

Information on management options for

A Breech Baby at Term

What is breech?

Breech means that your baby is lying bottom first or feet first in the womb (uterus) instead of in the usual head first position. In early pregnancy, breech is very common. As pregnancy continues, a baby usually turns naturally into the head first position. Between 37 and 42 weeks (term), most babies are lying head first ready to be born.

Three in every 100 (3%) babies are breech at the end of pregnancy.

A breech baby may be lying in one of the following positions:

1. Extended leg or frank breech
2. Bottom first, with the thighs against the chest and feet up by the ears. Most breech babies are in this position.
3. Flexed breech – the baby is bottom first, with the thighs against the chest and the knees bent.
4. Footling breech – the baby's foot or feet are below the bottom.

Why are some babies breech?

Sometimes it is just a matter of chance that a baby does not turn and remains in the breech position. At other times certain factors make it difficult for a baby to turn during pregnancy. These might include the amount of fluid in the womb (either too much or too little), the position of the placenta or if there is more than one baby in the womb. The vast majority of breech babies are born healthy. For a few babies, breech may be a sign of a problem with the baby. All babies will have a newborn examination.

What can be done?

If you are 36 weeks pregnant and the baby is in a breech position, Dr Ekeroma will discuss turning the breech baby in the womb (external cephalic version) to be done at about 37 weeks. This is done gently so potential complications such as bleeding and fetal distress is very uncommon. There is an 80% chance the turning will be successful although success rate is less if the woman is in her first pregnancy.

What are my choices for birth?

Depending on your situation, your choices may include a:

1. Elective caesarean delivery
2. Vaginal breech birth

There are benefits and risks associated with both caesarean delivery and vaginal breech birth and these will be discussed with you.

Caesarean delivery

The recommendation is that caesarean delivery is safer for the baby around the time of birth.

Caesarean delivery carries a slightly higher risk for you, compared with the risk of having a vaginal breech birth. Caesarean delivery does not carry any long-term risks to your health outside of pregnancy. However, there may be long-term effects in future pregnancies for either you and/or your babies. These effects are not yet fully understood.

If you choose a caesarean delivery and then go into labour before the operation, Dr Ekeroma will assess whether it is safe to proceed with the caesarean delivery. If the baby is close to being born, it may be safer for you to have a vaginal breech birth.

Vaginal breech birth

A vaginal breech birth is a choice for some women and their babies. 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. There is three times more risk to a breech baby being delivered vaginally compared to a baby delivered head first.

Dr Ekeroma will discuss with you suitability for a vaginal breech delivery and potential complications explained. Dr Ekeroma is trained and experienced in delivering a breech baby vaginally.

What can I expect in labour with a breech baby?

You can have the same choice of pain relief choices as with a baby who is head first and your baby's heart rate will be monitored continuously especially in the pushing stage. Forceps may be used to assist the baby's head to be born. A paediatrician will attend the birth to check the baby.

What if my baby is coming early?

If your baby is born before 37 weeks, the balance of benefits and risks of having a caesarean delivery or vaginal birth changes and will be discussed with you.

What if I'm having more than one baby and one of them is breech?

If you are having twins and the first baby is breech, Dr Ekeroma will recommend a caesarean delivery. The position of the second twin before labour is less important at this stage because this baby can change position as soon as the first twin is born. The second baby then has lots more room to move.

Sources and acknowledgements

This patient information leaflet was adapted by Dr Ekeroma from the Royal College of Obstetricians and Gynaecologists (RCOG) patient information leaflet 2006.