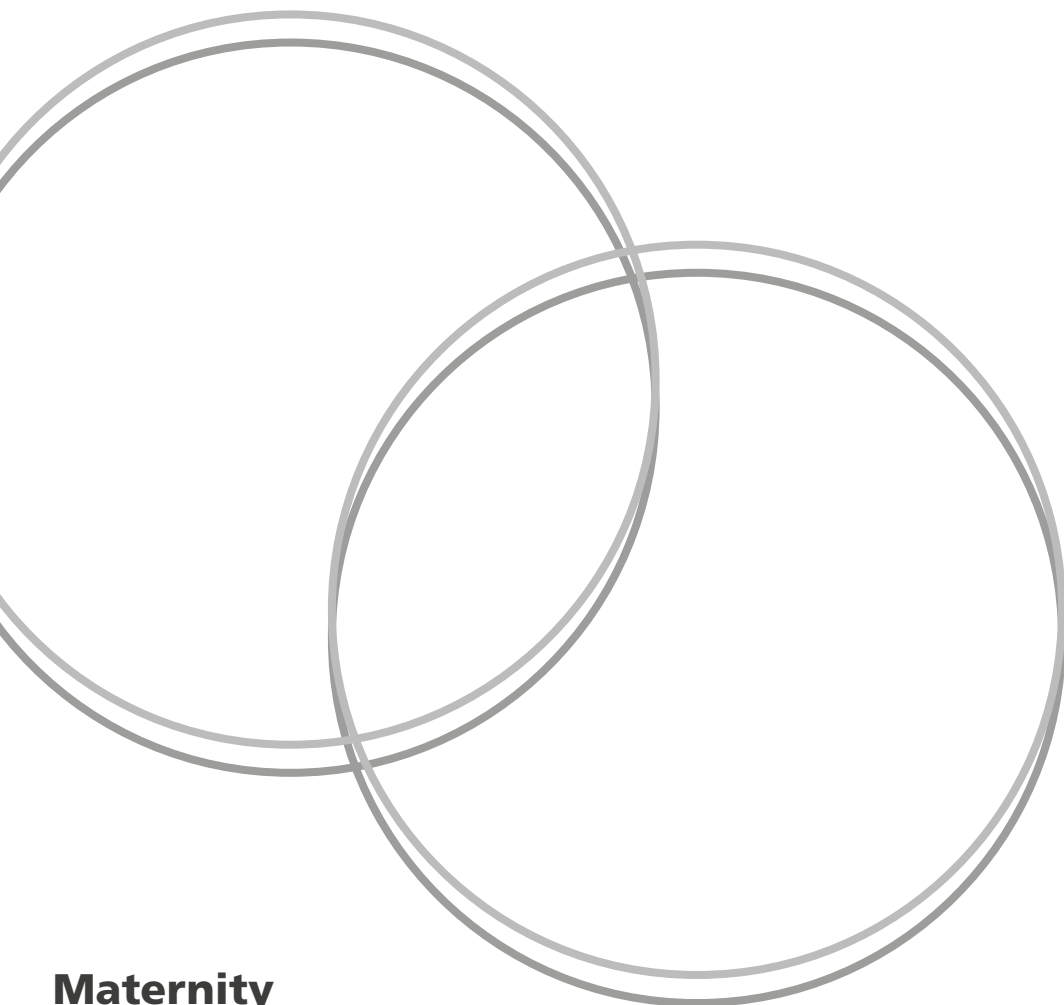




Oxford University Hospitals
NHS Foundation Trust

Breech Presentation

Information leaflet



Maternity

Gender inclusive language in OUH Maternity and Perinatal Services:

This leaflet uses the terms woman and birthing person, women and birthing people and mother throughout. These terms should be taken to include all pregnant people. Similarly, where the term parent(s) is used, this should be taken to include anyone who has main responsibility for caring for a baby.

The term partner refers to the woman or birthing person's chosen supporter. This could be the baby's father, the woman or birthing person's partner, a family member or friend, or anyone who the woman or birthing person feels supported by and wishes to involve in their care.

