

## Turning the Breech Baby

*(Compiled and collected from a variety of sources)*

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Before you begin, it would be really useful to learn how to determine whether or not the baby is breech. This is done by feeling your belly to locate the head. You could probably teach yourself by simply pressing gently on your belly to feel the baby's outline and following the various body parts. By doing this you will begin to get a good picture of how it's lying. However, it might be easier if someone else could show you. The reason it's important to be able to do this is so that you know when the baby has turned and don't unwittingly "unturn" the baby through your efforts.

### Swimming Pool Technique

Do a headstand in the shallow end of a pool or lake. This is said to be pretty effective. You might want to have someone there to help you for support. It's also important to find a pool that's warm, at least 72 degrees, so that you are really relaxed. It would be ideal to find a therapeutic pool that is kept at a temperature higher than a regular pool. The YWCA has a therapeutic pool. Get into the pool and spend at least 15 minutes just paddling around and having fun. This will help you to relax those abdominal muscles to give the baby more room to turn, and the deep water immersion will increase your amniotic fluid, also helpful to the baby's turning. You might try walking into the pool holding the baby's bottom up out of the pelvis. As the water gets deeper, let go of the bottom of your belly as the water will hold the baby up. When you are up to your shoulders the belly is de-weighted and so is the baby. Then dive head first down to the drain kicking your feet to help get you down. Water rushing by the stomach will help the baby to turn. The idea is that the mom and the baby are de-weighted and the heavy part of the baby (the head) will turn around. You might have to repeat this several times in order to get the baby to turn.

### Pelvic Tilt

You could try the breech tilt postural inversion. Begin at 32-35 weeks gestation. Try lying with the hips propped up 12 - 18 inches higher than the head 3 x's per day for up to 20 minutes at a time. A slantboard has good results, or you can prop one end of an ironing board securely on a sofa or chair. A long, soaking bath first will help increase amniotic fluid and relax you. Also, doing the slant on an empty stomach will give the baby more room to turn. It is important to relax, breathe deeply, and avoid tenseness. When done after the 30th week, the pelvic tilt had an 88.7-96% success rate in 744 patients. This was reported in OB/GYN News Vol 12, No.1. Apparently the tilt does two very useful things.

- 1) It helps to disengage the baby from the pelvis and,
- 2) When the baby's head comes up against the inside of the fundus, it's inclined to tuck its head and do a somersault into the vertex position.

### Moxa Sticks

Use indirect moxa on Bladder 67 (this can also start contractions, so use caution). It is highly recommended that an experienced acupuncturist or shiatsu therapist do this for you. They may use a black marker to mark the points that the moxa stick will be used on. There are several points (like acupressure points) on the arms, sternum, and legs. Then at home you use the moxa stick. You hold the lit moxa stick an inch or so above the pressure point and when it feels "hot", you quickly pull the stick away -- this is about 2 to 3 seconds, then immediately you put the stick back down over the pressure point again until it gets "hot" again. You do this three times and then take your thumb and apply pressure on the mark for about 10 seconds -- a slow count to 10. Then you move on to the next mark in the sequence. You should do each mark 3 times in sequence.

### External Version

By the 36th week, external version can be done by an experienced practitioner.

## **Visualization**

Use visualization to enhance the other techniques. See the baby already in the head-down position (not turning but already down)

## **Walking**

Walk a lot. Soak in water and then walk a lot more.

## **Emotional factors**

Is there a possible emotional factor in this breech presentation? Is fear causing tightness of the lower uterine segment and keeping the baby high? In which case, address the fear and give a few doses of Ignatia 30C homeopathic. Some midwives suggest talking the baby into turning.

## **Hypnosis**

Hypnosis can help, both with trying to figure out what's going on with the breech and also to help turn it. Hypnotherapy may help pregnant women turn their breech baby around to the normal head-first, or vertex, position. A researcher at the University of Vermont, Burlington, used hypnosis with one hundred pregnant women whose fetuses were in the breech (feet-first) position between the thirty-seventh and fortieth week of gestation. Aside from the visualization involved, the deep relaxation of hypnosis can help your abdomen relax enough to allow the baby to turn. A group received hypnosis with suggestions for general relaxation and release of fear and anxiety. The study, which appeared in the Archives of Family Medicine, reported that 81 percent of the fetuses in the hypnosis group moved to the vertex position, compared with 48 percent of the control group. Not surprisingly, hypnosis was most effective for the women motivated to use the technique.

