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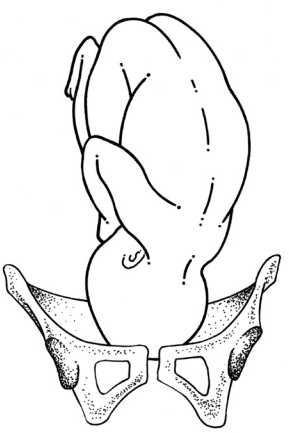
Breech and posterior positions

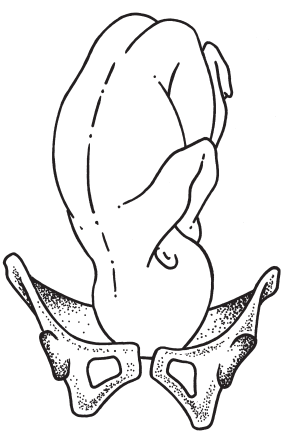
Western medical information

It is expected that a baby will settle into a head down position within the pelvis around the 34th to 36th week of a pregnancy. The best position for the baby to be in is termed a 'well-flexed anterior position', where the chin of the baby is tucked down towards its chest, its occiput has an anterior presentation into the pelvic outlet, and its spine is aligned outwards towards the mother's abdomen.

An anterior position can be either Left Occipital Anterior (LOA) or Right Occipital Anterior (ROA). In LOA the back of the baby's head (the occiput) is lying to the left and slightly anterior within the mother's pelvis. This means that the baby's back will also be aligned at this angle with its spine facing outwards towards the mother's abdomen. In ROA the occiput is to the right within the pelvis and the baby's spine is angled towards the mother's abdomen. Both are considered satisfactory positions for the baby to be in, although LOA is seen as the optimal position of the two.



Left occipital anterior (LOA)



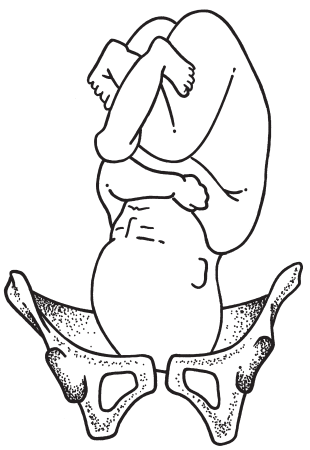
Right occipital enterior (ROA)

Unfortunately not all babies will actually be in the anterior position, and there may be either malposition or malpresentation of the foetus.

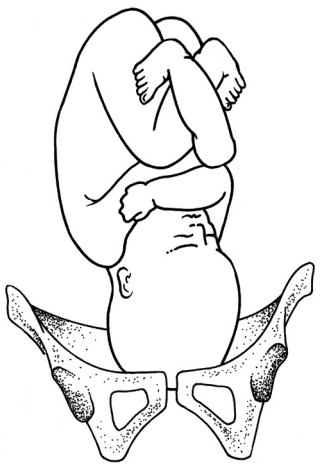
Malposition

In malposition, the baby's head is the presenting part into the pelvic outlet, but it is not in the best position: either the occiput will be presenting as posterior, or the baby will have its head deflexed (in which case the head is hyperflexed instead of having the chin nicely tucked in). Abdominal palpation by the woman's midwife or doctor is usually used to determine the position of the baby during routine antenatal examinations.

A posterior position can be either Left Occipital Posterior (LOP) or Right Occipital Posterior (ROP). Both are considered to contribute towards a labour that is longer and less efficient (as maximum pressure is not being exerted on the cervix), resulting in a prolonged dilation. In LOP the occiput is to the left within the pelvis and the baby's spine is angled towards the mother's spine. In ROP the occiput is to the right within the pelvis and the baby's spine is angled towards the mother's spine. In addition to prolonging labour, posterior positions cause increased back pain for the woman as the baby's spine is being pressed against her spine.



