



## Options For Breech Presentation

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A breech presenting baby is one who has his head up and bottom down. Breech vaginal birth can be a safe option with a patient provider who has breech experience. The outcome of vaginally delivered breech babies can be excellent. The chance of complication is quite rare with an experienced, confident provider. However, one potential problem is a hyper-extended neck. While there are some providers who are willing to deliver breech babies, too often they are more willing to perform a cesarean. This makes it important to try to turn the baby to vertex position. Before scheduling a cesarean, check with your provider to see if there is any medical reason why you should not try these things. Do not be discouraged if he or she laughs and says, "It will not work!" However, you can encourage your baby to turn.

### Water Works

Immersing yourself in water will increase your amniotic fluid, which can help the baby turn. Try filling the tub with warm water and soak, while visualizing and verbally encouraging your baby to turn. If you have access to a pool, go for a soak!. Simply playing, turning somersaults, doing handstands, and swimming can encourage the baby to turn. Be sure the pool is warm enough for you to relax.

### Chiropractor Visits

A visit or two to the chiropractor can be of great benefit. An adjustment called the 'Webster technique' can give the baby the extra space she needs to turn.

### Exercises

Do not try this if you have high blood pressure. After the 30th week, try breech tilts for 10 minutes twice a day for 2 to 3 weeks. Prop one end of an ironing board securely on a sofa or chair. You may also use pillows on a flat surface to raise hips. Lie down, bend knees, and keep feet flat on board. The pelvis needs to be raised 9 to 12 inches above the head. Relax and breathe deeply. This should be done on an empty stomach, while the baby is active. Continue only until baby has turned.



## **Homeopathic Measures**

If your baby is found to be breech close to your due date, try homeopathic Pulsatilla. Speak with an experienced provider to find the recommended dosage for your situation.

## **Voices and Music**

It is generally understood that babies can hear in utero. Maybe your baby has turned to hear your voice or heartbeat better. Have your partner or a friend talk to the baby close to the bottom of your belly. Try placing earphones on your lower abdomen and play music (or even try whale sounds) to your baby.

## **Cold Compresses**

While doing breech tilt, place a bag of frozen peas on the back side of the baby's head. Babies tend to move away from the cold.

## **Acupressure Points**

The body is all interconnected, and there are points that can be stimulated to help the baby change position. There are different techniques that can be used to stimulate these pressure points. There are acupuncture needles or a heat treatment known as moxibustion. You can also apply pressure yourself, using your fingernail. If there is an acupuncturist available who is familiar with these techniques specifically for pregnant women, be sure to consult them and/or your provider first.

## **Visualization**

This can be done anytime you are relaxed. Try it in the tub or while doing tilts. Imagine the baby turning somersaults. Breathe deeply and meditate to help you relax your body.

## **Breech Vaginal Delivery**

“Many studies have concluded that the shift to planned cesarean delivery has not improved breech outcomes. Both vaginal and cesarean delivery of a breech baby carries risks. Babies born vaginally will have a higher risk of birth injuries, often due to labor mismanagement or an inexperienced provider in attendance.

Although the standard of care for breech presentation is often cesarean delivery, the risk to the mother is much higher, including: postpartum infection, a scarred uterus which will increase her risk of uterine rupture and placenta accreta (a condition in which the placenta grows into the uterine wall, causing



complications with retained placenta and hemorrhage) in subsequent pregnancies. Though rare, cesarean sections do pose life-threatening risks to mothers and babies. Depending on the individual case, vaginal birth is as much a reasonable, responsible choice as is planned cesarean section."

Excerpt adapted from *The Thinking Woman's Guide to a Better Birth* by Henci Goer.

### **Who should be eligible for labor?**

The ideal vaginal breech presentation is a frank breech position in which baby's buttocks are down and the legs in pike position, hips flexed and knees straight. Frank is the most common type of breech and with the buttocks about the same size as the head, this minimizes the concern that the cervix will not dilate enough and possibly trap the head. Also the risk of the umbilical cord prolapsing (coming down ahead of the baby) is greatly reduced.

At the same time, other breech presentations are ideal for breech turning techniques because they tend to turn much more easily than those in the frank breech position.

Babies with hyper-extended necks (with their heads tipped back) should be born via cesarean section due to the high risk of entrapment of their aft-presenting head.

*Note: Shortly before a planned cesarean birth it is recommended an ultrasound be done to confirm breech presentation and to rule out congenital anomalies. If baby is found in a vertex position, a cesarean section is usually not needed.*

### **Finding an experienced vaginal breech provider**

Having a skilled and gentle provider will greatly enhance your chance of a vaginal breech delivery. Unfortunately, the experience needed to support a woman with a vaginal breech delivery is becoming harder to find as doctors and obstetricians rely on cesarean sections to be the only option available for breech babies. When you interview potential providers, ask about their complication rates and find out what they recommend to minimize the chance of problems. Start looking and inquiring as soon as you find out baby is breech.

### **Vaginal breech birth protocols**

Having a breech baby in her first pregnancy should not disqualify a woman from a vaginal breech birth.

The jury is out on the routine use of epidurals during a vaginal breech birth. Though it prevents the premature urge to push and allows the use of forceps and manipulation of the baby without causing

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pain, it also hinders pushing, which is essential when a woman must rapidly and effectively push out the baby's head.

Also, the common lithotomy (flat on the back) or semi-sitting positions are contraindicated for a vaginal breech birth (indeed, for almost all births) due to their impacting the sacrum (the back of the pelvis) and decreasing the diameter of the pelvis.

Delayed pushing until full dilation is important. When you do push, you want the baby to be delivered quickly and without resistance.

Forceps should only be reserved for emergencies, not as a routine method to control the delivery of the head. The use of forceps can be minimized with the absence of epidural anesthesia and with the mother in an optimal pushing position.