

(introductory music)

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MARYN: Welcome to Indie Birth's series of podcasts here on iTunes, *Taking Back Birth*. So today well into our almost 50th podcast, we are very much talking about a taking back birth topic, I think. Today's topic is investigating breech birth. So my passion as you all know is providing women with education and information so they can make choices about their own pregnancies and births. And a lot of the time these choices are sort of similar from person to person. Maybe it's the gestational diabetes. That comes up a lot. Or investigating home birth. But today's breech birth doesn't affect as many of us for sure. And that is because breech birth is seen as totally crazy, definitely a C-section in most places.

So it's really important to me today to get out this information, to really talk about breech birth from the perspective of a woman who has a baby that's sitting breech in her belly and who wants to know what her chances of a vaginal birth are, and wants to know what her options are. So I've always been intrigued by breech birth for whatever reason. I guess I am quite a bit of a birth nerd. But reading books about breech, watching videos, talking to other midwives or moms that have had breech births is something I've been keeping up on here and there at least for quite a number of years now. And the more I study breech birth from a clinical perspective, the more I have to say my brain kind of starts to think that's the absolute best way to be born. Of course, it isn't always in real life. But just watching it technically and, again, studying it, it makes a lot more sense to me at various times. And I wonder how as a species we got to birthing ourselves upside down, so to speak.

So today, again, I'm just going to offer my thoughts, what I've learned. I want to offer you a perspective that's different from what the medical world will offer you, if you have a baby that's breech. And heck, different from what the midwifery world will offer you in most places. So if you ever find yourself in this situation, you have this podcast to listen to. You have this podcast to pass on and, hopefully, get some really good information. So I'm coming from a perspective of being completely bold and brave when it comes to birthing a breech baby or, again, considering that. I haven't personally birthed a breech baby. I've had seven babies, and they've all been head down. And I have to say a couple of times I've almost wished that I've gotten to experience a breech, but I haven't yet.

However, many a woman has birthed a breech baby vaginally and/or at home, and I really do believe that the choice is up to you. It is more about finding out enough to

make the right choice for you. So how do we find out enough? I hope that I can offer you information today. At least external information. And support you in accessing your own internal information because I do believe we need the external and the internal information to make the right choice for us. Now before anybody gets all crazy, breech is a touchy subject. And my goal here is not to convince you by any stretch of the imagination to have your baby vaginally, if the baby is breech, if that isn't what you want to do or you don't feel like that's the right choice or your baby says it's not the right choice. I personally would never convince someone to have a baby at home, if the baby were breech, if they weren't 500% convinced that that was the right choice for them.

And we'll kind of go through why I think that's the case and what kind of things to look for. Now the truth is the reason it's such a touchy subject is doctors and midwives are not trained to quote on quote deliver a breech baby anymore. That wasn't the case in days gone by. Doctors were trained. Midwives were trained. It wasn't something anybody would see all of the time. But for sure, in a busy practice whether that's a doctor or a midwife, there probably would be at least a couple breeches in a year. And maybe a very busy doctor, who knows? Might get a couple in a month. But my point is they were trained to handle these deliveries. That is not the case anymore.

So as much as this recording is for the mothers, for the women that are carrying breech babies, it is just as much for those that work in the birth world to remind you that we are not trained anymore. And that if we want to know more about breech, if we want to be prepared for that surprise breech or even that planned breech birth, then we've got to teach ourselves and/or find other people to relay these actual clinical skills to us because they just aren't being taught anymore.

So what does that mean? That means that the norm for a woman carrying a breech baby at term is a cesarean section. It is an automatic C-section almost everywhere in the U.S. that I can think of. Of course, there are doctors here and there that are still able to deliver breech babies and will and, of course, have women flocking to them when they would like a vaginal birth. So it's not across the board 100% yet. But if we continue at the rate that we're going, once these doctors, in particular, literally aren't around anymore—if the skills aren't passed on, we will see that cesarean sections are 100% of breech births in the coming years. And that really concerns me because I don't think that that is necessary for every single woman carrying a breech baby.

So women under midwifery care are finding themselves in the same situation. This isn't an issue that becomes medical just with women that are seeking care from an obstetrician. Women that are planning home births with midwives that think they're going to get holistic care, they are finding themselves in the same situation. That their baby is breech at term and their care is being transferred and they are transferred to an

obstetrician, who, again, is going to insist on a C-section. So, obviously, we've come to this place of mandatory cesarean section in most cases because there isn't the training there for the care provider. And there also is tons and tons of fear around breech birth. And this is on the side of the care provider. This is on the side of the hospital, the institutions. This is also on the side of the women carrying these babies because there isn't lots of information. And there certainly isn't lots of support to even attempt a vaginal birth. There's lots of litigation. There's prosecution, persecution around care providers that will attend or deliver a breech.

So we're going to talk some specifics about the fear and where this comes from and what people are really afraid of. So it looks pretty weird perhaps to some people. A breech birth. I'm meaning a breech birth. So maybe that's part of the reason that there's lots of fear. It isn't absolutely typical or textbook, so it's almost like our brains get confused. And it's something that freaks people out. Doctors, in particular. It could be that because there is some pathology associated with breech—and we'll talk about that in a moment—that people are more focused on that. And they're actually not scared of the way the baby would come out of our bodies. But it's kind of mixed up with some other issues. And that's certainly what the studies have shown us, which we'll talk about as well.