Left occipital posterior (LOP)



Right occipital posterior (ROP)

The problem of a deflexed head can occur in either an anterior or posterior position and will usually only become evident during labour, with a prolonged labour as the head fails to place maximum pressure on the cervix. There may also be failure to progress towards the end of the first stage of labour as the head tries to descend through the pelvic outlet but finds this difficult, often requiring medical assistance such as forceps.

Full (or flexed) breech

Malpresentation

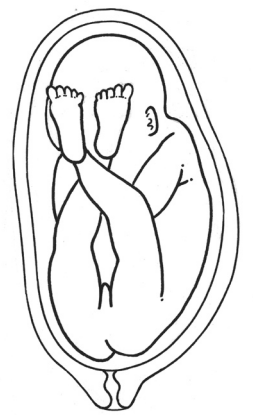
With malpresentation, the baby has a body part other than its head presenting into the pelvic outlet. This could be a breech presentation, where the bottom of the baby is the presenting part and its head is at the top of the uterus, or it could be a face, brow or shoulder presentation.

A correct knowledge of the baby's position is important for planning a suitable labour, or for attempting corrections of the foetal position in the late stages of pregnancy.

Breech presentation

With a breech presentation there are three possibilities:

Full (or flexed) breech
This is where the thighs and legs are flexed (the baby is sitting cross legged over the cervix).



Frank (or extended) breech

Frank (or extended) breech
This is where the legs are extended so that they are facing up towards the head (the baby's toes are positioned up against the face).

Footling breech
This is where one or both of the feet are sitting directly above the cervix.

Women with a frank breech may be offered a trial labour. This means that they will be allowed to go into labour naturally to have a vaginal birth, but they must deliver in a hospital setting so that they can be monitored for any possible complications by midwives and doctors experienced in delivering these babies. A caesarean section can then be performed immediately if complications do occur.

For women with a footling or full breech a caesarean is usually advised, due to the possible complications arising from having the feet or the cord descend through the pelvic outlet first.

Footling breech

Complications that can occur with any breech birth include compression or prolapse of the cord (which will deprive the baby of oxygen) and intracranial haemorrhage (from the rapid compression of the head which does not have the same chance to slowly change shape as it would during a birth with a cephalic presentation).

Other malpresentations and their complications during labour

A face and brow presentation (where the face or the brow is presenting instead of the occiput) will usually be discovered during labour via a vaginal examination. There is the potential for the cord to become compressed and a risk that the head may become stuck. If the labour cannot progress a caesarean section will be necessary.

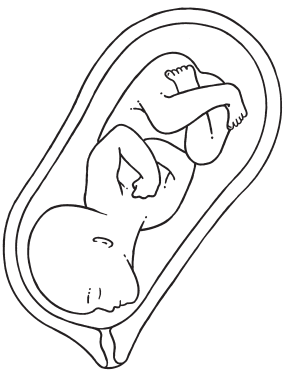
A shoulder presentation will mean the baby is lying transversely in the uterus. A caesarean section will usually be planned in advance. The risks associated with a vaginal delivery of a shoulder presentation include obstructed labour, a cord prolapse or the potential for the uterus to rupture, a life-threatening situation to both mother and baby.

Correction of foetal position

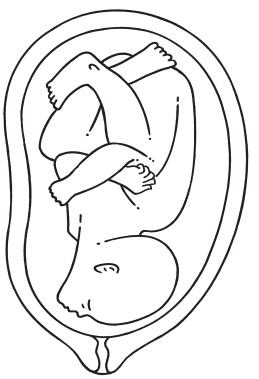
Women with a baby known to be posterior or breech in the antenatal period may undergo western medical intervention to try and reposition the baby.

For a baby with a posterior presentation this involves posture advice and exercises to try to utilise the effects of gravity in order to help the baby to move into an anterior position.

If it is confirmed that the baby is in a breech position, a specialist or an experienced doctor may attempt an external manual version. This involves trying to turn the baby by external manipulation, placing the hands on the mother's abdomen and gently trying to turn the baby. In this procedure the baby is often monitored to ensure that the cord is not compressed or that the placenta does not begin to detach. Only those trained in this procedure and prepared to do an emergency caesarean section if complications develop should attempt an external manual version.



