The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Excellence in Women's Health

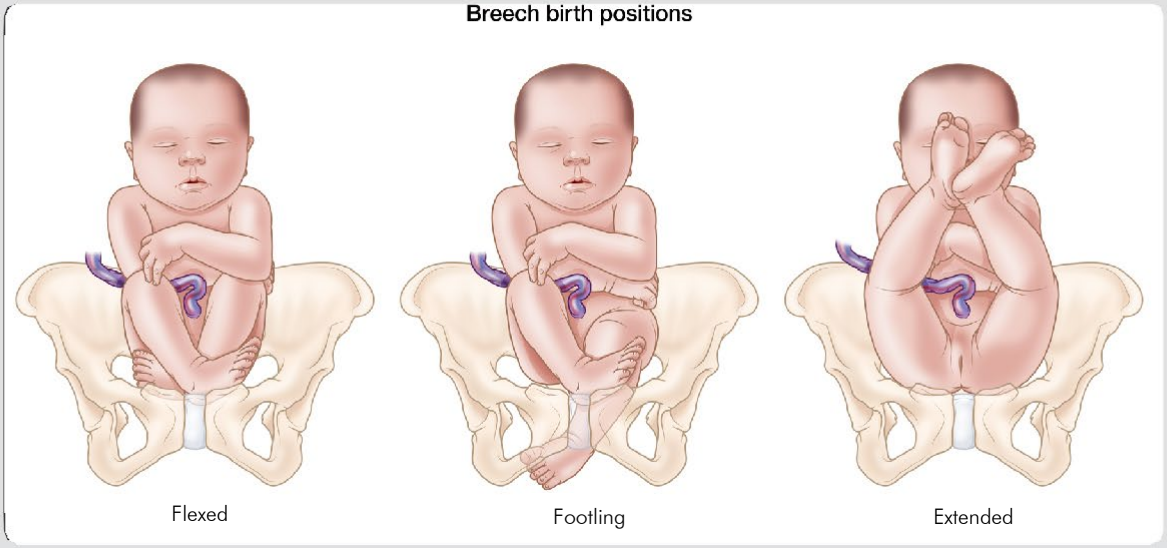
Breech Presentation at the End of your Pregnancy

What is a breech presentation?

Breech presentation occurs when your baby is lying bottom first or feet first in the uterus (womb) rather than the usual head first position. In early pregnancy, a breech position is very common.

As pregnancy continues, usually a baby turns into the head first position. Near the due date, only about three babies in every hundred are breech. Most babies are lying head first ready to be born.

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



What causes a breech presentation?

Breech presentation may be more common if you have:

- a low-lying placenta
- lax muscles of the uterus (usually due to having a number of babies)
- too much, or too little, amniotic fluid (waters) around the baby
- an uncommon shape of the uterus, or large fibroids
- previous breech presentation
- twins

If a baby is found to be in a breech position near the due date, an ultrasound may be performed to try to identify the reason. Most commonly though, no specific cause is found.

What are the risks of breech presentation?

If your baby is in a breech position near the due date, there is a greater chance of having a complicated vaginal birth or a caesarean section.

In some situations, with the right resources available, it can be safe to attempt a vaginal birth when the baby is in a breech position. However, there may be increased risks to the baby.

In other cases a caesarean section will be recommended, which also has risks for the mother and future pregnancies. You should discuss all the benefits and risks of both options when deciding what is right for you and your baby.

If your baby is still breech near the due date, the chances of it turning to a head down position without help are low. Attempts to encourage your baby to turn into the head first position may be part of the care which is offered to you.

What are my choices during pregnancy?

External Cephalic Version (ECV)
If you are 36 weeks pregnant and your baby is still in a breech position, your obstetrician or midwife should discuss trying to turn your baby to a head-first position to increase your chances of having a vaginal birth. This technique is called external cephalic version (ECV). ECV is performed by an obstetrician in a specialised facility. Not all obstetricians feel comfortable performing ECV and so it may be necessary for you to see another specialist for this.