And then, perhaps, some of the fear comes from it just being a surprise half of the time or more or less than half of the time. Certainly, babies do flip in labor. And it can be a genuine surprise whether someone is in the hospital or at home to be birthing a breech. So before we go any further and I get into the real nitty gritty and detail about breech birth, birth is not without risk. Any sort of birth. And we could talk all day about the different ways that a birth could look and that could mean a head down baby. That could mean a butt first baby. That could mean a woman that's had cesarean sections already and is planning a vaginal birth. That could mean multiples or twins. Absolutely anything including a total textbook situation with none of those quote on quote risk factors is without risk. Birth just is not that way. There is no such as perfection in the sense of the bigger picture. So just so we're clear on that. And I think that'll make more sense in a bit.

So first of all, I think everybody listening or close to everybody knows what a breech presentation actually is. But just to be really clear when the baby is in utero, a breech presentation would be where the butt or bottom or rump of the baby is presenting in the pelvis. And that can look a couple different ways. So most commonly is known as frank breech. And that's about 50 to 70% of all breech presentations so the most common. And that's great because that's actually the easiest one, at least textbook wise, to have happen vaginally. And that is just, again, the butt or rump of the baby presenting first. Other variations can be the butt and the feet, which is called a complete breech. So the legs are folded at the knees and the feet are kind of down with the butt, and it may

present as what seems like a footling, which is another type of breech. But it may not be. And then, thirdly, a footling breech would be, textbook wise, the most risky. And we can get into that as well. But that would be just what it sounds which is a foot presents. So it isn't the butt to come first. It's one of the legs or both of the legs to come out first.

So we're talking today about breech presentation at term. So I'm saying that because when a baby is preterm meaning before 37 weeks it is likely that the baby is breech especially earlier in pregnant especially with a woman that has had many pregnancies before. Her baby may be presenting breech at 25 weeks, and it is absolutely no big deal. And it may not be a big deal at 35 weeks. But it definitely becomes a bigger deal, at least to the bigger picture and society at large, by the time the baby is term. So that's what we're talking about today. Is a baby that's presenting breech at 37 weeks or 38 or 39 or whatever past that. Getting close to birth.

So only 3 to 4% of babies allegedly are breech at term. And while that is a small percentage, I think it's significant in the sense that it's not completely abnormal. It couldn't be at 4%. Babies at term. It's not something that only happens every now and then. It happens quite a bit especially, again, if someone is seeing a whole lot of births. So 25% of those breech babies will turn by 36 weeks. And, of course, that's not really term technically. So the point is most will turn before term. But 3 to 4% will be left to stay breech, and that is a question. Is it a variation of normal? I think that's a question I would ask myself for each and every woman and baby that was in that situation. So if that's you, I think that's a valid question to kind of post to yourself. And we are going to talk about how you might answer that. Is it a variation of normal?

Now, of course, if I'm going to be completely stereotypical here, most doctors are going to say that breech birth is not a variation of normal. It's abnormal. It's exotic or crazy or whatever. And stereotypically, you might have a midwife saying it's perfectly normal. It's a variation of. And I have to say through my study I—again, I really would have to assess that individually whether it was with somebody else in their situation or if it was my personal situation. I think breech can certainly be a variation of normal. And more often than not, it is. But every now and then, it's not. And so I think it's just knowing enough to figure out what it is for you and your baby.

So what we do know, for sure, and studies have shown us this, breech babies are different. And different just means different. It doesn't mean bad. It doesn't mean there is anything wrong. It just means different. So, again, we're talking about breech babies at term. And right. We're talking about—let me remind myself here. We're talking about singleton babies. So one baby in the uterus because, of course, if there is more than one baby you very well might have a breech baby and that literal position. And a lot of these things don't apply when there is more than one. So one baby in the uterus at term. That baby is different.

And, again, it's been proven in studies. We don't know. We don't know how that baby is different a lot of the time. And that's where I think our intuition as mothers can come in. And even if we can't put our finger on what's different, we get a sense. Is this the kind of different that is more personality? Or is this the kind of different where maybe there is a legitimate concern or physical anomaly that would make vaginal birth not a good idea for this baby?

But, again, it has been proven in studies. And studies are studies. They're looking for exact criteria to prove how a baby might be different when it's sitting breech. And that could be—there's a study about the number of coils in the umbilical cord or the length of the umbilical cord. Are those things different? Is there something about the cord, for example, that is different with breech babies? 10% of the time—and I think this is an interesting statistic. 10% of the time there is an actual physical anomaly with the baby. And I don't say that to freak you out if you are carrying a breech baby. I just say that because it is a statistical fact. And, again, it's information about why sometimes breech births can be complicated. And, again, that could be because the baby has an anomaly. And nobody likes the thought of that whether it's their own baby or somebody else's baby. But that is life. That is nature. It will happen. There are some babies that have things going on that make life difficult for them whether it's on the inside or the outside and may make vaginal birth difficult for them.

So breech birth via the studies is more risky than vaginal birth. And anybody that listens to my podcasts knows, obviously, I'm in 500% support of vaginal birth. And so when I tell you this and it is statistically a fact, I think we have to look into why that is. I don't want to just put out there that fact even if it is a fact. Why would breech birth be more risky in general than a head down birth? So let me rephrase what I said because I think I read it wrong here from my own notes. Breech birth is a more risky vaginal birth than a head down baby. I want that to be really clear. It is. And why is that? Studies have shown, of course, that, like I said, 10% of the time, give or take, there is an anomaly with the baby.

So when we're talking about breech birth and how it might be riskier than a head down birth, it is because there is a decent percentage of baby's with anomalies. It's also because the studies include babies that are preterm. And as we said, lots of preterm babies will sit breech because that's find with them. They're not really ready to be born. They have plenty of room, et cetera, et cetera. So, unfortunately, those preterm babies are also being lumped in these studies about breech birth. And so breech birth is coming out as potentially more risky vaginally than a head down baby, but we're including these groups that are already risky, right? So a baby with an anomaly already may not survive birth whether it's vaginal or cesarean. And that's the truth. And a preterm baby is already risky, already is going to have many risk factors. Is it really the presentation of the baby? Probably not in a lot of cases.

