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Frimley Health NHS
NHS Foundation Trust

The Breech Clinic
Information Leaflet for Parents

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Frimley Health NHS Foundation Trust is committed to providing the highest quality care for all mothers and babies. This evidence-based information leaflet has been produced to ensure consistent quality care for women whose babies are in the breech (bottom down) position.

The Breech Position

Your midwife or doctor has referred you to the breech clinic as they believe your baby may be presenting bottom first. This position is known as breech presentation.

It is common in early pregnancy for babies to be presenting in the breech position. However, most babies turn themselves around to a head down (cephalic) presentation before the time of delivery. One study done in 1999 suggested that caesarean section may be slightly safer for breech babies in the short term than trying for Breech vaginal delivery, though there were no difference long-term in outcome for these babies (Hannah, 2000). However, other studies done since Hannah et al's study have suggested breech vaginal birth can be safely offered to women meeting certain criteria and this is supported by the RCOG guideline (RCOG 2017, Kotaska 2004, Roosmalen and Rosendal 2002, Bloomfield 2000).

There are a few options to consider that can be discussed and tried to encourage your baby into the head down position. This is called External Cephalic Version (ECV).

The Breech Clinic

The breech clinic at Frimley Park Hospital runs on Tuesday afternoons from 1-4pm and on Mondays from 10-4pm at Wexham Park Hospital. If your doctor or midwife suspects that your baby is in the breech presentation, they will refer your nearest breech clinics.

At the breech clinic an ultrasound scan will be performed to confirm whether your baby is in the breech position. If the baby is head down, no further action is required, and your antenatal care will continue as planned. If your baby is confirmed to be in the breech position, the options available to you will be discussed. These may include:

- Moxibustion self-administered treatment (to encourage the baby to turn head down)
- External Cephalic Version (ECV) (to encourage the baby to turn head down)
- Vaginal breech birth
- Caesarean birth

If you are in the 34th week of your pregnancy, we will discuss Moxibustion, which is a form of complementary therapy. Coyle et (2012) Cochrane review highlighted that moxibustion was found to result in fewer non-cephalic presentations at birth compared with the postural technique alone.

If you are 36 weeks pregnant or more, we will offer a presentation ultrasound scan, decide whether ECV is appropriate, and discuss this option with you. You will have the opportunity to ask any questions or discuss any concerns.

If you choose not to have an ECV, we may also discuss the option of Moxibustion. If you choose not to have either of these options, we will arrange for you to come for an appointment at a consultant clinic to discuss the birth of your baby.

What is Moxibustion?

Moxibustion is a method of traditional Chinese medicine that consists of burning herbs compacted in a roll, in the form of a moxa stick. This is lit and burned near but not touching the tip of the little toe at the acupuncture point 'Bladder 67', (see picture below) which is located at the outer aspect of the tip of the fifth toe, in both feet. This causes your baby to be more active and other physiological reactions that are thought to encourage your baby into a head-down position. Research studies have found **success rates** from 66.6% to 92%. In addition, moxibustion has been found to increase the chances of a successful ECV as much as 88%, when used beforehand.

What happens during the Procedure?

A midwife at the breech clinic will give you the moxa sticks. As well as the factors your midwife has already considered to make sure you qualify for treatment, some of the additional reasons why you should stop using moxibustion include high temperature, infection or raised blood pressure. Although not related to the use of the therapy, these could develop at any time during your pregnancy, and it is important that you know about it. You can be reassured that no significant side effects have been reported in using moxibustion.

The burning of the moxa stick in hospital could set off the fire alarms and it also releases a heavy smell that may remain in the environment for some time. Therefore, we are unable to perform moxibustion in the hospital for you, but we are trained to teach you how to safely use it. These are the steps you should follow:

1. Make sure there is no smoke alarm in the room prior to starting moxibustion, as the burning of the stick may activate it.