## **Acupressure/Acupuncture**

Acupressure or acupuncture (preferably with a professional), or you can apply finger pressure on Bladder 67, which is on the outside of the little toe on both feet, right next to the nail, just rub and push your fingernail into it.

## **The Webster Technique**

This technique was developed by Larry Webster, an Atlanta chiropractor. It is included so that you can give it to your Chiropractor (do not attempt to do it yourself if you have no training!). It has worked when everything else has failed to turn a baby. Out of one group of 700 women carrying breech, only 18 of their babies failed to turn.

Apparently Dr. Webster (died a few years ago) was first inspired after attending his daughter's birth whose baby was breech. Though the birth was successful he still felt there must be something more that could be done to help a baby present vertex. One morning this technique just came to him and he wrote it down.

In general it is best to have this technique done every other day for at least 6 visits before the due date. The fastest Webster saw it work was within 45 minutes. Even after the baby turns, mom should be checked regularly up to the day of delivery.

Step One: Place the woman in a prone position. Flex each leg toward her buttocks; find the side of most resistance. Adjust sacrum (P-A on that side, contact point sacral notch below P.S.I.S., use light thrust due to softened ligaments of mother).

*There are two possible occurrences after adjustment:*

- 1) The most resistant leg releases to equal the least resistant leg (80%)
- 2) The least resistant leg comes back to equal the most resistant (20%).

You are looking for an equalization of resistance on flexion of legs on the buttocks. This equalization should take place before going on to step two. If the woman is evaluated on her side, the lower leg will automatically be 1 inch more resistant; allow for this in your evaluation.

Step Two: Place woman in a supine position On the side opposite of sacral adjustment, draw a line 45 degrees lateral and inferior from the umbilicus; draw another line from the ASIS inferior and medial 45 degrees. Where they bisect hold an I-S contact with your thumb (3 to 6 oz. of pressure) Rotate thumb from bisect point 15 degrees in either direction until muscle bundle is felt. hold thumb contact for 60 to 90 seconds. You will feel the muscle drop away from your pressure. Stop at this point Do not adjust another segment that day.

Adjust every 2 to 3 days for 2 weeks; the baby should turn. If during the second or third visit there is equal resistance on both buttocks, do not adjust. On alternate days you can adjust elsewhere along the spine. (Vallone, 1990)

Another view of the process: The first thing to determine is which of the mother's hamstrings is tighter than the other. Mom can lie on her side (or stand w/support). Bend the knee of each leg back to buttock to find the tighter hamstring (sometimes it is also the shorter leg). This side will be the one for the first point of contact.

The first acupressure contact point will be just below the sacral notch (in acupressure also known as bladder 43). With mom lying on her side, very light pressure is applied, post. to anter., for 10 to 15 seconds.

Then mom lies supine and the 2nd contact point will be on the OPPOSITE side of the first. Feel along the iliac crest and find a tight spot. Place the back of your thumb (nail side down) on that spot & move your arm upward (inferior to superior) along the crest with very light pressure (really no "pressure", just the weight of your thumb).

### **Increase Amniotic Fluids**

Also, do what you can to increase that amniotic fluid. Drink plenty of water, and being in deep water will help by squeezing the fluids in your tissues into your bloodstream and increase the volume of amniotic fluid.

### **Knee-Chest Position**

In *Ob.Gyn. News*, Jan. 1, 1977, Dr. Juliet DeSa Souza, retired professor of obstetrics and gynecology at Grant Medical College, Bombay, India, reported to the World Congress of Gynecology and Obstetrics that postural treatment corrected breech presentation to a head-first presentation in 89 percent of 744 patients studied. She also reported that in her private practice 70 of 73 cases were corrected. The "knee-chest exercises" consists of having the woman on her elbows and knees, so her hips are higher than her head, and to stay in that position for 15-20 minutes a few times a day.