So what we do know—although an initial study showed the opposite of that, and that's what we're trying to do now is retrace our steps and kind of refute the study that said that C-section was safer for breech babies. We know that now that is not the case. Breech birth—a vaginal breech birth may be more risky than a head down baby vaginally. But a C-section is not safer for breech babies. Here is the thing though. And I really feel like I understood this after listening my friend Lisa Barrett, who is a midwife in Australia who has done quite a bit of breech births—listening to her talk at a conference. The thing about C-section with breech babies is that it may save a baby at least momentarily that would not have survived a vaginal breech birth. And, again, we're back to the malformation of some babies, the anomalies of some babies that make vaginal birth really, really hard and can potentially kill a baby that has those issues. So I'm hoping I'm not confusing you. We're just kind of talking about a bunch of things at once and trying to weed out what is actually going on.

So so far, just to recap because I'm confusing myself, a vaginal breech birth is riskier than a head down vaginal birth. And, of course, that can be kind of confused when we're talking about the types of babies that may have anomalies. But then a C-section is not safer for breech babies although it may save a baby at least momentarily that would not have survived a vaginal breech birth. So, hopefully, we're clear on that. The study that was done was called the term breech trial. And the result of that said that C-sections were safer and the best choice for breech babies. Again, we've gone on to refute that, but it sort of doesn't matter because the damage was done which is why I'm doing this podcast. Most people haven't kept up with what came after. Even doctors. Even hospitals.

And literally, breech birth—vaginal breech birth went extinct overnight as result of this study. And, again, the study has since been refuted in many ways by many sources by many publications even by doctors, and I do have a great PDF, basically, rebuttal, study kind of thing by a doctor. And there are many of them out there now where even doctors are saying, "This study was not right." The higher rate of death attributed to vaginal breech babies cannot be attributed to the mode of delivery. So, again, if more babies died as a result of vaginal breech birth, we really needed to look more closely at the type of babies and if they were preterm or not. So this study really created damage. Hospitals, like I said, overnight weren't doing breech births anymore. Doctors were prohibited, and the training then over the years kind of went out the window.

So an interesting idea. Again, it's not the most pleasant thing to think about if you're pregnant, I realize. But when we think about vaginal breech birth and anomalies and all these things, we have to consider, as Lisa Barrett talks about, that we live in a society now where all mothers and babies should live. And that's the general attitude. And, of course, heartfelt, deep down, yes. That would be wonderful if we didn't have to worry about a mother or a baby not surviving baby. It's an absolutely horrible, terrible thought.

But the truth is that's not nature. And not every mother and baby should survive. So, again, back to the breech births, are C-sections perhaps prolonging the life of some babies that wouldn't have survived back before C-sections came about? Possibly.

And that's a really touchy subject. It's probably a subject for another day. It's simply—the point that I'm trying to make is that vaginal breech birth can be safe. It may not be safe for every single baby. But, again, that's because some babies found in the breech position will have something wrong with them that will make birth in general hard, will make life in general hard. Or will be so early that that's really the culprit in the morbidity statistics is simply that they were early. It wasn't their presentation.

So that is quite a mouthful. I don't know how clear that was or not. The other reasons for a baby being breech I kind of hinted at. We may never know. And personality I mentioned before is a very real, I think, and legitimate way of looking at it. And if you've had a pregnancy whether it's breech or not and you're able to connect with that baby, you may have already had a feel for the baby's personality before birth. And it's no different with these babies. You have a breech baby. You may tune into this baby that says to you, "Nothing is wrong. I'm perfectly healthy and normal. I just prefer to be this way." Other factors that we just don't know about yet could be environmental. There can be other things that are totally structural, in a sense. So placenta previa where the placenta is blocking the cervix. It could be the length of umbilical cord or the way it's twisted or wrapped around the baby that makes sitting breech the most comfortable. And we'll touch on this more, but I think we do have to respect that when a baby is breech it's for good reason whether or not we know the reason, whether or not we ever know the reason. We may never, ever know for specific babies why on earth the baby chose this way.

So for those of you listening that have a baby that could be breech or if you're just wondering how you would know if your baby was breech, I'm just going to talk a little bit about that. Now first of all, the way the baby is presenting itself means really nothing. I mean one could argue it means nothing at all really. There are many women that are planning their own unassisted births that have no idea the way their babies are sitting and go on to have breech babies or head down babies. They don't even care. So you could argue that it doesn't matter at all. But if you do think it matters or you do just want to know, it really doesn't matter, and it's really hard to feel before about 28 weeks of pregnancy. And even that may be difficult for you if you're not used to palpating a baby in a uterus.

So, again, even if you were, it wouldn't matter until about 35 or 36 weeks. And at that point, you may want to know. And that would just be something you'd have to feel. We did do a video for Indie Birth on YouTube or you can find it on our site about palpating your own baby and listening with a fetoscope, so you can get some clues there about

what a head feels like and what a butt feels like and try and reason it out. It's really fun. And when you're practicing on your own self, you get pretty good. And, of course, your practice time is unlimited. So other ideas, of course, are having the midwife feel. Doctors generally aren't as great a palpation just because they rely more on ultrasound.

The thing about palpation even really experienced midwives can miss a breech. So it's not something that's 100%. And I know the breeches I have felt I'd say 50% are really obvious. And I would put down money that the baby is sitting breech. And the other 50% just based on where the heart rate is heard I wouldn't put money on. And I couldn't say for sure. And I think any midwife, again, regardless of her level of experience would say that the only 100% way to know a presentation would be by ultrasound. So I'm not advocating ultrasound at all. I'm just saying there's no way that picture could be wrong, obviously. So that is the only for sure.

