Important information if your baby is breech

Your baby has been found to be in a breech presentation – that is, your baby is coming bottom first rather than head first. As your baby is expected fairly soon, this leaflet is to help you decide what we should do now.

ECV

About 3-4% of babies remain in a breech presentation at 36 weeks of pregnancy. Some of these babies can be turned by a process known as external cephalic version (ECV). Overall the chances of our turning your baby to a head down position are about 50%. The chances are higher if you have had a baby before, if there is plenty of fluid around your baby, if your baby's buttocks are not engaged in your pelvis and if the afterbirth is on the back wall of your womb. The best time for us to try ECV is after 36 weeks if this is your first baby and 37 weeks if you have had a baby before.

Is ECV safe?

ECV is a very safe procedure with a very small risk of complications. However there have been a very few reports of separation of the placenta, bleeding from the baby to the mother and rupture of the womb. The overall risk seems to be about 0.5% of emergency caesarean section following ECV with no increased risk of the baby suffering harm.

Because there is a very slight risk of needing an emergency caesarean section we will only offer you ECV in the consultant unit of the hospital. We will want to monitor your baby for at least 20 minutes before the procedure and again afterwards, to make sure that your baby is healthy before we start and that we haven't caused any distress by the procedure; we will do this whether or not we have managed to turn your baby. If you are rhesus negative, you may be offered an anti-D injection after the ECV just in case any of the baby's blood cells have got into your bloodstream.

Is it painful?

Women's experience of ECV varies from feeling very little to finding it extremely uncomfortable. If you do find it too painful, we will of course, stop at once. The person doing your ECV will also advise you whether or not it's worth continuing if the baby does not turn straight away. Generally, you are likely to experience more pain if your baby does not want to turn.

Can I definitely have an ECV?

There are very few reasons why you would not be able to have an ECV. Obviously there is no point in trying to turn the baby if you need to have a caesarean section anyway (for example if you have had 3 previous caesarean sections or your afterbirth is lying low in the womb). We also won't want to try to turn your baby if you have had a bleed in the last few days, if your membranes have ruptured, if your baby's heartbeat tracing is not normal or if you are known to have an abnormality of your womb. Nearly all women are able to have an ECV attempt if they want to. If you have had a previous caesarean section you can usually still try an ECV if you wish.

What happens during ECV?

You will be given a time to come to the maternity assesssment centre at Calderdale Royal Hospital. Initially we will monitor your baby's heartbeat for at least 20 minutes. If the baby is happy, we will then lay you flat and then tip you head down to help move the baby's bottom out of your pelvis. You may also be tilted slightly to your left side and you may be given an injection to help your womb relax (this depends on who is doing your ECV and which technique they prefer).

Some talc or oil will be smoothed on to your tummy to prevent your skin from catching as we try to turn the baby. Your "operator" will then use both their hands to try to get the baby to do a somersault to a head down position. This is when it may become uncomfortable; you may find the pressure quite painful and are advised to tell your operator if you either need a brief rest or if you want them to stop altogether. We are usually prepared to have 2 or 3 attempts at the procedure but will not continue if it is obvious that the baby doesn't want to turn.

When we have finished, whether or not we have persuaded the baby to turn, you will have another monitoring. Occasionally the baby's heartbeat tracing can be changed a bit after the procedure; however this is usually only for a brief time and we will just need to continue the monitoring for a bit longer than usual. Only very rarely (about 0.5% of ECVs) will we need to deliver the baby by caesarean section because the baby has been distressed by the ECV.

If we do manage to turn your baby, there is only a very small chance that it will turn back again, but if you do think this happens, you should contact the maternity assessment centre.

What if ECV fails or I don't want it?

If your baby fails to turn by itself, with ECV or you don't want to have an ECV, your choice is between having a planned caesarean section or a vaginal breech birth.

Vaginal breech birth or caesarean section – the evidence

There was a large study published in 2000 (theTerm Breech Trial), which seemed to show that having a vaginal breech birth was more dangerous to the baby than being delivered by planned caesarean section (C/S). As a result the Royal College of Obstetricians and Gynaecologists and the National Institute for Clinical Excellence recommended that all women whose baby was breech at term should be advised to have a C/S.

However, since then, the results of the study have been looked at again and it has become obvious that the situation is not as clear cut as had been thought. In the longer term, when the babies in the study were followed up for over 2 years, it became obvious that there was no difference between the babies delivered by C/S and those delivered vaginally.

If you choose to have a planned C/S the immediate risk to the baby is reduced but the long term health of your baby will not change.

A recent large study has shown that, when vaginal breech birth is managed properly in a unit with good experience of this, the outcome for both mums and their babies is excellent.

If you have a caesarean section there is a greater likelihood that you will suffer complications than if you give birth vaginally. There shouldn't be any long term risks to your health outside of pregnancy, but having a caesarean section may have an influence on future pregnancies. It's difficult for us to tell you exactly how significant these risks will be. You will certainly be more likely to need a C/S in future and we don't recommend a large number of sections; there is also a very small risk of the scar giving way in another labour and this can put your baby at risk.

Can I definitely try to have a vaginal breech birth?

