Breech 101 - Part 1

Episode 11 · September 9, 2016 · with Dr. Emiliano Chavira, Dr. Barry Brock, Beth Cannon, and Susan Minich

IN THIS EPISODE

What does it really mean when a baby is breech — and what can be done about it? Dr. Elliot Berlin, DC opens a three-part deep dive with OB/GYN Dr. Emiliano Chavira, Dr. Barry Brock, and midwives Beth Cannon and Susan Minich, covering the types of breech, possible causes, and the full range of turning and birthing options.

About this transcript: *This transcript was created with AI-assisted transcription and reviewed by our team. It may not be 100% accurate — names, medical terms, and phrasing can occasionally be mis-transcribed. For exact wording, please listen to the episode audio.*

DR. ELLIOT BERLIN, DC: Welcome to the Informed Pregnancy and Parenting podcast, where our mission is to empower you to make informed choices pertaining to pregnancy, childbirth, and parenting. I'm Dr. Elliot Berlin. I'm a prenatal chiropractor, childbirth educator, and labor doula living and practicing in Los Angeles, California. Today's topic is Breach Babies 101, where we'll be discussing the most frequently asked questions about breach from the various types of breach, possible causes of breach, natural and medical remedies, and options for delivery if the baby doesn't settle head down. This podcast is not meant to administer medical advice. Rather, we're just discussing and

DR. ELLIOT BERLIN, DC: presenting facts and general experience based options. Every individual case requires individual evaluation and analysis, and we ask that you consult your prenatal care providers and make an informed choice together. In the studio right now, we have a distinguished and highly sought after team of prenatal care providers who each have experience with breach pregnancy and birth that is rare to find today. Let's start with Dr. Barry Brock, originally from Montreal, Canada. Dr. Brock is an award-winning OB-GYN who completed his residency at Cedars-Sinai Medical Center in Los Angeles in 1981, where he currently practices obstetrics and gynecology. Dr. Brock is one of the few remaining obstetricians who offers patients

DR. ELLIOT BERLIN, DC: the option for vaginal breach birth in a hospital setting. If they meet the safety criteria, welcome to the podcast. Thank you. Beth Cannon is a midwife licensed by the

California Medical Board. She lives in Los Angeles and catches babies born at home in LA and the surrounding areas. During and after her training at the National Midwifery Institute, Beth has studied with some of the modern day pioneers of midwifery and birth professionals from around the globe and has made it a point to learn the disappearing art, science, and skills of vaginal breach birth and has attended many such births. Beth is an advocate for women's rights to informed birth options and informed choice. Welcome to the podcast.

DR. ELLIOT BERLIN, DC: Thank you so much. Dr. Milo Shavira. Dr. Shavira completed his OB-GYN residency at Los Angeles County USC Medical Center in Los Angeles, where he continued to complete his fellowship in maternal fetal medicine, or high-risk pregnancy. His passion is caring for women with complex medical problems in pregnancy, especially those who thought they could never have a baby or who have been told that it's too dangerous to do so. In addition to his high-risk work, he also supports natural birth and breastfeeding for women and babies in general. He believes that the medical interventions, which can be miraculous and life-saving in some cases, should be reserved for those limited circumstances in which they are truly necessary.

DR. ELLIOT BERLIN, DC: Dr. Shavira has training and experience with vaginal breach birth as well. Welcome to the podcast. Thank you for inviting me. Susan Mick has been a certified nurse midwife working in women's health for 35 years. Susan has attended the University of Pennsylvania graduate nurse midwifery program and received her master's of science in nursing and midwifery in 1981. She had a full-time hospital-based nurse midwifery practice for many years before Kaiser Permanente in Los Angeles recruited her to come and work there. After a medical trip to China in 1998 during which Susan was fascinated by the success of traditional Chinese medicine, she returned to Los Angeles and completed her master's of science degree

DR. ELLIOT BERLIN, DC: in oriental medicine and then received advanced training at the prestigious Institute of Training at the Beijing International Acupuncture Training Center, which is held in very high regard by the World Health Organization. In addition to her midwifery work at Kaiser Permanente and her private acupuncture practice, Susan is a noted author, lecturer, and teacher and is involved in training both midwives and medical students. Welcome to the podcast. Today we're going to talk about panic that takes place about breech babies. In 1974 when I was born vaginally, I was breech and from what I'm told, nobody either knew or cared that I was breech until midway through the delivery. Today the option for natural breech

