

Breech Baby at Term

Information about your care options

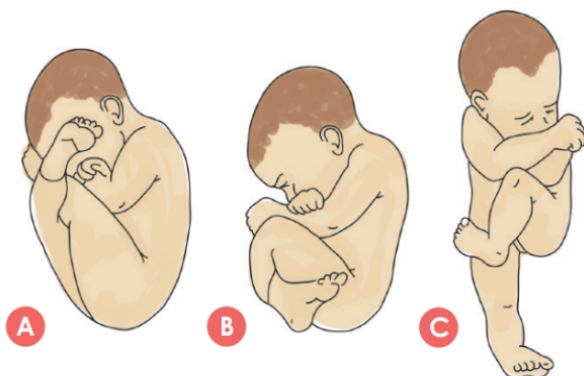
Royal Hospital for Women

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This information brochure provides information to help in your decision making and discussions with your midwife and/or doctor when your baby is in the breech position.

What is breech?

Breech means that your baby is lying bottom first or feet first instead of the usual head first position. In early pregnancy, approximately 25% of babies are in the breech position. Between 37 and 42 weeks (term), most babies are lying head first ready to be born. Three in every 100 (3%) babies are in the breech position at the end of pregnancy. A breech baby may be lying in one of the following positions:



- A Extended or frank breech
- B Flexed breech
- C Footling breech

Why are some babies breech at the end of pregnancy?

Mostly it is just chance that a baby does not turn and remains in the breech position, or there may be a reason why your baby prefers to lie in this position. At other times certain factors make it difficult for a baby to turn during pregnancy, such as the amount of fluid in the womb, the position of the placenta or the shape of your womb.

What can be done?

If you are 36 weeks pregnant and your baby is in a breech position, your doctor and midwife should discuss with you if you are suitable for external cephalic version (ECV) with you. For more information on ECV see the MoH Health consumer information brochure: *External Cephalic Version for Breech Presentation*.

What are my choices for birth if my baby remains in the breech position?

Depending on your situation, your choices may include:

- A planned vaginal breech birth or
- A planned caesarean section.

There are benefits and risks associated with both a caesarean section and a vaginal breech birth. These risks should be discussed with you so that you can choose the most appropriate option for you and your baby.

Caesarean section

Depending on your circumstances, caesarean section may be recommended as the safest option for you and your baby. If you plan for a vaginal breech birth and your labour does not progress as expected, your doctor may recommend you have a caesarean section during labour. Caesarean sections carry slightly higher risks for you than having a vaginal breech birth, but lower risks for your baby.

Regardless of what you plan, the safest way for you to give birth may change once you are in labour.

Planned vaginal breech birth

Current international evidence shows that planned vaginal breech birth is a relatively safe option for some women and their babies. However, it may not be recommended as safe in all circumstances. You should discuss your personal circumstances with your midwife and doctor.

Many women who are suitable to plan for vaginal breech birth go on to give birth to a healthy baby without complications. 60-70% of women who plan vaginal breech birth will achieve a vaginal birth, with the remaining 30-40% requiring an emergency caesarean at some point during the labour. This is a slightly higher rate of unplanned caesarean section than if your baby is head first.

Generally, the circumstances for a safe and successful vaginal breech birth is where:

- An obstetrician is available who is trained and experienced in vaginal breech birth
- There are facilities at your hospital for an unplanned caesarean section (if this is necessary)
- You and your baby are healthy
- Your baby is in a frank or flexed breech position (see Picture A and B)
- Your baby is less than 4 kilos but greater than 2.5 kilos
- Your baby's head is in a flexed position
- You and your baby are well and have had no major health issues during your pregnancy
- You (and your support people) are motivated for vaginal breech birth

The risks of your baby having complications from a vaginal breech birth are low (3.3%) but higher than if a breech baby is born by planned caesarean section (1.6%)

The chance of a baby dying born by:

- head first vaginal birth is 2/2000
- planned caesarean breech birth is 1/2000
- vaginal breech birth is 4/2000

What can I expect in labour and birth with a breech baby?

It is recommended that your baby's heart rate is monitored continuously during labour.

It is helpful for you to use a variety of positions as much as possible in labour, such as standing, squatting, kneeling on all fours or using a birth stool. Your doctor or midwife may recommend a change of position for birth.

Staff will support you and help you to maintain a calm birth environment, which is important for the progress of labour and birth.

Evidence suggest that women who are well supported in labour and have trust and confidence in their midwife and doctor need minimum pain relief although this is available if required.

Breech babies born vaginally may appear stunned at birth and have a lower Apgar score at five minutes old. Evidence has shown that this does not cause long-term health problems for these babies. As a precaution there will be a paediatrician at any breech birth.

What if my baby is born early?

If your baby is going to be born before 37 weeks your doctor will discuss with you the safest option for birth.

If you would like further information, we recommend that you read:

- ***“Breech Baby at the end of Pregnancy”*** www.rcog.org.uk/en/patients/patient-leaflets/breech-baby-at-the-end-of-pregnancy/
- ***The RCOG Green-top Guideline “Management of Breech Presentation (Green-top Guideline No.20b)”*** www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg20b/
- ***“Breech Presentation at the End of your Pregnancy”*** [www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women's Health/Patient information/Breech-presentation-end-pregnancy-pamphlet.pdf](http://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women's%20Health/Patient%20information/Breech-presentation-end-pregnancy-pamphlet.pdf)

RHW acknowledges NSW Ministry of Health information leaflet “Breech baby at term Information about your care op

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