de Verloskundige

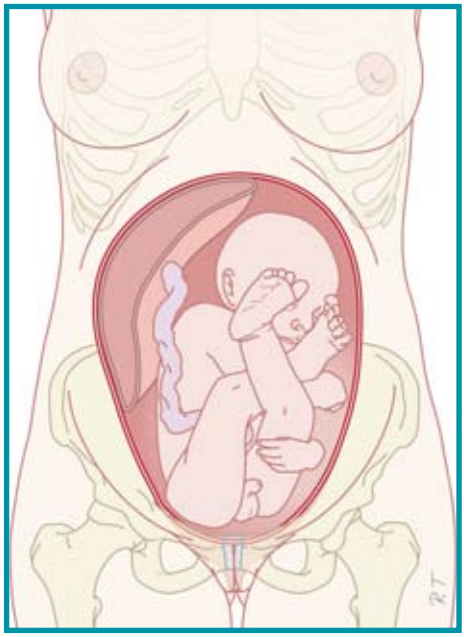
Breech presentation and external version

KNOV

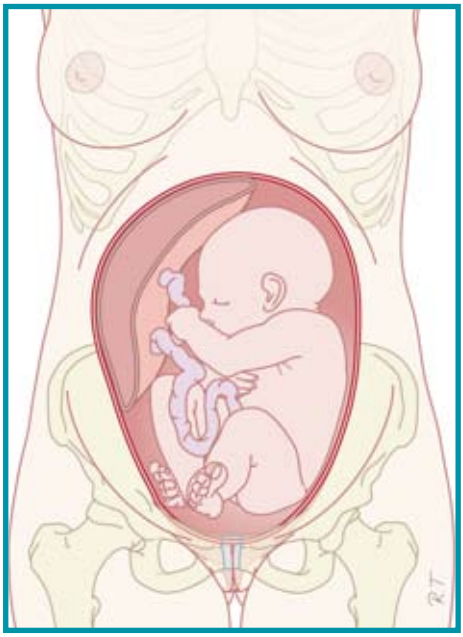
By the eighth month of pregnancy, most children are positioned with their head facing downwards. We call this the 'head presentation'. This is the most natural position for the child to be born. This is not the case in 3-4% of pregnancies, and the child lies in breech presentation. This brochure will inform you of what this means.

What is a breech presentation?

A breech presentation is when the child's head is at the top of the uterus, while the buttocks are situated at the entry to the pelvis. There are different kinds of breech presentations (see Figure 1)



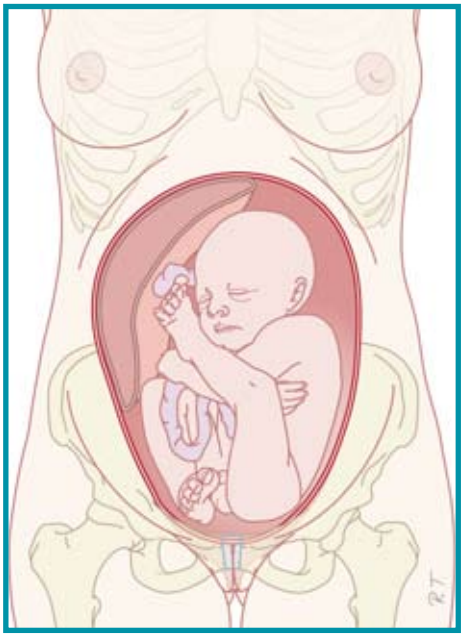
- **The frank breech presentation:**
The legs are stretched up alongside the body, so the child could suck on their toes if they wished.



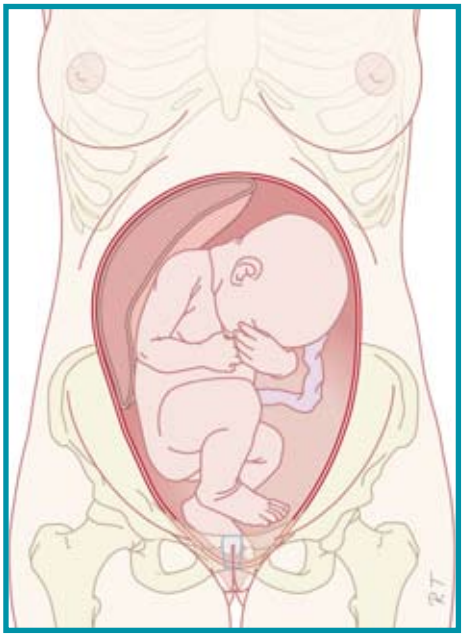
- **Complete breech presentation:**
The legs are bent so the feet are near the buttocks. ('the lotus position')

What causes a breech presentation?

In 85% of cases, the breech presentation has no cause. Breech presentations are more common in multiple pregnancies, when the placenta is located in front of the entrance to the uterus and with certain uterine abnormalities.



- **Semi-complete breech presentation:**
One leg is stretched upwards, the other leg is bent downwards.



- **Footling breech presentation:**
The child has one or both legs stretched downward so one or two feet are positioned lower than the buttocks.

What are the risks associated with a breech presentation?

There is an increased chance of complications both during and after a breech birth than with births where the head comes first, for both the mother and the child. A breech child is more likely to be admitted to the neonatal unit. The changes of a Caesarean section is increased when a child is in a breech position. After a Caesarean section, the mother runs a greater risk of: infection, subsequent bleeding, damage to the bladder or impaired bowel function. The Caesarean section also causes a scar to form on the uterus. There is a small chance that this will tear the next time the mother gives birth. All subsequent births after a Caesarean section must therefore take place in a hospital, under the supervision of an obstetrician . There is also a small chance that the placenta will grow into the Caesarean section scar over the course of the pregnancy. This can lead to large amounts of blood loss after the birth; sometimes the uterus needs to be removed.

