



Maitri Health Care for Women

Obstetrics, Gynecology and Midwifery

Amy Thibault, MD
Jennie Lowell, MD
Julie Wade, MD
Kristen Werner, CNM
Lindsay Smith, MD
Katherine Areson, MD
Lorraine Daily, FNP
Brianna Durkin, WHNP

185 Tilley Drive, South Burlington, VT 05403
Phone: 802-862-7338 Fax: 802-862-8411

Options for a Breech Positioned Baby

3-4% of babies are in a breech position at full term. Current practice guidelines recommend cesarean delivery as the safest way for a term breech (singleton) baby to be born. Cesarean section statistically reduces the risk of fetal and newborn death, as well as the risk of spine, neurological, and other birth injury to the baby.

There are some things that you can try to help your baby turn in order to be able to undergo labor and hopefully a vaginal birth.

1. **Breech exercises:** See next page for these exercises.
2. **Moxibustion:** This is a traditional Chinese medicine technique that involves burning herbs near acupuncture points at your feet. It is appropriate any time after 34 weeks and this has been statistically proven to reduce breech presentation. We can refer you to Charles Murodock (802-985-8800) who is skilled in acupuncture and acupressure and can teach you this technique.
3. **Webster Breech Technique:** This is a chiropractic technique performed at 36 weeks and beyond which involves releasing the round ligaments (which support the uterus) and the sacroiliac joints. It is designed to release any soft tissue tightness that may be making it hard for your baby to turn head down. This is a risk-free adjustment for you and your baby and is often the most effective technique to get your baby to turn. We recommend Hemmett Family Chiropractic (802-879-1703) for a chiropractor.
4. **Therapeutic Massage:** Softening and balancing your muscles and supporting structures of the body help to make room for your baby to turn head down.
5. **External Cephalic Version:** This is a procedure done by a Maitri doctor in the hospital any time after 37 weeks. The doctor will use her hands to attempt to rotate the baby by manipulating the baby's head and hips through your abdominal wall. It is moderately uncomfortable during the time that they are trying to turn the baby and it involves a several hour stay on Labor and Delivery. With a version attempt, there is a possibility of needing an urgent cesarean delivery due to water breaking, bleeding, or fetal distress. This is a very rare event. If you decide to try a version, you would be scheduled to go to Labor and Delivery at the hospital fasting as if you were going to have a cesarean section. You would have an IV placed in your arm and your baby would be placed on the fetal monitor. You would meet the anesthesia team and sign a consent for the version. You would then receive medicine (terbutaline) through the IV in order to help relax your uterine muscle. This medicine is short acting and lasts only for 10-20 minutes. It is safe for you and baby, but it may give you a "racing heart" and jittery sensation. The doctor uses the ultrasound machine for guidance and will generally try three times for a forward roll or a backward roll. If your baby does not turn with three attempts, it is considered a failed version. The success of the version depends on factors such as the amount of fluid your baby has around him/her, the position of the baby's feet and hips, the position of your placenta, how many babies you have had, and the thickness of your abdominal wall. The success rate varies from 10-50%. Risks of version include causing labor, your water to break, fetal distress, placental abruption (where the

placenta pulls away from the wall of the uterus), and bleeding. These things rarely occur but can lead to the need for immediate delivery.

If despite all of your (and our) best efforts and your baby remains breech, we recommend scheduling a cesarean delivery at 39 weeks. Some babies do turn on their own before the surgery date (even after failing other methods) and we will always check the baby's position prior to performing the surgery that day. At 39 weeks, all babies will have achieved lung maturity. A planned cesarean is preferable to having a woman present to the hospital in labor or after the water has broken if the baby is breech. This is because a planned cesarean allows for the woman to have surgery on an empty stomach which reduces the risk of pneumonia, reduces the risk of infection associated with labor or the water being broken, reduces the risk of cord prolapse where the water breaks and the cord slips between the fetal buttocks and cervix, and reduces the stress on the baby of going into labor buttocks first. Your cesarean will be performed by one of the Maitri MDs.

Breech Exercises

If your baby is in the breech position these exercises may help to turn the baby around to the vertex (head down) position. It is best to try these exercises when your baby is awake and active, but if that is not possible, attempt to do them three times per day.

1. **Pelvic Rock or Cat/Cow:** Get down on all fours and have your hands shoulder width apart and your knees hip width apart starting in a neutral spine position. Round or arch your back to the ceiling like a cat, tuck in your pelvis and take a deep breath in. Then let your breath out as you relax your low back and push your pelvis out and away. Do this 10 times in a row for at least 10 minutes.
2. **Breech Tilt:** Lie on your back with your knees bent. Elevate your hips and lower back with two or three pillows so that your hips are higher than your chest. Ideally, you should be at a 45 degree angle. Stay in this position for at least 10 minutes. If you find that you are very uncomfortable and are experiencing heart burn or shortness of breath, stop immediately and only do the pelvic rocks.
3. **Pelvic Rotations:** Rotating the hips allows the pelvis to open up, creating more room for baby to change position. You can perform these exercises standing or while sitting on a birthing ball. Rotate your hips in a circular movement 10 times in each direction. Repeat this exercise three times a day.
4. **Kneel lean or knee-chest position:** For this exercise, you may wish to place pillows under your knees and head for comfort. Kneel up with your knees shoulder width apart and your bottom in the air. Lean forward on your arms, so that your forehead is touching the floor. Hold this position for up to 15 minutes at a time and repeat three times a day.
5. **Back and forth:** Get into position on your hands and knees, you may wish to use pillows for comfort. Rock back and forth gently for up to 15 minutes and repeat this up to three times a day. You can also try crawling forward on your hands and knees as a way of opening up your pelvis.
6. **Light & Temperature:** Baby responds to dark and light and hot and cold. Start by you or your partner placing a flashlight at the baby's face and run it down to the base of your pelvis and sing, talk and coax the baby downward. You can also place ice packs in the rib area and heating pads at the base of the pelvis to entice baby away from the cold and toward the warmth.
7. **Music:** You can play music to the baby through ear phones placed on the lower portion of your uterus just above the pubic bone. Studies have shown that babies respond to classical music.
8. **Visualization:** In your mind's eye while doing any one of these exercises, visualize the baby turning around and positioning her/himself in the head down position.

Breech Vaginal Delivery

There is an option of a referral to one of the Maternal and Fetal Medicine Specialists at UVMHC, Dr. David Coggin-Carr for a discussion of a breech vaginal delivery. The standard of care in the US is cesarean delivery for breech malpresentation however this provider has trained in the UK and has extensive experience in breech vaginal deliveries.

A few things to note about breech vaginal deliveries are:

- It is strongly recommended to have an external cephalic version (ECV) prior to trialing a breech vaginal delivery.
- Patients have up to a 40% risk of cesarean section in trial of breech vaginal delivery.
- The perinatal mortality for breech vaginal delivery is 1:500. For spontaneous vaginal delivery it is 1:1000 and for scheduled planned cesarean delivery it is 1:2000.
- Support for a planned vaginal breech birth will depend on provider availability.

Please let your healthcare provider know if you would like a referral to talk with Dr. Coggin-Carr at UVMHC.

