



Breech Birth

Most babies are positioned head down in the uterus by 36 – 37 weeks of pregnancy. This is so they can come out of the birth canal (vagina) head first. Sometimes, the baby is positioned so the feet or bottom will come out first during childbirth. This is called a breech presentation.

There are three ways a breech baby might be positioned.

- Frank Breech: legs point up with feet by the baby's head so the bottom would emerge first.
- Complete Breech: legs folded with feet at the level of the baby's bottom.
- Footling Breech: one or both feet point down so the legs would emerge first.

There is often no clear reason why a baby settles into a breech position but a breech birth usually does not affect your baby's long-term health.

Your health care provider will check your baby's position at prenatal visits and when your labour starts.

Your health care provider will examine your abdomen to feel the position of the baby's head, back, and bottom. Ultrasound may be used to confirm if the position is breech towards the end of your pregnancy and/or when labour starts.

Babies in breech position can be born by either caesarean or vaginal birth.

In Canada, most breech babies are born by a planned caesarean birth. In some circumstances, breech babies may be born through the vagina. Vaginal childbirth has health benefits for the mother such as a faster recovery and less pain, as well as a better chance of having a vaginal birth, and fewer complications for both mother and baby in future pregnancies. However, vaginal breech birth can present risks for the baby.

You may be offered the choice to give birth to a breech baby vaginally if your health care provider is trained and comfortable with vaginal breech childbirth and there are no other risk factors.

You may be offered the option of having a vaginal breech birth if:

- Your baby is a normal weight (i.e., neither under nor overweight for your stage of pregnancy).
- Your baby is in a complete or frank breech position.
- Your placenta is far enough away from your cervix.
- You and your baby are otherwise healthy.
- Your labour occurs at term (i.e., after 37 weeks of pregnancy).
- You are pregnant with only one baby.
- You are pregnant with twins and the first baby is head down.

In a breech vaginal birth, the head (which is the widest part of the baby's body) comes out last. In some cases, an instrument called forceps is used to help deliver your baby's head. Breech birth should happen in a hospital, where resources and skilled personnel are available in case an emergency caesarean birth is needed.

There are several reasons why a caesarean birth would be recommended for a baby in breech position.

You will be advised that a caesarean birth is safest for you and your baby before labour begins if:

- Your baby is in the footling breech position.
- You are pregnant with twins and the first baby is in a breech position.
- Your placenta is lying over the cervix.
- You and/or your baby have other medical complications.
- A health care provider trained and confident with vaginal breech birth is not available to you.

After labour begins, a caesarean birth would be safest if:

- The umbilical cord comes out before your baby.
- Your labour is not progressing normally.
- You and/or your baby develop complications during labour.

A caesarean birth, like any major surgery, has risks and the recovery time is longer than for vaginal childbirth. Expect to stay in the hospital longer and to take special care are once you go home. Talk to your health care provider about recovering from a caesarean birth.

Your health care provider may offer to turn a breech baby to head down before labour starts.

If your baby is in a breech position near 36 weeks of pregnancy, your health care provider may offer to turn the baby around to a head-down position. This can increase your chance of having a vaginal birth. It is done using a technique called external cephalic version (ECV) in which the health care provider uses their hands on the outside of your abdomen to gently turn the baby around.

ECV is done in a hospital setting and has about a 50 percent chance of being successful in changing the baby's position. It has been shown to be a safe procedure which can help avoid caesarean birth and lessen complications for the mother. Rarely, a change in the baby's heart rate or an early labour may result in an immediate caesarean birth.

ECV is more likely to be successful if:

- You have given birth before.
- The baby is in the complete or frank breech position and is not engaged in the pelvis.
- The uterus is relaxed during the procedure.
- There are normal levels of amniotic fluid.
- You are not overweight.

During the ECV procedure:

- You may be given a medication to relax the uterus to make turning the baby easier.
- Your baby's heart rate will be monitored and ultrasound may be used to check the baby's position.

There is about a five percent chance of the baby moving back into a breech position after an ECV. In that case, your health care provider may try an ECV again. However, as the baby grows in the final weeks of pregnancy, there is less room for movement in the uterus, and version is less likely to be successful.

Community Services

For more information on prenatal health, healthy pregnancy, and services in Simcoe Muskoka, contact:

- Your health care provider
- Health Connection, Simcoe Muskoka District Health Unit 1-877-721-7520
- Telehealth 1-866-797-0000
- www.smdhu.org/pregnancy