There are a few reasons why we definitely would not recommend that you try to birth your baby vaginally. You might have to have a caesarean for other reasons such as a low-lying afterbirth; you may have a very small pelvis that makes it difficult for your baby to engage in the pelvis; your baby may be thought to be too big or too small or be holding it's head in an awkward position or be presenting feet first rather than bottom first. If you have had a caesarean section before we will generally recommend that you have another section if your baby is in a breech presentation. However, there isn't really any good evidence to justify this, so if you are very keen to try to birth your baby vaginally we will be very happy to discuss this with you.

We will want to scan your baby carefully to get an idea of it's size, the exact position it's lying in and the position of the baby's head. Depending on the results of your scan, we may suggest that it would be safer for you to have a C/S than to attempt vaginal birth.

How will I be managed if I labour?

Because of the small risk to babies in labour and because some women will need a C/S in breech during labour, we recommend that you labour in the consultant unit. We will also recommend that we keep a continuous check on the baby's heartbeat.

If there is any evidence that the baby is becoming distressed, we will advise caesarean section. We are happy to break your waters if this is necessary, but we will not start you on a drip to speed up labour if it is not going well. This is because we would be concerned that the baby is too big to come through your pelvis and would want to deliver the baby by C/S. Most consultants would not be happy to induce your labour if the baby is breech or in the wrong position.

What about pain relief?

You are most welcome to choose whatever form of pain relief you think is best for you. As far as possible we will encourage you to remain upright and mobile during your labour as this helps both your contractions and the descent of your baby through your pelvis. However, there is no reason why you can't have an epidural if this is what you want. There is some evidence that a breech labour can be quicker and less painful!

What about the actual birth?

If you are having a planned vaginal birth in the consultant unit we will usually advise that you deliver sitting upright as possible with your legs in supports, as this is the position with which most of us trained in vaginal breech birth are most familiar and comfortable. Another good position for breech birth which is becoming more popular is with you kneeling or in an all fours position. If you are keen to birth in this position please discuss this with your midwife or obstetrician.

We will discourage you from pushing until the baby's buttocks are almost delivered, as this gives you the best chance of having a vaginal birth. If there is any delay in the delivery of the baby's buttocks, we will recommend caesarean section.

Vaginal breech birth can sometimes be rather disconcerting for those not familiar with it, as the secret of assisting breech birth is for the attendants to do almost nothing! This means that you, and those with you for the birth, may see the baby's legs and body just hanging out of your vagina, often with the baby kicking quite a lot, and nothing being done. This is quite normal and will not hurt your baby at all. The only time when we plan to do anything to assist your birth is when the baby's head is delivering. Normally, this assistance will just be with the delivering person's hands but occasionally we need to use forceps to help birth the baby's head. We will only give you an episiotomy if this is felt to be absolutely necessary. It is very important that you listen to the person supervising your birth and try to do what they ask you to do.

We always have a baby doctor present for a breech delivery as it is very normal for the baby to need a little bit of resuscitation when delivered. This is because your baby's chest will deliver before the head and it's cord will tend to be squeezed between the head and the bones of your pelvis. Most babies perk up very quickly and will be back with you within minutes. If the baby doesn't need any resuscitation measures, you will be able to put the baby skin to skin immediately.

We do sometimes recommend that you deliver in the maternity theatre, just in case anything goes wrong at the last minute. If you don't feel happy about this please feel free to discuss it with those looking after you.

What if I choose a caesarean section but go into labour first?

If you think you are in labour you should ring the Maternity Assessment Centre and let them know that you are in labour, your baby is breech and therefore you are going to come in. If you are just in early labour, your baby is still breech and you want to proceed with caesarean section, we will arrange this for you.

However, if you are labouring very quickly, such that we would need to do the caesarean section very quickly, it may be safer to continue in labour and try to have your baby normally. This will be particularly the case if you have had normal births before without problems.

If you choose to have a C/S, we will perform an ultrasound scan when you come in to have your operation. If your baby has turned by itself and so is lying head down, then you will be able to go home and wait for labour, unless you have another indication to have a caesarean section.

What about my next delivery?

You are slightly more likely to have another breech presentation if you have had one before.

If you have successfully delivered this baby vaginally, we will confidently expect you to have a vaginal delivery in future, whether your baby is head down or breech.

If you have had a planned caesarean section for this baby or emergency you will be offered an appointment with a senior midwife or doctor in your next pregnancy to discuss your options for birth next time. Most women will be able to birth vaginally if they wish with around a 75% success rate.

Please feel free to discuss anything in this leaflet with any of the professionals providing your care in this pregnancy.

There is more information available on the RCOG website about ECV and breech presentation and we would advise you to have a read through (see references below)

References
External cephalic version and reducing the incidence of breech presentation. RCOG Clinical Guideline No 20a, March 2017
The management of breech presentation.
RCOG Clinical Guideline No 20b, March 2017

If you have any comments about this leaflet or the service you have received you can contact :

Consultant Obstetrician
Antenatal Clinic
Calderdale Royal Hospital
Telephone (01422) 224580

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں.

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم المذكور أعلاه"