And babies flip all the time. And some people's babies are flipping at 36, 37 weeks. So just because your baby is sitting breech one day doesn't mean that it will be sitting the next. So even if you get an ultrasound that says the baby is—whatever—head down, it doesn't mean it'll be that way the next day and vice versa. But what I have noticed over the years is women notice something different. Now if you've never had a baby before, perhaps not unless the baby was head down and then switched and then you did notice that things felt different. And by different, I mean having a head in your ribs is just quite a different sensation than having one low in your pelvis. Generally, women that have term babies that are breech report really feeling it in their ribs because heads are hard. They're a lot harder than the butts. So not being able to breathe as well perhaps or just having that nagging feeling, honestly, of bone in your ribs and nothing in the pelvis because most breech babies are not, what we call, engaged.

So even if the butt is presenting, it's not locked in there even with moms that have had babies generally the way a head would be. So there's just a feeling of things floating more than being really deep. Moms with breech babies at term often report lots of movement low down in the pelvis. And that is going to depend on what sort of breech the baby is. If the baby is frank breech, then the legs are going to be straight up next to the head. And you're not going to get lots of kicking feet down low near the public bone. But then some babies will have their feet down there, and the moms notice a lot of movement. So, again, this is why it's hard to tell whether the baby is in your body—excuse me. It can be hard to tell when a baby is sitting breech.

The heart beat may be higher. So generally, with a head down baby, we're going to listen with the fetoscope and hear the heart beat down near the pubic bone, maybe a little bit higher, on either side. But with a baby that's breech, usually, the heart rate is heard with a fetoscope at about the belly button or even higher. But, again, it's not definitive. There are babies that are sitting breech where that's not the case for

whatever reason. So you really can't use one of these criteria to say for sure 100% that a baby is sitting breech.

So on to what you would do if your baby is sitting breech and maybe you know that for yourself, maybe you've confirmed somehow, but how do we know or how do the few medical or midwives, medical providers or midwives that will do a breech or attend a breech, how do they decide what is best case scenario? Dr. Fischbein is a wonderful, homebirth supportive doctor in California. And he does offer breech birth at home. And he has a scoring system. He's very selective about the sort of breech he will attend at home. And, honestly, I think if you're a midwife, if you're a care provider of any kind, it does pay to be selective. If you're the mom, perhaps your criteria is different because this your baby, and you have other ways of assessing. But if you're assessing someone from the outside, I think for sure, there are some things that would need to kind of fall into place to be comfortable attending a breech because, again, it does come with at least slightly more risk than a head down baby. And it comes with a lot of political risk. And that's a whole other podcast.

So Dr. Fischbein has—let's see—seven criteria that he looks at. The first is that the baby is a frank or complete breech position. So, again, that means that the butt or breech or bum or whatever you want to call it is what's in the pelvis. It's not a foot. It's not a leg. Number two, that the head is flexed. And that you really can feel. A baby in a really great breech position, in most women's bodies, you can feel. Between—let's see, he says 5.5 to 9 pounds. So in other words, he—it's important to him that the baby isn't preterm and/or growth restricted or whatever you want to call it. That it's not super, super tiny. It's not less than 5.5 pounds. And it's not more than 9 pounds.

A clinically adequate pelvis. That's a very clinical term. So he does use pelvimetry, if the woman hasn't had a baby before. And, again, this is what's important to him. I'm not saying that this is across the board. It's just some stuff to think about. That labor starts spontaneously and progresses normally. And I think that is a really great criteria to have. And, honestly, if it were a breech baby in my own body, I would probably honor that one quite seriously. A baby that will tolerate labor or must be tolerating labor through the process. So he is assessing the baby throughout labor, listening to the heart beat, and doesn't want a baby with any sort of distress, which makes perfect sense.

And then lastly, number seven, that the mother and the support team have quote on quote the right mental stuff meaning they are invested in this. They think it's a good idea. They're confident. They're not scared. And I totally agree with that. And I think whether you're a care provider or the mom you must have the right mental stuff to go forward with a vaginal breech birth. And let's see, one more thing, a good relationship with a practitioner. And that's super important as well. If you are a mom with a breech

baby, you need to find somebody that supports you. And you need to have a relationship with them even if the relationship is on fast forward which it often is for moms that are carrying breech babies at term. They'll get ditched by their doctor or midwife. They'll have to find somebody else, and they literally have days—maybe a couple of weeks to develop a relationship because it's just that sort of thing.

So I've added kind of my own emotional scoring system here. And I was trying to come from the perspective of a woman, who, again, is carrying a breech baby at term. Maybe she has a supportive care provider. Maybe she doesn't. Maybe she wants one. Maybe she doesn't. But in any case, this is sort of a self assessment I think that I would do at least for myself if I was the one with a breech baby. I think the woman should be sure. And I keep saying 500% sure because I'm trying to communicate to you that it is without question. This woman must be 500% sure that home is best. Vaginal birth at home is best for her and safest for her and her baby without question. That doesn't mean fears don't creep in. It doesn't mean you don't work through stuff. But it means, at the end of the day, if the birth were to happen today, that you would be completely confident and know that you were better off at home for yourself.

She must have faith in her attendant, if she has one, and the attendant must have absolutely no fear about birth and about breech birth in particular. There must only be trust, love, and confidence in the room. The worst thing for a breech birth whether this woman is birthing alone or with an attendant is any amount of adrenaline other than, of course, the adrenaline that comes with the birth process and the fetal ejection reflex and all that good stuff. But I mean fear. There can't be any fear from anybody around her. And, again, it's mostly because we live in a place and time where breech birth is not accepted as something that can happen vaginally. It's not accepted as something that can happen at home. And so I think we have to be just so confident and secure in ourselves and the process.

