Mercy Health
Care first

Your important health information

Baby in Breech Position

What is a breech presentation?

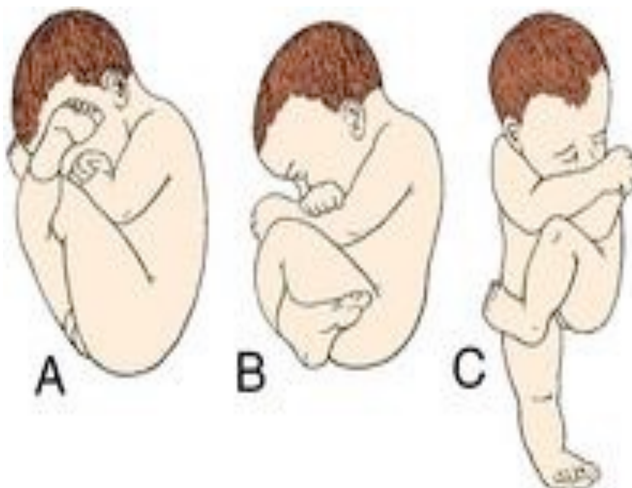
A breech presentation means that your baby is lying bottom or feet first in the uterus (womb) rather than the usual head first position.

There are three types of breech presentation:

A. Extended or frank: bottom first with feet near ears, most common type.

B. Complete or flexed: bottom first with knees bent.

C. Footling: feet are below the bottom.



What causes a baby to be in the breech presentation?

We do not always know.

Sometimes the shape of the mother's uterus or size and movements of the baby may affect the way the baby lies.

How common is a breech presentation at term?

Four per cent of babies are in breech presentation at 36 weeks gestation.

Three per cent of babies are in breech presentation at 40 weeks gestation.

Could the baby turn naturally to head first (cephalic) before labour?

One per cent of babies will turn naturally between 36 and 40 weeks gestation.

Do breech babies look different after birth compared with other babies?

Breech babies often have "flat" or "round" rather than the common "cone" head shape seen after a natural birth. Some breech babies lie in the cot as they did in the womb, eg with their feet up near their face. These differences are usually no longer noticeable by one week of age.

Is there anything I can do to encourage the baby to turn?

Breech exercises (putting your head down and bottom up for periods of time during the day) do not cause harm but have never been shown to actually help.

Acupuncture may or may not work.

External cephalic version (ECV) successfully turns over 50 per cent of breech babies to the head down position when performed after 36 weeks gestation.

External cephalic version (ECV)

External cephalic version is a procedure where an obstetrician applies pressure with his or her hands on a pregnant woman's abdomen to encourage the baby to do a somersault into the head first (cephalic) presentation. How successful is an ECV?

The success rate for ECVs at our organisation is 54 per cent.

- An ECV is more likely to be successful if:
- You've had a baby before
- There is plenty of fluid around your baby
- Your baby's bottom has yet to engage in your pelvis
- Your uterine muscles are relaxed.

If your baby turns to head first and all is well, you have more than 80 per cent chance of a natural birth. However, even after a successful ECV, some labours do not progress smoothly and you may still require a caesarean.

The chance of your baby turning back to breech after a successful ECV is about two to three per cent.

How is an ECV done?

If you are having your baby at Mercy Hospital for Women in Heidelberg you will receive an appointment in the Fetal Monitoring Unit.

If you are having your baby at Werribee Mercy Hospital you will receive an appointment to attend the Maternity Unit.

You won't need to fast before attending for the ECV.

On your arrival a midwife will check with an ultrasound that your baby is still breech. If your baby has turned you will be sent home.

If your baby remains breech, a tracing of the baby's heart will be done.

The obstetrician will then do a growth ultrasound to assess the size of your baby, the amount of fluid around the baby, the type of breech presentation and the position of the umbilical cord.

The ECV procedure will be discussed with you and you can then decide if you want to go ahead. A butterfly needle may be inserted in your hand if you require an intravenous injection to make the muscle of your uterus relax. This injection will raise your heart rate.

The obstetrician will then apply pressure on your abdomen to encourage your baby to turn.

If not successful the first time, with your consent, the obstetrician may have more attempts at turning your baby.

The ECV may be uncomfortable. The procedure can be stopped at any stage if it causes you too much discomfort.

If you have a negative blood group you will be given an Anti D injection after the procedure.

How safe is an ECV?

Complications are rare with less than one per cent of ECV attempts resulting in emergency delivery within 24 hours. Precautions are taken to detect complications early and/or prevent them:

- A fetal heart rate monitoring (CTG) is performed before beginning an ECV
- An ultrasound to assess the amount of amniotic fluid around the baby, the size of your baby and the position of the umbilical cord is performed before the ECV
- A CTG is done for a prolonged period of time (about one hour) after the ECV
- A blood test may be done after the ECV to rule out internal bleeding between you and your baby across the placenta.

In the event of a complication, you may be admitted for intensive monitoring of your baby. Rarely, an urgent caesarean section may need to be performed during the ECV.

What happens if the baby remains in the breech position?

An appointment will be made with your obstetrician to discuss how to continue to manage your pregnancy.

There is about nine per cent chance that your baby will turn to head first at some time after an unsuccessful ECV.

If your baby remains in breech position, you will be informed about the advantages and possible complications of vaginal and caesarean breech delivery. You can then make an informed decision on how you prefer to birth your baby.

If you experience labour pains or break your waters you should call the hospital immediately. It is very important that you inform the midwife when you call that your baby is in the breech position.

Further Information

If you have any questions regarding this information, please speak with your doctor or midwife or contact:

Fetal Monitoring Department at Mercy Hospital for Women

Phone 03 8458 4267

Maternity Unit at Werribee Mercy Hospital

Phone: 87543412

Acknowledgements

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