DR. ELLIOT BERLIN, DC: birth seems to have all but disappeared in many regions and as a result there's this intense pressure on women who'd like a vaginal birth to ensure that their baby is head down, but oftentimes they're not told that the baby's breech until 36 weeks or sometimes even later and that leaves them in a bit of a shock or a panic and with very little time to research their options or make informed choices. My purpose in today's podcast is to discuss some of the most common questions that they would have, raise general awareness about breech and the options and choices that need to be considered, but also specifically to help those expecting parents who are in that panicky search for information for their current breech

DR. ELLIOT BERLIN, DC: babies. So I'd love to start by just talking about what is breech and when should we ideally be looking for it? Dr. Barry, why don't you jump right in. Since the criteria I need is

usually

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: I really want to know by 36 weeks gestation because if I want to turn the baby I want to turn it 37 weeks. I usually have the, then I see the patients weekly and it has to book it and I do that turning the baby in the hospital, external phthalic version, so I really want to know by 36 weeks. It's a simple thing in the office. If any concerns I have an ultrasound, I pull it up and make sure the baby's not breech. What is breech specifically? What does it mean? How do you define breech? Breech is when the head is not coming down, it's basically the other parts, either going to be the feet or the knees or the buttocks is coming down into the pelvis and different types of breech and they define those differently, but the point is

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: that basically the infants and long should lie means going up and down, not sideways, but it's not the head, it's the other parts coming down. The major concern is if it's a footling breech, we have concerns because there's a lot of space there and if she starts dilating there's a very big risk if she breaks her water that she can, the cord can come out through that breech, but thankfully if it breeches most of the time the buttock is down and it's kind of blocks the passageway and prevents the cord coming in. So if you would say if the head

DR. ELLIOT BERLIN, DC: is down or the buttocks are down then they're big enough to block the cord from coming out first and you can avoid that one concern. If the cord comes out first, the danger being that if the cord comes out and then the baby comes out, the cord sort of gets stuck between the mother and the baby. It pinches and the baby loses blood supply. That's the only source of

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: oxygen. Then at home you really can't do anything. You don't have much time. You have minutes to get the baby out, but most of the time if you have someone you'll know beforehand and usually a footling breech is a lot of times it can be multiple patient warden, not the first pregnancy, but you should know this by 36 weeks and that's what I really want to know if the baby's going to be breech. So 36 weeks is your comfort zone.

DR. ELLIOT BERLIN, DC: That's when you would check to make sure the baby's head down and clear for takeoff. Are you guys also at 36? Is that your comfort zone? Definitely. I think around 30. I mean if

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: I'm unsure at that point I will send somebody in for an ultrasound to confirm what I'm feeling. We do a lot of hands-on palpation in our appointments and so unless the gal is really fluffy it's pretty easy to tell what's presenting down at the bottom, but sometimes you just can't know and in those cases definitely confirming with ultrasound is the way to to find out and again at that time there's still enough space to and room to turn the baby if you wanted to try a version.

DR. ELLIOT BERLIN, DC: So Beth, you deliver babies at home but I think a question I also get a lot is what is a midwife and how do they differ from a doula? There's also within midwifery several different types of midwife because Susan's here as well and you guys have very different practices so

maybe you could just quickly talk about those differences. Sure. I'm a licensed midwife so

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: my route is I didn't become a nurse first. I after school went then to midwifery school where I learned by the apprenticeship model so I had didactic schooling modules that we needed to complete and experience that needed to be completed as well and so once in California there's certain schools that are approved by the California Medical Board and then there's the North American Registry of Midwives that they have a test and it's an eight-hour exam that you have to pass in order to get certified and become a certified professional midwife. So in California when you go through specific schooling and complete all of your requirements and then pass the NARM exam then you can apply to the California Medical Board. So

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: licensed midwives are licensed by the California Medical Board which licenses doctors and nurse midwives go through their programs and they are regulated by the nursing

DR. ELLIOT BERLIN, DC: board. Okay that's great. We'll talk to Susan about that in just a second. So you're the primary care provider throughout the entire pregnancy. That's correct. I mean we have

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: consulting physicians if we have questions or need to run certain things by different providers Meelo and different providers that we work in conjunction with because we don't have you know my office does not have an ultrasound machine it's mostly due to cost and things like that but we work with doctors and that's great you know but by definition you work with low risk

