

# How to Turn a Breech Baby

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While it is common for a baby to be in the breech position (bottom down) several times throughout a pregnancy, approximately three percent (3%) of babies remain in the breech position until they reach full term. These babies are called 'breech babies' and are at greater risk for certain problems, such as hip dysplasia and lack of oxygen to the brain during birth. Various alternative methods have been purported to encourage a breech baby into the correct birthing position (known as vertex position) between weeks 30 and 37, such as specific exercises, hot and cold packs, and sound therapy. There is more anecdotal than scientific evidence to support these claims. After 37 weeks, you should rely strictly on medical assistance to turn the baby; though, it's always wise to seek your doctor's consent at any stage of your pregnancy.

## Part 1

### Using Exercise (Weeks 30 to 37)

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1. 1

**Try the breech tilt.** The breech tilt is the most commonly used exercise for turning breech babies. It helps the baby to tuck his or her chin (known as flexion), which is the first step in flipping over.

- To perform the breech tilt, you need to elevate your hips between 9 and 12 inches above your head. There are several ways of doing this. The easiest way is simply to lie on the ground and prop your hips up with pillows.
- Alternatively, you could get a broad plank of wood (or even an ironing board) which you'll need to prop up against a bed or a couch with a non-slip yoga or floor mat underneath. Lie on the board so your head is at the base (supported by a pillow) and your feet are at the raised end. Have a spotter nearby for safety.<sup>[1]</sup>
- Do this three times a day for ten to fifteen minutes each time, on an empty stomach, and during times when the baby is active. Try to relax and breathe deeply as you perform the exercise, and avoid tensing the abdominal muscles. For added benefit, you can combine the breech tilt with the application of heat and ice, or sound.



2. 2

**Do the knee-to-chest exercise.** This exercise uses gravity to encourage the baby to somersault into the correct birthing position.

- Get down on your knees on the floor or bed and rest your forearms on the ground. Stick your butt into the air and tuck your chin. This allows the lower part of your uterus to expand, making room for the baby's head.<sup>[2]</sup>
- Hold this position for 5 to 15 minutes, twice a day. Try to do it on an empty stomach, otherwise you might feel slightly ill afterwards.
- If you can feel the baby's position, it may be possible to help the turning process along. While leaning on one elbow, use the opposite hand to exert gentle upward pressure on the baby's rear end, which is located just above your pubic bone.



### 3. 3

**Do a forward-leaning inversion.** The forward-leaning inversion is similar to the knee-to-chest exercise, but a little more extreme.

- Start in the knee-to-chest position on your bed or the couch. Carefully, place your palms on the floor. Remember to tuck your chin, as this helps to relax your pelvic muscles.
- Be *very* careful when performing this exercise, as you don't want your hands to slip. An exercise mat or non-slip carpet pad can give you traction. Have your partner help you into position and use their hands to support your shoulders throughout the exercise.
- Hold this position for up to thirty seconds. Keep in mind that it's better to repeat the exercise frequently (3 to 4 times per day) than to hold the position for a longer period of time.<sup>[1]</sup>



4. 4

**Get in the pool.** Swimming and doing crouches and flips in the pool can help a baby turn into the vertex position on his or her own. Try the following pool exercises with a spotter nearby:

- Crouch on the bottom of the pool in deep water, and then push off and reach your hands up as you break the surface of the water.
- Just swimming around the pool can encourage the baby to move (and feels really good during the final weeks of pregnancy). The front crawl and the breaststroke are thought to be particularly effective for this.
- Do front and back flips in deep water. This will relax your muscles and make it easier for the baby to roll over on his or her own. If you have good balance, you can also try doing an underwater handstand and holding it for as long as you can hold your breath.
- Dive in. Dive into the pool while gently holding the baby's head out of the pelvis. The weightlessness and rushing water is thought to help the baby roll over on his or own.



5. 5

**Pay close attention to your posture.** Aside from doing specific exercises to encourage your baby to turn, it's important to pay attention to your posture in your day-to-day life, as this can affect the baby's movement.

- More specifically, good posture will help ensure the maximum amount of room available in the uterus so the baby can turn into the correct position on his or her own. For perfect posture, use the following guidelines:
- Stand straight with your chin level to the ground.
- Allow your shoulders to drop naturally. If you are standing up straight with your chin in the proper position, your shoulders will drop and align naturally. Avoid throwing them back.
- Pull in your abdomen. Do not stand with your belly pouched out.
- Pull in your butt. Your center of gravity should be over your hips.
- Position your feet properly. Put your feet shoulder width apart and spread your weight evenly over your feet.

