St George's University Hospitals NHS
NHS Foundation Trust

Breech BirthService

Information for parents

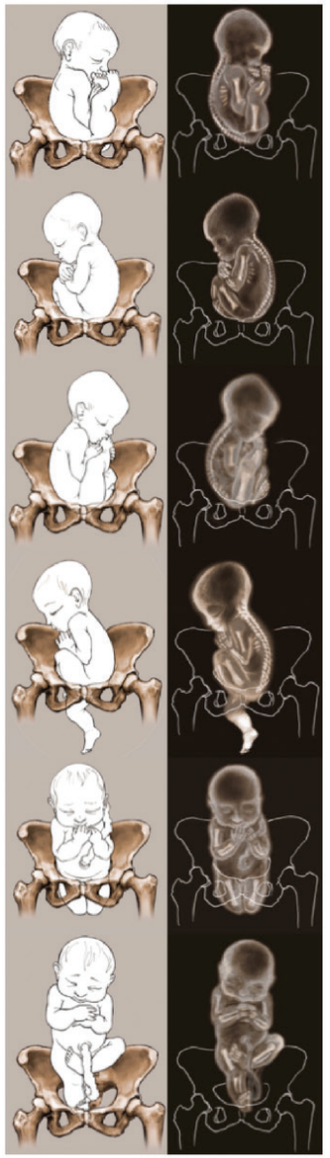
Image by Merlin Strangeway ©

Breech presentation means your baby's bottom is down and the head is uppermost in the womb. You may feel your baby's kicks lower down your abdomen and the head under your ribs. About 1:25 (3-4%) babies are breech at the end of pregnancy. We would like to invite you to the Breech Clinic to discuss your options. These may include: trying to turn your baby to a head down position, aiming for a vaginal birth or a planned caesarean section.

Babies can present in the breech position for many different reasons such as a low-lying placenta or fibroids. We will try to identify any complications which may have resulted in your baby's breech position so we can best discuss with you the safest recommendations for birth. But most breech presentations occur simply because the baby runs out of space in the womb to turn to a head down position.

You will be offered a detailed ultrasound scan to identify any concerns, the amount of fluid and the current position of the baby. This is important because in some cases there are increased risks associated with different breech positions.

Variations of Breech Presentation



Illustrations by Kate Evans

Frank Breech

Hip joints flexed, knees extended

Flexed Breech

Complete

Both hip joints flexed, both knees flexed

Incomplete

Both hip joints flexed, one knee flexed, one knee extended

Incomplete / 'Dropped Foot' in labour

One hip flexed, one hip extended

Kneeling Breech

One or both hips extended, one or both knees flexed and presenting

Standing / Footing Breech

Both hip joints extended, both knees extended, fetal of perinatal mortality (death) with this presentationfrom 2:1000 to 3:1000 births compared to frank, complete and incomplete breech presentations

Will my baby turn on its own?

If this is your first baby or you have had a baby in the breech presentation before it is unlikely that your baby will turn head down on its own after 36 weeks gestation.
The extended (frank) breech position also reduces the likelihood of your baby turning head down.

If this is not your first baby and you have had a head down baby before, about 1:3 babies will turn on their own after 37 weeks. However, you may wish to make a birth preference plan in case your baby does not turn on its own.

Can my baby be turned head down?

External cephalic version (ECV) is a procedure to turn your baby to a head down position. Attempting ECV will increase your chances of having a vaginal birth (80% chance) and lower the chances of a caesarean section. ECV is a common and safe procedure. Up to half of all attempts are successful, but ECV success rates differ in each hospital.

Our ECVs are performed on delivery suite. We ask you to phone delivery suite on **0208 767 4654** at 08:00 am on the morning of your ECV to confirm they are not too busy and be given a time to attend. Although the procedure itself takes 10-15 minutes, you are likely to be on delivery suite for a lot longer because we monitor the baby before and after.

ECV Procedure

The procedure will be performed by an obstetric consultant or specialist trainee. You can ask as many questions as you like with the staff present, and you are able to change your mind about having the procedure.

