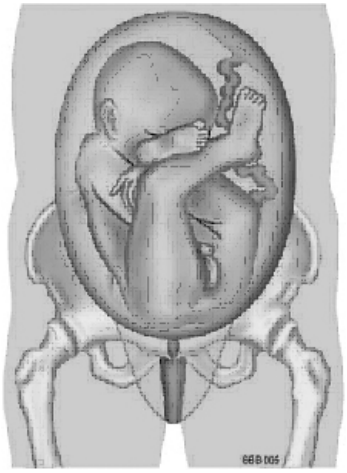
Turning a child in breech presentation

Your midwife has determined that your child is in a breech position. This brochure provides information about the condition.

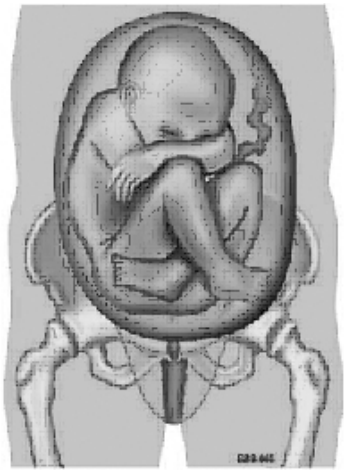
In breech presentation, the baby's head is at the top of the uterus and its buttocks or legs are pointing downward. If, at around 35 weeks, your midwife determines that your child is in a breech position, you will be referred to the hospital.

In the hospital, it is possible to try to turn the child to a head-down, or cephalic presentation (external cephalic version, or ECV). In some situations, ECV may not be possible, it may not have the desired result, or you may not want it. In these situations, we will discuss your options regarding delivery in our hospital.

Types of breech presentation
There are several types of breech presentation:

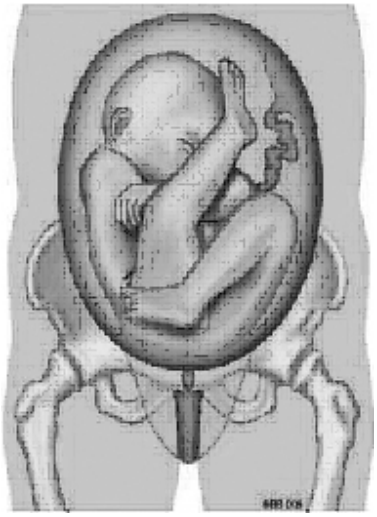


Frank breech:
the legs are extended up along the body.

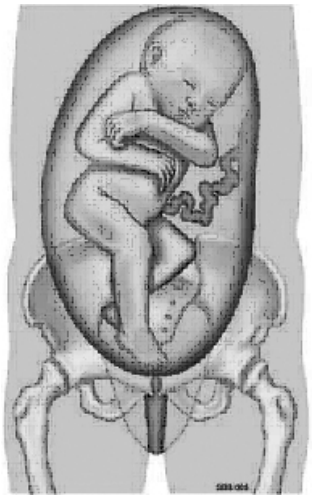


Complete breech:
the hips and knees are flexed and the feet are near the buttocks.

The information in this brochure is general in nature and is intended to give you an idea of the care and guidance you can expect. In your own situation, other advice or procedures may apply. This brochure is therefore only an addition to the specific (verbal) information from your specialist or practitioner.



Incomplete breech:
one leg is extended up, like a frank breech, but the other leg is flexed down, like a complete breech.



Footling breech:
one or both legs are extended down so that one or both feet are under the buttocks.

Breech presentation percentage
Around one third of babies are in breech presentation early on in the pregnancy. As the pregnancy progresses, they increasingly turn to cephalic presentation. At 32 weeks, approximately 10-15% of babies are in breech presentation. At around 37 weeks, that number has dropped to around 3%. In over 85% of cases, the cause of breech presentation is unclear.

What does breech presentation mean for you?
If your baby is in a breech position, you should always deliver in the hospital, for both a vaginal or a caesarean delivery. Because both options have certain disadvantages compared to a cephalic presentation, we often attempt to turn the baby (ECV). If ECV is successful, you can give birth at home if so desired, unless there are other reasons for a hospital delivery.

