

## **What happens if my baby is Breech at term?**

### **What is breech?**

If your baby is lying bottom first in your womb then it said to be in a breech position. Breech position occurs in about 2-3% of pregnancies and in about 75% of all Breech pregnancies are discovered before the woman goes into labour.



### **What is term?**

This is from 37 weeks to 40 weeks of pregnancy.

### **How do you know if your baby is breech?**

This might have been discovered before you go into labour, either at your antenatal check up or if you come into hospital with another problem.

### **What are the risks when your baby is in the breech position?**

Evidence has shown that breech birth is more hazardous than if the baby is in the headfirst position at term.

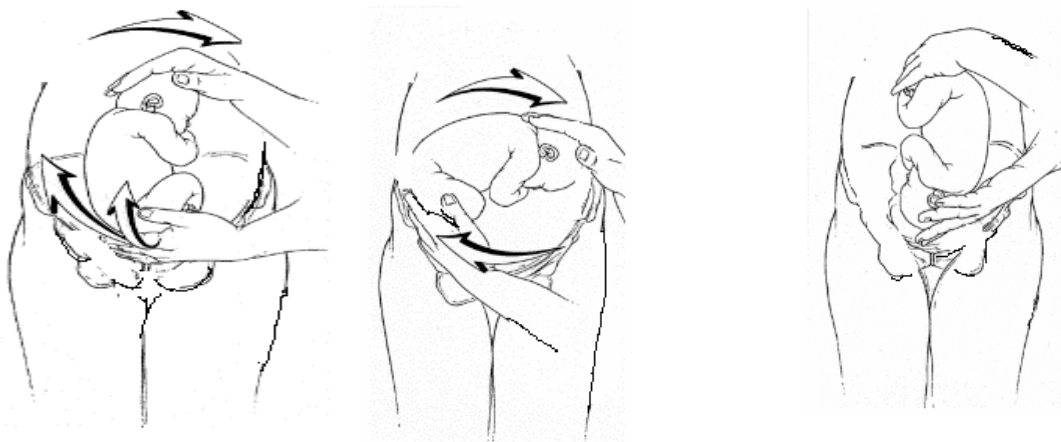
### **What will happen if your baby is breech**

- If you are more than 37 weeks and the baby is found to be breech you will be asked to attend the breech clinic which is held on the delivery suite at Liverpool Women's Hospital.
- If your baby is still in the breech position you will be seen by one of the consultant doctors who will discuss the risks of having a breech delivery and will offer the option of having your baby turned so that it is lying headfirst. This is known as ECV (External Cephalic Version). This is successful in about 60% of women.

### **What happens if I have an ECV?**

- You will have a scan on delivery suite to make sure that your baby is still breech.
- When this is confirmed a CTG (Cardiotocograph) will record your baby's heart beat to make sure that your baby is well.
- The doctor may suggest that you have an injection into the muscle of your thigh. This is to help keep your stomach muscles relaxed and prevent you from having any contractions whilst having your baby turned.
- You will be asked to lie down and you will be tilted slightly on your side.

- The doctor will start to turn your baby by applying pressure on your abdomen (tummy) in the direction we want your baby to move. You may feel your baby turning.
- Once your baby has been turned another CTG recording is obtained to ensure your baby is well.
- If your blood group is Rhesus Negative you will be given an injection of Anti D after your baby has been turned.
- An antenatal appointment will be made for one week later to make sure that your baby has stayed in the head down position.



### **Reasons why ECV cannot be attempted**

There are some occasions where ECV **cannot** be attempted. Some examples are listed below.

- If you are having twins.
- If you have had a significant bleed.
- If there are problems with your baby e.g. abnormalities.
- If the CTG shows any problems with your baby.
- If you have had a previous Caesarean Section because your baby's shoulders were difficult to deliver.
- If you have a moderate or severe rise in your blood pressure.
- If there is only a small amount of fluid (water) around the baby
- If you are very overweight

### **What happens if your baby cannot be turned?**

- Sometimes it is **NOT** possible to turn your baby in this way.
- If this happens you will be offered the option of having another attempt at ECV on another occasion.
- Alternately, the doctor will discuss the possibility of having either a vaginal breech delivery or a planned caesarean section.

