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What are my options if my baby is breech?

Maternity Services

Information for Patients

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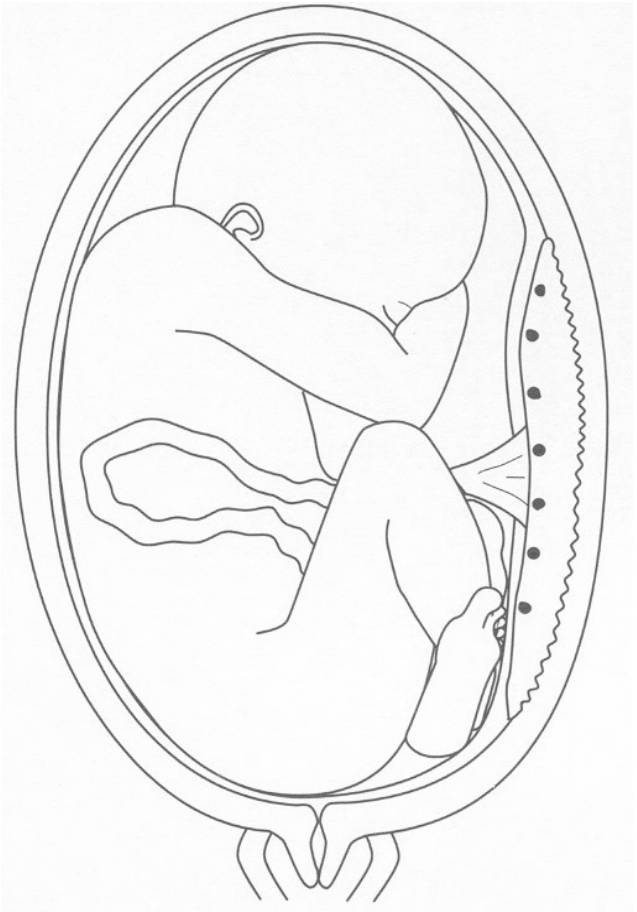
What is a breech pregnancy?



'Breech' means that your baby's feet or bottom are down in your pelvis. Breech positions are very common in early pregnancy. Only about 3% of babies are still breech after 37 weeks. After 37 weeks, it is very unlikely that your baby will turn to a head down position by itself.

There are 3 birth options if your baby is still in a breech position after 37 weeks:

- **Vaginal breech delivery**
- **External cephalic version (ECV)**
- **Elective caesarean section**

This leaflet will give you information about these options. We will also offer you an appointment at the Breech Clinic. At this clinic you will be able to talk about these options.

All babies who have been breech on scan from 36 weeks will have a hip scan after birth. We offer this routinely to identify those babies at risk of developmental hip dysplasia. This is a condition where the 'ball and socket' of the hip joint does not form properly.

Vaginal Breech Birth (VBB)

Research suggests that vaginal breech birth is safe for women who have been carefully assessed by their doctor as suitable.

About 70 in 100 (70%) women that choose a VBB have a successful birth. Your doctor will assess you. They will also talk to you about your individual risks and benefits.

Labour that starts on its own (spontaneous labour) is the most effective way to have a vaginal breech birth. We do not offer induction of labour (using hormones to start labour off) if your baby is breech.

We use a device called a 'cardiotocograph' to check on your baby's heartbeat and your contractions once labour is established.

When you are in labour, upright positions such as walking, standing, all fours are the best ones for a VBB. Your midwife might have talked to you about other coping strategies. We can offer various options for pain relief. We can also support you with choosing your pain relief. You will have the same pain relief choices as you would have if your baby was in the head-first position.

Your progress should be steady. If your cervix dilates slowly (less than 0.5cm per hour) or stops dilating we will talk to you about having a caesarean section to deliver your baby.

There is a chance that we may need to help you birth your baby. This may mean changing your position so you are lying back with your legs supported.

Babies delivered head first have a 1 in 1000 risk of needing special neonatal support. Breech babies have a slightly increased risk of 2 in 1000. Babies delivered by caesarean section have a risk of 1 in 2000.

It is normal for a baby born in the breech position to be quiet during the first minute after birth. But, at 5 minutes after birth, a breech baby's condition is similar to a headfirst baby. The condition of the baby at 5 minutes is important in helping us to decide if your baby needs neonatal special care support.

The risk of complications for the mother are lower in a successful vaginal birth compared to a planned caesarean section. Caesarean section also increases the risk of complications in future pregnancy.