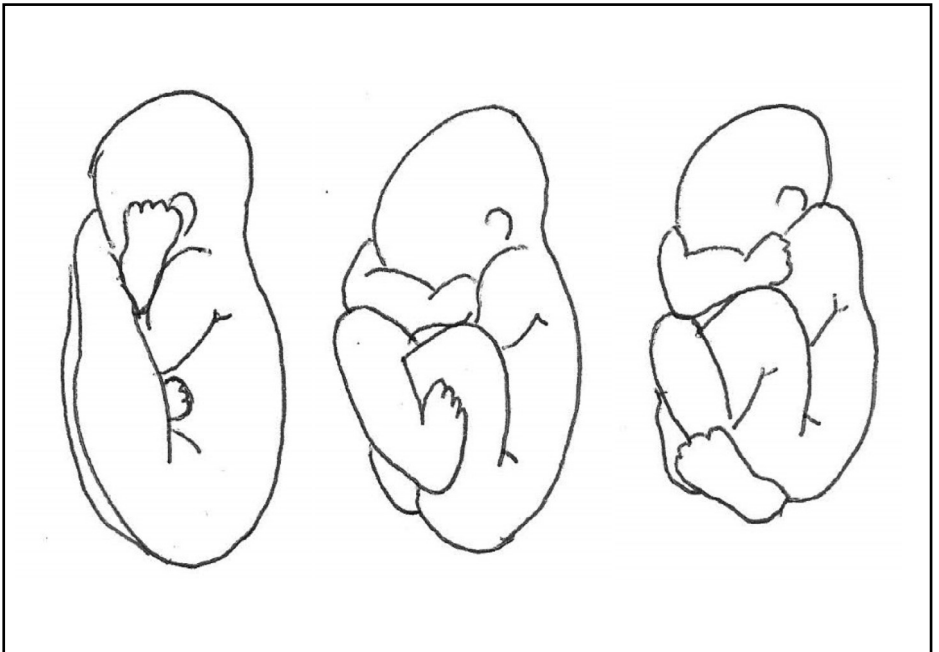
What does breech mean?

Breech presentation means that your baby is positioned with its feet or bottom in your pelvis. A breech presentation is a variation of normal. It is common in early pregnancy, but most babies will turn to be head first by the time they are due to be born.

If your baby is breech beyond 36 weeks it is unlikely to turn to the head first position by itself.

3 in 100 women or birthing people who start labour near to their due date do not know that their baby is in a breech position. We call this undiagnosed breech – one that is not diagnosed in the antenatal period.

If your baby has been confirmed by scan to be in the breech position after 36 weeks, they will have a hip ultrasound scan after birth. This is because clicky or dislocated hips (developmental dysplasia of the hip or DDH) is more likely in babies who are breech after this time.



The Breech Clinic

You will be offered an appointment at the breech clinic following your routine scan at 36 weeks or if your midwife or doctor thinks your baby may have become breech later in your pregnancy.

We routinely see first time mothers from 36 weeks and all other mothers after 37 weeks of pregnancy. Occasionally personal plans are made for a review earlier or later than this.

At your appointment we will first confirm if your baby is still breech and discuss with you the choices you have in your care. We will offer to turn your baby at this appointment if it is appropriate to do so.

What happens if your baby is breech

If your baby is breech you will need to decide which of the following options you want to choose:

- Turning your baby so that it is head down
- Vaginal Breech Birth
- Caesarean section birth

Turning your baby (ECV)

Usually we recommend that trying to turn your baby is the best option for you and your baby. This is known as External Cephalic Version (ECV). It is best performed at 36 to 37 weeks of pregnancy as it allows time for your baby's head to engage into your pelvis after it has been turned. However, ECV can still be successfully performed later in pregnancy, even after your due date.

Vaginal Breech Birth (VBB)

Health care is guided by research and since the late 1990s, vaginal breech birth has not been recommended or common. However, newer research suggests that in carefully selected pregnancies with a breech presentation, vaginal breech birth is safe. We will discuss with you whether we think that choosing to have a vaginal breech birth is a safe option for you and your baby.

Caesarean birth

A caesarean section is an operation to deliver your baby. It can also be offered if your baby is in a breech position. Although we know that vaginal birth is generally safer for you, occasionally with a breech baby we do recommend caesarean section as the safest way for your baby to be born.

We can give you our caesarean birth leaflet, which provides information that you may need about this procedure.

If you choose to try to have your baby turned (ECV)

The procedure will be performed by one of the ECV team, which includes a Consultant Obstetrician and two senior midwives. We also occasionally have doctors training in ECV technique under the direct supervision of the ECV team.

Overall, 50% (50 in 100) of ECV attempts are successful. The main reason for failing to turn a baby is because its bottom has become engaged in the pelvis and we cannot move it.

