



BREECH BIRTH

INFORMATION SHEET

11/20/18 rsg

The Alaska Native Medical Center 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 bottom first. 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.

This document is meant for your information, not for placement in your medical record.

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



ALASKA NATIVE
MEDICAL CENTER



The Alaska Native Tribal Health Consortium and Southcentral Foundation jointly own and manage the Alaska Native Medical Center under the terms of Public Law 105-85. These parent organizations have established a Joint Operating Board to ensure unified operation of health services provided by the Medical Center.

OB-GYN Clinic



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 at time of delivery.

Why is a breech delivery different?

When a baby is in breech position, the contractions are sometimes less effective, which can make the cervix opening more difficult. When the baby is ready to be pushed out, 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 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 (2500grams) and not more than 8 lb 13 oz (4000 grams)
- 36 weeks of pregnancy or more
- The chin of the baby should be flexed towards the baby's chest
- 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 is available
- 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 is the reason for an emergency cesarean birth

When is a cesarean delivery advised for a breech baby?

- When there is no provider available for the delivery that has experience with breech delivery
- When labor doesn't progress well
- When the cord comes out first
- When the baby is estimated to be too big or too small
- When the feet come first, instead of the bottom
- When the mother has a small pelvis
- Or any other reason a baby should not undergo a vaginal delivery



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 breech birth 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 needs to come to the hospital. In OB triage she will be evaluated and will have another ultrasound. The doctor will check on the mom, and be available for the delivery. Mom is offered an epidural for pain control. As soon as the water breaks, the provider will do a vaginal check.

If labor goes smoothly, the baby will have plenty of space to come out. You may need to have a cesarean delivery if labor does not progress well or if you need to push for a long time.

What are the risks of a cesarean birth?

To the mother

- More blood loss than with a vaginal delivery
- Infection of the womb or skin
- Mixed feelings about giving birth
- Higher hospital stay and re-admissions
- Wound complications
 - ▶ Infection
 - ▶ Numbness or painful scar
 - ▶ Scar that doesn't look good (worse with infection or fluid causing wound breakdown)
- 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)
- Risks of future pregnancy problems
- Scars developing on the uterus, bladder, abdominal wall, placenta, and inside the abdomen
- Placenta growing into wall of womb – may require removal of the womb
- Rupture of the womb in future pregnancy
- Stillbirth
- 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