Face presentation



Brow presentation

A traditional Chinese medicine viewpoint

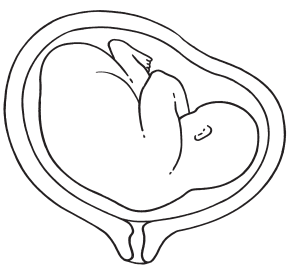
The root cause of both malposition and malpresentation is considered in traditional Chinese medicine to result from a deficiency in Kidney energy which, due to the Kidney's relationship to the uterus and its role in nourishing the foetus, may lead to either deficiency or stagnation of uterine qi and foetal qi and blood.

Deadman et al[1] (1998) write that "the yin of the Kidney nourishes and dominates the development and growth of the foetus through the pregnancy. As the birth date approaches and yin reaches its zenith, yang must begin to grow in order to turn the foetus and prepare for the intense activity of birth. If, towards the time of delivery, there is insufficient yang activity of the uterus, due either to deficiency or stagnation, then yang must be stimulated".

Treatment

A diagnostic differentiation as to why the foetus may not lie in a correct position does not, however, play a major role in treatment by acupuncture. My own clinical experiences as well as studies from China (see below) confirm a high success rate with the simple procedure of applying moxa to Zhiyin BL-67.

The treatment procedure discussed here involves the application of a moxa stick to Zhiyin BL-67 bilaterally for 20 minutes, once a day for ten days.



Shoulder presentation

Main point for malposition and mal-presentation

Moxa is applied to Zhiyin BL-67, bilaterally, for 20 minutes, once a day for ten days.

The ten-day treatment should be continued even if the baby turns early in the procedure but can be reduced to ten minutes bilaterally.

Optimum time: 34 weeks, but may be effective as late as 38/39 weeks.

First treatment
I will usually see a woman only once, when I demonstrate how to use the moxa sticks. (I use smokeless moxa sticks as they are definitely preferred due to the smokiness and smell of traditional moxa sticks).

The woman should make herself comfortable on a chair or bed, wearing loose clothing over the abdomen. Usually women will be more comfortable sitting, but if they wish to lie down during treatment it is advisable to ask them to lie on their left side, as this prevents them feeling faint due to the pressure of the baby on the inferior vena cava vein.

The moxa sticks are held over the points bilaterally until the woman feels they are uncomfortably hot. The practitioner then briefly removes the sticks (for one or two seconds) before applying them to the points again. This pecking action is maintained for twenty minutes.

At the end of every treatment I recommend that the moxa sticks are stubbed out and placed in a glass jar with a screw top lid, or placed firmly, used end down, in a candleholder so that they are safely extinguished.

Subsequent treatments
After the first treatment, the woman is given enough moxa sticks to complete the course of treatment at home.

To carry out the treatment for ten days, I suggest that the woman's partner or support person hold the lighted moxa sticks over Zhiyin BL-67 approximately one thumb width from the point, so as not to burn the skin. Some women are flexible enough to use the moxa on themselves by kneeling with their ankles positioned to the side. In this way Zhiyin BL-67 is easily reached if they attempt one foot at a time. Although a squatting position is recommended in the Chinese texts, I have yet to have feedback from any woman who was able to manage this for twenty minutes while self-administering moxibustion.

Timing of treatment
Studies[2] looking at the optimum time for turning a breech baby with moxa have found that intervention is most efficient at week 34, before the baby has grown too large. Unfortunately, not all women will present for treatment at that time. Since close to 50% of babies will have turned spontaneously by 36 weeks (see Italian study below), many midwives and doctors wait until the 36 weeks have passed before discussing the possibility that the foetus will remain breech. Even then some women wait a little longer, hoping that their baby may still turn before finally resorting to acupuncture treatment around 38-39 weeks.

In clinical practice it is best to see women as near to the 34 weeks as possible. If a woman presents later, even as late as 38 or 39 weeks, I do instruct her on using moxa, as some of these babies do turn. If the patient is a multigravida

(a woman who has been pregnant at least once before), a positive outcome is more likely.