Gentle pressure is applied on your abdomen to help the baby turn a somersault in the uterus to lie head first. ECV should not be painful but some women report feeling a little uncomfortable.

Sometimes you will be given a medication to help relax the muscles of the uterus and improve the chance of success. This medication will not harm the baby. ECV is successful 50% of the time.

RANZCOG © 03|2021

You will be given information about the chance of your ECV being a success. If ECV is successful but your baby turns back into the breech position, or if ECV is unsuccessful and your baby does not want to turn, it may be possible to have a second attempt on another day. If your baby does not turn after a second attempt, your obstetrician will discuss your options for birth.

ECV is safe and does not cause labour to begin. Your baby's heart rate will be monitored before and after the ECV. Like any medical procedure, complications can sometimes occur. To minimise these risks, an ECV should be carried out in a place where the baby can be delivered by emergency caesarean section, if necessary. About one in 200 (0.5%) babies will need to be delivered by emergency caesarean section immediately after an ECV because of bleeding from the placenta or changes in the baby's heartbeat.

ECV is not suitable for everyone and should 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 not normal
- your uterus is not the normal (pear) shape
- your waters have broken before you go into labour
- you are expecting twins or more (except delivery of the last baby)

If you have had a previous caesarean section, ECV can usually still be performed, however there are special considerations that need to be discussed with your doctor.

Alternative therapies
There are a number of alternative therapies that have been used to turn babies from a breech to a head-down position. These include postural exercises, acupuncture, moxibustion and chiropractic treatment.

There is no evidence to prove the effectiveness of alternative therapies. The College will not endorse any techniques until they have been shown to be scientifically beneficial. You will need to consider if there are any risks associated with specific alternative therapies.

As with all treatments, medical or alternative, you must ask yourself three questions:

- Does this treatment work?
- Are there any risks to this treatment?
- Are the risks greater than any potential advantages of the treatment?

What are my choices for birth if the baby remains breech?

Depending on your situation, you may consider:

- planned caesarean section
- attempted vaginal birth

Most babies in the breech position at term are now delivered by caesarean section. However, with careful case selection and labour care, in a hospital with adequate experienced staff and resources, it is possible to plan for a vaginal breech birth in some cases.

This will depend upon your individual circumstances and the experience of the clinical team, and the facilities available. Sometimes the clinical team will not have sufficient experience to support a planned vaginal breech birth safely. In this case, you may discuss options for referral elsewhere.

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

Vaginal breech birth
Your doctor will discuss with you whether you are suitable for a planned vaginal breech birth. There may be reasons specific to you or your baby that a planned vaginal breech birth is not advised.

Some of these reasons include:

- you have a narrow pelvis
- your baby is presenting as a footling breech
- your baby is large (>3800g)
- your baby is small (<2000g)
- other reasons preventing a vaginal birth, such as low-lying placenta
- your doctor or hospital do not have the necessary skills and resources for a vaginal breech birth

What can I expect in labour with a breech baby?

When you plan a vaginal breech birth your labour will be considered more complicated so you will be advised that your baby's heart rate should be monitored continuously during labour and a paediatrician present at the birth. Vaginal breech birth is more complex, but not necessarily more difficult.

Your labour and pain relief options will be the same as with a baby who is head first.

More information about labour can be found on the RANZCOG website under Patient Information.

RANZCOG © 03|2021
Reproduction of any content is subject to permission from RANZCOG unless permitted by law.

DISCLAIMER: This document is intended to be used as a guide of general nature, having regard to general circumstances. The information presented should not be relied on as a substitute for medical advice, independent judgement or proper assessment by a doctor, with consideration of the particular circumstances of each case and individual needs. This document reflects information available at the time of its preparation, but its currency should be determined having regard to other available information. RANZCOG disclaims all liability to users of the information provided.

College House,
254-260 Albert Street
East Melbourne,
Victoria 3002, Australia.

Ph: +61 3 9417 1699
Fax: +61 3 9419 0672
Email: ranzcog@ranzcog.edu.au
ranzcog.edu.au