

Making choices:
options for a pregnant
woman with a breech baby



A decision aid for women

Welcome

This workbook and tape/CD will prepare you for an informed discussion with your doctor or midwife. It will give you information about the two options available to you when having a breech baby.



Instructions:

1. Set aside 30-40 minutes
2. Have a pencil ready
3. Place the cassette tape/CD in the player and press play
4. Stay on the page until you are asked to turn to the next page

Please Note:

Research studies that support the information provided in this workbook are referenced by numbers such as “1”.
The complete list of references is at the back of this workbook.

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This decision aid is for you if...

- you have a breech baby
- you are having just one baby (not twins or triplets)
- you haven't had a caesarean section before
- you would like to know more information about the management of your breech baby

You will learn about...

- a breech baby
- turning a breech baby using external cephalic version (ECV)
- the benefits and risks of ECV
- a planned caesarean section if you don't choose ECV
- how to weigh up your own reasons to choose or not to choose an ECV
- decisions made by other women

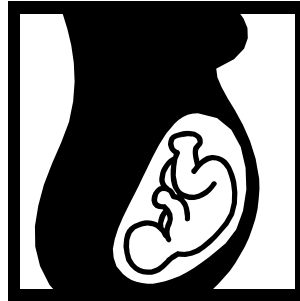


What is a breech position?

Cephalic (ke-falic) or head-down position

Baby's head is down near the birth canal ready for delivery

At term, 96 in every 100 babies are born in a head-down position



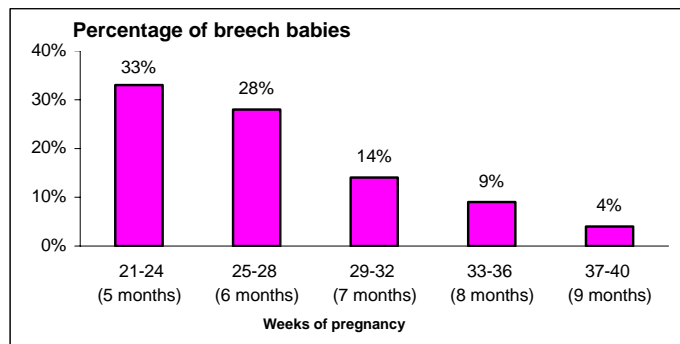
Breech position

Baby's bottom or feet are in position to come out first

At term, 4 in every 100 babies are born in a breech position



Number of breech babies as pregnancy progresses



Types of research studies

Randomised controlled trials

- Well designed studies
- Most reliable information
- Very confident about the results

Gold



Observational studies

- When there are no results from gold studies available
- Less confident about the results

Silver



Expert opinion

- Least reliable information
- Based on experience, individual case studies or reports from expert committees

Bronze



Safest method of delivery for babies that are still breech at term

Safest form of delivery for a breech baby is by planned caesarean section¹

Gold



3 studies¹

Approximately 69 in 1000 breech babies born by vaginal breech delivery died or had a serious illness compared with only 8 in 1000 breech babies born by planned caesarean section¹



However, most women prefer a vaginal delivery because they believe...

- it is a natural event
- they have more control over birth
- they can experience a normal birth

Silver



3 studies^{2,3,4}



External cephalic version (ECV)

Turning of a breech baby to a head-down position while the baby is still in the uterus

Gold



6 studies⁵

- more chance of having a vaginal delivery
- done by a doctor from 37 weeks of pregnancy onwards⁵

Where and how is an ECV done?

- Done at the hospital clinic or delivery ward
- Need to plan to be at the hospital for up to 3 hours
- Baby's position and heart rate will be monitored
- You will be given a drug to help relax your uterus and make the turning easier
- ECV takes 5-10 minutes



Results of ECV

Women whose baby is breech at 37 weeks and this is their first baby

Gold



2 studies^{6,7}



No ECV

12 out of every 100 women will be able to have a vaginal delivery because their baby will turn by itself to a head-down position before labour starts



With ECV

41 out of every 100 women who have an ECV will be able to have a vaginal delivery because their baby turned to a head-down position

Results of ECV

Women whose baby is breech at 37 weeks and who have had a baby before

Gold



2 studies^{6,7}



No ECV

32 out of every 100 women will be able to have a vaginal delivery because their baby will turn by itself to a head-down position before labour starts



With ECV

54 out of every 100 women who have an ECV will be able to have a vaginal delivery because their baby turned to a head-down position

In summary, the results from the gold studies show that by late pregnancy only a small number of babies in a breech position will turn by themselves to a head-down position. But, if a woman has an ECV she will increase her chance of having a vaginal delivery. You should keep in mind that even if the ECV is successful it doesn't guarantee a vaginal delivery. This is because some women will need to have a caesarean section for other reasons.

