

Breech Presentation: Understanding the Causes, Types, and Management

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Description

The management of breech presentation depends on several factors, including the gestational age, the position of the baby, the mother's overall health, and the available medical resources. The following are some approaches that healthcare providers may consider: External cephalic version (ECV): This procedure involves manually attempting to turn the baby from a breech to a head-down position by applying pressure on the mother's abdomen. ECV is typically performed after 36 weeks of gestation and under ultrasound guidance to monitor the baby's well-being. Vaginal breech delivery: In some cases, vaginal delivery of a breech-presenting baby may be an option. However, this approach requires an experienced healthcare provider who is skilled in managing breech deliveries and assessing the baby's well-being throughout the process. Planned cesarean section: Due to the potential risks associated with a breech delivery, a planned cesarean section (C-section) is often recommended. A C-section can provide a safer and more controlled delivery, minimizing the risks of cord prolapse, head entrapment, and birth injuries. Pelvic exercises and postural techniques: Certain exercises, positions, and techniques may be suggested to pregnant women to help encourage the baby to move into a head-down position. These can include kneeling, using an inclined board, or performing specific exercises recommended by a healthcare provider. Breech presentation is a relatively uncommon but significant occurrence during pregnancy. While the exact causes are not always known, certain factors increase the likelihood of a baby being in a breech position. Managing breech presentation requires careful consideration of the risks involved and the available options. Whether through external cephalic version, vaginal breech delivery, or planned cesarean section, healthcare providers strive to ensure the safest possible delivery for both the mother and the baby. If you suspect that your baby may be in a breech position, it is crucial to consult with your healthcare provider to discuss the appropriate management strategy for your specific situation.

Management of Breech Presentation

Breech presentation refers to a fetal position in which the baby's buttocks or feet are positioned to be delivered first instead of the head. While most babies naturally assume a head-down position for birth, occurring in about 3-4% of pregnancies,

breech presentation presents unique challenges and considerations for both healthcare providers and expectant parents. This article aims to provide a comprehensive overview of breech presentation, including its causes, types, and management options. The exact cause of breech presentation is often unknown. However, several factors have been associated with an increased likelihood of a breech presentation, including: Premature birth: Babies born prematurely have a higher chance of being in a breech position due to their immature muscular and skeletal systems. Multiple pregnancies: In the case of twins or other multiple pregnancies, there is a higher chance of breech presentation as the space within the uterus is limited. Placenta previa: When the placenta partially or completely covers the cervix, it can lead to a breech presentation. Uterine abnormalities: Certain uterine conditions, such as fibroids or bicornuate uterus, can affect fetal position. Fetal abnormalities: Some congenital anomalies or fetal conditions can restrict the baby's ability to move into the head-down position. Breech presentations can be categorized into three main types based on the position of the baby's legs and buttocks: Frank breech: The most common type, where the baby's buttocks are positioned to come out first, with flexed hips and extended knees. Complete breech: In this type, both the baby's hips and knees are flexed, with the buttocks presenting first. Footling breech: This is the rarest type, in which one or both of the baby's feet are positioned to be delivered first. When a breech presentation is diagnosed, healthcare providers will discuss various management options with the expectant parents, taking into account factors such as gestational age, the baby's position, and the mother's medical history.

Types of Breech Presentation

These options may include: External cephalic version (ECV): This procedure involves an attempt to manually turn the baby into a head-down position by applying pressure on the mother's abdomen. ECV is typically performed around 36-38 weeks of gestation and has a success rate of approximately 50%. It is generally considered safe but may carry certain risks, such as placental abruption or fetal distress. Vaginal breech delivery: In some cases, a vaginal delivery of a breech-presenting baby may be considered. However, this option requires careful evaluation of several factors, including the baby's position, estimated fetal weight, and the mother's pelvis shape. Vaginal breech deliveries

are more complex and carry higher risks for the baby, including head entrapment, cord prolapse, and birth injuries. Planned cesarean section: Due to the potential risks associated with vaginal breech deliveries, many healthcare providers prefer to recommend a planned cesarean section (CS) for breech-presenting babies. A CS ensures a controlled environment and reduces the risks to both the baby and the mother. However, it also carries its own set of risks, such as surgical complications and longer recovery time for the mother. Pelvic exercises and techniques: Some healthcare providers may recommend specific exercises and techniques to help encourage the baby to assume

a head-down position. These can include pelvic tilts, kneeling positions, or using cold packs near the baby's head to encourage movement. Breech presentation is a relatively uncommon but significant aspect of pregnancy and childbirth. Understanding its causes, types, and management options is crucial for healthcare providers and expectant parents alike. With appropriate medical assessment, careful consideration of individual circumstances, and shared decision-making between healthcare providers and parents, the best approach to managing breech presentation can be determined, prioritizing the well-being of both mother and baby.