DR. ELLIOT BERLIN, DC: low risk women yes okay what just out of curiosity what are some of the examples of something that would high risk somebody out of your care gestational diabetes you know

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: somebody that's insulin dependent somebody that's hypertensive and at risk for preeclampsia things like that so we work with women that are generally really healthy and there's been no issues throughout their pregnancy do you consider breach high risk i think that in unskilled hands that it is could be a high risk situation but as a home birth midwife you know we do go through these modules that because sometimes there might be a surprise breach so for me when i was first invited to a breach delivery of course i said yes because i feel that at some point throughout my career this is going to present to me and of course i want to see it i want to see it with my own eyes maybe you just will turn at the last

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: minute or um or maybe you didn't catch it on time and you know like i wanted to know what to do and that so that's how for me that path started unfolding to me the most dangerous part the most important part of all this the operator has to know how to do a breach absolutely that is by far if you don't have the skill to do it don't do it which is a problem

DR. ELLIOT BERLIN, DC: because most we don't teach the skills anymore that's exactly that is self-fulfilling prophecies yes we're gonna get there uh susan you you practice midwifery as well but um as beth mentioned you're a certified nurse midwife what is the training there and you practice in a

hospital in our office well here in california you there's restrictions on midwifery but are they the same from the medical board and the nursing board meaning at home you can't do before

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: 37 or after 42 weeks that is a law that just it's relatively new so prior to that there it was they would say 36 weeks six pounds and then if you were doing past 42 weeks there would be certain criteria of biophysical profiles and making sure that everything

DR. ELLIOT BERLIN, DC: was all good but are those same laws the new law does that apply to no it doesn't apply to does your facility have a policy against breach birth we do not have a policy against no they just follow the guideline that you need to which is also a practical guideline you need to have somebody who's skilled but we only have one it goes beyond that because

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: there are a handful of physicians who were trained in the time when breach delivery was normal practice and they have the training and they have the experience and they have the skills and they have just elected to stop offering this service because it's sort of the prevailing community standard if you will you know nobody else is doing it so they don't want to be the one doing it so there are experienced providers who have also elected to discontinue

DR. ELLIOT BERLIN, DC: this practice i'm going to backtrack a little bit because we made a wonderful documentary about this topic vaginal breach birth called heads up the disappearing art of vaginal breach delivery which can be found at heads up film.com but i really want to talk about all the things before that the original question is when would you really check for breach 35 or 36 weeks seems to to be a common number as a chiropractor we like to see what's going on at 32 weeks and i think at 32 weeks you probably still have about a 10 percent breach rate and at birth you only have three or four percent breach rate so that means more than half if you go from 10 out of 100 to only three or four out of 100 more than half of those babies

DR. ELLIOT BERLIN, DC: are going to turn but when we start doing the natural techniques which we'll get into shortly we get about at 32 weeks we have about 90 percent of our babies turn so what i tell patients at 32 weeks is not time to panic yet but it's certainly like a little pink flag hey if my baby continues to stay breached what are the kind of things that i can do to encourage this baby to get head down or what kind of options will i have if the baby doesn't get head down gives them a lot more time to really research options find providers or practitioners and and not have such panic in order to make an informed choice yeah so for you to be able to if you're going to see them at 32 weeks anyway just give them the heads up

DR. ELLIOT BERLIN, DC: no pun intended that the baby's heads up then you just open a world of options for them they're not going to leave you as a practitioner but there are things that they can even positional things like they can do at home for example from spinningbabies.com they have a whole bunch of positional exercises that help stretch the ligaments and and sort of use gravity to bring the baby out naturally or or either just using ice or peppermint oil things like that that are natural if they find out at 32 or 33 weeks they have a lot more reaction time they'd have a higher chance of turning too but there's a there's a you know a risk that we we're not comfortable taking at that early that doesn't really exist with acupuncture

DR. ELLIOT BERLIN, DC: moxibustion right massage car projects and some of the other natural things that we can talk about in just a moment yes but it's not even just that they have a higher chance it's if you compare the natural chance versus the doing something chance is significantly higher so to me i think most people are upset when they find out at 36 weeks for the first time that they could have been doing something three or four weeks ago exactly and i would be i would want to know earlier so i started this facebook campaign a while ago check for breach

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: can do you know we do like to see it 36 weeks yeah but i'm saying i use the ultrasound at 36