More about ECV

NO serious risks to mother or baby due to ECV.

Some minor side effects include:

Gold



12 studies⁸



- up to 13 in every 100 women will feel some discomfort
- 7 in every 100 women may feel their heart beat faster, may feel dizzy or start sweating if a drug is used to relax the uterus
- the heart rate of some babies may beat faster or slower but usually returns to normal within 5 minutes
- 1 in every 1000 women may go into labour after an ECV

The advantage of having an ECV in hospital and late in pregnancy is that the baby is mature enough and can be delivered.

Caesarean section

If your baby doesn't turn OR you don't choose to have an ECV OR you can't have an ECV then a planned caesarean section is the safest way to give birth.

A caesarean section is:⁹

- an operation to deliver a baby by a cut to the mother's abdomen and her uterus
- usually avoided unless it is medically necessary – when a vaginal delivery is not possible or it is dangerous for the health of the mother or the baby
- best done from 39 weeks of pregnancy and before labour
- if a woman goes into labour or her waters break before the date of a planned caesarean section she needs to go straight to hospital



Vaginal delivery compared with a caesarean section

Women who experience a vaginal delivery have:



- shorter stay in hospital¹⁰
- lower risk of infection^{11,12,13}
- less pain and bleeding^{12,13,14}
- less time to recover^{15,16}
- less chance of having to go back to hospital^{15,16}
- less risk of dying^{17,18,19}

- faster bonding with baby^{20,21}
- more chance of breastfeeding^{20,21}
- less complications in future pregnancies^{22,23,24}
- a possible chance of bladder problems^{9,14,25,26,27,28}
- less chance of their babies having breathing difficulties^{29,30,31}
- less need for their babies to go into special care nursery²⁹



Silver



Other methods that you may have heard of...

- Chinese medicine technique called moxibustion using heat placed near your little toe
- knee-chest position
- swimming or diving into a pool



- speaking or playing music to your baby
- drinking lots of water
- massage
- imagining your baby in a head-down position



Note: Although these methods may work for some women they have NOT been proven to be safe or that they really work by any gold or silver research studies.

Please talk to your doctor or midwife if you would like any more advice or you would like to try any of the methods you may have heard of.

What are the options for my breech baby and me?

You can have an external cephalic version.

Try to have your baby turned to increase your chance of having a vaginal delivery.

OR

Don't have an external cephalic version.

Wait to see whether your baby turns by itself.

If your baby stays breech, a planned caesarean section at 39 weeks is the safest way to give birth.

What steps can I take to help me make my decision?

1. How many babies have I had before?
2. What is my delivery preference?
3. How important are the results of an ECV?
4. Who should decide whether or not I have an ECV?
5. What questions do I have that I need answered before deciding?
6. Which way am I leaning in my decision about having an ECV?

choose
ECV

not
sure

no
ECV

Angela's story

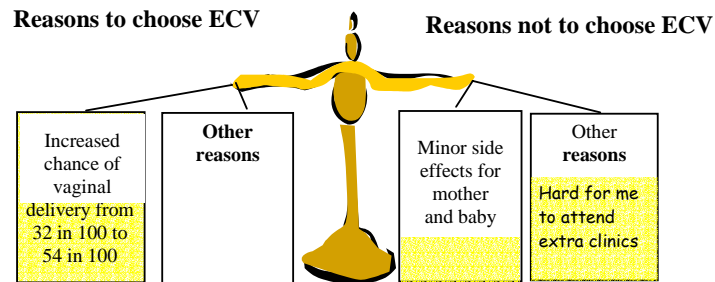
1. How many babies have I had before?

This is my 3rd baby

2. What is my delivery preference?

I don't mind - whatever is necessary

3. How important are the results of ECV to me?



4. Who should decide whether or not I have an ECV?

After talking to my husband, I would like my doctor and I to decide together

5. What questions do I have about ECV and my breech baby that I need answered before deciding?

What is the chance of my baby having 'wet lungs' if I have a caesarean section?

