

What is breech position?

Early in pregnancy, babies are able to move around and change positions in the uterus. Most babies will turn to a head-down position by 36 weeks of pregnancy. This is called a “vertex” position. In about 3-4% of pregnancies, the baby’s buttocks or feet are closest to the birth canal. This is called a “breech” position. There are three types of breech positions:

- Frank breech: This is the most common type of breech position (50-70% of breeches). The baby’s hips are flexed and the legs are straight, with the feet near the head. In this position, the buttocks would be the first to enter the birth canal during labour.
- Footling breech: About 10-30% of breech babies are in this position. One leg or both the baby’s legs are stretched out with the foot below the buttocks, and the foot or feet would be the first to enter the birth canal.
- Complete breech: About 5-10% of breech babies are in this position. The baby’s hips and knees are bent so the buttocks and feet would be the first part to enter the birth canal.

What causes a breech position?

Most of the time, the breech position happens by chance with no clear explanation. In some cases, breech position may be due to a problem with the shape of the mother's uterus, the location of the placenta, a problem with the baby, or the amount of amniotic fluid around the baby. If labour starts preterm (before 37 weeks), the baby has a higher chance of being breech.

How is breech position diagnosed?

During routine visits after 28 weeks, your doctor or midwife will check your baby’s position by pressing on your belly and trying to feel the baby’s head and back. Your doctor or midwife may also check your cervix to determine the baby’s position. If your doctor or midwife thinks the baby is in breech position after doing these exams, an ultrasound test will be requested to confirm the diagnosis.

How is breech position treated?

There are 3 main ways of dealing with a breech pregnancy:

- External cephalic version (ECV) then vaginal birth: ECV is a procedure in which an obstetrician presses on your belly and tries to move your baby into a head-down position; this is successful in about 60% of cases. This is a procedure that can be done at or after 37 weeks of pregnancy, at the South Health Campus hospital in Calgary. If your baby can be turned head-down, your

labour and delivery would be treated normally. Occasionally, immediately after you have an ECV, whether successful or not, your labour may be induced.

- Vaginal breech delivery: In some cases, it may be possible to deliver your baby vaginally in a breech position. Vaginal deliveries of breech babies have different risks than babies that are head-down, so these types of deliveries are only done in Calgary, at the South Health Campus hospital. An ultrasound assessment must be done to see if your baby's size, position, and fluid levels make it safe for you to deliver vaginally.
- A Caesarean section (C-section): A C-section is delivery of your baby through an incision in your belly and uterus. This type of delivery has different risks than vaginal deliveries, but may be the safest option for your baby. In most cases, you can be awake for the delivery and hold your baby very soon after delivery. This type of delivery can be done in High River, and is usually planned for 39 to 40 weeks of pregnancy.