DR. ELLIOT BERLIN, DC: weeks if i'm not 100 sure babies well that makes sense but if you found a just by palpation at 32 or 33 weeks would you let them know about it or okay okay great we are going to take a quick commercial break don't go anywhere we'll be right back if you've ever struggled

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: there are some recognized causes placenta location can be one and probably what that does is just kind of alters the shape of the uterine cavity and maybe makes it harder for the baby to

DR. ELLIOT BERLIN, DC: find its way around i think is it a specific location that gets more of an issue yeah so

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: there are two one would be if you have a placenta previa of course in that circumstance you're you're not going to be thinking about a vaginal birth and you're going to be thinking

DR. ELLIOT BERLIN, DC: about a cesarean delivery but the placenta preview where the placenta sitting on top of the cervix in order to get out the baby crush through the placenta sort of blocking the exit door if you will right so in general that that's not considered a safe delivery

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: option compared to cesarean right but the other location if it's if it's up high in the uterus in one of the corners that's actually one of the most frequent placenta locations for when babies are breech so that's one reason another reason might be fibroids which are these you know muscular tumors that form in the uterus are very common actually the majority of women have them but they tend to be very small some women will have larger fibroids or multiple fibroids and again this sort of alters the shape of the uterus and maybe just makes it harder for the baby to find its way around and and get the head down into the pelvis so fibroids can be a reason the fibroids is one the other one is what's

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: called a mouth shaped uterus bicornid uterus things like that and those babies not only are in breech position it's very difficult to flip them for the textbook i mean the causes are uterine internal side and fetal side there can be problems with the babies but thank god it's a rare occurrence but it can be problems with the babies what kind of problems well not today we find out but you can have a baby that is malformed head kind of missing the part of the head and the scalp meaning we'd already know that on ultrasound today so that's the cause of it you know but it's we find that babies sometimes are not moving properly have neurological problems but mostly things are very rare so most common cause of a breech

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: baby is we don't know right so normally normally these are associations when a baby's breech you

DR. ELLIOT BERLIN, DC: would not assume there's something wrong with the baby quote unquote correct and when a baby's

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: in frank breech position so pike they're not kicking so in that same way whereas a other where you get the motion right so it's harder for them to turn if you put your feet by your

DR. ELLIOT BERLIN, DC: head i'm gonna see you kick for short umbilical cord i don't know i once in a while not sure

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: but maybe multiple times around the neck wrapped around the neck which is not dangerous no it's very well there's nothing you can do about it a cord around the neck is very very common and a very small percentage will get into trouble very small but you can't predict and people are asking you to scan to make sure the cord around the neck that's irrelevant we find a lot of information and we make assumptions and turns out medicine most of the

DR. ELLIOT BERLIN, DC: time we're wrong different types of breech beth mentioned frank breech where the baby's butt is down blocking the canal so at least you don't have the umbilical cord prolapse issue and the legs are up by the face like they're doing a pike dive uh what are some of the other types

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: of breech there's complete breech which is they're in the indian style kind of classic position that when you see yeah crisscross applesauce and i've in my experience of sending people for versions those babies are more apt to turn from a version the complete

DR. ELLIOT BERLIN, DC: complete breech okay so this is i sort of describe it because we did the pike dive right sort of describe the cannonball is almost right so the baby's still butt down still butt down so the legs being extended up towards the head the knees are bent knees are bent just like how

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: you picture a head down baby with their knees bent and curled around fetal position yeah so the worst person you have returning baby if the butt or wherever is deep in the pelvis deep that's forget it the chances are either one of those two and frank breech or something is really deep in the pelvis because you have to get the presented part out of the pelvis and it's stuck in the pelvis deep nothing's turning nothing's going to turn so you you are

DR. ELLIOT BERLIN, DC: just saying beth that out of those two positions you feel like the complete breech have an easier time moving around is that you feel the same for a version that's what

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: i've seen i think that as far as getting the torque studies that show that also okay well then

DR. ELLIOT BERLIN, DC: it's a torque it must be true and i read it on google things that make it more successful the

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: common sense if you have enough amniotic fluid the presenting part is now if she's a multi

DR. ELLIOT BERLIN, DC: that really helps a lot multi means you've already had a baby so it's more the tone is

