

Breech Birth

May 2024

Breech (bottom down) birth

This information leaflet aims to provide information regarding your options for birth if your baby is in a breech position with its bottom coming first.

Breech presentation is common early in pregnancy. Most babies will turn head down (cephalic) by the time you are 38 weeks. Approximately 3:100 babies are breech from 37 weeks gestation.

Often, there is no clear reason why a baby is breech or remains breech. Your care provider will investigate if there is a reason and will discuss this with you. This may influence the choices you make about the way your baby is born.

Breech positions your baby may adopt include:

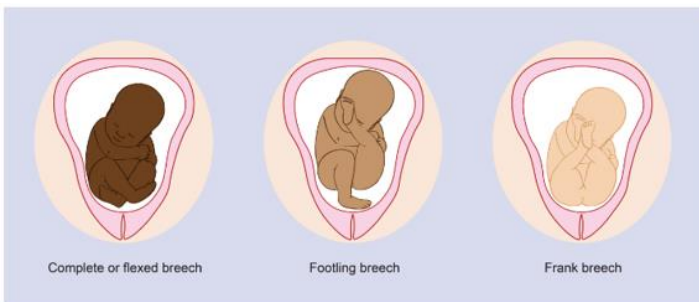


Illustration showing the three types of breech positions: complete or flexed, footling and frank or extended position.

There are many factors to consider when discussing the mode of birth. It is important for those caring for you to consider:

- Your preferences
- Type of breech position
- Amount of amniotic fluid around baby
- Placental location
- Medical and obstetric history

Your care providers should give you information that assists you to make an informed decision.

Vaginal breech birth

International studies have shown that planned vaginal breech birth is a safe option for many women. 60-70% of women who plan this will achieve a vaginal breech birth, with the remaining 30-40% requiring a caesarean birth at some point during labour. There are certain safety considerations that support vaginal breech birth. These are:

- Labour starts after 36 weeks of pregnancy
- The baby's estimated weight
- The baby is in frank or complete breech position (see picture)
- You and your baby are otherwise healthy and well
- Your baby's heart rate is monitored throughout labour and birth without any concerns
- The midwives and doctors looking after you are skilled in facilitating vaginal breech birth

What can I expect during a vaginal breech birth?

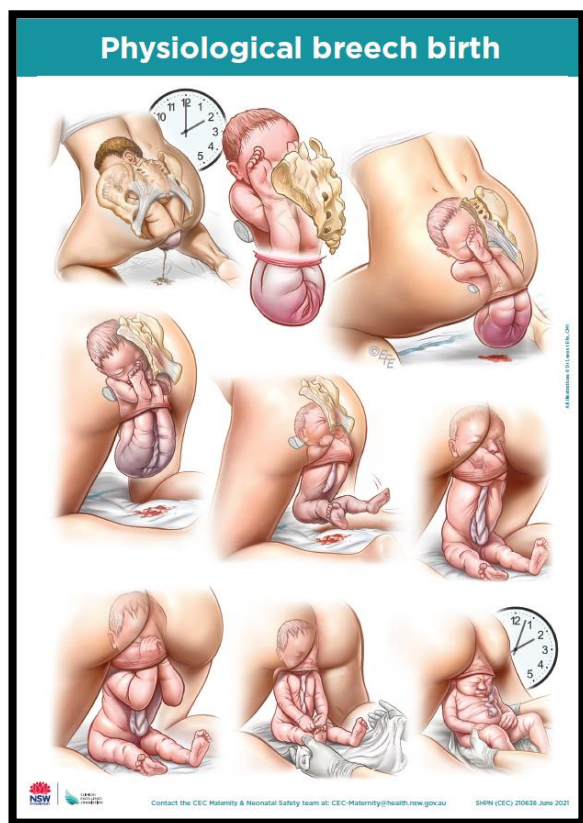
Throughout your labour and birth, our team of midwives and doctors are there to support and care for you and your baby. It is important that you feel safe and involved in your care.

Women in labour are encouraged to use a variety of active birthing positions.

It is recommended that your baby's heart rate is monitored continuously during labour with cardiotocograph (CTG).

In the case of a vaginal breech birth, the baby's bottom, then body pass through the birth canal first, with the head born last. Mostly this occurs without difficulty. In some cases, manoeuvres are required by your midwife or doctor to assist with the birth.

Breech babies born vaginally may appear stunned at birth and have lower Apgar scores. As a precaution we recommend a neonatal specialist at your birth. Evidence has shown no links to long-term health problems for these babies.



Planning a caesarean birth

Elective caesarean births are recommended to occur after you are 39 weeks gestation. This is to ensure the baby's maturity, reduce their breathing problems, blood sugar problems (hypoglycaemia), or jaundice risks, along with admissions to the neonatal intensive care unit.

Depending on your circumstances and preferences, a caesarean birth may be the safest mode of birth for you and your baby. Once you and your care provider have discussed and decided on a caesarean birth, the hospital will organise a date for your birth.

Frequently asked questions.

Which is safer for the baby, vaginal or caesarean birth?

No birth is without some risk. There are benefits and risks to both vaginal breech and caesarean

birth. The risks of your baby having complications from a vaginal breech birth are low (<3%) but higher than if a breech baby is born by planned caesarean birth.

Evidence shows the rate of perinatal mortality (a baby dying) differs by mode of birth:

- Caesarean birth - 1 in 2000
- Vaginal breech birth - 2 in 1000
- Vaginal cephalic (baby is head down) birth - 1 in 1000

The rate of perinatal morbidity (injury to a baby) including broken limb, nerve/tendon/muscle trauma also differ:

- Caesarean birth - 0.5-1 in 100
- Vaginal breech birth - 2-3 in 100
- Vaginal cephalic birth - 1-2 in 100

Evidence has found no long-term issues for babies born with these injuries.

Will the baby's head get stuck?

It is very rare that the head gets stuck (head entrapment). Once your baby is more than 36 weeks gestation the diameters of your baby's head and bottom/hips are very similar.

Once your baby's hips are born, their head should be born within 5-7 minutes. If there is delay of the birth of your baby, the midwife or doctor may use certain manoeuvres.

What pain relief can I use in a vaginal breech birth?

Every labour is different. Being active and upright has been shown to help labour progress. Optimal positions to adopt include kneeling, squatting, standing, all fours, sitting on the birth stool. Women having a vaginal breech birth are encouraged to try different methods to relieve the pain of labour. These include:

- Non-pharmacological methods:
 - Bath / shower
 - TENs machine
 - Sterile water injections
 - Massage
- Pharmacological methods:
 - Nitrous Oxide (N2O+O2)
 - Morphine

Note: Epidural analgesia is not routinely advised as it can affect your ability to be upright and active. But, if it is your preference to have an epidural, this can be supported.

Can I have a water birth?

The use of water and water immersion during labour is supported, but your caregivers will request getting out of the bath for birth. This is in case manoeuvres are needed to support the birth of your baby.

Does being continuously monitored stop me from being upright and active?

No. The birth unit has wireless monitors (telemetry) that permit continuous monitoring of your baby's heart rate whilst supporting you to move around your birth room. You can even go in the shower or bath with the monitor.



Who will be present for my labour and birth?

Your birth room should be a space where you feel safe, private and comfortable. The midwives and doctors are dedicated to respecting your space, whilst ensuring we safely care and support you during your birth. To support you during labour, you can expect to have a primary midwife and a second midwife and / or the doctor will be present when required. At the time of the birth, you can expect two midwives, two doctors and a specialist neonatal doctor/nurse to be present.

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Should you wish to discuss any aspect of this information please send an email to RHWfeedback@health.nsw.gov.au