

## Breech Birth Information sheet

The Alaska Native Medical Center and Southcentral Foundation want to give you the best care possible. Taking part in choices about your delivery is an important part of this care. You have an extra choice about how to give birth because your baby is currently in breech position, or upside-down. We will give you information so that you can make the choice that is best for you and your family. Our goal is a healthy mother and baby, whether the birth is vaginal or cesarean delivery.

Feel free to contact your provider with questions and for additional information.

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**Breech delivery:** baby is sitting feet/bottom first instead of the head first. (The following discussion revolves around a one-baby delivery. Discussion of the second twin delivery is elsewhere.)

**Cephalic delivery:** baby is sitting with the head first. This is standard way a baby sits.

### **Why is a breech delivery different?**

With a baby in breech position, the contractions are pushed toward the cervix, which can make the cervix opening, the first part of labor, more difficult. When the baby is ready to be pushed, the provider needs to be trained in, and comfortable with, a variety of moves to deliver the baby safely.

### **What is the Alaska Native Medical Center's experience with breech delivery?**

We have some providers who have extensive experience with breech deliveries and if we can match their schedule to your due date, we would be happy to accommodate your breech delivery.

### **Can all women with a baby in breech position deliver vaginally?**

No, there are specific guidelines for women and their babies to be good candidates for a vaginal breech delivery.

### **What are the criteria for a vaginal breech delivery?**

- Estimated baby weight at least 5 lb 8 oz and not more than 8 lb 13 oz
- 36 weeks of pregnancy or more
- The chin and neck should be in a normal position
- The baby's bottom will come before the legs
- Mother has a large enough pelvis
- No problems with the baby
- Staff skilled in breech delivery in case of an emergency Cesarean delivery
- No other reasons mom should not have a vaginal birth

### **What are the risks of a vaginal breech delivery?**

Short-term risks:

A breech birth has the same risks as a standard birth, including:

- bleeding
- pain
- Injury to the baby
- physical problems of the baby: Low 5 minute APGAR score, which are early signs of brain and nerve injury
- death of the baby

Breech births have a higher risk of:

- unsuccessful birth
- need for a forceps delivery or a cesarean delivery
- head gets stuck
- cord comes out first, which causes an immediate cesarean birth

#### **When is a cesarean delivery advised for a breech baby?**

- When there is no specialized provider available for the delivery that has experience with breech delivery
- When labor doesn't go as planned
- the cord comes out first
- Baby too big or too small
- Feet first, instead of bottom first
- The mother has a small pelvis
- Any other reason a baby should not be delivery vaginally

#### **What are the risks of a cesarean birth?**

##### To the mother

- Blood loss
- Infection
- mixed feelings about giving birth
- higher hospital stay and re-admissions
- Wound complications
  - numbness or pain
  - scar that doesn't look good (worse with infection /fluid causing wound breakdown)
  - painful scar
- Blood clots in legs, lungs, or blood vessels in the pelvis
- trouble with the medicine
- Injury to organs
- Intestinal blockage
- Hysterectomy (Uterus or womb has to be removed - most often due to bleeding or scar tissue)
- Post-menopausal bleeding
- Future pregnancy problems
  - scars developing on the uterus, bladder, abdominal wall, placenta, and inside the abdomen
  - Placenta growing into wall of womb – may require future hysterectomy
  - uterus or womb can rupture in future pregnancy

- future stillbirth
- future pre-term birth
- not being able to get pregnant again
- Many patients go on to have repeated cesareans – increases risk of all the above
- Death of the mother

#### To the baby

- Toddlers may have more health problems
- Injury to the baby
- breathing problems after birth; asthma later in life
- Decreased breastfeeding
- baby doesn't interact like other babies

### **Breech Birth planning sheet**

At 35-36 weeks: the baby is found in breech position

Plan for turning the baby around in labor and delivery around 37 weeks

If the turning doesn't work, the provider will give the information sheet to the mom and plan a visit with a provider who is able to answer questions about the birthing options. An official growth ultrasound will be scheduled before meeting with the provider.

If mom plans for a Cesarean delivery, the delivery will be scheduled

If mom is able and wants to have a vaginal delivery, a coverage schedule will be made.

When labor begins, the mom will have an ultrasound by the provider on-call to see if the baby is still breech. They will also check to make sure the bottom is first and there is enough space between the head and chest. If the baby is safe, the back-up vaginal breech provider will be called.

The breech provider will check on the mom, and be available for the delivery; the breech back-up provider needs to be at the hospital once the mom is dilated 6 centimeters. Mom is offered an epidural for pain control.

If labor is not going as planned, the provider may try to create a larger opening; the provider will pay close attention to how it goes once active labor has begun. It is not recommended to cut any part of the placenta, as this can cause a tightening of the cervix tissue. As soon as the baby breaks through the placenta, a vaginal check is performed to make sure the cord is where it is supposed to be.

If labor goes smoothly, the baby will have plenty of space to come out. If the baby does not start to come out after two hours, a cesarean may need to be done. A mom can take a break from pushing for an hour and a half and still be okay, but once a mom starts to push, the baby should come within one hour. If the baby does not, a cesarean may need to be done.

The breech vaginal delivery will be done in the operating room.

