PATIENT EDUCATION

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

If Your Baby Is Breech

*Until the last few weeks of pregnancy, a **fetus** can change position in the **uterus** many times. In the last weeks, fetuses usually move so that their heads are positioned to come out of the **vagina** first during birth. This is called a **vertex presentation**.*

*A **breech presentation** occurs when the fetus's buttocks, feet, or both are in place to come out first during birth. This happens in 3–4% of full-term births. When it is known that the fetus is in a breech presentation before labor, special planning is needed.*

This pamphlet explains

- *factors related to a breech presentation*
- *finding the fetus's presentation*
- ***external cephalic version (ECV)***
- *options for how the fetus is born*

Factors Related to Breech Presentation

It is not always known why a fetus is breech. Some factors that may contribute to a fetus being in a breech presentation include the following:

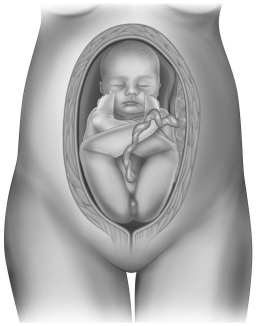
- You have been pregnant before.
- There is more than one fetus in the uterus (twins or more).
- There is too much or too little ***amniotic fluid***.
- The uterus is not normal in shape or has abnormal growths, such as ***fibroids***.
- The ***placenta*** covers all or part of the opening of the uterus (***placenta previa***).
- The fetus is ***preterm***.

Occasionally fetuses with certain birth defects will not turn into the head-down position before birth. However, most fetuses in a breech presentation are otherwise normal.

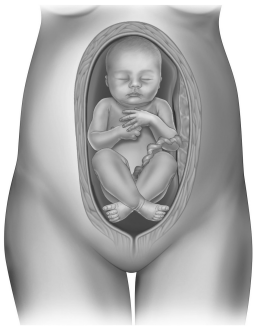
Finding Out the Fetus's Position

Your health care professional may be able to tell which way your fetus is facing by placing his or her hands at certain points on your abdomen. By feeling where the fetus's head, back, and buttocks are, it may be possible to find out what part of the fetus is presenting first. This method is far from foolproof, though. If your

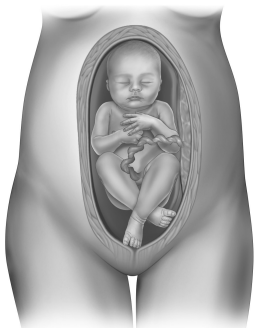
The Three Types of Breech Presentation



1. Frank breech: The legs point up in front of the fetus's body, with the feet near the head.



2. Complete breech: The legs are folded at the knees, with the feet near the buttocks.



3. Footling breech: One or both feet point down.

health care professional suspects that the presentation is breech, an ***ultrasound exam*** or ***pelvic exam*** may be used to confirm it.

The fetus's presentation can change until the end of pregnancy. As the time of delivery nears, some fetuses may turn on their own. Your health care professional may not know for sure if your fetus is in a breech presentation until labor starts. Sometimes a breech presentation is first found during a pelvic exam of a woman in labor.

External Cephalic Version

If the fetus is breech and your pregnancy is greater than 36 weeks, your health care professional may suggest external cephalic version (ECV). This is an attempt to turn the fetus so that he or she is head down. It can improve your chance of having a vaginal birth.

ECV will not be tried if

- you are carrying more than one fetus
- there are concerns about the health of the fetus
- you have certain abnormalities of the reproductive system
- the placenta is in the wrong place
- the placenta has come away from the wall of the uterus (***placental abruption***)

ECV can be considered if you have had a previous ***cesarean delivery***.

ECV usually is done near a delivery room. If a problem occurs, a cesarean delivery can be performed quickly, if necessary. The fetus's heart rate is checked with fetal monitoring before and after ECV. If any problems arise with you or the fetus, ECV will be stopped right away.

Medication sometimes is given before ECV to relax the uterus, which may make turning the fetus easier. You also may receive pain medicine, such as an ***epidural block*** or medication given through an ***intravenous (IV) line***.

To turn the fetus, the health care professional places his or her hands on your abdomen. Firm pressure is applied to the abdomen so that the fetus rolls into a head-down position. Two people may be needed to perform ECV. Ultrasound also may be used to help guide the turning.