### **Cold/Music**

Are you familiar with the frozen peas trick? Figure out which way the baby needs to turn to make it to a vertex presentation. Then while in the pelvic tilt position, place a bag of frozen peas (or ice bag) on the back side of the baby's head (babies tend to move away from the cold). Then place a flashlight and/or some nice music down close to the vagina (babies gravitate toward the light and music). You might also try the reverse and play some "headbanger" music near the baby's head so it will want to move away from it.

### **Turning a Breech with Homeopathics**

Homeopathic Pulsatilla 30X can be indicated for turning a breech, especially if you are open to trying it. Use a 200c potency Pulsatilla 200c 1 x day; repeat one more day if baby hasn't turned yet; or use Pulsatilla 30C (homeopathic; dosage 3-5 pellets under the tongue twice daily for 2 weeks; or try using homeopathic Pulsatilla 6X, one tablet under the tongue four times a day; or Pulsatilla 30c or 200c, one dose q 2 hours up to six doses in one day can be tried to turn a breech. Combine these suggested dosages with the breech tilt exercise. These are most effective if used in conjunction with a slant board, crawling, pelvic rocking, etc. Take the Pulsatilla tab just before beginning the breech tilt, slant board, etc. Homeopathic Pulsatilla can be used for any other sort of malpresentation such as posterior, transverse, etc.

## **Turning a Breech with Flower Essences**

A doctor in Belgium, who ran a maternity hospital, also is a Bach flower practitioner, who uses Bougainvillea flower essence for turning breeches. It is supposed to work really well.

### **External Versions**

The word is SLOW...and gentle! (well, that's two words) ... And listen with a Doppler every few minutes.... and for 15 minutes or so afterwards. Do fetal movement counts afterwards for the next couple days at least. Think of midwife-type versions as "the gentle art of persuasion" -- slowly getting a head up, and bottom turned down. Rest between each movement -- move the baby a little bit and then hold the progress and listen to the FHRs. Any change and go right back! (This is a necessary precaution.) A forward somersault movement is tried for, since this seems the more natural way a baby would move on his own. Occasionally though, a baby seems to move more easily the opposite way. Occasional a baby will wiggle right around on his own when one starts working on him! Keep listening and make sure that this is the best thing as far as FHRs go.

If the baby moves that quick and easy then all is probably well. Most versions are done usually with two midwives, one repositioning the baby and one holding the Doppler for the FHR. An external version may be tried at about 36-37 weeks. Use low lights, a warm room, and wait till everyone is relaxed to start. Spend about 30 to 45 minutes, if needed, to do the procedure. Put a pillow under the hips and use a rocking motion with slight pressure. After the baby moves to transverse, the head may take a dip and then shows up in the pelvis. If a baby doesn't go very easily, don't push it. Also, stop if there are big changes in the FHR.

**Here's an extremely interesting version method described in Wilson Cline's (Concise Textbook for Midwives; Pb. Faber; pg. 426).**

Assuming an LSA breech, the steps are as follows:

"Firstly, Slip the palm of the left hand into the pelvis below the breech, and gently elevate it. Now tell the patient to take very deep breaths. Holding firmly on to the breech, you commonly find that it slides gently upwards as she breathes. In other words, the up-and-down movements of the diaphragm have pushed the baby's head downwards.

"Secondly. Slide the baby's head towards the right side of the uterus. Now you have a transverse lie.

"Thirdly. Raise the breech towards the fundus.

"Fourthly. Glide the head into the pelvis, and check the fetal heart."

### **How to Keep a Baby Vertex after Turning**

See if you can sit tailor fashion and bend forward as far as possible from the waist several times a day. This helps to drive the vertex deep into the pelvis. You may also take a l-o-n-g walk immediately after the baby turns. Try eating a big meal, and keep your bladder empty.

Do squatting for 5-10 minutes, leaning forward, 2-3 times daily, to help encourage the baby to stay in a head down position.