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Ideas to Try for Turning a Breech Baby:

1. Webster Technique – chiropractic*
 2. Pool – swim, handstands, somersaults, diving
 3. Music in your pants – playing music down by your pelvic bone
 4. Daddy Talk down low
 5. Shine a flashlight down low
 6. Post head down pictures everywhere in your home
 7. Visualization – talk to your baby and visualize her moving head down
 8. Moxabustion*
 9. Hypnotherapy*
 10. Acupuncture*
 11. Acupressure – BL 67 with clothespins
 12. Pelvic rocks throughout your day
 13. Bear walk daily
 14. Psoas release/stretch
 15. Clockwise belly massage
 16. Knee chest with partner or stairs or couch AFTER rebozo hip relaxation 5-10 minutes each
 17. Remove fear and release daily
 18. Stay Hydrated
 19. Swinging on a swing
 20. Pulsatilla – 200c, 1 dose every day with exercises/inversions OR 1M dose that is ordered from Neels Pharmacy in Crestwood. Call order in.
 21. Couch incline with a board at about 40 degrees – use board or iron board and pillows under hips. No more than 10 min. 3 times daily. Relax.
 22. Ice the top of your belly, and heat at the bottom.
- *See us for a list of providers for the specialties mentioned above.
For more explanation visit:
www.spinningbabies.com
- External Cephalic Version

+ If all else fails, you have the option to visit with one of our consulting physicians for an external cephalic version. This is a procedure in which the doctor and an assistant manually turn the baby while still inside you. Versions are successful about 60% of the time. Below are the risks and benefits of the procedure along with some other helpful information.

Benefits:

- Ability to birth your baby at home, if the procedure is successful
- Decreased risk of breech birth and cesarean section
- May be able to do the procedure without any medication
- It is generally safe for the mother and baby (see Risks)
- Ultrasound is used throughout to monitor the health and location of the baby
- It is an outpatient procedure – meaning that you may go home afterward

Risks:

- Complication rate is 6%:
 - Umbilical cord prolapse – 0.18%
 - Water breaking - 0.22%
 - Vaginal bleeding – 0.34%
 - Abnormal fetal heart rate during the procedure – 4.7%
 - Need for emergency cesarean – 0.003%
- Serious complications are rare: stillbirth or placenta abruption – 0.24%

Increasing Likelihood for Success:

- Some research indicates that the use of an epidural or tocolytic drugs (those that stop contractions) may increase the likelihood of a successful version
- If you have had previous full term pregnancies
- If your baby has not engaged into the pelvis
- If you are relaxed during the procedure
- If you are in range for a normal BMI (body mass index)
- If the doctor can feel the baby's head through your abdomen
- If baby is "complete" breech – with legs folded near his butt
- If you have a posterior placenta
- If you have normal levels of amniotic fluid – AFI range: 5-25

+The number of weeks pregnant you are has not been shown to be a factor of success or failure

++The ONLY evidence-based reasons that one should NOT receive an external cephalic version are history of placenta abruption, preeclampsia, and signs of fetal distress (abnormal heart beat patterns)

For more information visit: <http://evidencebasedbirth.com/what-is-the-evidence-for-using-an-external-cephalic-version-to-turn-a-breech-baby/>