

TURNING BREECH BABIES

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The climate of our culture is such that one of the normal variations of position of a baby is no longer considered normal and as a result we spend a great deal of time and energy in turning babies who may or may not want to be in a vertex (head down) position. There are many reasons why babies choose to be breech, even into the last weeks of pregnancy. It could be pelvic type, it could be location of the cord or placenta, it could be that there is a larger volume of fluid giving the baby the opportunity to float around more until labor, or not enough fluid making the baby unable to turn, but more likely than anything else is that it is a completely random occurrence. I have actually heard from a number of different midwives that particularly busy women who don't have time for themselves or their pregnancy tend to be breech at the end of pregnancy.

Approximately 3-4% of babies will still be breech at term and skilled practitioners should have no problem delivering these babies. There was a physician in Chicago in the 1930s who was known to turn the babies to the breech position at the end of pregnancy because he felt it was easier to deliver this way.

Unfortunately, in our culture of lawsuits and fear, many babies who would be delivered just fine (and more than likely turn themselves before labor) are being delivered by cesarean section at around 38 weeks of pregnancy. The reason for this is that obstetricians are telling women that it is dangerous to go into labor with a breech baby and that one should simply schedule a cesarean before the likelihood of labor or rupture of the membranes. The fact is that it is not dangerous to go into labor and it is clearly more dangerous to schedule a cesarean two weeks before the baby should even be born. When a woman goes into labor on her own it is through the body's and the baby's choosing rather than a doctor's "prescription" that it is time. With the exception of true prematurity, (where issues of illness and other factors come into play) the body's wisdom, hormonal system and the development of the baby are all in sync. Notice that scheduled cesareans are never in the evenings or on the weekend. They are most certainly scheduled with convenience in mind for the doctors and the hospital.

As a result of all of the above we are inclined to be worried about the breech position, inciting fear in women and their partners and in my opinion creating an environment of stress where the baby is even less likely to turn on his/her own. This also creates the need to spend time discussing the many different ways of encouraging babies to turn. The good news is that babies in general want to be vertex (head first) and therefore these methods work quite well.

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Here are a few methods that have helped babies to turn with clients we have worked with in the past:

Acupuncture and moxibustion – Acupuncture has been shown to be beneficial in turning breech babies. Moxibustion is the use of an herb burned at the outside of the little toe, used in conjunction with acupuncture. The woman we recommend for this is Tara Foley, an acupuncturist in Chestnut Ridge, NY. Her telephone number is 914-523-7133.

Chiropractic – Chiropractic care is helpful throughout pregnancy to keep the pelvic bones and muscles in alignment and in good working order so to speak. There is a chiropractic technique called the “Webster technique” which has a very high success rate in turning breech babies. There are quite a few chiropractors who are certified in this technique. There is a chiropractor in Woodcliff Lake, NJ who we recommend by the name of Wendy Polhemus. She also works with the ligaments and does myofascial release to aid the Webster technique, and her success rate is extremely high. Her telephone number is 201-505-0001.

Hypnosis and/or visualization – I have offered a visualization to women who would like to turn their babies and they have used this along with other techniques. Two of the women completely believe it was the visualization that turned the baby. There was actually only one study done on hypnosis that I know of, by a guy named Lewis Mehl. He did a study on 100 women and an impressive 81% of the babies turned with hypnosis.

POSITIONS AND/OR EXERCISES – There are several positions that have been shown to successfully aid in turning breech babies.

KNEE CHEST – kneel and lean forward until your head rests on your folded arms (so that the head is lower than the abdomen). The knees need to be spread about shoulder width apart to make room for the abdomen. This can be practiced for 15 minutes every two hours of waking time for five days or more. Once the baby turns, discontinue the exercise.

PELVIC TILT – lie on your back with a pillow under your head. Put about three pillows under your hips so that you are in an almost upside down position. (Best to do this on an empty stomach for obvious reasons.) Do this for ten minutes twice a day. Another way of doing this is to lie on the floor in front of the couch with your feet up on the couch and push your body up into the upside down position. Again, once the baby has turned, stop the exercise. (If any pelvic tilt exercise causes dizziness, stop the exercise.)

ALL FOURS POSITION – not much of an exercise, but being in this position has been shown to help.

CRAWLING – first spend a few minutes in the knee chest position, then get up into the all fours position and crawl around the room. This not only helps babies to turn, but is a great way to get the baby into an ideal position for birth in general.

WALKING – walking an hour a day may help to turn the breech. This is based on the idea that the head is the heaviest part of the baby's body and will therefore have a tendency to move downward, encouraged by the walking motion. A baby who is not engaged yet (not deep into the pelvis) is more likely to turn through walking than a baby who is already engaged into the pelvis.

MASSAGE – feel where the baby's head, butt, and back are. Place your hand under the baby's butt and jiggle that area a bit, while gently pushing the baby down into the desired position. This is best done with very gentle movement, talking to the baby the entire time.

HOMEOPATHY – Homeopathic Pulsatilla is thought to operate by causing the muscle fibers in the uterus to even out. Pulsatilla is the remedy for "change". The standard recommended dosage is Pulsatilla 30x, although 200c is also occasionally used. Advice varies as to how long this should be continued, with one source suggesting that one dose every two hours for up to six doses is the maximum time period over which it should be taken. Others recommend no longer than two weeks. It would make sense, of course, to consult a trained homeopath for this. I recommend Peeka Trenkle at 973-257-1046.

BACH FLOWER ESSENCES – The Gentle Birth Organization talks about the Bach Flower Essence Bougainvillea helping to turn breech babies.

WATER THERAPY – If you can get to a swimming pool, headstands in the pool (after a fifteen minute swim to loosen the muscles a bit) have also been known to help, but there is conflicting information on this. If you are not a regular pool user and your baby is well engaged and/or extended breech, then using the pool is probably a good idea. If you already swim a lot and the baby has unstable lie or is a flexed breech then the pool may not be the answer.

EXTERNAL CEPHALIC VERSION – this is a technique used by obstetricians and midwives to externally move the baby into the vertex position. When a doctor does this they like to do it in the hospital under ultrasound and sometimes with an epidural in place. The midwives I have seen do this (I have participated in a few of these) do it very gently, listening to the mother and baby the entire time to assure well-being.

Anecdotally, I have also heard people talking about taking a bag of frozen peas and putting it on the baby's head while verbally encouraging the baby to turn. Playing music at the bottom with a flashlight has also been discussed but I don't think any of these have been studied.

Reference – *Breech Birth* by Benna Waites