2. Sit comfortably, in a relaxed position with your feet raised. You could use a stool or a pillow to allow this.

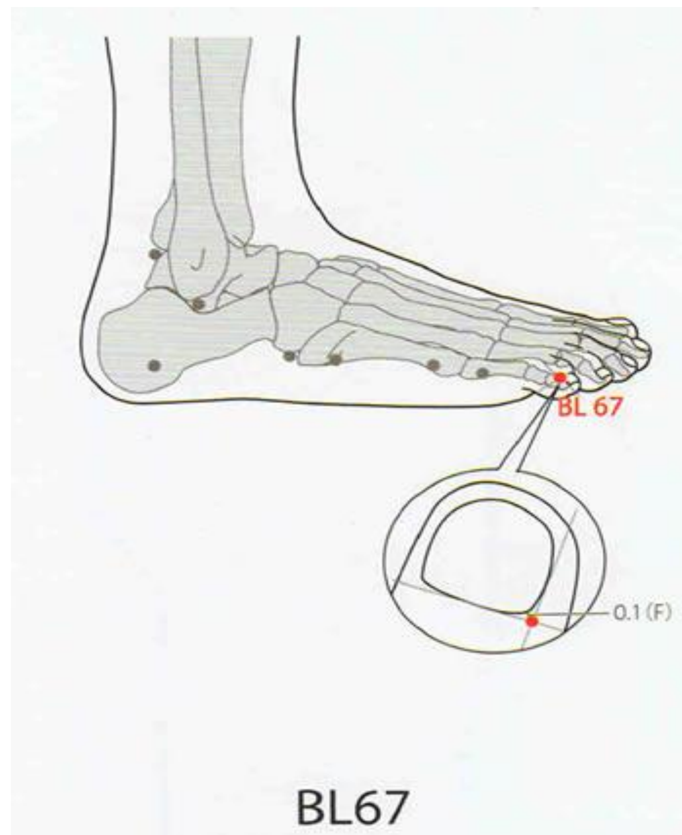
3. Light the moxa stick and wait until the end of the stick is red.

4. Hold the moxa stick and place it close to the outer aspect of the little toe in either foot reaching the acupuncture point ‘Bladder 67’ (look at diagram *Location of ‘Bladder 67’*) (see below diagram). Do not hold the stick above the toe; falling ash could cause the skin to burn.

5. After doing this for around 2 minutes, the area may become uncomfortable and/or too hot. Remove the stick at this point and repeat the procedure on the other foot. This procedure should be repeated using one foot at a time for 20 minutes.

6. When you have finished, cut off the end of the stick and place this part under water to extinguish it. Make sure the remaining part of the dry stick is not burning.

7. Take some time to gently get up and drink some water.



Location of ‘Bladder 67’

What is ECV?

This is a simple and safe technique to turn your baby. While you are lying down on the bed, a doctor or midwife will gently place their hands on your abdomen and ease the baby to move in a forward or occasionally backward roll into the head-down position. They will use ultrasound to see what they are doing and ensure that the baby is well. This should take no longer than 10 minutes.

You may be offered medication called terbutaline to relax your uterus, this will either be offered before the initial attempt of ECV or if the first attempt is unsuccessful. Terbutaline is given as an injection and can have some short term, unpleasant side effects but it can significantly increase the success rate of ECV (Fernandez et al 1997, RCOG 2010). It is up to you to choose whether to have this or not. ECV's can be uncomfortable but you can ask us to stop at any time.

Who will perform the ECV?

The procedure will be performed either by a Midwife trained in ECV or by a doctor or midwife in training.

What happens after the ECV

1. To make sure the baby is well after the ECV we will monitor the baby's heartbeat, this usually takes about 20 minutes.

2. We will be able to see on an ultrasound scan if the ECV has been successful. If ECV has been successful, we will advise you to see the community midwife for abdominal palpation in the following 1-2 to confirm the baby is still in the head down position.

3. If we fail to turn your baby without terbutaline you may be offered another attempt at ECV using this uterus-relaxing medication, which can make a 2nd attempt more successful. This can be done immediately after the 1st attempt.

4. With a Rhesus-positive predicted baby, you will be offered an Anti-D injection as a small amount of the baby's blood is occasionally transferred to the mother. You doctor or midwife can explain this in more detail.

If the ECV is unsuccessful

We will discuss the following options with you:

- Wait to see if baby turns on it's own (depending on how many weeks your pregnancy is at)

- Moxibustion
- Caesarean birth – this usually takes place from 39 weeks.
- Vaginal Breech Birth – this will be discussed in as much detail as you wish.

What are the risks of ECV?

ECV is safe and will not start your labour (RCOG 2010). ECV has success rates of 30–80% while spontaneous reversion to breech presentation after successful ECV occurs in less than 5%. Furthermore, provision of an ECV service also reduces the rate of caesarean birth for breech presentation (RCOG 2010). However, with all procedures there are some risks involved. Of every 200 women having an ECV, one will need a caesarean section shortly after the procedure. This may happen because:

- There is vaginal bleeding
- The waters around the baby break
- The baby is distressed by the ECV
- In about 1 in 35 women the baby will turn back to breech

Further Information

You may find the information on the following website helpful:
https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/breech-baby-patient-information-leaflet.pdf

How to contact us?

The Breech Clinic is held on Monday at Wexham Park Hospital in the Fetal Assessment Unit and on Tuesday at Frimley Park Hospital in a side room (Poppy room) on the Antenatal ward on the first floor. Appointments can be made by your doctor or midwife.

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Compiled by Sarah Coxon and Antonio Sierra

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