

Developmental dysplasia of the hip

Developmental dysplasia of the hip or DDH is a condition where the hip joint does not form normally, causing the top of the thigh bone to slip (dislocate) out of the hip socket easily.

Babies who lie in the breech position are more at risk of this condition; regardless of the type of birth. As well as the usual checks, an X-ray of the hips between 4-6 months is recommended (see our *Developmental Dysplasia of the Hip DDH* pamphlet).

References

- A breech baby at the end of pregnancy – RCOG (2011)
- The risks of planned vaginal breech delivery versus planned caesarean section for term breech birth: a meta-analysis including observational studies – BJOM (2015)
- Management of breech at term – RANZCOG (2016)
- Management of Breech Presentation (Green-top Guideline No. 20b) – RCOG (2017)
- Breech (Clinical Practice) – Waitemata District Health Board (2017)



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Breech baby



If your waters break or you begin to labour and you know your baby is breech, you must contact your lead maternity carer (LMC) and make your way into your closest hospital.



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What you need to know

What is breech presentation?

About 3-4% of babies will present as breech, or 'bottom first', after 36-weeks of pregnancy.



Why is your baby breech?

There are many reasons why a baby may be breech. Some of these include:

- not enough fluid around baby, making it harder for baby to turn head down
- too much fluid making it easy for baby to turn around a lot

- placenta lying low in your uterus and getting in the way of baby's head
- the shape of the pelvis or uterus has encouraged baby to sit in this position
- your baby may just adopt this position.

What can you do if your baby is breech?

It is safer if baby turns head down. If your baby is not head down by 36-weeks, you will meet with an obstetrician to discuss external cephalic version (ECV) which is a technique used to turn your baby head down (see our *Turning Your Breech Baby* leaflet).

Choosing how to give birth

If your baby stays breech, you need to consider the best way to give birth.

There is evidence that caesarean birth is safer for some breech babies.

Important considerations for a vaginal breech birth include:

- the position and size of your baby in relation to the size of your pelvis
- other risk factors that might complicate the birth
- if there is a doctor or midwife available who is skilled in breech birth.

Some risks of vaginal breech birth

- Increased risk of birth injury to baby.
- Increased risk of emergency caesarean.
- Risk of perineal tears or episiotomy.
- Increased risk of neonatal unit admission of baby for longer than four days.

Some risks of elective caesarean.

- Increased risk of wound infection and sepsis.
- Increased risk of complications from blood clots.
- Increased likelihood that baby may be admitted to neonatal unit due to temporary breathing difficulties.
- Increased risk of early onset postpartum depression.
- Increased risk for future pregnancies and births due to presence of scar on uterus.

