

Breech and External Cephalic Version (ECV)

Obstetrics/Midwifery
Patient Information Leaflet

Under review

Contact numbers

If you have any questions or are unsure about any of the information provided in this booklet, please contact your named midwife or a member of the maternity unit on the number listed below.

Russells Hall Hospital - Maternity Unit
Tel: 01384 456111 extension 3351

If the nursing staff are unable to address your questions, they will suggest alternative contacts.

What is a breech baby?

Breech means that your baby is lying bottom or feet first in the womb (uterus) instead of in the usual head first (cephalic) 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%) of babies are breech at the end of pregnancy.

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

Extended or frank breech - the baby is bottom first, with the thighs against the chest and feet up by the ears. Most breech babies are in this position. Flexed or complete breech - the baby is bottom first, with the thighs against the chest and the knees bent.

Footling breech - the baby's foot or feet are below the bottom.

Why are some babies breech?

Usually 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 include the

- Amount of fluid in the womb (either too much or too little)
- The position of the placenta
- When there is more than one baby in the womb

The vast majority of breech babies are healthy, however for a few babies, being breech may be a sign of a problem. All babies will have a newborn examination before discharge from the Maternity Unit.

What can be done?

If you are 36 weeks pregnant and the baby is in a breech position, your obstetrician or midwife should discuss external cephalic version (ECV) with you.

What is external cephalic version (ECV)?

This technique is when gentle pressure is applied on your abdomen which may help the baby turn in the womb to lie head first.

What is the main benefit of ECV?

ECV increases the likelihood of having a vaginal birth.

When can it be done?

ECV is usually tried after 37 weeks. Depending on your situation, ECV can be attempted right up until you give birth. This will be individually assessed by a obstetrician.

Does ECV always work?

ECV is successful for about half of all women (50%). Your obstetrician or midwife should give you some guidance about your own individual chance of success. A medication which relaxes the muscle of the womb, increasing the chance of success is routinely given. This medication will not affect the baby. You can help by relaxing your abdominal (tummy) muscles. If the baby does not want to turn, it is possible to have a second attempt on another day. If the baby does not turn after a second attempt, your obstetrician or midwife will discuss your options for birth. It is very rare for a successfully turned baby to turn back again.

Is ECV safe for me and my baby?

ECV is very safe and does not cause labour to begin. The baby's heart will be monitored before and after the ECV. Like any medical procedure, complications can sometimes occur. Very rarely, (about one in 200 cases) the baby needs to be delivered by emergency caesarean section immediately after an ECV because of bleeding from the placenta and/or changes in the baby's heartbeat. The ECV is performed on the Maternity Unit so that the baby can be delivered by emergency caesarean section if necessary.

ECV will not be carried out if:

- You need a caesarean section for other reasons
- You have had vaginal bleeding during the previous seven days

- The baby's heart rate tracing (also known as a CTG) is abnormal
- Your womb is not the normal shape
- Your waters have broken before you go into labour
- You are expecting twins or more (except before delivering the last baby)

Is ECV painful?

ECV can be uncomfortable. Tell your obstetrician or midwife if you are experiencing pain so they can move their hands or stop.

What if I am Rhesus Negative?

A dose of Anti-D will be administered after the ECV attempt.

At home after ECV

You should telephone the Maternity unit on 01384 456111 ext 3053 if you have bleeding, abdominal pain, contractions or reduced movements after ECV.

Is there anything else I can do to help my baby turn?

Some people believe that lying down or sitting in a particular position can help your baby to turn. Some complementary practitioners, such as acupuncturists, will also offer treatments. There is no scientific evidence for or against this.

What are my options for birth if my baby remains

ECV may be unsuccessful, inappropriate or just not for you. In this case, your options are:

- Vaginal breech birth
- Caesarean section

There are benefits and risks associated with both caesarean delivery and vaginal breech birth, and these will be discussed with you by your obstetrician and/or midwife, so that you can choose the best plan for you and your baby.

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 more complicated than normal birth, as the largest part of the baby is last to be delivered and in some cases this may be difficult.

Before opting for vaginal breech birth, you and your baby will be assessed. Your obstetrician may strongly advise you against a vaginal birth if:

- Your baby is a footling breech
- Your baby is large

- Your baby is small
- You have had a caesarean delivery in a previous pregnancy
- You have a narrow pelvis (as there is less room for the baby to pass safely through the birth canal)

What can I expect in labour with a breech baby?

You can have the same choice of pain relief as with a baby who is head first. If you have a vaginal breech birth, you are advised that your baby's heart rate should be monitored continuously. In some circumstances, you may need an emergency caesarean delivery during labour. Forceps may be used to assist the baby to be born. This is because the baby's head is the last part to emerge and may need to be helped through the birth canal. 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. There is no evidence to support a caesarean section for preterm babies.

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, your obstetrician will usually recommend a caesarean delivery. The

position of the second twin before labour is less important at this stage because the baby can change position as soon as the first twin is born. The second baby then has lots more room to move. If you would like any further information on any aspects of breech, speak with your obstetrician or midwife.

Caesarean Section

The Royal College of Obstetrician and Gynaecologists (RCOG) and the National Institute for Health and Clinical Excellence (NICE) recommend that a planned caesarean delivery is safer for the baby which remains breech at term.

Caesarean delivery carries a slightly higher risk for you, compared with the risk of having a vaginal breech birth. There may be long-term effects in future pregnancies for either you and/or your babies.

If you choose a caesarean delivery and then go into labour before the operation, the obstetric team 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.

If after reading this leaflet you have any further questions or queries please do not hesitate to contact your named midwife or the maternity unit on 01384456111 extension 3351.

References

RCOG (2008) Turning a breech baby in the womb (External Cephalic Version)

RCOG (2008) A breech baby at the end of pregnancy

Under review

This leaflet can be made available in large print, audio version and in other languages, please call 0800 0730510

ਜੇਕਰ ਇਹ ਲੀਫਲੈਟ (ਛੋਟਾ ਇਸ਼ਤਿਹਾਰ) ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ (ਪੰਜਾਬੀ) ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰ ਕੇ ਪੇਸ਼ਟ ਇਨਫਰਮੇਸ਼ਨ ਕੋ-ਆਰਡੀਨੇਟਰ ਨਾਲ **0800 0730510** ਟੈਲੀਫੋਨ ਨੰਬਰ ਤੇ ਸੰਪਰਕ ਕਰੋ।

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0800 0730510 على التلّون Information Co-ordinator

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