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: not as tight as a primate right yeah and which is not an insult unfortunately what is actually makes worse if the if the mother is a phenomenal abdominal muscles and rock hard yeah it is really

DR. ELLIOT BERLIN, DC: tough i find in the office runners dancers gymnasts i would definitely not have a problem turning my breech baby i don't do any of those things but fortunately i have other problems with

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: carrying a baby it'd be floppy like me and have a lot of yeah we would be fine

DR. ELLIOT BERLIN, DC: we should have babies so we had the frank breech uh we had the complete breech and then there's footling breech which is either one foot or both down against the cervix footling would be nice

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: because you have plenty of room it's just yeah you know it's not super deep it's not super

DR. ELLIOT BERLIN, DC: deep well and the foot can get really down under there it's a smaller thing to get out

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: than a butt than a wedged in butt and besides the feet down there it's not wedging in there because the matter by definition is the feet are not that big so it's easy to much easier to turn the baby and then what's transverse transverse is the baby's going sideways in other words from not across from head to foot and mother's head to foot it goes the other way but that's very unusual unless you have um fibroids mal-shaped uterus or she's had several babies before uh first time mothers rarely have a transverse unless they have fibroids or

DR. ELLIOT BERLIN, DC: mal-shaped uterus several babies before because now it's very stretched out you're really

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: stretched out the baby can be comfortable lying sideways hammock hammock style okay

DR. ELLIOT BERLIN, DC: susan when you when when they because i know you work a lot with breech babies at kaiser leading up to you and in your private practice yes um are you present at the external version happy yesterday the doctor yes any little susan dolls like little buddha things to put on

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: birding we should do it at 37 weeks um i did one today and third time around it flipped on your vacation yeah you really have to know the technique hasn't you do a version yes nothing to do with the upper part it's all in the pelvis you have to push yes out of the pelvis and then the rotate around then it'll move but you don't move in the top you have to get the space i'm gonna go from least invasive to most

DR. ELLIOT BERLIN, DC: invasive and talk about some of the things naturally that um that that are done to help

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: breech babies i just want to follow up about your uh your question about transverse because i think there's there's something that is distinctly different about the transverse baby and the breech baby because the shape of the uterus is different so the breech baby because the uterus develops this sort of longitudinal shape so it's it's kind of long in the direction of the mom's you know head and feet that sort of axis if you successfully get the baby to flip over head down it's very likely going to stay in that position and you can just let the mom go and wait for her to to go into labor but the transverse is very different because the uterus develops this this kind of side to side shape and it makes it very

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: easy for the baby to uh you know change positions and and in fact there's this term you'll hear once in a while people will say this baby has an unstable lie which means every time they come to the office the baby's in a different place the head's on the left the head's on the right the baby's head down the baby's breech and probably what you got there is you really have a transverse lie and the uterus is kind of stretched out sideways and this baby is free to for burn to flip around back and forth those versions are actually very easy to do the baby is very easy to manipulate and you can get that baby head down it's just not going to stay right and so i personally have gotten into the habit of doing those differently i'll actually

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: wait till 39 weeks and then get the baby head down and induce i would do the same thing the only thing i would add to it i would try the old trick of abdominal binder after i turn but like i say if it doesn't work i said okay i'm gonna repeat it again in 39 weeks and i'm gonna induce you ago when i was in montreal when i was a medical student back then they didn't have ultrasound i'm a little older than you guys and so they sent the mother they weren't sure position for an x-ray and different floor she goes different floor not portable comes back with the x-ray in the hand showing a breech baby and proceeds to deliver vaginally a vertex

DR. ELLIOT BERLIN, DC: all right we're going to bring in uh one of the moms that has a question here

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: yeah my name is fabiola i'm first time mom 35 years old and um my question is how do you know if you have a misshapen uterus um if they do the ultrasound why aren't you told if you do have one um and basically my concern is that i think i have um more of a transverse than breach because i feel the head always like towards the right side occasionally at night i wake up and i'll feel the head up um below my sternum but then most of the day i feel again on the right transverse is a little different you

probably have just a breach but it goes from side to side trying to turn a little room up there move um to figure out if you have a mal-shaped uterus remember it's probably not but the only

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: you can't really tell now um but in the first trimester sometimes they can see it on the ultrasound what it looks like or if there's other tests to do if you're not pregnant there's no reason to do those tests um it just a curiosity you're not going to do anything different i wouldn't recommend surgery to fix it or anything like that it's just a curiosity it really doesn't i'm i'm extremely pragmatic so to my mind it doesn't really make a difference whatever it is it is if you try the version if it's not successful it's not successful it is it is it doesn't make a difference you have a malformed uterus or not the baby's still

