



If Your Baby Is Breech

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What does it mean when a baby is breech?

In the last weeks of pregnancy, babies usually move so that their heads are positioned to come out of the **vagina** first during birth. This is called a **vertex presentation**. A **breech presentation** occurs when the baby's buttocks, feet, or both are in place to come out first during birth. This happens in 3–4% of full-term births.

What factors are related to breech presentation?

It is not always known why a baby is breech. Some factors that may contribute to a baby being in a breech presentation include the following:

- You have been pregnant before.
- There is more than one fetus in the **uterus** (twins or more).
- There is too much or too little **amniotic fluid**.
- The uterus is not normal in shape or has abnormal growths such as **fibroids**.
- The **placenta** covers all or part of the opening of the uterus (**placenta previa**).
- The baby is **preterm**.

Occasionally babies with certain birth defects will not turn into the head-down position before birth. However, most babies in a breech presentation are otherwise normal.

How can your health care provider tell if your baby is breech?

Your health care provider may be able to tell which way your baby is facing by placing his or her hands at certain points on your abdomen. By feeling where the baby's head, back, and buttocks are, it may be possible to find out what part of the baby is presenting first. An **ultrasound exam** or **pelvic exam** may be used to confirm it.

What is external cephalic version (ECV)?

External cephalic version (ECV) is an attempt to turn the baby so that he or she is head down. It can improve your chance of having a vaginal birth. If the baby is breech and you are between 36 weeks and 38 weeks of pregnancy, your health care provider may suggest ECV.

When will ECV not be attempted?

ECV will not be tried if you are carrying more than one baby, there are concerns about the health of the baby, you have certain abnormalities of the reproductive system, or the placenta is in the wrong place or has detached from the wall of the uterus (**placental abruption**).

How is ECV performed?

The health care provider performs ECV by placing his or her hands on your abdomen. Firm pressure is applied to the abdomen so that the baby rolls into a head-down position. Two people may be needed to perform ECV. Ultrasound also may be used to help guide the turning.

The baby's heart rate is checked with fetal monitoring before and after ECV. If any problems arise with you or the baby, ECV will be stopped right away. ECV usually is done near a delivery room. If a problem occurs, a **cesarean delivery** can be performed quickly, if necessary.

What complications can occur with ECV?

Complications may include the following:

- **Premature rupture of membranes**
- Changes in the baby's heart rate
- Placental abruption
- Preterm labor

How successful are attempts at ECV?

More than one half of attempts at ECV succeed. However, some babies who are successfully turned with ECV move back into a breech presentation. If this happens, ECV may be tried again. ECV tends to be harder to do as the time for birth gets closer. As the baby grows bigger, there is less room for him or her to move.

What are the options for birth if my baby is breech?

Today, most breech babies are born by planned cesarean delivery. A planned vaginal birth of a single breech baby may be considered in some situations. Both vaginal birth and cesarean birth carry certain risks when a baby is breech. However, the risk of complications is higher with a planned vaginal delivery than with a planned cesarean delivery.

What complications can occur during a vaginal birth of a breech baby?

In a breech presentation, the body comes out first, leaving the baby's head to be delivered last. The baby's body may not stretch the **cervix** enough to allow room for the baby's head to come out easily. There is a risk that the baby's head or shoulders may become wedged against the bones of the mother's pelvis. Another problem that can happen during a vaginal breech birth is a prolapsed **umbilical cord**. It can slip into the vagina before the baby is delivered. If there is pressure put on the cord or it becomes pinched, it can decrease the flow of blood and **oxygen** through the cord to the baby.

What complications can occur during a cesarean delivery?

A cesarean delivery is major surgery. Like any major surgery, cesarean delivery may be complicated by infection, bleeding, or injury to internal organs. The type of **anesthesia** used sometimes causes problems. Having a cesarean delivery also can lead to serious problems in future pregnancies, such as rupture of the uterus and complications involving the placenta. With each cesarean delivery, these risks increase.

What things do I need to consider if I want to have a vaginal birth and my baby is breech?

If you are thinking about having a vaginal birth and your baby is breech, your health care provider will review the risks and benefits of vaginal birth and cesarean birth in detail. You usually need to meet certain guidelines specific to your hospital. The experience of your health care provider in delivering breech babies vaginally also is an important factor.

Glossary

Amniotic Fluid: Water in the sac surrounding the fetus in the mother's uterus.

Anesthesia: Relief of pain by loss of sensation.

Breech Presentation: A position in which the feet or buttocks of the fetus are positioned to be born first.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Cesarean Delivery: Delivery of a baby through incisions made in the mother's abdomen and uterus.

External Cephalic Version (ECV): A technique, performed late in pregnancy, in which the health care provider manually attempts to move a breech baby into the head-down position.

Fibroids: Benign growths that form in the muscle of the uterus.

Oxygen: A gas that is necessary to sustain life.

Pelvic Exam: A physical examination of a woman's reproductive organs.

Placenta: Tissue that provides nourishment to and takes waste away from the fetus.

Placental Abruption: A condition in which the placenta has begun to separate from the inner wall of the uterus before the baby is born.

Placenta Previa: A condition in which the placenta lies very low in the uterus, so that the opening of the uterus is partially or completely covered.

Premature Rupture of Membranes: A condition in which the membranes that hold the amniotic fluid rupture before labor.

Preterm: Born before 37 weeks of pregnancy.

Ultrasound Exam: A test in which sound waves are used to examine internal structures. During pregnancy, it can be used to examine the fetus.

Umbilical Cord: A cord-like structure containing blood vessels that connects the fetus to the placenta.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

Vagina: A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.

Vertex Presentation: A normal position assumed by a fetus in which the head is positioned down ready to be born first.

If you have further questions, contact your obstetrician–gynecologist.

FAQ079: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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