6. Which way am I leaning in my decision to have an ECV?

choose ECV not sure no ECV

Sue's story

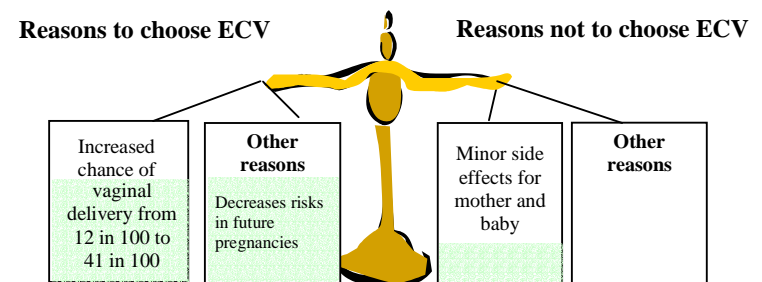
1. How many babies have I had before?

This is my 1st baby

2. What is my delivery preference?

I would prefer to have a vaginal delivery

3. How important are the results of ECV to me?



4. Who should decide whether or not I have an ECV?

I would like my partner and I to decide together after talking to my doctor

5. What questions do I have about ECV and my breech baby that I need answered before deciding?

Is there any chance of having a vaginal delivery?

Is the Chinese medicine technique of moxibustion worth a try?

6. Which way am I leaning in my decision to have an ECV?

choose ECV not sure no ECV

Notes

More information

Reasons for a breech baby

Experts do not know the exact reason why some babies stay in a breech position at the time of birth. Studies have found it is more common in older mothers, women who have had a baby before and when the baby is small.³²

Three types of breech positions³³

Frank breech

The baby's bottom is coming first and the baby's legs go straight up in front of the body with the feet near the face.



Complete breech

The baby sits with its legs crossed and its bottom coming first.



Footling or incomplete breech

One or both of the baby's feet are coming first and pointing down below the bottom.



More information

Women who can't have an ECV

If a woman has a breech baby and no other complications in pregnancy she is usually able to have an ECV.

Reasons why some women may not be able to have an ECV are:³⁴

- bleeding in pregnancy
- a placenta that is near or covering the opening of the uterus
- a very small baby
- a low level of fluid in the sac that surrounds the baby
- if the baby's heart rate is irregular
- a mother's water has broken early
- if there is more than one baby such as twins or triplets

Why does ECV fail?

A number of silver-ranked studies have looked at the reasons why ECV may work and at other times it may fail.

Reasons for failure include:^{35,36}

- a woman having her first baby
- obesity
- a baby in a frank breech position
- a small baby
- not enough fluid around the baby in the uterus
- the baby is lodged in the pelvis

Suggested readings

- *A guide to effective care in pregnancy and childbirth, 3rd ed.*
Enkin M, Keirse MJNC, Neilson J, Crowther C, Duley L,
Hodnett E, Hofmeyr J.
Oxford, UK: Oxford University Press, 2000.
- *The new pregnancy and childbirth*
Kitzinger, S.
Sydney : Transworld, 1997.

Websites

- www.maternitywise.org - designed to give information about "Evidence-based maternity care" by using the best research about the safety and effectiveness of specific tests, treatments, and other interventions to help guide maternity care decisions
- www.babycentre.co.uk - pregnancy and baby information
- www.nicsl.com.au - allows you to look up the evidence about different health care treatments and interventions
- www.health.nsw.gov.au/pubs/babies_pregnancy - range of information booklets on pregnancy and childbirth from the NSW Health Department
- www.dhs.sa.gov.au/Pregnancy/default.asp?Override=True - pregnancy information website from the SA Department of Human Services

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C. Raynes-Greenow BA MPH	Social Researcher, Epidemiologist
C. Roberts MBBS DrPH FAFPHM	Perinatal Epidemiologist, Chair
S. Torvaldsen	Consumer Representative

Acknowledgement

This decision aid was developed using the decision support format of the Ottawa Health Decision Centre at the University of Ottawa and Ottawa Health Research Institute, Ontario, Canada.