Clinical practice

Ten day treatment cycle

It is my observation that the effect of moxa on Zhiyin BL-67 is to encourage the baby to move into - and remain in - the best possible position for birth, rather than to merely stimulate the baby to become active. I therefore always complete the ten day treatment cycle, even if the baby has turned to the correct position. This prevents the baby from turning back into a breech position. Continuing moxa once the baby has turned has proven to be the most effective treatment method in my practice, although it contradicts the commonly held belief that continued moxibustion will cause the baby to revert to its original breech position. I have seen several women who, on confirming with their midwife that their baby is no longer breech, discontinued the moxibustion, only to have the baby turn back to a breech position. I have also had no reports from my patients (or from the midwives to whom I have taught this procedure) of a baby who, having successfully turned from a breech position, turned back to breech when the woman continued using moxibustion to complete the ten day treatment cycle.

If the woman feels certain - from the way the baby's position has changed in her uterus or from confirmation by her midwife or doctor - that the baby has turned, she can reduce the amount of time spent applying the moxa to ten minutes each day until the ten days are up. I have found women are more likely to continue with the complete course of moxa if the time is reduced once the baby has turned.

Foetal activity

Women will usually report that the baby becomes more active following or during moxibustion treatment, though it may take several days before they notice a significant increase in the baby's movements. Women consistently report a cumulative effect when using moxa, with the baby becoming progressively more active with each treatment until eventually the woman feels a rather uncomfortable period of activity. This heightened activity often occurs around days four to six, although another key time appears to be day ten or 11.

Whether the baby successfully turns or not, women usually report that after this surge of activity the movements quieten down. Generally, the women who definitely know their baby has turned are those with footling breech presentations, as the little sharp kicks they were feeling in their bladder disappear. With other presentations it may be a little more difficult for the woman to be sure until it is confirmed by their midwife or doctor.

Follow-up

This is usually done by a telephone call at the end of treatment. If the baby has not turned I will suggest a rest period of four to five days (commencing

from the last day of moxibustion treatment) before attempting to repeat the treatment, if time permits. Some women are keen to repeat the treatment but some feel that they will now "let things be". From my clinical experience there appears to be only a slight chance that the baby will turn during this second treatment period, bearing in mind that not all babies will be able to turn.

Moxa in conjunction with external manual version
Moxa on Zhiyin BL-67 may also be useful for women preparing to undergo an external manual version. Midwives have commented that in their opinion there appears to be a higher success rate in those women who have been able to use moxa for at least five days before the procedure.

Addressing anxiety
As women coming to the clinic with a breech or posterior baby will often manifest increased anxiety and stress over possible problems during their labour, traditional Chinese patterns such as Liver qi stagnation and Heart yin deficiency may be seen, and should be addressed with acupuncture (see Chapter 12).

Posterior presentation - intervention during labour
Women seeking treatment for a posterior position (LOP or ROP) will generally be into the last few weeks of their pregnancy.

Treatment is carried out as outlined for breech presentation, applying moxa to Zhiyin BL-67. However, it is not uncommon to find that babies who have changed position from posterior to anterior through the use of moxa - or those babies who constantly change position - will revert to a posterior position in labour. I therefore also commonly give these women some ear press needles to apply bilaterally to Zhiyin BL-67 during labour if they receive feedback from their midwife or doctor that the baby has turned posterior. I will also give some spare press needles to women who have experienced a previous posterior labour, so that they have an intervention to use in case their experience is repeated. Ear press needles that have strong plasters are required so that they will remain intact when the woman is mobile or in water. Alternately you could advise that a plaster is wrapped around the little toe on top of the ear press needle to ensure it remains in place.

The application of ear press needles follows positive feedback from midwives who have been using ear press needles on Zhiyin BL-67 bilaterally to successfully turn babies from a posterior to an anterior presentation during labour. Another intervention used by midwives to successfully turn babies from malposition to the optimal presentation during a birth is the use of acupressure or needling of the points Kunlun BL-60 and Sanyinjiao SP-6.