### **What are the risks of having a vaginal breech delivery?**

Vaginal birth has been shown to increase the risk of your baby dying during labour or soon after birth compared to breech babies born by planned caesarean section

### **What are the risks of having a ECV?**

- Applying pressure on the tummy may cause discomfort, which may last a few days. If the procedure becomes too uncomfortable the doctor will stop and no further attempt will be made to repeat the ECV unless you specifically ask for this to be repeated.
- During the procedure the baby's heart rate may slow down for a short period. This can be caused by the baby's cord becoming tangled, however this often recovers and causes no harm to the baby. If the baby's heart rate remains dangerously slow an emergency caesarean section will be performed. In the last 5 years a few hundred ECV have been performed and this incident has not occurred
- Bleeding from the placenta can occur. This too is rare and has never occurred at Liverpool Women's Hospital.

### **What alternatives do I have?**

#### **If you do not want an ECV**

- An elective caesarean section can be arranged
- You can await labour, careful monitoring will be arranged and the management of vaginal breech delivery will be discussed with you particularly if the expected date of delivery is reached.

### **Frequently asked questions**

- Will the ECV cause labour to start?

There is no evidence to suggest that ECV will cause labour to start.

- Can the baby turn back to the breech position?

This rarely happens, however this most commonly happens if

- ◆ A woman has had several previous pregnancies
- ◆ If there is a lot of fluid surrounding the baby in the womb

If the baby does return to the breech position the ECV can be repeated.

### **What will happen if you decide to have a planned caesarean section**

- ◆ If you decide to have a planned caesarean section you will be given a date for your operation. This will usually be made for when you are at least 39 weeks pregnant.
- ◆ On the day of your caesarean you will have a scan just before going into theatre to make sure that the baby is still in the breech position.
- ◆ If your baby has turned, the operation will **not** go ahead and you will be advised to wait for labour to start by itself.

- ◆ If you go into labour before the day of the caesarean and your baby is still breech, you will have a caesarean section in early labour.

**There is a separate information leaflet about caesarean section available.**

### **What happens if your baby is found to be breech when you are in labour?**

On occasions your baby may not be found to be breech until you are in labour.

- ◆ The doctor will perform a scan on delivery suite to make sure your baby is breech and if so your baby's weight will be estimated as well as the position it is lying in.
- ◆ Your wishes and circumstances will be taken into consideration but generally, the advice given is that;

**If this is your first baby** and you are less than 9 cm dilated, you will be advised to have a caesarean section.

**If you have had other babies** and you are less than 8 cm dilated you will be advised to have a caesarean section.

### **What will happen if you decided to aim for a vaginal birth**

- ◆ You will need to have a venflon (drip) placed in your arm/hand. This is in case you need any drugs or fluids into your vein. Your midwife will take a blood sample to make sure you are not anaemic. A sample of blood will also be taken in case you may require an emergency caesarean section.
- ◆ Your baby's heartbeat will be monitored all the time during your labour using the CTG (Cardiotocograph) machine.
- ◆ A senior doctor will deliver your baby. You will need to have your legs raised up and supported either side of the bed (in stirrups) for the delivery of your baby.
- ◆ It is likely that there will be a number of people present in the room for the birth of your baby. These may include 2 midwives, a senior doctor assisting with the birth of your baby and a neonatal doctor or nurse to attend to your baby.
- ◆ As the delivery of a baby in the breech position is lot less common than other deliveries you may be asked if students (medical, midwifery) may be present in the room to watch the birth of your baby.

For any further advice please contact the bleep holder for the delivery suite in the Liverpool Women's Hospital on 0151-708 9988.

This information was generated from The Women's Information Network Group in the Liverpool Women's Hospital.

This information is not intended to replace discussion with either medical or midwifery staff. If you have any questions regarding the contents of this leaflet please discuss this with a midwife or obstetrician

For further information there is a list of useful web sites which can be found on the Liverpool Women's Hospital web site.

Go to

[www.lwh.org.uk](http://www.lwh.org.uk)

Click on

Clinical Services



Support & Information



Useful organisations

If you require any advice about the information on the web sites please speak to a midwife or doctor at the hospital or a community midwife at the GP surgery

**This leaflet may be available in different formats on request**

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