



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

My Baby is Breech

Information for patients, relatives and carers

① For more information, please contact:
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Maternity Services

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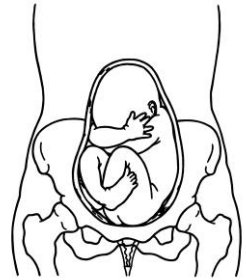
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What does 'Breech' mean?

Breech presentation means that your baby is lying with its bottom/feet down and its head uppermost in the womb.

Breech presentation is common in early pregnancy and around 3-4 percent (%) of babies remain breech from 36 weeks of pregnancy.



Why is my baby breech?

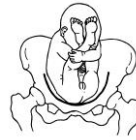
Most breech presentations occur because baby runs out of space in the womb to turn into a head down position. However, there are certain factors that result in baby staying in a breech position:

- Low lying placenta
- Fibroids
- First pregnancy
- Polyhydramnios – more fluid around baby than usual
- Oligohydramnios – less fluid around baby than usual
- Multiple pregnancy

Variations of Breech

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 extended



Incomplete/ 'Dropped Foot'
in labour

One hip flexed, one extended



Kneeling Breech

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



Standing/Footling Breech

Both hips extended



Turning Baby – External Cephalic Version (ECV)

ECV is a procedure used to turn baby into a head down position (the safest way for baby to be born is vaginally from a head down position). Though, a small number of babies turn themselves back into the breech position.

Vaginal breech birth

After a discussion with your healthcare professional about you and your baby's suitability for a breech delivery, you may choose to have a vaginal breech birth. You should plan a hospital birth where you can have an emergency caesarean section if needed, as 30% of women planning a vaginal breech birth do need a caesarean section.

While a successful vaginal breech birth carries the least risks for you, it can cause serious short-term complications (that do not appear to have long term effects on your baby) including:

- Needing help to start breathing at birth
- Your baby may have palsy (paralysis) of the nerve in their face and neck, but this resolves after a short period.

A very small number of babies may suffer a brain injury if their head becomes stuck during the birth.

This is difficult to predict but is more likely if you are giving birth for the first time. Brain damage is serious and may leave the baby with difficulties in feeding, moving, growing or death.

These complications are not predictable or preventable.

What can I expect in labour?

Induction of labour is not recommended if your baby is in the breech position. Your labour would need to start spontaneously.

All pain relief options would be available. However, the best way to achieve a vaginal breech birth is by being upright and mobile.

For the birth it would be recommended that you are in an all fours position or on your back.

You will be cared for by a midwife and an obstetric doctor and a neonatal doctor will be present for the birth in case of any complications.

Through labour, we would advise that your baby's heart rate will be monitored continuously. If there are any concerns about the baby's wellbeing throughout labour, a caesarean section may be recommended. This happens in about one in three planned vaginal breech births.

You will be observed for signs of the second stage of labour. It is better if pushing is commenced when the baby's bottom can be seen.

Complications can arise at the time of the birth which may require manual manoeuvres to resolve, including the use of forceps to deliver the head.

Elective Caesarean Section

This is planned surgery to deliver baby from 39 weeks gestation. If you go into spontaneous labour it may be safer to deliver baby vaginally rather than having an emergency caesarean section.

What will a caesarean section mean for me and my baby?

It is important that you consider the risks and benefits carefully. People view risk differently and how you view risk depends to a large extent on your own circumstances and experience.

Risks for you

Having a planned caesarean section may make you feel more in control and avoid the anxieties and uncertainties of going into labour naturally. However, it is major abdominal surgery and can have complications. It will also affect your future pregnancies (see next page).

The most common risks when having a caesarean section include:

- Wound infection - this is common and can take several weeks to heal
- Blood clots in the legs that can travel to the lungs (DVT and PE)
- Bleeding more than expected

These risks are increased if you have a BMI >30. Serious complications are rare if it is your first caesarean section and it is planned in advance, as long as you are fit and healthy and are not overweight. However, serious complications become more common if you have repeated caesarean sections.

If you develop any complications, your recovery and stay in hospital will be longer.

Although you should not feel any pain during the caesarean section (because you will have an anaesthetic), the wound will be sore for the first few days. 1:10 women will experience discomfort for the first few months.

Risks for your baby

The most common problem affecting babies born by caesarean section is temporary breathing difficulties which may result in your baby needing care on the neonatal unit.

There is a small risk of your baby being cut during the operation. This is usually a small cut that isn't deep. This happens in 1-2:100 babies delivered by caesarean section, but usually heals without any further harm. Thin adhesive strips may be needed to seal the wound while it heals.

Babies born via caesarean section are more likely to develop asthma in childhood and become overweight.

Effects on future pregnancies

Future births are more likely to be by caesarean section. Though you will have the option to discuss and opt for a vaginal birth after caesarean section (VBAC) if your Obstetrician deems it safe to do so. You should consider the size of the family you want because the risks increase with the number of caesarean sections you have. Multiple caesarean sections carry serious risks which include the following:

- Damage to bowel or bladder (1:1000 women)
- Damage to ureter (the tube connecting the kidney to the bladder) (3:10,000 women)
- Need for a blood transfusion
- Emergency hysterectomy
- Placenta accreta – the placenta is abnormally attached to the uterus and does not come away during delivery as it should, resulting in you losing a lot of blood
- Experiencing a stillbirth (4:1000 women)

If you chose to have a caesarean section but go into labour before your planned operation, your healthcare professional will examine you to assess whether it is safe to go ahead. If the baby is close to being born, it may be safer for you to have a vaginal breech birth.

How safe are my choices?

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

- Planned caesarean section – 0.05% of births
- Cephalic (head down) vaginal birth – 0.1% of births
- Breech vaginal birth – 0.2% of births

Research has shown no difference in long term outcomes (death or neurodevelopmental delays) for babies whether a vaginal breech 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.

In 2020 across York Trusts Hospitals 4247 women were delivered. One of these women had a vaginal breech delivery at 39 weeks gestation.

We are here to help you consider the information that has been provided and to enable you to make a decision which you feel is best for you and your baby. If you have any questions please speak to your midwife or obstetrician.

Further Information

RCOG www.rcog.org.uk

NHS Choices www.nhs.uk/conditions/pregnancy-and-baby/pages/breech-birth.aspx

National Childbirth Trust (NCT)
www.nct.org.uk/birth/breech-birth

[Websites accessed November 2021]

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Maternity Services, c/o Patient Leaflet Team, Healthcare Governance, 98 Union Terrace, The York Hospital, Wigginton Road, York, YO31 8HE, telephone 01904 721045 or 725230 or email us at patient.information2@york.nhs.uk.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

如果你要求本資 不同的 或 式提供，電
或發電

Jeżeli niniejsze informacje potrzebne są w innym języku lub formacie, należy zadzwonić lub wysłać wiadomość e-mail

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