So yeah. That's my next one. She must trust her body, the baby, and the process and not freak out whether it's that it feels different or that maybe deep down she doesn't believe being at home is safest or maybe she doesn't believe breech birth is safest for this baby. That has got to be dealt with. The next would be understanding how a normal labor pattern looks in a breech birth and how diverting from that can be a warning sign of a potential issue. Now that's a really conservative approach. And I don't think I'm all that conservative really. But I have to say I'm just speaking personally here. Knowing what I do about breech birth and knowing that it goes really well most of the time, if it were me, if it were a baby in my body and the labor was weird—and I say that having had seven babies thinking that I know anything at all about labor or about the way my body labors—if something felt weird or off, then I would be concerned for myself with a breech baby just because the textbook definition of a vaginal breech birth

that proceeds easily, no big deal, is just that it's a really easy labor in the sense of the way it flows.

So that doesn't mean it's a two-hour labor. But it means that it's probably not a labor that takes several days. It's probably not a stop and start labor. It genuinely flows, progresses, that kind of thing. And that can be really hard to judge for yourself. So I don't know that that would be everybody's rule. I've certainly heard of many unassisted births with breech babies that didn't look that way. But I'm just saying for me I would need it to flow pretty well. And if you talk to providers that do a good deal of breech birth, like Dr. Fischbein, they'll agree that that is the best case scenario. And, of course, that's what we're looking for, right? I know, for me, the hospital is a place that I only would go to when needed. So I do think it's important for women that are carrying a breech baby at term to understand what a hands off breech birth is. And we're going to talk about that.

Understanding what undisturbed birth is, how the hormones work. What makes a birth flow? Whether it's head down or butt first does not matter. And our five-week online course is great for that. So birth—breech birth or not—understanding how labor flows gives so many women the confidence and helps them overcome fears. Rotations of the baby in labor can be really helpful for moms to understand. And if this sounds like a whole lot of textbook knowledge for someone that has a breech birth, all I can say is that's not for everybody. I understand. Some women are just going to birth their breech baby. Some women aren't going to want to learn absolutely anything at all. I'm simply offering this as a way to get more confident.

So understanding the way a breech baby moves through the pelvis can be really encouraging. And it's not a bad thing for partners to learn as well. Just, again, so that if you're anticipating a breech birth, you feel like you understand. The way a breech baby rotates in the pelvis is often referred to as the breech dance by many of the providers out there in the world that are really experienced. Yeah. They call it the breech dance because the baby moves very predictably through the motions, and it's really very beautiful.

So having a supportive partner and family would be really important to me, if I was planning a vaginal breech birth especially at home. And at the same time that we're doing a whole podcast on this and I'm talking about all these serious things that I would personally consider, part of me would want to just find peace with it, and that's me maybe. But just anticipating the birth and the labor just like any other women and baby combo would. And maybe not focusing on it all of the time as this breech birth. Just this is my baby's birth. This is my labor.

The last thing I would probably do personally, if I had a breech baby, is explore potential reasons why. And I hinted at that a little bit. So yes. There's a possibility of anomaly. Yes. There's a possibility of just personality. Communicate with your baby. Talk to your baby. Is there a reason? Is there something you should know? Are you scared of something? Is the baby scared of something? Does the baby want to turn? And we'll talk more about that next.

So to turn or not to turn, I think that is the big question. The status quo is babies are born head first. And that any baby that doesn't present that way, we mess with it. We don't know how to leave things alone really. And I'm not saying we should all of the time. I'm saying you have to decide. And that's where the communication with the baby comes in again. Does the baby need to turn? Does the baby want to turn? Does the baby need help in turning? And I think getting that communication with your baby is a necessity because that gut connection, that intuitive conversation, is something that will need to happen through the birth process as well. So you might as well get on board, I think, before birth. Ask your baby. Ask your baby. Ask, ask, ask. And ask yourself and see what answers you come up with.

So if you're considering using methods to turn your baby, and, of course, some are really gentle, and some are not. Ask yourself why. Why you feel the need. Again, has the baby communicated to you that she would like help turning? Do you feel like that's something that needs to happen because you're scared or there aren't a lot of options and you feel threatened by that? Or is it your care provider that doesn't even ask? And they may not legally be able to ask, "Do you want to have this baby vaginally"? They might not. So it's not a conversation that people are having anymore. It's, "Oh, your baby is breech. How are we going to turn the baby?" And I'm asking you to back up and say—don't just proceed right to turning. It's not how to turn. It's why.

So this might seem—I don't know—like a luxury or something because we've accepted and assumed that all babies must be turned. And so you may not think you have the time or the space to just sit back and ask and perhaps not do these turning maneuvers. But, again, why do you feel that way. I think it's really important. And, again, by all means, if the baby does communicate to you that it wants to be turned or needs help then that's really valid, and perhaps you'll consider a turning method.

So ideas for turning. Most of these can just be Googled, frankly, but I'll just go through them kind of quickly. Acupuncture, moxi on the acupuncture points, chiropractor, the Webster Technique in particular. And I identify with the chiropractic. And if it were me, I would probably try that unless the baby told me clearly not to only because when our bodies are really tight it can be hard for a baby to get in a great position. So I know for me it would be like wanting to know that I was clear, doing everything for my body and my emotional state to be clear, and then leaving it up to the baby. Other ideas would be

people use bags of frozen peas and light and music and placing them on different points on the belly to kind of get the baby to turn. Doing acrobatics, as I say, in the pool. Handstands, breech tilts. All kind of things. Homeopathics, hypnosis, essential oils, these are all pretty benign ways of trying to turn a baby.

