Further Information

‘Management of Breech Presentation at Term’, Royal Australian and New Zealand College of Obstetrics and Gynaecology, C-Obs11, 2013

External Cephalic version and Reducing the incidence of Breech Presentation” Royal College of Obstetrics and Gynaecology, CG 20a, Dec 2006 currently under review

‘Turning a Breech Baby in the Womb; Information for you.’ Royal College of Obstetrics and Gynaecology Patient Information Leaflet 2008

There are some complementary therapies which may help to encourage your baby to turn around. These include Acupuncture, Moxibustion and postural exercises.

Talk to your LMC for more information
Why is my baby breech?

About 3% of all babies end up feet or bottom down instead of head down.

We are not sure why babies end up breech, it may be the location of your placenta or the shape of your pelvis or just they started in that position and have run out of space to turn over.

Is breech position a problem?

As a baby’s head is the largest part it is safer for baby to be born head first as there is less risk of baby getting stuck. If your baby stays breech you will be offered a caesarean birth.

You will be given the opportunity to discuss the possibility of a vaginal birth with an Obstetrician if this is an option you would like to consider.

Turning your baby using external cephalic version (ECV)

External cephalic version (ECV) is usually a very safe procedure when carried out in a hospital with an experienced professional, and has a 50% success rate.

It is not known to cause labour to start however there is a small risk that about 1 in 200 (0.5%) that you may need to have an emergency caesarean section on the day of the procedure.

You should not have an ECV if:

- Your waters have broken already
- You need a caesarean section for other reasons
- You have had vaginal bleeding in the last seven days
- You are carrying twins
- There are any concerns about your baby’s growth.

What happens when they turn my baby?

1. Your LMC will refer you to a specialist at the hospital and you will be given an appointment.
2. You will come to either the clinic or the birthing unit; it is a good idea to bring a support person with you.
3. The specialist will scan your baby. He or she then moves your baby with their hands from outside your tummy, helping your baby to turn over to a head down position. It may take a few attempts.
4. It can be uncomfortable but should not be painful - if it is painful ask your doctor to stop at any time.

Your baby’s heartbeat will be monitored both before and after the ECV.