These simple treatments during labour are non-invasive and have been surprisingly effective in helping women, who are experiencing failure to progress and back pain (typical of a malposition), to go to an efficient labour as

the foetus turns from a posterior position to an anterior one. Midwives report that if the treatment is successful, the nature of labour changes positively within ten to 15 minutes. This is noted through a reduction in the woman's back pain and more efficient contractions as the baby places increased pressure onto the cervix. Midwives and doctors will also be able to confirm the change in the baby's position through a vaginal examination.

As malposition is a common cause of the mother becoming tired and distressed and requiring further intervention such as an epidural during labour, both ear press needles at Zhiyin BL-67 and acupressure at Kunlun BL-60 and Sanyinjiao SP-6 are extremely valuable to teach to your patients, their support people or interested midwives and doctors. While not recommending that these points be used indiscriminately on every woman, just in case the baby might be posterior, they are ideal points to teach, as there will be clear-cut indications for their use during labour. Medical staff will inform support people during labour that the baby is posterior, and the midwives/doctors will have objective vaginal or palpation examinations to confirm their use and effectiveness.

Clinical studies

• In an Italian study[3] of 260 primigravidae (women experiencing their first pregnancy) with breech presentations in the 33rd week of their pregnancy, 130 women were treated with moxibustion to Zhiyin BL-67 for a period of seven days (if the baby had not turned, treatment was continued for another seven days), and 130 women formed a control group. 75.4% of the babies in the moxibustion group turned, compared to 47.7% of those in the control group. This study also asked the women to monitor foetal movements over a specific time period. Results showed an increase in foetal activity in those babies whose mothers received the moxibustion treatment. (For further information on this study see Chapter 26).

• A study in China[4] took 505 women with breech presentations with the gestational range of 28-34 weeks. 241 women were in a group that used moxibustion on Zhiyin BL-67 for seven days and 264 women acted as a control group. 81% of the babies in the moxibustion group turned, compared to 49% of the babies in the control group.

Point discussion

Zhiyin BL-67

Turns the foetus and facilitates labour.[5]

Kunlun BL-60

Clinically useful point when combined with Sanyinjiao SP-6 to aid in turning a malpositioned baby during labour.

Sanyinjiao SP-6

Clinically useful point when combined with Kunlun BL-60 to aid in turning a malpositioned baby during labour.

Patient advice

Posterior positions

It can be useful for all women to pay attention to posture as they approach the final weeks of pregnancy, as it is thought that incorrect pelvic positioning may encourage the baby to enter the pelvis in a posterior position. If the mother's pelvis is continually lower than her knees when sitting (as it is for most people when sitting in car seats, armchairs, sofas etc.), gravity will not be working effectively to position the baby in an anterior position and in fact may actually encourage the baby to lie in a posterior position within the pelvis.

In the last trimester of pregnancy it is thought to be helpful for a woman to adopt positions where her knees are lower than her pelvis. Examples of this include sitting astride a straight-backed chair (which is back to front), with her arms resting on the top of the chair; or kneeling on the floor, sitting on her calf muscles with her forearms resting on the floor. There are also special kneeler chairs that a woman may be able to hire from their midwives or antenatal group.

Spending time walking and kneeling on all fours is also recommended, in fact it has even been suggested that scrubbing the kitchen floor on one's hands and knees is an ideal activity for a pregnant woman. A more practical version of this would be to encourage a woman to spend five to ten minutes, two to three times a day on all fours doing exercises that rotate or rock her pelvis. She should position herself with hands and knees comfortably apart, keeping her back straight and arms parallel with the legs, then gently rotate or rock her pelvis.

Breech presentation

A woman with a breech presentation may be given exercises that involve having her head lower than her abdomen, once again using gravity to help the baby rotate into a head down position. For example, the woman can lie on her back, elevating her pelvis off the ground approximately 30 centimetres using firm pillows, or she can kneel on all fours, and then lower her head until it is comfortably resting on the floor, lowering her forearms to the ground so that they are supporting her. One of these positions can be used twice a day for 20 minutes at a time. While some woman find these exercises useful and will do them after a moxa treatment, others abandon them as they find their active baby becomes less active when they assume these positions.