What next?

If your child is in a breechposition, you have two options:

- **Wait and see.**
  The child may turn into the head first presentation spontaneously. The chance of this happening decreases the longer you are pregnant, as the quantity of amniotic fluid decreases and the child has less room. This means the child has decreased mobility.

- **External version.**
  This is when the child is turned from a breech presentation into a head first presentation by manipulation through the mother's abdomen.

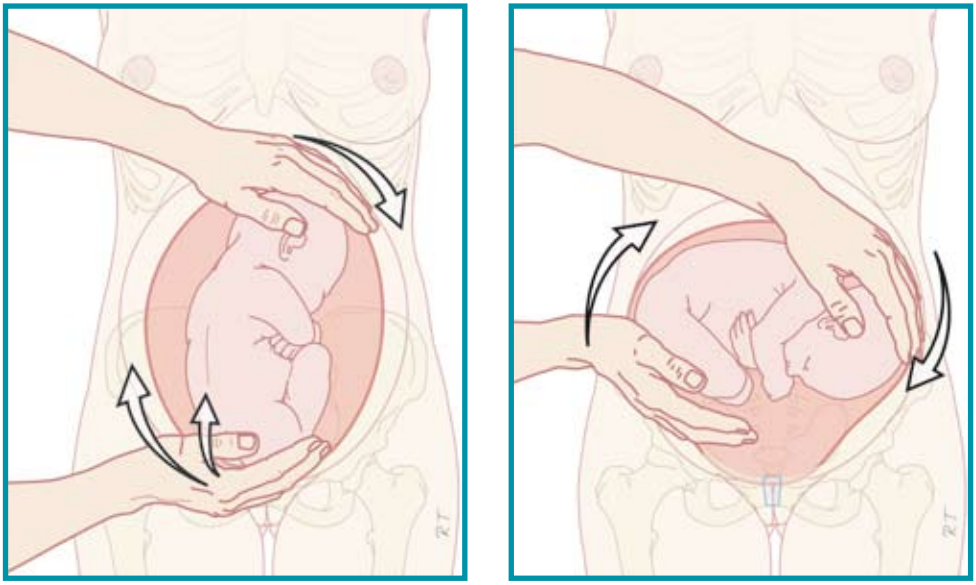
What happens during an external version?

You lie on the examination table in a relaxed position with your knees pulled towards your chest. The midwife will cup the child's buttocks in both hands and turn them to one side of the pelvis. The child is then held in place with one hand, and the head is then guided downward with the other. By simultaneously moving the buttocks upward and the head downward, the child will then continue to turn on his own.

Please note:

- Your bladder must be empty for this procedure.
- Your baby's heartbeat will be monitored both before and after the external version to make sure the baby stays well.
- If you have a Rhesus negative blood type, you will be administered Anti-D.
- The external version takes an hour on average.

Turning the child externally



When is an external version performed?

The child can, in theory, be turned by hand from week 36-37 up until the date of birth, provided there is enough amniotic fluid present. Before this time, the child may just turn of his own accord.
Children often change positions during a pregnancy. By week 33, approximately 25% of children are still in the breech presentation. By weeks 36-37, 3-4% are in the breech presentation.

Who performs the version?

Depending on the situation in your region, your midwifewill perform the version herself. She may also refer you to a fellow obstetrician . Your midwife or obstetrician has a great deal of experience in dealing with external versions.

An ultrasonic scan?

Before the midwife turns the child, they will always conduct an ultrasound to determine whether an external version is worth performing and whether it can be performed.
The echographist will look at the child's position, the quantity of amniotic fluid, the position of the placenta and at any congenital abnormalities that may have caused the breech presentation. There are usually no factors that hinder an external version from taking place.

How often does the version succeed?

This is difficult to predict as a number of factors play a role:

- The length of the pregnancy: The more advanced the pregnancy, the greater the chance that the child will remain in the head first presentation after a successful version, and not return to his original position;
- The quantity of amniotic fluid: Turning the child in abundant or even sufficient amniotic fluid is easier than in very little amniotic fluid;
- The position of the placenta: if the placenta is positioned against the rear of the uterus, it will be easier to take a hold of the child than when the placenta lies against the front of the uterus;
- The abdominal wall: A strong abdominal wall, which women having their first child often have, usually makes turning the child a little more difficult.

The change of a successful version is approximately 40%.

What risks does a version entail?

Complications are rare. The child may experience a temporary slowing of the heartbeat. The heartbeat usually always recovers spontaneously after a short period of time. If not, you will be referred to the hospital. There is a chance you will need an emergency Caesarean section, but the chance of this is less than 1%.

What happens after the external version?

After the external version, your abdomen may feel tender. This is normal. You might also feel the child move around less after the procedure. After a few hours, the activity will return to normal. If this does not happen, contact your midwife.
Are you experiencing severe abdominal pain? Are you losing amniotic fluid? Are you experiencing regular contractions or are you losing blood? If so, contact your midwife immediately.

What happens if the external version does not succeed?

If the version is not successful or the child returns to breech position, the version may be attempted again. If the child remains in the breech presentation, you need to give birth in the hospital and the course of your pregnancy will be monitored by an obstetrician.
The obstetrician will investigate whether a vaginal breech birth is a safe option. If it is, you can choose between vaginal birth or a Caesarean section. An obstetrician may decide to perform a Caesarean section on medical grounds. If this is the case, there is less choice.

Do you still have questions?

This leaflet serves to complement the conversation that you have with your midwife. If you have read this information and still have questions, please contact your midwife.

Colofon

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