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By [Dr David Moore](#), 27 August 2013

About 3-4% of babies will be bottom-down, or in breech presentation, at the end of pregnancy. Although a hotly-debated topic, a large body of research suggested that babies that remain "breech" at term are best delivered by elective [caesarean section](#).(1) The concern with planned vaginal birth of a breech baby is the risk (albeit small) of delay in delivery of baby's head after baby's body has delivered. However, newer research has suggested that vaginal breech birth may still be a safe alternative in selected cases.(2)

Nevertheless, there has been a large decline in the number of women who attempt a vaginal birth with a breech baby, and most obstetricians would still recommend a [caesarean section](#) for breech babies, usually at around 39 weeks of pregnancy.

Caesarean sections are not risk-free procedures, however, and it is reasonable to try to avoid one, if possible. Besides immediately planning a [caesarean section](#) or a vaginal breech birth, other options for women with a breech baby near term include:

1. Doing nothing - waiting to see if baby decides to turn themselves head-down in the last few weeks of pregnancy (about a 3% chance).
2. Attempting **external cephalic version**- having "baby turned" by an experienced obstetrician.
3. Attempting postural techniques to "encourage" this spontaneous change to head-down presentation.
4. Other techniques such as acupuncture and moxibustion.

External cephalic version (ECV)

ECV involves the practitioner using their hands on the woman's belly to gently turn baby to a head-down, or "cephalic" position. ECV is usually performed after 36 weeks, and has been proven through randomised controlled trials for breech presentation at term by up to 40%.(3) It is a very safe procedure, although there are some rare risks beforehand, and there are some situations where it should not be attempted. When attempted, ECV is successful in a certain percentage of cases (such as whether it is the woman's first baby, the location of the placenta, and the size and amount of



in favour, success may be over 85%.(4) Although the chance of needing an unplanned caesarean section in labour is 12% compared to 12% when mums had head-down babies that didn't require ECV), it remains a simple, safe, and efficient procedure with caesarean being avoided for every three ECVs attempted.(5)

Other options

Mums with breech babies are often advised to adopt various postures (such as the knee-chest position) to encourage baby to turn. However, available research suggests these practices are ineffective.(6) Similarly, acupuncture and moxibustion (a form of Chinese medicine using a herb near to the smallest toe - acupuncture point BL67) are sometimes tried, but robust evidence for their effectiveness is limited.

Ultimately, all women should be fully and frankly informed about the implications of a breech presentation near term, including various management options. As for most situations in pregnancy, there is no one-size-fits-all approach, and each woman to her (and her baby's) particular circumstances.

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David is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, a Fellow of the Royal College of Obstetricians and Gynaecologists, and a Fellow of the Queensland College of Obstetricians and Gynaecologists. He is highly skilled in the management of complex and high-risk pregnancies, and has specialised in the management of endometriosis, pelvic floor and incontinence surgery. David has completed a Master of Reproductive Medicine and is currently completing a PhD in the management of fertility problems, and can offer the full range of assisted reproductive treatments. He is a Lecturer at the Queensland Medical School, and has published both medical journal and textbook contributions.

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