About 10-20 minutes before we will offer you an injection to help relax the womb. While you are lying in a flat or semi-recumbent position on the bed, the doctor will place their hands on your abdomen to move the baby up and out of the pelvis. They will attempt to turn the baby through a forward or backward somersault to a head down position. They will then check the baby's new position with an ultrasound. You may find this procedure uncomfortable.

After the procedure we will monitor your baby's heartbeat again for about 30-60 minutes minutes. If your blood group is rhesus negative you will be given an injection of anti-D. This is because there can be transfer of some of the baby's blood cells to the mother which can sensitise her for future pregnancies. Your midwife or doctor will be able to explain in more detail if you wish.

ECV is a very safe procedure for you and for your baby, however, as with all procedures there are potential risks involved. The main risks of the procedure are:

- The baby may turn back to breech presentation in 3% of cases.
- Rarely there is bleeding behind the placenta or fetal compromise which can require delivery by caesarean section. This occurs only 0.5% of cases or less.
- Your waters may break.

It is also important to note that even after a successful ECV there is evidence to suggest there is an increased chance of requiring an emergency Caesarean section.

What are my birth options?

Elective Caesarean section – this is planned surgery at about 39 weeks gestation. At this point in pregnancy, we expect your baby's lungs to be mature enough to be born without additional difficulty, and most women will not go into labour before this. Caesarean sections performed in labour have a greater risk than those which are planned. If spontaneous labour starts prior to a planned Caesarean section and you were found to be in the advanced first stage or second stage of labour, a vaginal breech birth may be a safer option at this time than a Caesarean section.

Vaginal breech birth – Your labour would start spontaneously and when you attend in labour you would be cared for by a midwife. All pain relief options are available, but an epidural may increase the chance of having intervention such as a caesarean section. You would be encouraged to mobilise during your labour. You may choose your birthing position, such as on your knees or on your back, together with the health professional attending your birth. An obstetric doctor and a neonatal doctor will be present for the birth as well in case of any complications.

If we have any concerns about the baby's condition during birth, we would recommend a caesarean section. This happens during about 1:3 planned vaginal breech births. Complications can arise at the time of the birth which may require manual manoeuvres to resolve, including the use of forceps for the aftercoming head. You can speak through any concerns at the Breech Clinic.

How safe are my choices?

The RCOG (2017) guideline states the following risks of perinatal mortality (death) to your baby:

- Planned caesarean section – 0.5 per 1000 births (0.05%);
- Cephalic (head down) vaginal birth – 1 per 1000 births (0.1%);
- Breech vaginal birth – 2 per 1000 births (0.2%).

Research has shown no difference in long-term outcomes (death or neurodevelopmental delays) for babies whether a vaginal breech birth or caesarean section is planned. Most babies who are unwell in the early days following a difficult birth grow up to be healthy. The most likely outcome, regardless of how you choose to give birth, is that you and your baby will be healthy.

Serious risks with a first caesarean section are very rare, provided you are fit and healthy, but they also have some risks. For the mother, these include:

- Excessive bleeding;
- Wound infection (common and can take several weeks to heal);
- Blood clots in the legs which can travel to the lungs;
- Damage to the bowel or bladder (0.1%) or to your ureter, the tube connecting your kidney to your bladder (0.03%).
- Abnormal placental implantation in future pregnancies.

A planned caesarean section is also associated with a slightly increased risk of stillbirth in future pregnancies, and additional risks to women in future births. However, a vaginal birth after caesarean (VBAC) is possible and encouraged.

Breech Clinic Monday's 12:00 to 17:00
Email: **breechclinic@stgeorges.nhs.uk**

Further information and reading:

- **RCOG Green-top Guideline 20b: Management of Breech Presentation**
  - https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg20b/
- **RCOG leaflet: Choosing to have a caesarean section**
  - https://www.rcog.org.uk/en/patients/patient-leaflets/

St George's Healthcare NHS Trust
St George's Hospital
Blackshaw Road
London
SW17 0QT
Tel: 020 8672 1255
Website: www.stgeorges.nhs.uk

Job Ref: 110805
Produced by Emma Spillane
Designed by Media Services, SGUL