## Part 2

### Using Alternative Techniques (Weeks 30 to 37)

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1. 1

**Use hot and cold packs.** Something cold applied to the top of the uterus and/or something warm to the bottom of the uterus may encourage your baby to move away from the cold sensation and towards the warm one, flipping into the correct position.

- To do this, place an ice pack or a packet of frozen veggies on top of your belly, near the baby's head. Hopefully, the baby will shy away from the coldness and turn in order to find a warmer, more comfortable position.
- Using the ice pack in a bathtub, with the lower half of your belly submerged in hot water, is a good way to use this technique, as the baby will gravitate towards the warmth. Alternatively, you can place a warm pack or hot water bottle on the lower half of you belly.
- This hot and cold technique is completely safe, so it can be done for as long and as often as you like. Many women choose to use hot and cold packs on their bellies while performing the breech tilt.



2. 2

**Use sound to encourage your baby to turn.** There are a couple of different methods of sound use, both relying on the baby turning towards the sound and thus into the proper position.<sup>[3]</sup>

- One popular option is to play music for the baby by positioning headphones on the lower part of your belly. You can download music made especially for unborn and newborn babies online -- whether it's soft classical music or lullaby versions of your favorite lullaby tunes.
- Alternatively, you could have your partner place their mouth on your lower abdomen and talk to the baby, encouraging him or her to move towards the sound of his voice. This is also a good way for your partner to bond with the baby.





### 3. 3

**Visit a chiropractor experienced in the use of Webster's technique.**

Webster In-Utero Constraint technique -- or simply Webster's technique -- was developed to restore proper pelvic balance and function, and is thought to help encourage the baby to roll into the proper position on his or her own.

- Webster's technique involves two things -- firstly, it ensures that the sacrum and pelvic bones are balanced and in proper alignment. If these bones remained misaligned, it would impede the baby's movement into the vertex position.
- Secondly, this technique helps to reduce stress to the round ligaments that support the uterus by loosening and relaxing them. Once these ligaments are loosened, the baby has more space to move around, allowing him or her to get into the correct position before birth.
- Bear in mind that Webster's technique is a process, so you will need to attend appointments at least three times a week during the final weeks of pregnancy. Make sure you are receiving treatment from a licensed chiropractor who has experiencing in treating women pregnant with breech babies.<sup>[4]</sup>



4. 4

**Look into moxibustion.** Moxibustion is a traditional Chinese technique which uses burning herbs to stimulate acupressure points.

- To turn a breech baby, an herb known as mugwort is burned beside the pressure point BL 67, located beside the outer corner of the fifth toenail (baby toe).
- This technique is thought to increase the baby's activity level, thereby encouraging him or her to flip into the vertex position by themselves. <sup>[5]</sup>
- Moxibustion is usually performed by an acupuncturist (sometimes in addition to traditional acupuncture) or a licensed practitioner of Chinese medicine. However, moxibustion sticks can also be purchased for those who wish to try this method at home.



5. 5

**Try hypnosis.** Some women have successfully turned a breech baby with the aid of a licensed hypnotherapist.

- Hypnotherapy usually takes a two-pronged approach to turning the baby. Firstly, the mother will be hypnotized into a state of deep relaxation. This helps her pelvic muscles to relax and her lower uterus to expand, encouraging the baby to turn.
- Secondly, the mother will be encouraged to use visualization techniques to imagine the baby turning the right way around.
- Ask your healthcare provider for the name and number of a reputable hypnotherapist in your area.

## Part 3

### Seeking Medical Assistance (After 37 Weeks)

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1. 1

**Schedule an ECV.** Once you pass the 37 week mark, it is unlikely that your breech baby will change position on its own.

