

# Ways to Turn a Breech Baby

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## Breech Positioning

Breech presentation occurs when the baby's buttocks is in the lower part of the uterus and the baby's head is in the upper part of the uterus. The baby's buttocks or feet may be the first parts to be born in a vaginal breech birth. Breech presentation occurs in about 3% to 4% of term pregnancies.

There are many ways to turn a breech baby. Because it can be difficult to find skilled care providers to attend vaginal breech births, turning the baby into a vertex (head down) position is often preferable.



Figure 1 Image from Microsoft Word clip art

## Turning Methods

### Manual Turning

- **External Cephalic Version (ECV)** is a method of manually turning the baby from the outside of the abdomen. This procedure is done with careful monitoring of the baby via ultrasound. Some care providers perform ECV in the hospital and there are different approaches to performing the procedure. ECV can be done gently and

some babies are eager to turn with gentle encouragement. Some providers perform ECV that is more rapid and less gentle, often using analgesia/anesthesia and preparing for an emergency cesarean section. ECV does carry potential risks of causing fetal distress, placental abruption, or accidentally rupturing the membranes.

### Positional

- **Forward-leaning inversion** is performed by placing knees on an elevated surface (such as a couch, bed, or stairs) and slowly lowering the upper body until the forearms are resting the ground with head hanging freely. This can be done for 30 seconds each time, 5 to 7 times each day. This should be avoided if blood pressure is elevated.
- **Breech tilt** is performed using a slant board. This can be a sturdy board, an ironing board, or something similar. Elevate one end of the board on a firm and stable surface. The mother should lay on her back with her feet toward the elevated end of the board. Her hips should be higher than her head. A partner can help stabilize the board and play music or talk to the baby by the mother's pubic bone. This can be done for 5 minutes, three to four times each day.
- **Hands and knees** position can be performed many times each day. It can be done with or without pelvic rocking (also known as cat/cow position).
- **Open knee-chest** position is performed by getting into a hands and knees position with the knees wide and open. Lower the upper body to the ground, keeping the knees back farther than the hips.

- **Headstands** can be done most easily in a swimming pool. A partner can also help provide support for doing a headstand up against a wall.

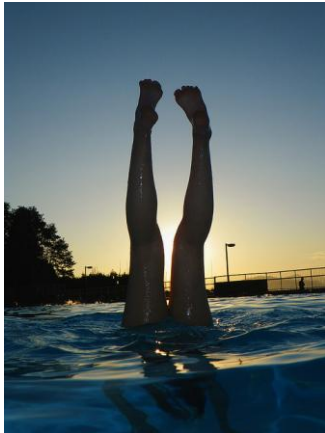


Figure 2 Image from Microsoft Word clip art

### Specialty Care

- **Acupuncture** can be done by an experienced acupuncturist who has experience working with pregnant women.
- **Chiropractic care** is a very effective way to turn a breech baby. Find a chiropractor who is certified or trained in the Webster technique and has experience working with pregnancy women and breech babies.
- **Homeopathy** can be used to turn a breech baby. Seek out a registered homeopath. Pulsatilla is a commonly used homeopathic remedy for breech presentation.



Figure 3 Image from Microsoft Word clip art

- **Maya massage** can be done by an experienced massage therapist who is skilled at working with pregnant women.

### Other

- **Moxibustion** can be done by burning a moxa cone for 15 minutes. Place the cone at the outer corner of the nailbed of the little toe. Moxibustion is most effective around 34 to 35 weeks of pregnancy when done several times each day.



Figure 4 Image from Microsoft Word clip art

- **Side-lying sacral release** can be done with a partner. The mother lays on the edge of a firm surface. The partner stands in front of the mother and prevents her from accidentally rolling off of the surface. The mother's top leg should be brought across the lower leg and dangle over the edge of the surface. The partner uses both hands to provide firm pressure on the mother's hip so that her hip does not rotate forward when her leg is dangling. The dangling leg should be straight with the foot flexed. Maintain this position for about 2 minutes. The dangling leg should start to drop lower. Repeat on the other side.
- **Abdominal release** can be done by a partner when the mother is laying on her back. The partner gently touches the mother's lower abdomen with one hand, just above the pubic bone. This can be done several times each day.
- **Standing release** can be performed if the mother is unable to lay on her back. This is done by having the mother stand with her feet hip width apart. The partner places one hand lightly on the mother's lower abdomen and the other hand lightly on the mother's sacrum. This continues until the mother feels that she is finished. She may move or sway or hold still during the release.

- **Cold therapy** can be done placing a cold pack or bag of frozen peas at the top of the mother's abdomen. A warm washcloth can be placed near her pubic bone to encourage the baby to turn away from the cold and toward the warmth.



Figure 5 Image from Microsoft Word clip art

- **Light therapy** can be done by placing a flashlight near the mother's vagina or pubic bone to encourage the baby to turn toward the light source.
- **Sound therapy** can be done by playing soothing music near the mother's pubic bone to encourage the baby to turn toward the sound. This can also be done by having her partner speak or sing to the baby.
- **Rebozo sifting** can be done if a strong partner uses a rebozo wrap under the mother's belly. Her hips should be apart and she should be in a hands and knees position as the partner "sifts" her hips back and forth from side to side while pulling up on the rebozo.
- **Hypnosis** can be an effective way of turning a breech baby. Hypnobabies (<https://www.hypnobabies.com/>) is one method of hypnosis that includes a recording to be used specifically for turning a breech baby.

Sources:

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