

The foetus in breech position

(Il feto in
posizione podalica)

WHAT IS IT AND HOW IS IT MANAGED?



When the baby is in abnormal presentation (non-cephalic), delivery is usually by scheduled caesarean section at term. Techniques can be used to correct abnormal positions to encourage proper positioning to allow vaginal delivery.

WHAT IS IT?

(Cos'è)

In 3.5% to 4.5% of cases at pregnancy term, the foetus is in breech presentation, i.e., with the buttock downward, or in other rarer abnormal non-cephalic presentations.

Ultrasound confirmed that the foetus is found in abnormal presentation all the more frequently the further away from the estimated date of delivery (33% between 21 and 24 weeks of gestational age; 28% between 25 and 28 weeks; 7-9% between 33 and 36 weeks). As the last weeks pass, the majority of foetuses permanently position themselves in cephalic presentation, while only a minority, varying between 3.5 and 4.5% stay in final breech presentation.

HOW IS IT DIAGNOSED?

(Come si diagnostica)

Diagnosis of presentation is made through ultrasound. In case of abnormal presentation after the 32nd week of pregnancy, it is possible to intervene with different techniques to correct this condition and enable vaginal delivery.



SPONTANEOUS TURNING TECHNIQUES

(Tecniche di rivolgimento spontaneo)

MATERNAL EXERCISES (Esercizi materni)

Below are some postural exercises to be performed 2 times a day, for 10 to 20 minutes each time.



Lie supine with legs against a wall, with the pelvis raised by about 30 cm from the floor (pillows can be placed under the pelvis).



Kneel on all fours with forearms resting on the ground in genupectoral position.



Sit astride the chair resting your arms on a cushion placed on the back of the chair, keeping your torso forward.



Crawl several times a day for a few minutes.

Practice forward inversion, up to 7 times a day, in the presence of a trusted person to help with the exercise.



MOXIBUSTION (Moxibustione)

It is a simple and harmless technique that can also be performed independently at home, as long as in a well-ventilated environment.

Using the heat from the embers of an artemisia cigar (available at herbal stores), stimulate the outer edge of the little finger of the foot, near the nail. The hot tip should be held in place for several minutes, moving it closer or farther away depending on the sensation of heat, which should be perceived but not painful. It can also be done simultaneously on both feet or 10 minutes per foot, twice a day for 15 days.

When the procedure is finished, extinguish the cigar under cold water and let it dry in the sun or over the radiator.

EXTERNAL TURNING MANEUVERS

(Manovre esterne di rivolgimento)

What is it? (In cosa consiste)

It is a technique that involves manipulation of the foetus by modest manual pressure through the abdominal and uterine walls. It aims to delicately accompany the foetus to the correct position. The success of the manoeuvre ranges from 35% to 86%. The likelihood of success is higher in women who have already given birth than in those who are in their first pregnancy.



When is it performed? (Quando si esegue)

The manoeuvre is performed starting from the 37th gestational week. Prior to the turning, the gynaecologist will assess whether there are conditions that allow the manoeuvre to be attempted. If it is possible to proceed, the manoeuvre begins after cardiotocographic monitoring is performed. No fasting and no hematochemical tests are needed.

HOW IS IT PERFORMED? (Come si svolge)

The gynaecologist performs pressure at the level of the breech toward one foetal side (right or left) and simultaneously accompanies the foetal head to the opposite side from the breech, so that the foetus performs a somersault.

Throughout the procedure, foetal well-being is constantly monitored by ultrasound.

At any time, this procedure may be discontinued for abnormalities of foetal heartbeat or in case of discomfort that cannot be tolerated by the patient. At the end of the procedure, an additional cardiotocographic check is performed.

RISKS (Rischi)

The manoeuvre is essentially risk-free if performed with caution and collaboration of the patient, but in some cases, complications may arise that make it necessary to perform assessments (monitoring, observation, etc.), and rarely an urgent caesarean section.

DIRECTIONS AFTER THE PROCEDURE (Indicazioni dopo la procedura)

If the turning is successful, the mother-to-be will be able to go home and follow the normal check-ups of full-term pregnancy until delivery.

In case of maternal Rh negative group, after the turning manoeuvre, anti-D immunoprophylaxis will be performed.

In case of contraindications or in case the baby does not position itself correctly, a caesarean section will be scheduled, and the necessary pre-surgery investigations will be performed.