And my feeling is if that works, great. Great. Often they don't work, and people go onto what's known as an ECV, so an external cephalic version which means manually turning the baby head down. Now, again, doctors, midwives—there can be division. There can be places where they come together about this. And, again, I think if you have a breech baby, 99% of doctors and midwives are going to say, "Let's do an ECV. Let's manually try and turn the baby with our hands."

Now this can look a couple different ways. And if it's done in a hospital, I've actually seen it done in a hospital by a really compassionate, gentle doctor. And that was great. It was something the woman wanted, and it worked out well. I think there are many doctors that don't know how to do it. And perhaps they aren't even offering. I'm not sure. But if they are offering, they're really forcing the baby, and it can be awful and brutal. And you can wind up bruised. You can wind up going into labor. It could really cause distress in the baby. It could cause a placenta to abrup. There really are risk factors with an ECV especially with someone that isn't experienced and/or is just rough. But I have heard from many midwives that it shouldn't be that way. It's not that way. And they are able to do it gently. And, again, that's not a skill that I feel like is around in the midwifery world as much anymore. So if you can find someone that really knows what they're doing and that's something you'd consider, it definitely is a valid option.

Really though you can decide this. No one else can. I don't even know what I would do. I think it would depend on the baby that I was pregnant with and kind of what I felt led to do. I know that I wouldn't consider it in probably a hospital situation. I'd probably be more likely to leave my breech baby alone. But I do understand why women try it. And, again, it can just be purely political and the fact that they can't find anybody to help them with a breech birth. So I completely understand. Just—yes. Understand the risks and talk to your baby.

So once you begin labor, are there things to be aware of? Again, you begin labor with this breech baby. We're assuming that either the ECV didn't work, or you didn't go for it. And you are still pregnant with a breech baby, and labor is about to begin. So I think this is pretty anecdotal. But having talked to midwives that attend breech births or have attended many, it seems like the possibility of labor starting later is normal. So instead of 39 weeks or 40, if that's normal for a woman, she may not begin labor until later. 41 or 42 weeks. And, again, completely anecdotal, I believe. But just something to have in the back of your brain. As I mentioned before, there is really no engagement. So where you have a head down baby, the head will be sort of locked in there and nice and

flexed and getting lower. There is not necessarily that going on with a breech. The butt is not locked in there. It's really floating. And it doesn't really start to descend until labor is well underway. So it's just another difference.

Again, I would personally, based on what I've learned, be cautious of an again, off again labor with a breech. It can feel different. And, again, this isn't my own experience because I haven't had a breech baby. But women have reported that they feel it a lot in their back, at least in certain points during labor. And that the labor is usually really straight forward. Again, mentioned that. So, hopefully, it just starts with contractions. And it just kind of progresses like any old other normal labor. And as the baby starts descending—so coming down into the pelvis—there is just the normal pressure you would feel. The feeling of the baby descending. If the waters open and you're able to see meconium, you will notice meconium coming out. And, of course, that's not a sign of distress in a breech birth. At least, it's not for sure a sign of distress at all because the butt is being squeeze, and the meconium is literally being squeeze out kind of like toothpaste.

One of the other things women have reported and, again, this is anecdotal in the sense of it hasn't been studied is that they notice a lot of pressure in front of their bodies. So more in the area of their urethras. Lots of pressure there. Maybe not as much pressure in their—excuse me. Bottoms like you would with a head down baby. But these aren't hard and fast rules. These are just some possible observations. Okay. So moving right along here, here is the part where we talk about when breech birth goes really well which, again, is most of the time just like any sort of birth really. Most of the time the process is just perfect. And this is the part where we talk about why hands off is the best policy, so to speak, when it comes to a breech vaginal birth. And this applies whether the breech is surprise or not. And really I think if you're the one pregnant with a breech baby it's also good to know because even though you may or may not have your own hands down there you need to be secure with the care provider you've chosen, if you've chosen one.

And most people that are willingly and excitedly attending breech births at least in my circle seem to know very much about hands off the breech. But it is good to be aware of if you find yourself in a situation where a doctor probably—more typically a doctor does agree to a breech vaginal birth probably at a hospital. It may not be hands off. And so I really, really feel that the risk—if there is an increased risk to breech vaginal birth, I would bet money that most often it's due to the approach. It's due to the manipulation and need to manage the birth just like any other. And I talk about managing birth as typically a bad idea on these other podcasts. Birth has a rhythm. It has a movement especially when it's going really well. And what we call physiological birth—meaning birth as it was meant to happen. Birth as it happens naturally. The

movements the baby makes, the movements the mother makes, it's all perfectly orchestrated in the ideal situation, which, again, is most of the time.

So breech birth is no exception. If it were me having a breech, of course, I would do it at home unless I was really called to do something else. And if, for some reason, I felt the need for a hospital, I most definitely would search out somebody that knew about hands off the breech. I would not, myself, want a managed breech delivery. And, of course, as always the disclaimer is it's not just a doctor midwife thing. I don't know how many managed breech births are happening at home. But I will say as a midwifery student years ago studying breech, I did watch many videos actually and still do find them occasionally where it's a home birth. And this birth is of a breech, and it is totally managed meaning the woman is flat on her back. This baby is being delivered just like it would be in a hospital. And I am advocating for anything but that. And hands off the breech is the best way to go if you're going to proceed with a vaginal birth.

Now here is a statistic that I think drives that point home and which I absolutely love. It makes me feel so confident in our body's ability to birth a breech in most cases. So there's this statistic. And, honestly, I don't know where this came from. I know I've heard Lisa Barrett talk about it. I've heard it on other recordings. I don't know where it came from. So there's that, but I do think it's quite accurate. So when a woman plans to have a vaginal breech, say she's going to do it at the hospital, the doctor does not practice the hands off the breech approach. The baby is going to be delivered and manipulated kind of through the pelvis, and she is flat on her back. 40% of these breech births will need help.

