

Understanding Options for Babies in the Breech Position

Babies typically begin to shift into a head-down position in the uterus a few weeks before delivery. However, in some cases, the baby may lie feet or bottom first. When this happens, it is called a breech position. In this position, the baby may have a harder time delivering through the vagina. If your baby is breech, you and your provider will talk about your options based on the details of your pregnancy.

One option is a procedure called External Cephalic Version (ECV). It involves turning your baby to the head down position in preparation of a vaginal birth. Cesarean birth is another option. In certain circumstances, a vaginal breech delivery may still occur.

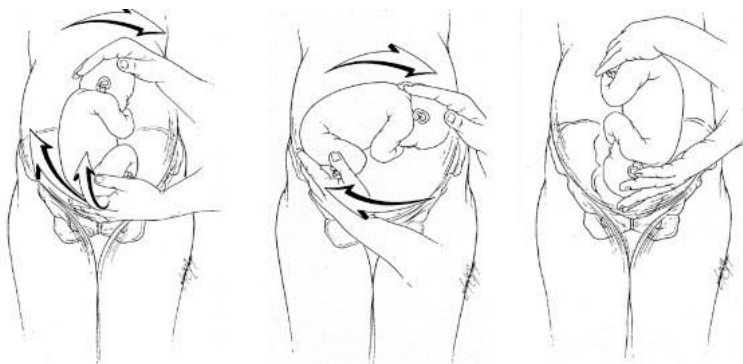
About External Cephalic Version (ECV)

The goal of a successful ECV is a vaginal birth. It is not a guarantee, as a cesarean birth during labor may be necessary for other reasons. The benefits of a vaginal birth compared to a cesarean are:

- Faster recovery
- Shorter hospital stay
- Future lower risk deliveries
- Baby would be less likely to have breathing problems
- Vaginal birth may help your baby's immune system

The procedure is done in the hospital at or after 37 weeks. An ultrasound will check the baby's position, heart rate and amount of fluid. You may have an IV placed and get bloodwork. You may receive medicine to relax the uterus called Terbutaline. This medicine is safe for you and your baby. It may make your heart beat fast and body feel flushed for a short time.

For the procedure, your doctor will apply gentle but firm pressure on your belly and try to turn the baby. The average number of tries is three. Each try lasts about 1-3 minutes. At the end of the procedure, the baby's position is checked and the baby's heart rate is monitored. If your blood is Rh negative, you will receive a "Rhogam" shot. You can expect to go home in a few hours. Once home, you should avoid heavy lifting, or heavy exercise for 24 hours. You are encouraged to contact us right away if you have bleeding, pain, leakage of fluid, contractions or feel decreased movement of the baby.



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ECV is a generally safe and recommended procedure. During the procedure, you can expect some discomfort. In very rare cases, less than 1% of the time, serious complications may occur including:

- Cord prolapse
- Placental abruption, which is separation of the placenta from the wall of the uterus
- Preterm labor
- Preterm rupture of membranes
- Temporary change in fetal heart rate tracings indicating ongoing fetal stress

If any of these complications happen, you may need an emergency cesarean birth. For this reason, ECV is only tried in the hospital. Fetal death from ECV is a very rare event.

If your ECV is successful, we will continue to monitor the baby's position during your regular visits. At 39 weeks, we may discuss induction. If your ECV is not successful, we will talk about trying again or plan for a cesarean birth. Sometimes when repeating the ECV, a "spinal" or epidural anesthesia is offered. Studies show it increases the chances of the baby turning. In this case, an anesthesiologist will talk to you about the risks of anesthesia in more detail.

Understanding Cesarean Birth

Cesarean birth is another option for breech babies. Delivering a baby breech by cesarean is safer than delivering the baby breech vaginally. Overall, cesarean births are safe. Complications from a cesarean birth are less than 3% and can occur during surgery or impact future pregnancies.

Complications as a result of surgery:

- Infection
- Bleeding or organ damage
- Blood clots and in very rare cases, death

Complications in future pregnancies:

- Possible placental attachment problems and uterine scar breakdown. These risks increase with each cesarean birth.
- Higher risk for complications.
- Longer recovery time for the mother

Please speak with your provider to learn more about your options.