

Things to consider

Am I suitable for a vaginal breech birth?

Current international evidence shows that planned vaginal breech birth is a safe option for some women and their babies. However, it may not be recommended as safe in all circumstances. You should discuss your personal circumstances with your midwife or doctor.

Vaginal breech birth success rates improve when:

- Your baby is in a frank breech position (see Picture 1)
- Your baby is less than 4000 grams but greater than 2500 grams in size
- Your baby's head is in a flexed position
- You and your baby are well and have had no major health issues during your pregnancy.

What can I expect in labour and birth with a breech baby?

It is recommended that your baby's heart rate is monitored continuously during labour.

To avoid labouring on your back it is helpful for you to use a variety of positions as much as possible in labour, such as standing, squatting, kneeling on all fours or using a birth stool.

Staff will support you and help you to maintain a calm birth environment, which is important for the progress of labour and birth.

Evidence suggests that women who are well supported in labour and have trust and confidence in their midwife or doctor need minimum pain relief. An epidural is not advised during a vaginal breech labour and birth as it can make pushing your baby out more difficult.

Breech babies born vaginally may appear stunned at birth, and have a lower Apgar score at five minutes old. Evidence has shown that this does not cause long-term health problems for these babies.

What if my baby is coming early?

If your baby is going to be born before 37 weeks, your obstetrician or midwife should discuss with you whether to choose a caesarean section or vaginal breech birth, after pointing out the benefits and risks of each and your personal situation.

What if my hospital does not offer planned vaginal breech birth?

Planned vaginal breech birth may not be available at your local hospital. However, there are some hospitals in NSW that have teams of obstetricians and midwives experienced in vaginal breech birth. It may be possible to give birth at one of these hospitals. However, this may mean having to travel away from home and stay closer to the chosen hospital towards the end of your pregnancy.

An experienced midwife or doctor should assess that you are suitable for a planned vaginal breech birth and refer you to the appropriate hospital if you choose to have a planned vaginal breech birth.

If you have any questions or suggestions regarding this brochure, please provide this feedback to your healthcare provider.

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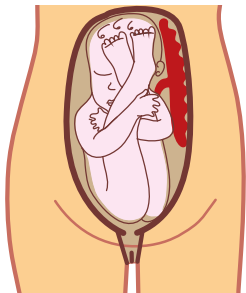
Breech Baby at Term

INFORMATION ABOUT
YOUR CARE OPTIONS

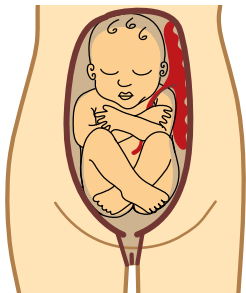
This information brochure provides information to help in your decision making and discussions with your midwife and/or doctor when your baby is in the breech position.

What is breech?

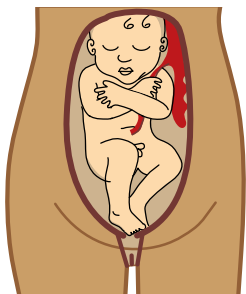
Breech means that your baby is lying bottom first or feet first instead of in the usual head first position. In early pregnancy, approximately 25 per cent of babies are in the breech position. Between 37 and 42 weeks (term), most babies are lying head first ready to be born. Three in every 100 (3%) babies are in the breech position at the end of pregnancy. A breech baby may be lying in one of the following positions:



1 Extended or frank breech



2 Flexed breech



3 Footling breech

Why are some babies breech at the end of pregnancy?

Sometimes it is just chance that a baby does not turn and remains in the breech position, or there may be a reason why your baby prefers to lie in this position. At other times certain factors make it difficult for a baby to turn during pregnancy, such as the amount of fluid in the womb, the position of the placenta or where there is more than one baby in the uterus.

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) with you. For more information on ECV see the NSW Health consumer information brochure: *External Cephalic Version for Breech Presentation*

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

Depending on your situation, your choices may include:

- A planned vaginal breech birth or
- A caesarean section.

There are benefits and risks associated with both a caesarean section and a vaginal breech birth. These risks should be discussed between you and your midwife or doctor, so that you can choose the most appropriate option for you and your baby.

Caesarean section

Depending on your circumstances, caesarean section may be recommended as the safest option for you and your baby. If you try for a vaginal breech birth and your labour does not progress as expected, your doctor may recommend you have a caesarean section during labour. Caesarean sections carry slightly higher risks for you than having a vaginal breech birth.

Regardless of what you plan, the safest way for you to give birth may change once you are in labour. For some women who are already in labour when they arrive at the hospital, it may be safer to proceed with a vaginal breech birth than to have a caesarean section. For some women planning a vaginal birth, a caesarean section may be recommended if the labour is complicated.

Planned vaginal breech birth

Many women who have gone into spontaneous labour with a baby in breech position go on to give birth to a healthy baby, bottom first, without complications.

Generally, the circumstances for a safe vaginal breech birth is where:

- An obstetrician is available who is trained and experienced in vaginal breech birth
- There are facilities at your hospital for an emergency caesarean section (if this is necessary)
- You and your baby are healthy.