External cephalic version (ECV)

Where does the ECV take place?
ECV is performed at the ECV consultation in the maternity ward at the Veldhoven location, route 117. The obstetrics department has a special team for turning babies. Three gynaecologists are specialised in this. The ECV will be performed by one of them.
If the ECV is unsuccessful, you will receive a follow-up appointment one week later. During this appointment, you will receive extensive information about the benefits and drawbacks of both vaginal delivery and caesarean delivery.

How does ECV work?
You will lie on a bed or examination table. Before the doctor attempts the version, he or she will use an ultrasound to determine your baby's position, the position of the placenta and the amount of amniotic fluid. Your baby's condition will be monitored for 30 to 60 minutes using CTG (cardiotocography).

The turning
Once you have assumed a relaxed position and your baby's heart rate is normal, the ECV will be performed. ECV is performed by one person and rarely takes longer than 30 seconds.

The doctor grasps the buttocks of the baby just above your pubic bone with one hand and tries to push them up. The other hand grasps the head at the top of your abdomen and tries to push it down. An attempt is made to roll the baby forward or backwards until the head is down. Most women find ECV uncomfortable. If it is too uncomfortable or too painful for you, we will stop the procedure immediately. Fortunately, this rarely occurs.
It may be necessary to administer medication to increase the chance of success. The medicine causes the uterus to relax, making it easier to turn the baby. Because of the short-term side effects, it is only administered if the first attempt without the medicine is unsuccessful.

After the procedure
After the attempt, we check your baby's position with an ultrasound and monitor its heart rate for 30 to 60 minutes again. Once your baby's heart rate is normal and you are feeling well, you can go home. If the ECV was unsuccessful, you will receive a follow-up appointment a week later. During this appointment, you will receive extensive information about the benefits and drawbacks of both vaginal delivery and caesarean delivery. If you wish, you can deliver a breech baby vaginally at Máxima MC.

ECV: timing and success rate
The best time to attempt ECV is after 35 weeks. The success rate is around 65%. It is easier to turn the baby before 35 weeks, but there is also a greater chance that the baby will turn back to breech presentation afterwards. ECV can still be attempted if the breech presentation is discovered later in the pregnancy, but the success rate is lower.

ECV: safety
ECV is safe for you and your baby. You may experience side effects (heat sensations, headache) from the uterine relaxant, and your abdomen may be sensitive and painful from the hard pushing for a few days. This is harmless.

Your baby may temporarily experience a lower heart rate. This occurs in about 6% of cases. In extremely rare cares, around 0.37%, the heart rate remains low. In that case, your baby must be delivered immediately by emergency caesarean section.

Follow-up checks after ECV
If it is determined that your baby has turned back to breech presentation (reversion) at a subsequent visit to the midwife or gynaecologist, we will discuss the possibility of a second attempt. The chance of reversion is around 10%. If your baby remains in a breech position, you will remain under supervision by the hospital for the remainder of the pregnancy, and we will discuss the options for delivery in our hospital.

Rh factor
If your blood group is RhD negative and your baby's is RhD positive, you will receive an anti-D injection at the end of the ECV attempt, regardless of the result. This is to prevent the formation of antibodies against your baby's blood cells.

Vaginal delivery or caesarean section for breech presentation

Delivering a baby in breech presentation has raised many questions for patients and gynaecologists at home and abroad in recent years. In October 2000, a foreign study was published in which a vaginal breech delivery was compared to a planned caesarean section. The conclusion of the study is that, one month after birth, babies in breech position delivered by planned caesarean section were healthier than babies delivered vaginally (2% mortality or worse start after planned caesarean section versus 5% after planned vaginal delivery). By 2 years old, the difference was no longer demonstrable. Furthermore, the study shows that 40% of the women who started a vaginal delivery still had a caesarean section anyway. To date, most Dutch gynaecologists believe that, in many situations, vaginal delivery is safe under the conditions customary in our country. However, they also find it important that you are aware of the risk of complications, both for vaginal delivery and caesarean section.

In 2017, an overview of all the benefits and drawbacks of caesarean section versus breech birth was made for pregnant women with a baby in breech position. The overview can be found at www.consultkaart.nl. The overview was developed in cooperation with the Dutch Society for Obstetrics and Gynaecology (NVOG) and the Patient Federation of the Netherlands.

