

# Getting a Breech Baby to Turn Head-Down

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## 1. The breech tilt:

- a. **Method I.** Lie on a slant board (a collapsed ironing board works well). Place one end on a sofa, the other on the floor. Your butt should be well up in the air, and your head either on the floor or at the bottom of the board. Lie in this position for 15 - 20 minutes, 6 - 8 times daily. If you feel the baby turn, stop doing the exercise.

You can also do this by lying on the floor with your butt up on a big stack of pillows. Your butt still needs to be the height of a sofa.

One benefit of either of these is that ice or music can be used at the same time. (see below)

- b. **Method II.** Same principle as above: Knee chest position. Head and knees on floor, butt in the air. It is important if using this position to keep your knees OPEN (spread), so your belly can hang freely. You can rock your pelvis some too. This is especially useful if the baby is already settling into your pelvis. If the doc or midwife has told you the baby's butt is already in your pelvis, do this first until you feel the baby as being higher, then switch to the other.

## 2. Ice:

Place an ice pack on the fundus (the top of the uterus) where the baby's head is located. It will feel like a very hard ball. Leave on for 20 minutes, 3 - 4 times daily as needed. This is extremely effective, especially when combined with the tilt.

## 3. Music:

Choose some irritating music and put the speaker, head phone, whatever, right up by the baby's head. The theory is the baby will try to move away from the sound. Remember, what is irritating music to a baby could be different from yours! Baby's tend to like soft, soothing music, not loud heavy metal!

## 4. Homeopathic Pulsatilla 200C dose. (You will have to find a Naturopath or Homeopath, or a Midwife, to find this dose.) Take 1 dose every three days while doing the breech tilt.

## 5. Chiropractic:

There is a chiropractic adjustment called the "Webster's Breech Turning Technique". Obviously it calls for a chiropractor who is familiar with this.

## 6. External Version:

This is a method of gently massaging/manipulating the baby to turn head-down. Risks include cord entanglement and dislodging the placenta if it is anterior. The baby's heart rate will be monitored throughout the process. Find a midwife skilled in external version if possible. They tend to be more successful at it than doctors, due mostly to their slow, patient, and gentle techniques, which are also much safer than the forceful methods doctors tend to use.. I know a midwife who has never *not* been able to turn a baby head-down, and has never had any complications. I have even seen her turn a baby when the mom was in labor, although if the baby had been engaged this probably wouldn't have been possible. If your doctor performs external version he/she will probably want to do it in a hospital with medication to relax your uterus, in conjunction with ultrasound and continuous fetal monitoring. If successful, most will want to induce immediately. (See risks of induction.)

Remember, if using any of these techniques, STOP if you think the baby may have turned. You will often (not always) notice a lot of movement when this happens. Pay attention to how the baby feels NOW so you are able to distinguish the difference. If unsure, call your doctor or midwife to confirm the baby's position.

A baby who persistantly stays breech or reverts back to breech after turning head down may have a reason for wanting to be born in that manner. An ultrasound can rule out situations which make a vaginal breech birth out-of-the question. However, when all appears normal, a vaginal breech birth is really no riskier for the baby than a cesarean breech birth when the baby is butt first. The breech position in and of itself increases risks to the baby very slightly no matter what method of delivery, although vaginal birth remains much safer for the mother and for future pregnancies.