Complications can occur with ECV. These complications may include the following:

- ***Prelabor rupture of membranes***
- Changes in the fetus's heart rate
- Placental abruption
- Preterm labor

More than one half of attempts at ECV succeed. However, some fetuses who are successfully turned with ECV move back into a breech presentation. If this happens, ECV may be tried again. ECV tends to be harder to do as the time for birth gets closer. As the fetus grows bigger, there is less room for him or her to move.

Risks of Vaginal Birth

At birth, the head is the largest and firmest part of the fetus's body. In the head-down position, the head comes out first. In most cases, it is then easy to guide the rest of the body through the vagina. In a breech presentation, the body comes out first, leaving the fetus's head to be delivered last. The fetus's body may not stretch the ***cervix*** enough to allow room for the fetus's head to come out easily. There also is a risk that the fetus's head or shoulders may become wedged against the bones of the mother's pelvis. Serious injuries are possible if either occurs.

Another problem that can happen during a vaginal breech birth is a prolapsed ***umbilical cord***. In a vertex delivery, the umbilical cord usually comes out last after the fetus is born. But in a breech delivery, there is a chance that it can slip into the vagina before the fetus is delivered. If there is pressure put on the cord or it becomes pinched, it can decrease the flow of blood and ***oxygen*** through the cord to the fetus.

Options for Delivery

Most fetuses that are breech are born by planned cesarean delivery. A planned vaginal birth may be considered in some situations. Vaginal birth and cesarean birth carry certain risks when a fetus is breech. Your health care professional will review the risks and benefits of both types of birth in detail. Together you can decide on the best plan for you and your fetus.

Although a planned cesarean birth is the most common way that breech fetuses are born, there may be reasons to try to avoid a cesarean birth.

- A cesarean delivery is major surgery. Complications may include infection, bleeding, or injury to internal organs.
- The type of ***anesthesia*** used sometimes causes problems.
- Having a cesarean delivery also can lead to serious problems in future pregnancies, such as rupture of the uterus and complications with the placenta.

With each cesarean delivery, these risks increase.

Planned vaginal birth of a single breech fetus may be an option in some situations. You usually need to meet certain guidelines specific to your hospital. The experience of your health care professional in delivering vaginally also is an important factor. Before deciding on a planned vaginal birth, you should understand that the risks of problems for your fetus are higher than if a cesarean delivery is planned.

Finally…

If your fetus is in the breech position as your due date draws near, ECV may be recommended. If the fetus is still breech when it is time for delivery, a planned cesarean delivery is the most common way that breech babies are born, although a planned vaginal birth is possible in some situations. Your health care professional will discuss the risks and benefits of each option so that together you can plan the type of delivery that is best for you and your baby.

Glossary

Amniotic Fluid: Fluid in the sac that holds the fetus.

Anesthesia: Relief of pain by loss of sensation.

Breech Presentation: A position in which the feet or buttocks of the fetus would appear first during birth.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Cesarean Delivery: Delivery of a fetus from the uterus through an incision made in the woman's abdomen.

Epidural Block: A type of pain medication that is given through a tube placed in the space at the base of the spine.

External Cephalic Version (ECV): A technique, performed later in pregnancy, in which the doctor attempts to manually move a breech baby into the head-down position.

Fetus: The stage of human development beyond 8 completed weeks after fertilization.

Fibroids: Growths that form in the muscle of the uterus. Fibroids usually are noncancerous.

Intravenous (IV) Line: A tube inserted into a vein and used to deliver medication or fluids.

Oxygen: An element that we breathe in to sustain life.

Pelvic Exam: A physical examination of a woman's pelvic organs.

Placenta: An organ that provides nutrients to and takes waste away from the fetus.

Placenta Previa: A condition in which the placenta covers the opening of the uterus.

Placental Abruption: A condition in which the placenta has begun to separate from the uterus before the fetus is born.

Prelabor Rupture of Membranes: Rupture of the amniotic membranes that happens before labor begins. Also called premature rupture of membranes (PROM).

Preterm: Less than 37 weeks of pregnancy.

Ultrasound Exam: A test in which sound waves are used to examine inner parts of the body. During pregnancy, ultrasound can be used to check the fetus.

Umbilical Cord: A cord-like structure containing blood vessels. It connects the fetus to the placenta.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus.

Vagina: A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

Vertex Presentation: A presentation of the fetus where the head is positioned down.

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