduce your risk of caesarean section
- Increase your chances of head down vaginal delivery

What are the risks of ECV?

All procedures and treatments have risks. The risk of ECV is low. However, one in every 200 women having ECV may need to be delivered by emergency caesarean section shortly after the procedure. This may be necessary if there is bleeding from the placenta, or if baby becomes distressed.

Labour after ECV is associated with a slightly increased risk of caesarean section and instrumental delivery when compared with spontaneous cephalic (head down) presentation. ECV after one previous caesarean birth appears to have no greater risk than women who have not had a caesarean section previously.

Is ECV painful?

For some women ECV can feel uncomfortable. Normally, no painkiller tablets are given before the procedure. However, the procedure is done up to the point that you can tolerate the discomfort. If you feel pain your doctor will then move the position of his/her hands or stop the procedure.

Is ECV always successful?

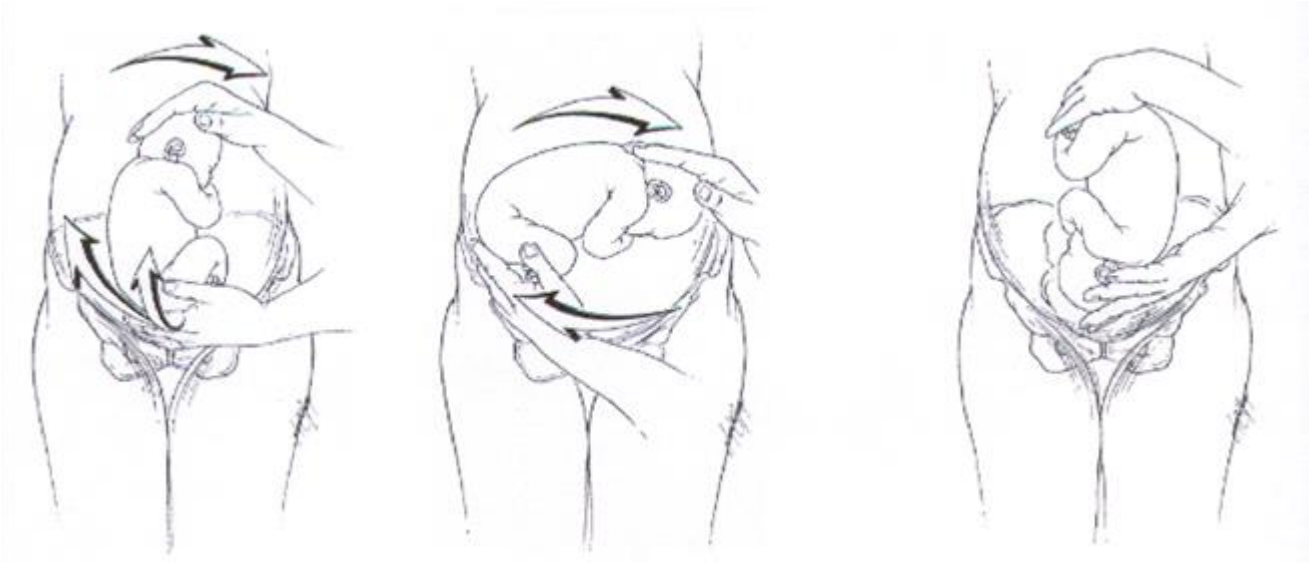
ECV is successful for about half of all women (50%) who undergo the procedure. If ECV is unsuccessful your doctor will discuss other options available to you. Approximately 2 to 3% of babies turn back to breech after successful ECV.

What if I choose not to have ECV?

If you decide not to have ECV we will respect and support your decision.

What happens during an ECV procedure?

- A consultant obstetrician will obtain consent and perform your ECV procedure.
- The procedure may be done in the delivery suite, the Day Assessment Unit (DAU) or ultrasound department.
- You will need to be nil by mouth six hours before the procedure.
- An ultrasound scan is carried out and your baby's heart will be monitored prior to and immediately following the procedure.
- You may be given an injection to make your womb soft and relaxed and prevent contractions to increase the chance of your baby turning. It may cause your heart to beat faster but that is harmless and normal.
- The doctor will then turn your baby to the head-down position by placing both hands on your tummy one on top of the baby's head and the other on the bottom.
- The doctor will gently move the baby up and out of the pelvis and ease the baby around to head-down position.
- The procedure will take about five minutes.



What happens after the ECV procedure?

Rarely, during the procedure your blood cells and your baby's may mix and this can cause a problem in future pregnancies. For this reason you may be offered an Anti D injection if your blood group is negative (Rh- negative). You and your baby will be monitored for a short time and if everything is ok you will be free to resume your normal daily activities. Please contact the labour ward if you:

- Feel tummy pain
- Notice bleeding
- Develop contractions
- Feel the movement of your baby has reduced

Information for Patients

Alternatives to ECV

Although there is no high quality evidence to support it, you may wish to consider moxibustion (a form of traditional Chinese medicine); which involves burning a herb close to the skin of the 5th toe. This should only be performed under the guidance of a trained practitioner. This can be tried from 32 – 38 weeks of pregnancy.

Caesarean section

A planned caesarean section can be booked for babies presenting breech. This is normally performed around 39 weeks gestation.

Although caesarean section is the safest way to deliver breech babies, there are still risks for the mother from caesarean section. If you choose this option you will be given information about these risks.

There is a 3 to 5 % chance that the baby will be head first when you come in for the caesarean section and if this happens you will be discharged home to await labour.

Planned vaginal Breech Delivery

When labour starts you should come to hospital as usual. The labour will be allowed to progress normally. We recommend that the baby's heart rate is monitored continuously throughout the labour.

Should any delays in labour occur, a hormone drip to speed up contractions may be used or you will be offered a caesarean section. Epidural pain relief may be recommended in case you need help with the delivery but is not essential. Forceps are sometimes used to protect the head and neck of the baby as the head is delivered.

Further sources of information

Please feel free to discuss any of the information in this leaflet or any other concerns you have with your midwife, obstetrician or GP.

Telephone numbers:

Antenatal clinic Solihull	0121 424 4376
Antenatal clinic Heartlands	0121 424 0730
Antenatal clinic Good Hope	0121 424 9622

Other information on breech delivery at term can be obtained from the following sources.

Royal College of Obstetricians and Gynaecologists www.rcog.org.uk

National Childbirth Trust www.nctpregnancyandbabycare.com

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email patientexperience@uhb.nhs.uk.