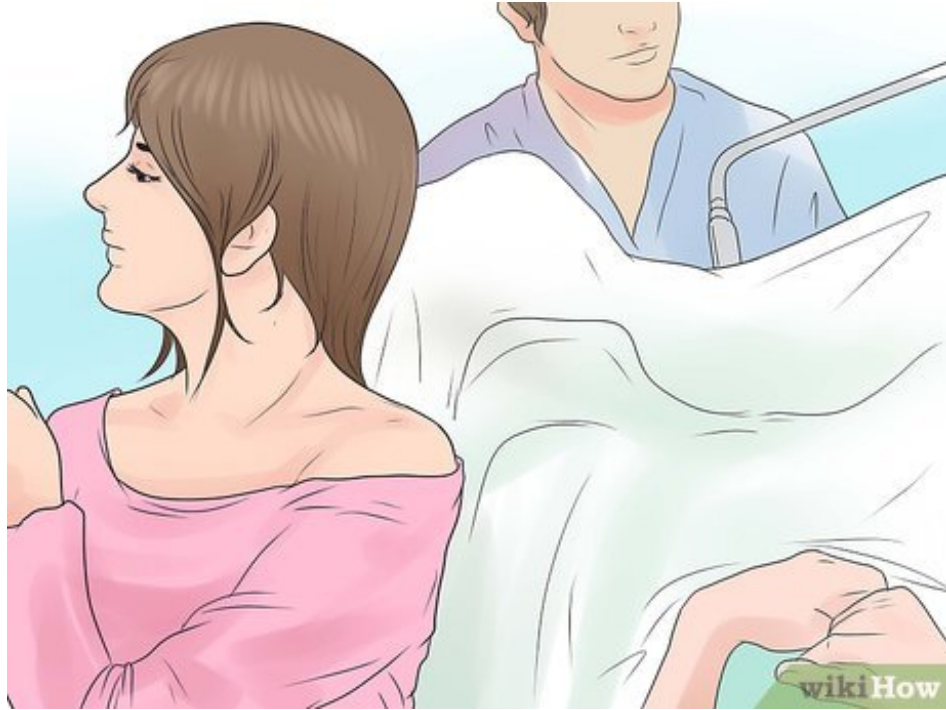
- Therefore, you should consider scheduling an appointment with your doctor so that he or she may attempt to turn the baby using external cephalic version (“ECV”). This is a non-surgical procedure, used by a doctor, in a hospital.
- During the procedure, the doctor uses medication to relax the uterus so that he or she can push the baby, externally, into the vertex position. This is done by applying downward pressure to the lower abdomen (which some women find very uncomfortable). Some hospitals may offer hypnotherapy to ease any potential discomfort.<sup>[6]</sup>
- Throughout the procedure, the doctor will use an ultrasound to monitor the position of the baby and placenta, along with the amount of amniotic fluid. The baby's heart rate will also be monitored throughout the procedure -- if it drops too low, an immediate emergency delivery may be necessary.<sup>[3]</sup>
- The ECV procedure is successful in approximately 58% of breech pregnancies. It has a higher rate of success in subsequent (rather than first-time) pregnancies. However, in some cases, ECV is not possible due to complications -- such as bleeding or lower-than-normal levels of amniotic fluid. It is also impossible to perform when the mother is carrying twins.<sup>[5]</sup>



2. 2

**Talk to your doctor about having a Cesarean section.** In some cases, a c-section will be necessary whether your baby is breech or not -- like if you have a placenta previa, are carrying triplets, or have previously had a c-section.

- However, if your baby is breech but all other factors are normal, you will need to decide if you want to deliver your baby vaginally or undergo a c-section. A large majority of breech babies are delivered by c-section, as it is believed that this option may be somewhat less risky.
- Planned c-sections are normally scheduled no earlier than the 39th week of pregnancy. An ultrasound will be performed just before the surgery to ensure that the baby hasn't changed position before the last check-up.
- However, if you go into labor before the scheduled c-section and it progresses too quickly, you may need to deliver the baby vaginally irrespective of your plans.



### 3. 3

**Consider a vaginal breech birth.** Delivering breech babies through vaginal birth is no longer considered to be as dangerous as it once was.

- In fact, in 2006 the American College of Obstetricians and Gynecologists (ACOG) stated that delivering breech babies vaginally is safe and reasonable in certain patients under specific conditions.
- For example, vaginal breech birth may be a valid option if the mother's pelvis is large enough; the baby is carried to full term and the labor starts and progresses normally; ultrasounds of the baby indicate that he or she is a healthy weight with no abnormalities (other than its breech position); the primary caregiver is experienced in the vaginal delivery of breech babies.<sup>[5][7]</sup>
- If you think you may meet these criteria and are interested in having a traditional birth rather than a c-section, speak to your doctor to explore your options and decide whether a vaginal birth is safe for both you and your baby.

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- Always check with your doctor or midwife before attempting any exercise or method of turning your baby in the womb. Turning a baby can result in serious cord entanglement or damage to the placenta.
  - According to the International Chiropractic Pediatric Association, more research is needed on using Webster's technique with pregnant women to turn a breech baby, and is currently underway.

