

WELLINGTON
OBSTETRICS



BREECH PRESENTATION

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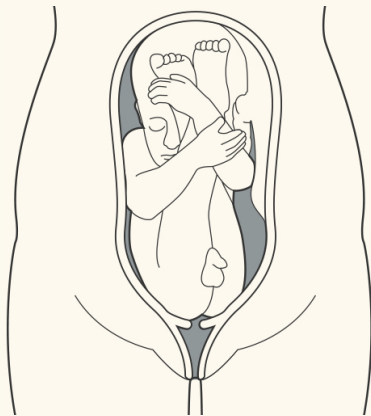
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BREECH PRESENTATION

WHAT IS BREECH PRESENTATION?

Breech presentation is when your baby is presenting bottom or feet first, rather than head first. Approximately three per cent of babies are breech at term (37 to 42 weeks).

WHAT ARE THE TYPES OF BREECH PRESENTATION?



Frank (or Extended) Breech

Legs are straight and feet are up near your baby's head.



Complete (or Flexed) Breech

The baby is bottom first, with the thighs against the chest and the knees bent



Footling Breech

Foot or feet are below your baby's bottom.



WHAT ARE THE CAUSES OF BREECH PRESENTATION?

Breech presentation is more common in conditions such as:

- multiple pregnancy
- placenta praevia
- too much, or too little, amniotic fluid
- uterine abnormalities or pelvic masses
- certain conditions of your baby.

An ultrasound will be performed to exclude any of these reasons; however, more commonly than not, no specific cause is identified. All babies will have a newborn examination.

WHAT ARE THE RISKS FOR MY BABY OR ME?

If your baby presents as breech at term there is an increased risk of you needing a caesarean birth or having a complicated vaginal birth. Studies about the risks of breech presentation for both mother and baby show that, in certain situations, it can be safe to birth vaginally. However, there are some situations that will increase the risks for your baby. A caesarean birth also has increased risks for you compared to a vaginal birth. Therefore, all risks must be carefully considered when deciding what management option is right for you and your baby.

The lowest risk type of birth, for both mother and baby, is usually a vaginal birth where the baby is head first. Attempts to encourage your baby to turn will form part of the care, which may be offered to you.

WHAT IS THE CHANCE OF MY BABY TURNING SPONTANEOUSLY?

During pregnancy, many babies are in the breech position; however, most of these turn spontaneously before 37 weeks. If your baby is still breech at 37 weeks the chances of your baby turning by itself are considered to be low; therefore, you will have an opportunity to discuss the implications of this for your birth plan and what options are available to you.

WHAT ARE MY OPTIONS?

External Cephalic Version

External cephalic version (ECV) is recommended, when no contraindication exists, as it can reduce the need for a caesarean birth. ECV is a commonly practiced procedure with a low risk of complications. This procedure is carried out in the Delivery Suite and your baby will be monitored before, and after, the ECV. The success rate is approximately 60 per cent. For further information about ECV please refer to ECV pamphlet. Should you not be suitable for, or decline, an ECV or if you have an unsuccessful ECV, other options will be discussed with you.



Elective Caesarean Birth

If there are reasons specific to you or your baby why a planned vaginal breech birth is not advised or, if after discussion, your preference is for planned caesarean birth, this is usually performed after 39 weeks. The Royal College of Obstetricians and Gynaecologists (RCOG) and the National Institute for Health and Clinical Excellence (NICE) recommends that caesarean delivery is safer for the baby around the time of birth. For further information about caesarean births please refer to caesarean birth pamphlet.

Vaginal Breech Birth

Your doctor will discuss with you whether you are suitable for a planned vaginal breech birth. Although the risks of a complicated birth are greater with breech presentation in general, studies have shown that, in carefully selected situations, outcomes for breech babies born vaginally are similar to those born by caesarean section. However, it may not be recommended as safe in all circumstances. It is a more complicated birth, as the largest part of the baby is last to be delivered and in some cases this may be difficult.

A vaginal breech delivery can only be supported when there is an obstetrician trained and experienced in delivering a breech baby vaginally and there are facilities at your hospital for an emergency caesarean delivery (should this be necessary).

You may be suitable for a vaginal breech birth if:

- you go into spontaneous labour
- the estimated weight of your baby, following ultrasound scan, is between 2500 g and 4000 g
- your baby is in either a complete (flexed) or frank (extended) breech presentation
- an ultrasound scan confirms your baby's neck is not over-extended
- the size and shape of your pelvis is adequate
- there is an absence of antenatal complications which may increase the likelihood of a difficult birth or make vaginal delivery unsafe.

During labour continuous monitoring of your baby's heart rate is recommended and regular assessment of the progress of your labour is important.

WHAT IF I AM IN LABOUR WITH A BREECH PRESENTATION?

If you are first diagnosed with a breech presentation in labour, or you present in labour prior to a booked elective caesarean birth your options will be discussed with you. An emergency caesarean birth carries additional risks for you and may provide no additional benefit to your baby in certain circumstances. The decision to perform an emergency caesarean birth or to proceed with a vaginal breech birth will depend on circumstances such as the type of breech, other antenatal risk factors



and the stage and progress of your labour. If the baby is close to being born, it may be safer for you to have a vaginal breech birth.

ARE THERE OTHER WAYS OF TURNING MY BABY?

There are many alternative therapies that women may try to turn a breech baby. While none of these have been proven to be effective, in general these therapies carry no significant risk.

