

A breech baby at the end of pregnancy

Information for you

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Setting standards to improve women's health

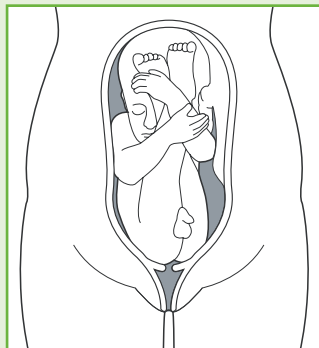
The patient information review process will commence in 2011 unless otherwise indicated.

What is breech?

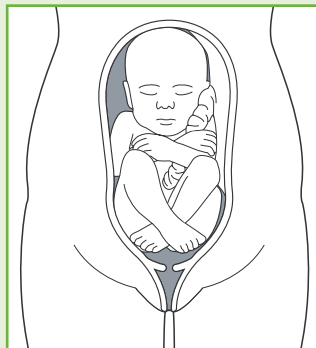
Breech means that your baby is lying bottom first or feet first in the womb (uterus) instead of in the usual head first position. In early pregnancy, breech is very common. As pregnancy continues, a baby usually turns naturally into the head first position. Between 37 and 42 weeks (term), most babies are lying head first ready to be born.

Three in every 100 (3%) 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 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?

Sometimes 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 might include the amount of fluid in the womb

(either too much or too little), the position of the placenta or if there is more than one baby in the womb. The vast majority of breech babies are born healthy. For a few babies, breech may be a sign of a problem with the baby. All babies will have a newborn examination.

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) – see RCOG Patient Information [Turning a breech baby in the womb \(external cephalic version\)](#).

What are my choices for birth?

Depending on your situation, your choices may include a:

- caesarean delivery – this is a surgical operation where a cut is made in your abdomen and your baby is delivered through that cut
- vaginal breech birth.

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

Caesarean delivery

The Royal College of Obstetricians and Gynaecologists (RCOG) and the National Institute for Health and Clinical Excellence (NICE) recommends that caesarean delivery is safer for the baby around the time of birth.

Caesarean delivery carries a slightly higher risk for you, compared with the risk of having a vaginal breech birth. Caesarean delivery does not carry any long-term risks to your health outside of pregnancy. However, there may be long-term effects in future pregnancies for either you and/or your babies. These effects are not yet fully understood (see [Useful link](#)).

If you choose a caesarean delivery and then go into labour before the operation, your obstetrician should 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.

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

Where a vaginal breech birth is being considered, the RCOG supports this only when:

- the obstetrician is trained and experienced in delivering a breech baby vaginally
- there are facilities at your hospital for an emergency caesarean delivery (should this be necessary)
- there are no particular features about your pregnancy that make vaginal breech birth more risky.

Before choosing vaginal breech birth, it is advised that you and your baby are assessed. Your obstetrician may strongly advise you against a vaginal birth if:

- your baby is a footling breech
- your baby is large (over 3800 grams)
- your baby is small (less than 2000 grams)
- your baby is in a certain position: for example, if the neck is very tilted back (hyper-extended)
- 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)
- you have a low-lying placenta (see RCOG Patient Information [Placenta praevia:information for you](#))
- you have pre-eclampsia (see RCOG Patient Information [What you need to know about pre-eclampsia](#)).

What can I expect in labour with a breech baby?

You can have the same choice of pain relief choices 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 – see RCOG Patient Information [Assisted Birth \(operative vaginal delivery\)](#). 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.

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 this 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.

Useful link

Caesarean section NICE guidance – information for pregnant women, their partners and the public:

www.nice.org.uk/Guidance/CG132

A glossary of all medical terms is available on the RCOG website at:

www.rcog.org.uk/womens-health/patient-information/medical-terms-explained.

Sources and acknowledgements

This information is based on the Royal College of Obstetricians and Gynaecologists (RCOG) guideline *The Management of Breech Presentation* (published by the RCOG in December 2006). This information will also be reviewed, and updated if necessary, once the guideline has been reviewed. The guideline contains a full list of the sources of evidence we have used. You can find it online at: www.rcog.org.uk/resources/Public/pdf/green_top20b_breech.pdf.

Clinical guidelines are intended to improve care for patients. They are drawn up by teams of medical professionals and consumer representatives who look at the best research evidence available and make recommendations based on this evidence. This information has been developed by the Patient Information Subgroup of the RCOG Guidelines and Audit Committee, with input from the Consumers' Forum and the authors of the clinical guideline. It was reviewed before publication by women attending clinics in Guildford, Edinburgh and Glasgow. The final version is the responsibility of the Guidelines and Audit Committee of the RCOG.

The RCOG consents to the reproduction of this document providing full acknowledgement is made.

A final note

The Royal College of Obstetricians and Gynaecologists produces patient information for the public. This is based on guidelines which present recognised methods and techniques of clinical practice, based on published evidence. The ultimate judgement regarding a particular clinical procedure or treatment plan must be made by the obstetrician or other attendant in the light of the clinical data presented and the diagnostic and treatment options available.