Dietary advice

I cannot confirm any consistent dietary patterns linked to the occurrence of breech presentation from my own clinical practice, although I have spoken to practitioners living in warmer climates who report that changing a woman's diet from one that is high in fruit, green salads and fruit juices to one that is more neutral and warming is useful. From a traditional Chinese perspective, as treatment centres around tonifying yang through the use of moxa it follows that women consuming excessive yin foods such as salads and fruit juices may benefit from reducing these.

Case histories

Kerstin Rupp (midwife)

Shanti was a primigravida at 33 weeks gestation with a breech presentation confirmed by scan. Shanti was worried that the baby was not moving enough. She was also upset as she wanted a natural birth, which would not be recommended by the obstetrician if the baby remained breech. She was taught how to apply moxa to Zhiyin BL-67 with a moxa stick, which she performed for ten days, 20 minutes to each toe, at least once a day.

When I saw her two weeks later she had completed the ten days of treatment, but the baby was still in a breech position. I advised her to repeat the moxa treatment for another ten days. When I palpated her at 36 weeks the baby had turned into a cephalic presentation. Moxa was discontinued and prebirth acupuncture treatment commenced. Shanti went into spontaneous efficient labour at 38 weeks. She was very happy that she had a normal vaginal delivery.

Nicky Costello (midwife)

Anne was diagnosed as having a breech at 35+ weeks, confirmed by scan. We commenced the ten-day treatment of using moxibustion on bilateral Zhiyin BL-67, once a day for 20 minutes each time.

When I saw Anne again on day seven the baby still felt breech on palpation. She did report though that the baby had become very active.

She continued to moxa until day ten. On day 11 Anne had a consultation with the obstetrician to do an external rotation. On scan he delighted us with the news that the baby was cephalic.

Grace Pillay (midwife)

Cecilia was expecting her second baby at 40 weeks. She had a spontaneous onset of labour with fairly good progress. I ruptured the membranes when the cervix was five centimetres. The baby's head was still slightly high. She progressed well until the cervix got to nine centimetres. Then there was no progress for about two hours. The baby's head was still high and there was no sign of it coming down. Contractions were fading away. Cecilia was a large woman and was not keen on mobilising at all.

At this stage I was thinking of Syntocinon augmentation but before that I decided to try acupressure which I applied to Sanyinjiao SP-6 and Kunlun BL-60 bilaterally, using firm pressure for several minutes. I repeated the procedure intermittently a few times.

Shortly after the above procedure Cecilia's contractions became a lot stronger and an hour later she was pushing, which was quite an effort as she had a large baby on board. After half an hour of pushing, Cecelia delivered a healthy baby girl. There had been no need to use Syntocinon to augment labour and neither did she use any pain relief.

I have on many occasions used acupressure on the above points. They have almost always worked well for me in situations where the baby's head is not coming down as it should. I have also used acupressure on the same two points with malpositioned and deflexed heads and have achieved excellent results.

References

1 Deadman P, Al-Khafaji M, Baker K (2001). *A Manual of Acupuncture*. Journal of Chinese Medicine Publications, Hove, p326.

2 Co-operative Research Group on Moxibustion Version (1984). "Clinical observation on the effects of version by moxibustion". Abstracts from the Second National Symposium on Acupuncture and Moxibustion and Acupuncture Anaesthesia, All-China Society of Acupuncture and Moxibustion, Beijing, p150 and Cardini F, Weixin H (1998). "Moxibustion for correction of breech presentation", Journal of the American Medical Association, 280:1580-1584.

3 Cardini F, Weixin H (1998). "Moxibustion for correction of breech presentation", Journal of the American Medical Association, 280:1580-1584.

4 Co-operative Research Group on Moxibustion Version (1984). "Clinical observation on the effects of version by moxibustion". Abstracts from the Second National Symposium on Acupuncture and Moxibustion and Acupuncture Anaesthesia, All-China Society of Acupuncture and Moxibustion, Beijing, p150.

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