



BASIC INFORMATION

DESCRIPTION

At birth, most babies are born head first with face down. In a breech position, the fetal buttocks or feet lie nearest the birth canal and are the first part to emerge. Breech presentation occurs in 3-4% of all births. Types of breech presentations include:

- Frank breech where the thighs are flexed on the abdomen and both legs are extended at the knee so that the feet are near the baby's head.
- Complete breech where the thighs are flexed on the abdomen and both legs are flexed at the knee.
- Footling (or incomplete) breech where one or both legs are extended below the level of the baby's buttocks.

FREQUENT SIGNS AND SYMPTOMS

There are no visible signs. The diagnosis can be determined by abdominal or vaginal examination and confirmed by ultrasound.

CAUSES

Before 36 weeks, the fetus may move about from one position to the other. In the later weeks of pregnancy, these changes are more difficult. Sometime between the 32nd and 36th weeks, the fetus spontaneously assumes the head down position, but in some instances the breech position occurs. The actual cause of breech presentation is unknown, but is probably a combination of one or more of the risk factors listed below.

RISK INCREASES WITH

- Premature labor and delivery.
- Placenta previa.
- Low-birth-weight baby.
- Multiple fetuses (twins, triplets and more).
- Uterine abnormalities.
- Fetal congenital malformation.
- Pelvic tumor (fibroids).

PREVENTIVE MEASURES

- No known way to prevent the original breech position.
- For some patients, after the breech position is diagnosed, a technique called external version is performed, which attempts to rotate the fetus to the proper position.

EXPECTED OUTCOME

- The decision about delivery will be made on an individual basis. In most cases, a cesarean birth is recommended for breech babies, but in certain conditions, a vaginal delivery may be recommended.
- In most cases, you and the baby will suffer no complications because of the breech presentation.
- For some women, there may be an increased possibility of breech presentation in subsequent pregnancies.

POSSIBLE COMPLICATIONS

- Birth injury.
- Compression of the umbilical cord causing lack of oxygen to the fetus.



TREATMENT

GENERAL MEASURES

- Once the diagnosis of breech presentation is made, be sure you understand the options and risks (both to you and to the fetus) involved for each type of delivery (cesarean or vaginal).

After delivery:

- Showering is fine; delay tub baths for 2 to 3 weeks.
- Some degree of postpartum depression (crying jags and feelings of inadequacy) may occur which is normal after birth.
- Wear an external pad for the vaginal bleeding that will occur for several weeks. Your first menstrual period should come in 6 to 8 weeks, but may be delayed for several months.

MEDICATION

- Prescription pain medication should generally be required only for 2 to 7 days following the procedure.
- You may use nonprescription drugs, such as acetaminophen, for minor pain.

ACTIVITY

- You may resume sexual relations after 2 weeks (although for some, 4 to 6 weeks may be recommended).
- Return to normal activity as soon as your health and well-being permit. This will occur more quickly following a vaginal delivery than it will with a cesarean delivery.

DIET

No special diet is usually necessary.



NOTIFY OUR OFFICE IF

Any of these symptoms occur following birth:

- Pain, swelling, redness, drainage or bleeding increases in the surgical area.
- You develop signs of infection, including headache, muscle aches, dizziness or a general ill feeling and fever.
- Bleeding soaks more than one pad in an hour.
- The urge to urinate frequently persists longer than one month.
- Vaginal discharge persists beyond one month.
- You develop a foul-smelling vaginal discharge.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.