External Cephalic Version (ECV)

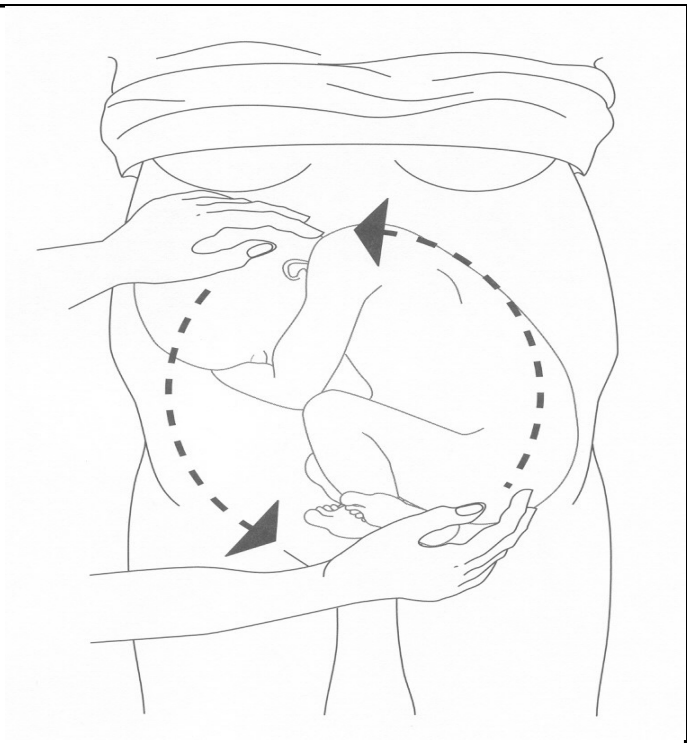
ECV involves turning your baby. We apply gentle but firm pressure to your tummy (abdomen) to try to get your baby head first. Research suggests the best time to have an ECV is after 36 weeks if this is your first pregnancy or after 37 weeks if you have had babies before.

Our data at Leicester's Hospitals suggests that ECVs are successful in 50% of attempts. In successful attempts 80% of women will go on to have a vaginal birth.

ECV's are done in hospital with you lying on a sofa or bed. You will not need anaesthetic or pain relief. You will have a scan first, to check that the baby is still breach and to monitor the baby's heartbeat. A specialist doctor (obstetrician) will do procedure.

We will offer you an injection of terbutaline. This will help to relax the muscle of your uterus. This makes it easier to turn your baby. We will not offer you this drug if you are allergic, have high blood

pressure or have problems with your heart. It is safe to use this drug in pregnancy. It increases the chances of the ECV being successful.



After the ECV we will check your baby's position on an ultrasound scan and monitor your baby's heartbeat.

ECV's are generally safe. About 1 in every 200 babies having this procedure are delivered by C-section due to bleeding from the placenta or changes in your baby's heart rate. For this reason, we have an emergency pathway ready. We can offer a C-section immediately if needed.

We will talk to you about your options if the ECV is not successful.

If your ECV is successful it is very likely to stay that way until you give birth. About 3 in every 100 babies will turn back. If this happens we will review your pregnancy and talk about your options.

If you are RhD negative blood group we will give you a dose of anti-D (500 units). You will also have blood tests before you are discharged. This is to check if you need any more doses of anti-D.

After an attempted ECV, you should phone the maternity assessment unit immediately if you have:

- **Pain in your tummy (abdomen)**
- **Vaginal bleeding**
- **Any sudden reduction in your baby's movements**

The number for the maternity assessment unit can be found in your handheld maternity notes.

Elective Caesarean Section

This is when you choose in advance to have your baby through a planned caesarean section (or C-section). This is an operation to deliver your baby through a cut made in your tummy and womb. This avoids a vaginal birth altogether. It lowers the risk of complications for the baby to 0.5 in 1000. But, it is major surgery for the mother. It involves a longer hospital stay, more blood loss and potential complications if you have another baby in the future. We do elective caesareans after 39 weeks. This reduces the risk of breathing difficulties for the new-born.

If you choose to have your baby by elective C-section you will have a scan before the operation. This is to check that your baby is still in a breech position. If your baby has turned around and is now head first, then your C-section will be cancelled unless there are other clinical reasons why it is needed. If you have been booked for a C-section but are already in rapid or advanced labour you will be reviewed by the medical team to talk about the options that are best for you and your baby.

Contact details

Antenatal Services Midwives, Leicester Royal Infirmary: 0116 258 6106

Antenatal Services Midwives, Leicester General Hospital: 0116 258 4829

Delivery Suite, Leicester Royal Infirmary: 0116 258 6451 or 0116 258 6452

Delivery Suite, Leicester General Hospital: 0116 258 4807 or 0116 258 4808

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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