So it's kind of like a self-fulfilling prophecy. If you think that a breech birth needs to be managed, just like as your philosophy, then 40% of the time, you're going to find you need to manage them. And although I would always argue, in most cases, a vaginal birth is still better than a cesarean, some of these managed breech births I'm sure are pretty rough, are pretty ugly, and pretty damaging to a baby. So you have to consider that. So, again, this woman that's flat on her back and is needing to be helped it's because she's flat on her back. And someone is thinking that they need to bring the legs down, rotate the baby, bring the arms down, get the head out. However, the hands off the breech, the physiological birth where the mother leads, where she is picking position most often seems to be on hands and knees, where no one is touching her. No one is touching her baby. And we are just allowing birth to proceed because we have no reason to believe that it would be complicated. In other words, straight forward labor, that kind of thing.

Only 1% of these mother led, physiological birth situations will there need to be any manipulation or delivery of the breech. So I find that really reassuring. If I was pregnant with a breech and, of course, planning a home birth with or without an attendant, I would

feel just really secure and confident in that statistic. Again, that when the birth is mother led and it proceeds just as a normal labor that the baby will come out quite easily and will do it on its own. And we don't need to worry about, in most cases, having to do anything at all. So that tells me this is the safest approach. I think, again, we're talking about the full term breech, the singleton breech, the baby where we know there is not an anomaly, or have no reason to believe that there is really anything seriously wrong that a vaginal birth couldn't proceed. This is the safest approach. The hands off. The mom and baby is the absolute safest way to allow this birth to proceed.

The baby knows the rotations. And I don't care if the baby is head down or butt first. Babies know what they're supposed to do. They know what to do with their heads. They know what to do with their bodies. They know what to do with their shoulders. And in most cases, it's absolute perfection. And the thing I love about breech births just having watched them is that you can see the rotations the baby makes on the outside. So with a head down baby, there's a lot happening inside the pelvis specifically with the shoulders that we just can't see because the baby is inside. But once the butt starts to crown or rump is the technical word with a breech, you can see these rotations.

So, again, just to drive home that in a normal, healthy situation the baby knows what to do. It is not—the baby does not need our help to get out. If the baby did need help, then hopefully we would know that and know the rotations and maneuvers, and that's not really the point of this particular talk. But my point is that in most cases it'll proceed as normal and as perfect. So we don't want to startle the baby. That's the reason we don't want to touch. Any time we touch the baby or the mom the baby could get startled, and then it creates a disruption in the movement of the baby through the pelvis. Specifically, we don't want the baby to put the arms above the head, and we don't want the baby to deflex the head or look up. We don't want to create that. And it's true that occasionally a baby will be in that position, and that would not be ideal for a breech vaginal birth.

But, again, that's when we're looking to the labor to sort of tell us. If a labor is not straightforward, it could be because the baby isn't in a great position. Maybe the baby is looking up, and that does make breech vaginal birth difficult. And sometimes impossible. But, anyway, when we do practice hands off the breech whether we have someone there or not—and, again, this could be our partner relaying this information or having our partner study this information that we don't touch. We don't touch the baby. We don't pull on anything. We don't do anything at all. There is a fear out there. And I remember having it myself before I really learned about breech that the head will get stuck. I think there are certainly things that can go wrong with a breech birth. But personally, that isn't my number one fear because in a full term baby—and, again, that's what we're talking about—the head is just as big as the butt.

Now that's not the case in a preterm baby. So, again, that's where a preterm baby presenting breech and coming out early is certainly more risky. But I just don't have that fear. I don't see how the fear of a stuck head is supported by really anything at all, again, in a full term baby other than someone startling the baby. And then the head could potentially be in a not ideal position not because it's too big, per se, but because it's in the wrong position. It's been startled and is maybe looking up. So if we want to talk about fears, it is perhaps more legitimate, in my opinion, that the arms don't come down. That would be something I would think of more often as being fearful about than the head getting stuck. I just, again, don't have that fear or don't really understand why people would insist on that being something that could be true a lot of the time. It's just not.

But the arms could potentially be above the head whether that's just something the baby prefers. But, again, I really feel like the mom would know or potentially in the labor pattern although nothing is for sure. But, again, we're right back to where we started which is hands off the breech. So if we're not touching the mom or the baby or we're the mom, right? And we're not being touched then the baby really is less likely to put the arms above the head but to have them down and usually sort of in front of the body.

So once again same thing here when we talk about a vertex or head down baby that interference will probably create some kind of problem. And this is back to what I said earlier. The mom needs to know about undisturbed birth, how the hormones work, how to feel safe and loved and warm and confident so that she really can allow the birth to proceed. She can allow the baby to just come out and without needing to be touched or guided in a really obvious way. Nothing wrong with encouraging a mom having a baby or being encouraged yourself with words. That's totally fine and very supportive. But, again, we're not going to be touched in an ideal situation. We just don't want that. And we have really good reason to not want that.

So, again, it's no different than a baby that's head down. We're going to let our bodies lead. There's all this stuff out there, if you read about breech, where we have to wait for the cervix to dilate completely to 10 centimeters or complete before we're allowed to push a breech baby out. Now I just don't think that's true. So, again, if you're the one looking for a care provider, these might be questions you would ask. How do you feel about pushing? And there may not be. I don't think there is a right answer. I just know for me that doesn't make any sense because with a head down baby I wouldn't want that on myself. I wouldn't inflict that upon someone else in a normal, healthy labor. And by that, I mean checking their cervix for it. Make sure it's gone. I think that's ridiculous in a normal, healthy labor. We're going to know when the baby is coming down. And a mom that isn't told when will naturally do it. She will naturally allow her body to push the baby out when it's time. And I don't think breech is any different.