ECV does not harm a baby. We know this because we follow what happens to every baby on whom we have attempted an ECV. If you have any worries we can discuss them with you.

We know from our own data collection that the possibility of vaginal birth in the following weeks after a successful ECV is more than 70 in 100 for first time mothers and more than 94 in 100 for women and birthing people who have given birth vaginally before.

If you have previously had a baby by caesarean section as your only other birth, we can still offer to carry out ECV, with a 60 in 100 chance of having a vaginal birth.

What happens during the ECV?

While you are lying down on the bed, the ECV specialist will place their hands on your tummy and apply pressure under your baby's bottom, near your pelvis. Gently but firmly, your baby will be moved in a forward or sometimes backward roll. It can take as little as 30 seconds or up to 2 minutes to turn a baby. We may try more than once but not more than 4 times to turn your baby.

We may offer you a medication called salbutamol if we think it would help. This will relax the muscle of your uterus and make it easier for us to turn your baby. It is a drug that asthmatics use, so is known to be safe in pregnancy.

The decision to use this medication is made with you during your appointment. It is given as an injection into a vein. When we have given you the drug, you will feel your heart beat very fast, but this wears off after 3 minutes.

It is your choice whether to have this drug, but it does increase the chance of your baby being turned.

ECV can be uncomfortable for you. We will not continue with an ECV if you ask us to stop.

What happens immediately after the ECV?

We will confirm the position of your baby using an ultrasound scan and then monitor your baby using the ultrasound and a cardiotocograph (CTG), which monitors your baby's heartbeat. The heartbeat recording will take about 30 minutes to complete and needs to show your baby is well before you go home.

Approximately 1 in 50 women and birthing people will be admitted overnight either for a repeat cardiotocograph (CTG) or for observation relating to their baby's position after an ECV.

1 in 200 women and birthing people who have an attempted ECV will need to have an immediate caesarean section. This is either because they experience a vaginal bleed or because the CTG monitoring shows signs your baby may be distressed.

You will be asked to return to MAU for monitoring if you experience any bleeding, abdominal pain or reduced movements following an ECV.

Additional information about ECV

ECV does not start labour.

Success of any ECV depends on a number of factors, such as how well engaged your baby's bottom is in your pelvis, the position of your baby's back and the amount of amniotic fluid around your baby. You will have an individual assessment made to check on these factors.

We recommend that you see your midwife or GP the week after you have been for the ECV, to check your health and the baby's position and heartbeat.

We know that only 1 in 35 babies we successfully turn will turn back to breech.

If the attempt to turn your baby was not successful, you may be offered a repeat attempt the following week.

If you have a Rhesus negative blood group, you will be offered an anti-D injection and a blood test after the procedure. This is because a small amount of your baby's blood may transfer into your body, which could cause you problems in any future pregnancies.

If we are unable to turn your baby during the ECV and you decide you would prefer to have a caesarean birth we can book this at the end of your appointment.

Alternatives to ECV

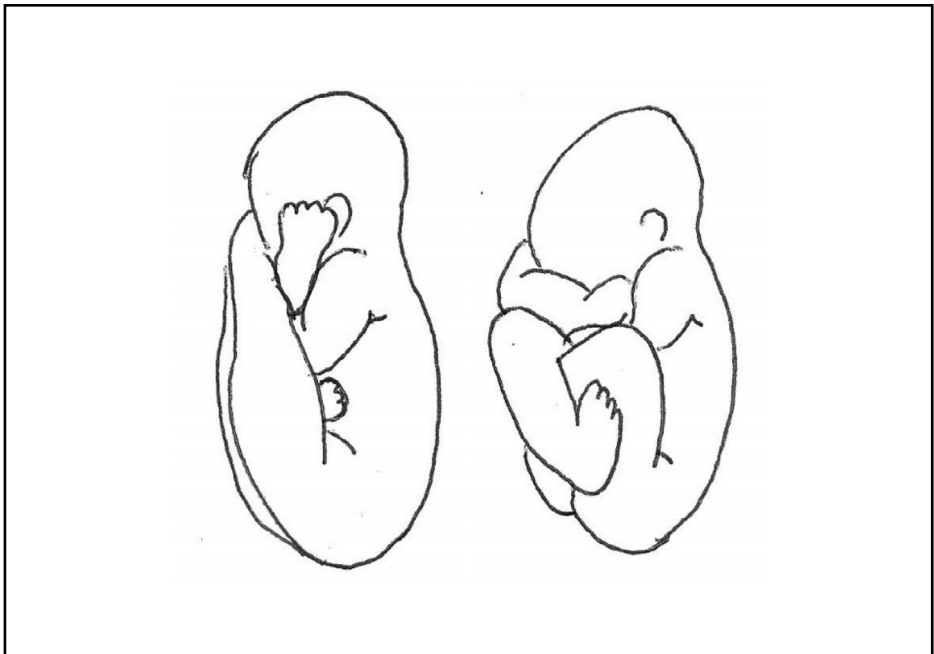
ECV is the most effective way to turn a baby. The use of moxibustion (Chinese medicine) may also be effective between 34 and 36 weeks of pregnancy. It is still not medically clear how effective this is, but a complimentary therapies practitioner may be able to advise you.

