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Today's Health for the Empowered Woman

“What if the Baby is Breech?”

Before birth most babies rotate in the uterus so that the head is down and closest to the birth canal. Approximately 5% of the time the baby may have the buttocks, feet, or both come out first and this is called a breech presentation. If this is discovered near the end of pregnancy a discussion with your obstetrical provider must be had to understand what to expect and to plan the best way to manage labor and delivery. Years ago most breeches were delivered vaginally as obstetricians were well trained in the difficult technique of performing a breech birth and because cesarean births were fraught with such draconian complications as life threatening infection, bleeding, and anesthesia complications. The observation was made, however, that babies born vaginal breech had a higher risk of cerebral palsy and hip abnormalities—presumably due to the stresses of this vaginal birth with compression of the umbilical cord and pressure placed upon the hips of the fetus during a difficult delivery. The attendant increased liability led to a move to perform cesarean sections upon almost all breeches to avoid these problems even though the same problems persisted regardless of the mode of delivery. Now it is widely thought that the aforementioned problems are due to the way the baby is oriented in the uterus that actually causes the baby to be breech rather than the complication of a difficult delivery. Furthermore, premature babies are more likely to be breech and also have more problems secondary to prematurity and not from the way they are oriented in the uterus. So, it has evolved that most breeches are delivered by cesarean section.

Breeches are more common if a woman has had more than one pregnancy; there is more than one fetus; the uterus has too much or too little amniotic fluid; the uterus has an abnormal shape that prevents the head from coming down; the placenta covers the cervix and prevents the head from coming down; and prematurity as the body of the fetus is heavier than the head so the head actually floats up into the higher part of the uterus. Given these issues the term breech is rather generic and can be diagnosed by the provider who feels the uterus from the outside and determines where the head is or by ultrasound which is a definitive modality. The term can mean that the baby is frank breech (coming down with buttocks first and feet up by the head; complete breech with the legs folded at the knees; footling breech with the feet pointing down. Of note is that the largest part of a fetus is its head so if coming head first, once the head is delivered the rest of the body will follow but if breech in any of the above combinations a smaller part can fit through a not fully dilated cervix with entrapment of the large after coming head and compression of the umbilical cord leading to fetal compromise—hence the reluctance on the part of the doctor and of the patient for vaginal birth especially in this era of improved safety with cesarean sections from the standpoint of less bleeding, less infection, and greater anesthetic safety. If the baby is discovered to be breech before labor your doctor may suggest trying to turn the baby into a head down position. This is called external version and is not always successful and sometimes when perceived to be successful the baby turns back into a breech position. The risks are rupture of membranes, beginning of labor and possible separation of the placenta that would require an immediate and emergent

cesarean section. For all the above reasons, in today's modern obstetrics most breeches are delivered by cesarean section, usually before labor begins. If labor begins first there is a risk of the umbilical cord dropping out and being compressed between the feet of the fetus and the cervix of the mother and this represents a true obstetrical emergency. As in previous articles, although cesarean is commonplace it is not without risk as problems with infection, bleeding, and pain control is increased. It must be understood that most breech babies are born healthy so the diagnosis of breech is not an occasion for lamenting. A discussion for the mode and timing of the delivery is tantamount and that the benefit of cesarean section in most cases outweighs the risks as outlined above.