Vaginal delivery for breech presentation
Just like the delivery of a baby in cephalic presentation, a breech birth has three stages: the dilation stage, the expulsion stage and the post-delivery stage.
The dilation stage is the same as for a baby in cephalic presentation. If the dilation stops progressing at any point, we do not usually opt to enhance the contractions with medication. We opt for a caesarean section instead. During the expulsion stage, we remove the end of the delivery bed and place your legs in leg supports. This creates more space for your baby to be born. You may also receive an infusion to make the final contractions more powerful, thus making the birth easier. If there is insufficient progression during pushing, a caesarean section will be performed. The post-delivery stage is the same as after delivery of a baby in cephalic presentation.

When is it safe to attempt a vaginal birth?
Every gynaecologist wants you to be happy after delivery and leave our hospital with a healthy baby. This means that the gynaecologist will discuss with you whether a vaginal birth is safe or if it is better to have a caesarean section.
The conditions required for a safe vaginal birth are:

- no complications during a previous childbirth;
- your baby has a normal weight (estimate);
- an ultrasound shows that your baby's head is tilted forward;
- dilation and expulsion progress well during delivery;
- preferably, the baby is positioned with the buttocks down, not the feet.

Complications of a vaginal breech birth
Complications can occur with any birth. Most gynaecologists believe that, under the safe and responsible conditions outlined above, the risk of serious complications of a vaginal breech birth is small.
The risk of maternal complications is no larger in a breech birth than if the baby is in cephalic presentation. However, there is a greater chance that a caesarean section will still be performed during the birth. There is also a greater chance that a baby born vaginally after breech presentation will need to be admitted to the neonatal intensive care unit (NICU). Recent research shows that treatment in the NICU has little adverse effect on the baby's health and development in the long term.

Caesarean section for a breech presentation

For general information about the caesarean section, please refer to the brochure The Caesarean Section (available at the outpatient clinic). In this folder, we only discuss the risk of complications.

Complications of a caesarean section
A caesarean section is a relatively safe operation. Potential maternal complications are: bleeding in the abdomen, wound infection, damage to the bladder or intestines, intestines not starting up properly, bladder infection and thrombosis. Prolonged pain resulting from nerve damage at the cut is a very rare complication. The risk of serious complications and death resulting from the operation is very small for healthy pregnant women, but larger than for a normal birth. In a few cases, the birth will be so far advanced that a caesarean section is no longer possible.

Consequences for subsequent pregnancies
A caesarean section leaves a scar in the uterus. This results in a slightly increased risk of complications during a subsequent birth. After a caesarean section, therefore, subsequent births must always take place in the hospital.

Making a choice

If you, as future parents, have the choice between a normal birth or a caesarean section, it is important that you consider all the pros and cons as best as possible.
Pros and cons of a vaginal breech birth

Pros:
- no drawbacks of operation
- shorter hospitalisation for mother and child
- faster recovery for mother
- home birth remains an option for a subsequent pregnancy
- by the age of 2, only a slight difference remains between children born through vaginal birth or caesarean section

Cons:
- greater risk of health problems for baby directly after birth

Pros and cons of planned caesarean section
Pros:
- smaller risk of health problems for the baby directly after birth

Cons:
- longer hospitalisation (4-day minimum)
- slower recovery for mother
- slightly greater risk of complications for mother
- home birth no longer an option for a subsequent pregnancy
- slightly greater risk of complications during a subsequent pregnancy and birth due to uterine scarring

Do you have a choice?
Whether or not you can choose between a vaginal birth or a caesarean section depends on the aforementioned factors related to mother and child. In some situations, there is no choice, while in others, both possibilities are safe and you can choose between a caesarean section or a vaginal birth.

Questions
This folder provides a lot of information Please do not hesitate to discuss any questions and ambiguities with the gynaecologist. It is important that you are properly informed in order to make an educated choice.

If you have any questions after reading this brochure, please contact the gynaecology outpatient clinic by phone on (040) 888 83 80. Feel free to ask any questions at your next prenatal visit.