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Making choices: options for a pregnant woman with a breech baby



Personal worksheet for women having their first baby

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Personal worksheet for women having their first baby

1. How many babies have I had before?

- My first baby
- I have had a baby before

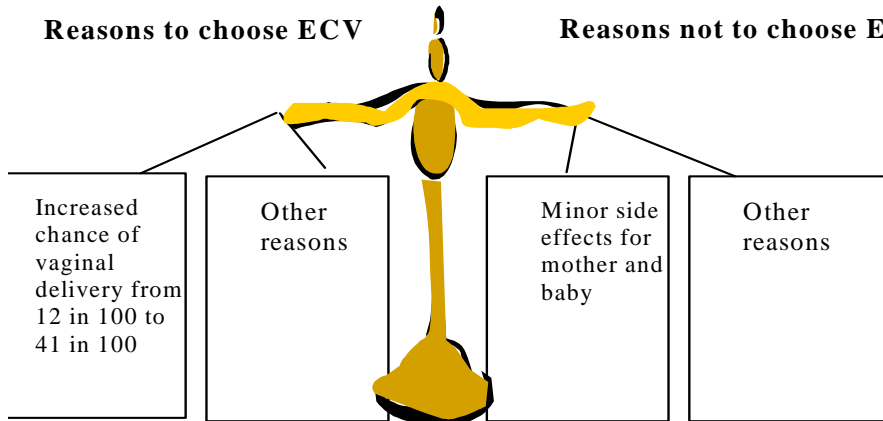
2. What is my delivery preference?

- Vaginal delivery
- Caesarean section
- I don't mind
- I'm not sure

3. How important are the results of an ECV to me?

Reasons to choose ECV

Reasons not to choose ECV



4. After considering the opinions of my partner and/or family, who should make the decision about whether or not I have an ECV?

- I prefer to make the final decision
- I prefer to make the final decision after seriously considering my doctor's opinion
- I prefer that my doctor and I share responsibility for the decision
- I prefer that my doctor makes the decision after he/she seriously considers my opinion
- I prefer my doctor to make the decision
- I'm not sure
- Other (please specify) _____

5. What questions do I have about ECV and the delivery of my breech baby that I need answered before deciding?

6. Which way am I leaning in my decision about having an ECV?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
choose ECV							not sure			no ECV

Making choices: options for a pregnant woman with a breech baby



Personal worksheet
for women who have
had a baby before

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Personal worksheet for women who have had a baby before

1. How many babies have I had before?

- My first baby
- I have had a baby before

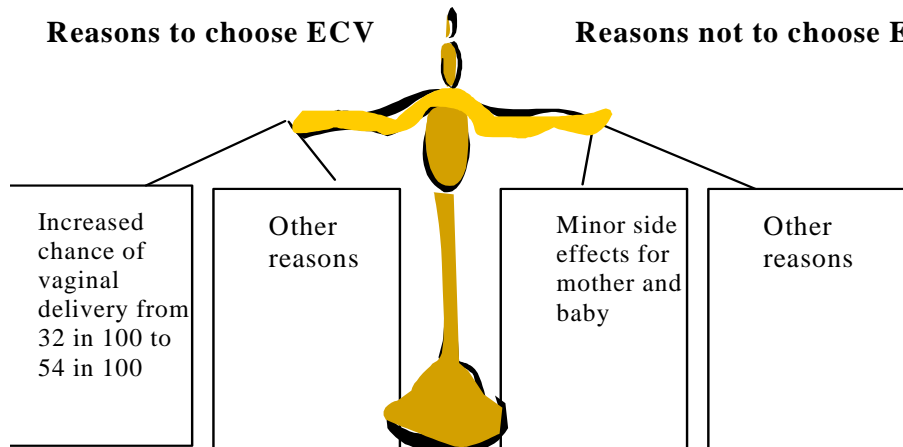
2. What is my delivery preference?

- Vaginal delivery
- Caesarean section
- I don't mind
- I'm not sure

3. How important are the results of an ECV to me?

Reasons to choose ECV

Reasons not to choose ECV



4. After considering the opinions of my partner and/or family, who should make the decision about whether or not I have an ECV?

- I prefer to make the final decision
- I prefer to make the final decision after seriously considering my doctor's opinion
- I prefer that my doctor and I share responsibility for the decision
- I prefer that my doctor makes the decision after he/she seriously considers my opinion
- I prefer my doctor to make the decision
- I'm not sure
- Other (please specify) _____

5. What questions do I have about ECV and the delivery of my breech baby that I need answered before deciding?

6. Which way am I leaning in my decision about having an ECV?

choose ECV			not sure				no ECV			