So I personally don't believe in that wait until the cervix is gone thing. I'm sure there are people out there that that's worked fine for, or that's kind of their status quo. And that's fine for them. I just would encourage you if it's you to learn about physiological birth to learn how the fetal ejection reflex works. Again, it's no different with a butt first baby and to anticipate that and to hope for that and to plan for that and to have that be the best case scenario that as the baby descends with its bottom that you're naturally going to have that fetal ejection reflex occur. And that's how it's going to proceed perfectly.

Again, yes. Fetal ejection reflex. Watch good videos. That's my suggestion as well, if you're the one with a breech. Like I said, Lisa Barrett has some good ones on her site so just Google that. And there's some good and bad ones on YouTube, to be honest with you. If you don't want to see anything traumatic and you see someone flat on their back, I hate to say it. If I were pregnant, I would probably not watch those. So I would look for mother led breech birth videos where she's probably kneeling or hands and knees, and there seems to be a pretty good hands off the breech policy. And just watch the babies come out. Because the ones out there that are like that, that are recorded and have been put on the Internet are really good.

And then you know what normal looks like. And, of course, if you're having the breech baby, you're birthing the baby yourself, you're not really watching, and that's okay. But just to have a picture in your head that this is how it looks. This is how babies come out. This is how your baby may come out. No big deal. That's the best case scenario. So, again, intervening will probably mean more intervening. And if you have an attendant there that's skilled and confident in breech, then you trust them. And you trust that if your baby needed to be helped you would trust this person to do that. Understanding that help might mean more help. And that may very well be indicated. It's really, really hard to say. But I think it's more about trust and having someone there again that's not fearful. That's confident in you. That's confident in your baby and your body and completely sees your breech birth as a variation of normal.

And, again, it's not that every breech birth is a variation of normal. It's just that you and yours have come to a place where you feel yours is. And so you're able to proceed with confidence. Someone asked me what I thought about a mom touching her own breech baby as it was coming into the world with this no touching policy. And I don't know that there's a definitive answer on that. I know I have seen moms touching their babies. But more when the rump is starting to come, more as a confirmation of, "Oh my gosh. My baby is coming." I personally haven't seen anybody keep touching. I don't know why. I think with a head down baby, at least personally, I know there is a sense of guiding the baby out perhaps on your own body when the head presents. But I've not just personally seen that with other women when the butt comes first. So I don't see women touching their babies a whole lot in that process. And I don't know if it's just the women

I've seen or if it is something protective. Like somehow we know that if we're having a breech baby, we don't touch either. And we let our bodies lead.

And what I have seen, to give you encouragement and confidence, is that the women that have breech babies that are very confident and everything is good to go as far as we can tell do respond incredibly instinctively to change of position. So I know that it's helpful to discuss with women, if they're having a breech, whether they're going to have an attendant or not, just to pay close attention to their bodies and be open to the signal of what position to be in. And, of course, there's a suggestion there whether it's watching videos or through a discussion that hands and knees, I feel, is really awesome kind of—or just knees kind of leaning on something. That seems to be the preferred position for a hands off the breech totally normal vaginal breech birth.

And so women know that. And, again, the ones I've seen instinctively will do that anyway. And then as the baby moves through their body, as the baby starts to be born and the legs and the arms, that with the birth of the head, they do change position. And I'm certainly not an expert on breech. There are breech experts in the world for sure. Jane Evans, Mary Cronk. I believe they're both in the UK. And they say that, for sure, that a woman is sort of in a—what they call a christian prayer position. And then for the birth of the head will instinctively kind of go down on her elbows almost, and they call that the Muslim prayer position. Yeah. I'm not the one to coin that.

But I have seen it. And I do believe that it must just be the way it feels when the head is starting to come. For it to be flexed enough to be born, the woman instinctively feels like she needs to move. So if you're the one having the breech, I think just being aware of those things is helpful. It kind of plants the seed of how to proceed with a hands off the breech physiological birth and just seeing those things in video, I think, can help just prepare you for how it looks. And you'll have your own experience, of course, but, again, this is knowledge that isn't really out there. So I think the planting the seeds by way of this information or other good information you find really can be helpful.

So a couple more things. I know this is getting really long. But people often want to know how long they're able to wait once the baby is born. And there is all kinds of differing opinions on that out there. I think most will agree that the butt is born to the belly button. And at that point, you can see, obviously, a good deal of the baby. More than half. And you're really assessing the condition of the baby. So if it's your baby being birthed, you're not able to see that. But someone else could. Or you're going to feel it, I would imagine. Is the baby moving? Baby kicking its feet and legs? What color is the baby? And the general rule seems to be a couple of minutes from the birth of the belly button to the baby being completely out. Now I've heard everything in between. There are midwives even that say much less time really. Only a couple

seconds. Perhaps 30 seconds from the belly button to birth. Others say a longer amount of time. I don't know what I've heard. 5, 8 minutes.

But, again, it's really—I don't think it's anything that we should have a really hard and fast rule on. It should be judged on the condition of the baby. So that kind of wraps up this spiel on breech. I know it's been really long. And I appreciate your patience in listening. I just feel like, again, there's not that much out there that's really informative for women that would choose something different. And, again, my hope for you isn't that you choose vaginal breech birth, if that's not right for you. But that you have some more information out to make a really informed decision for yourself. And if nothing else, you know that vaginal breech birth is possible. And that might sound almost silly to those of you that knew it was possible. But trust me. There are at least a couple people listening that did not know that could happen anymore.

It can. And now you know why. So please continue on your research. Consult your inner guidance. And if you do wind up with a story to share, specifically a breech birth story, please do get in touch with me. And I'd love to hear it. So thanks so much and catch you again later.

(closing music)