DR. ELLIOT BERLIN, DC: enjoying itself in there i would say that uh just to expand upon what what dr brock said i find all the time the babies that are in one of the buttocks down breach positions whether it's a frank breach with the legs up or complete preach with the legs down that the head which is up underneath your rib cage someplace will move back and forth from the right angle of the rib to the left angle of the rib kind of like three o'clock to nine o'clock if this was a big clock in here but then not get past there do you feel like your baby comes low down or do you feel like your baby's ever all the way straight across with the head over on the left side and the butt on the right side or vice versa well initially the with the

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: ultrasound which is when i found out about the positioning um the baby's head was always on the right and the spine curved across my belly which just they i was told that the but buttocks was just diagonally across from that and that the knees and toes are down here right um i did bring up the topic that i never felt any type of movement in this upper left hand part do you know where your placenta is attached well that's what i suspected um but i was just

DR. ELLIOT BERLIN, DC: told no it's just don't worry about it did they tell you where it's attached no so you don't know it might because if your placenta is right there you're not going to feel very much yeah

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: that's just what i i mean that's what i put together in my head if i don't feel anything there maybe that's where my placenta is at how many weeks are you i'm going to be 37 this weekend obstetric training these days is completely different than what it used to be um they're uh you know training in operative vaginal delivery is disappearing training in breach vaginal delivery is disappearing training in manual rotations is disappearing i mean these were things during my training i was never taught to do i was never taught to do a manual rotation i was never taught to do forceps i never witnessed a breach vaginal

DR. ELLIOT BERLIN, DC: delivery i'm going to clarify manual rotation which sounds a lot like the external version

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: so this is where the baby's head down but is in a kind of face up position where the the baby's face is is facing towards mom's belly belly instead of towards her back so the back of

DR. ELLIOT BERLIN, DC: the skull is against the spine sunny side up yes sunny side up yeah so uh it's it's uh

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: usually a lot difficult a lot more difficult for the baby to get through the pelvis in that position and and sometimes uh you can kind of help rotate the baby around internally internally so it's done during labor you know all these tools that the obstetrician used to be trained in in the art of obstetrics are uh largely gone so their only tool is the cesarean delivery and you know any situation that makes them uncomfortable is solved by ending the pregnancy and performing the cesarean delivery for one more thing about

DR. ELLIOT BERLIN, DC: another question and then i want to get back to like what does somebody do like you when you find out a 35 weeks that you have a breach yeah because my my option was when i first found

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: out was okay let's wait a week and then we monitored me again and then confirmed it again that baby's still breached and my option was okay let's schedule your cesarean in two weeks when you become 39 weeks um so i went and did my own research that i could find and i questioned about the whole aversion and the objection to that was well you're a little bit heavier set so it's going to be really hard to do so why even try basically um i've gained a total of seven pounds in my pregnancy i i am bigger stature i mean six feet tall more 200 pounds but um you should have tackled them but yeah i mean i'm not diabetic yes exactly so the fact is absolutely try if it fails it fails so what yeah so

DR. ELLIOT BERLIN, DC: you're back in the same position you know well let me back up but you find out 35 weeks that you have a breach baby you still have at least one week maybe two weeks before the OBS are

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: comfortable during the external version the reason i found out at 35 is because because of that ultrasound previously my first one they said oh because of the size of your baby they thought i was a week more than i was but i was very um my baby was planned so i knew when i ovulated i knew when my last menstrual cycle was and now i was actually a week behind in my eyes um so i got that ultrasound early at 35 and that's why they wanted to wait but i think successful version is one option to do and i think that's the first thing i would do you know i mean to try to turn it um then the option is if you want to do a vaginal breach liver or caesarean section i mean you can wait till you go into

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: labor you can schedule caesarean section you wait to go into labor and decide then you can wait till labor and try for vaginal breach living and see how you progress

DR. ELLIOT BERLIN, DC: and try that side then all right and we're gonna conclude part one of breach babies 101 on the informed pregnancy and parenting podcast check out the show notes at informedpregnancy.com and as always write questions to info at informedpregnancy.com and the conversation continues with part two of breach babies 101

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