You may like to try maternal positioning, where you adapt your posture or position to encourage your baby to turn head down. Your midwife can discuss with you a variety of positioning techniques.

If you choose to have a Vaginal Breech Birth (VBB)

Modern research tells us that about 70 in 100 women who choose a VBB go on to have a successful birth.

If you choose to have a VBB, we will carry out an ultrasound scan to make sure your baby is likely to weigh more than 2.5kg and less than 4kg. Your baby will also need to have its chin tucked onto its chest and either extended legs (frank breech - shown in the picture below on the left) or bent legs (complete breech, shown in the picture below on the right). If your baby meets all of these criteria you are more likely to be able to have a VBB.



Caring for you in labour

We do not offer induction of labour (using hormones to start off labour) if your baby is breech. We believe that natural labour is the most effective way of birthing a breech baby vaginally.

We prefer to use continuous monitoring, using the cardiotocograph (CTG), for your baby when you are in established labour, but this can be wireless to allow you to move around.

The best way to achieve a VBB is by being upright and walking, rocking and standing in labour. It is also good to use breathing, hypnobirthing and other coping mechanisms. Your midwife will discuss these coping strategies with you before your labour. We also have Entonox (gas and air) available and you can use the birthing pool (for labour only).

Your labour progress should be steady. If your cervix dilates slowly or stops dilating, we will discuss how to manage your birth with you. It may be that having a caesarean section.

We can offer epidural pain relief, but this may interfere with your contractions and cause your labour to slow down. In this situation, we may consider the role of oxytocin your labour. Oxytocin is a hormone that helps to increase the length and strength of contractions. The use of oxytocin would be considered on a case by case basis and following discussion with a senior doctor. This is not part of the routine care offered during vaginal breech birth. Our statistics show that your chance of having a caesarean section will rise if you choose epidural pain relief.

We will observe for signs of the second stage of labour and encourage you to birth your baby in the all fours position. This allows the maximum space for your baby to move through the birth canal and to use gravity to help make its way down into your pelvis. It is better for both you and your baby if you do not push until we can see your baby's bottom. We know that, once we see this, the birth will not take long because the baby is very low in your pelvis.

There is a chance that we may need to help you birth your baby. We will know whether we need to help as we begin to see it emerge. This may mean changing your position so that you are lying back with your legs supported.

We do not routinely perform an episiotomy (small cut to the perineum) with a breech birth, as it will not make the birth easier or faster.

Your baby

It is normal for a baby born in the breech position to be quiet at birth. We know that their 1 minute Apgar (birth assessment score) is likely to be lower than a headfirst baby and to help with this, we aim to leave the cord intact to support your baby. We know that the 5 minutes Apgar score should be the same as a headfirst baby. It is the 5 minute Apgar score that is important in helping us to decide if your baby needs neonatal special care support.

Breech babies may need some help to start breathing at birth, so we always have a neonatal doctor present at this time.

Further information

Further information can be found on the Royal College of Obstetricians and Gynaecologists website:

www.rcog.org.uk

We also have copies of a number of scientific papers on ECV, if you are interested in them.

How to contact us

The Breech Clinic runs once a week from Delivery Suite Level 2 within the Women's Centre. Your appointment may take 1 to 2 hours if you choose to have an ECV.

Please call Delivery Suite if you need to cancel your appointment:

Tel: **01862 221987/8**

Please direct any other enquiries to:

Email: **BreechTeam@ouh.nhs.uk**

We would like to thank...

The Oxfordshire Maternity and Neonatal Voices Partnership for their contribution in the development of this leaflet.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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www.ouh.nhs.uk/information



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