Breech 101 - Part 2

Episode 12 · November 18, 2016 · with Dr. Emiliano Chavira, Dr. Barry Brock, Beth Cannon, and Susan Minich

IN THIS EPISODE

The Breech 101 panel returns for Part 2, turning to hands-on approaches like acupuncture and Chinese medicine — how they aim to encourage a breech baby to turn, and where they fit alongside the medical options. Dr. Elliot Berlin, DC keeps the questions coming.

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. You're listening to part two of Reach Babies 101. I'm Dr. Elliot Berlin and I'm joined by our guests, Dr. Barry Brock, Beth Cannon, midwife, Susan Minick, midwife, and Dr. Milo Shavira. So Susan's here, Susan's an acupuncturist and you do a lot of Reach acupuncture. I know because we share patients back and forth. We share patients, yes. Tell me, what is acupuncture and or Chinese medicine in general, because it's not just acupuncture. What do you do for Reach Babies and how does it work? Now, I'm gonna say this to somebody who has no holistic alternative medicine background. That sounds absolutely crazy, but. You burn some crazy herb at the toe and maybe it starts moving around.

DR. ELLIOT BERLIN, DC: But in practice, we feel it, sometimes we actually do the moxa while I'm doing the chiropractic work, which I'll speak about in a minute, and you just, within 10 minutes, 15 minutes, you start feeling the baby kick around. Now, that's anecdotal, but it was also studied and published in the Journal of American Medical Association.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: The only one that has randomized control. But my feeling is that for these non-dangerous techniques of all these things here, go for it. That same diversion, I'm saying.

DR. ELLIOT BERLIN, DC: The mugs makes me sleepy.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: When you say the baby toe, you're talking about the moms?

DR. ELLIOT BERLIN, DC: One's a toe and one's an actual baby. Absolutely. I feel like the Chinese medicine is really synergistic with what we do chiropratically. From a chiropractic perspective, we see about two or three breech babies a day now in the office and we get a good number of them to turn about two thirds overall. And because of that, people think we're physically doing like an external version, but we will never push a baby in the office against any kind of resistance. It's not what we're trying to do. We're not trying to do something to the baby. What we're trying to do is increase the pelvic function of the mother. So if you have a lot of tension because you have tight muscles, as Dr. Brock mentioned earlier, sometimes runners, dancers, gymnasts

DR. ELLIOT BERLIN, DC: have this very athletic pelvis where the muscles down low are so strong and tight, they're pushing in and lifting up on where the baby's head would wanna go down or where the butt would wanna come out and they're just gripped in there. Sometimes the muscles in the back, deep inside the gluteal muscles, the piriformis muscles when they're tight, squeeze everything closed. And the pelvis is supposed to be really dynamic. So if you have all that tension down there and a good amount of amniotic fluid, you know, baby, why would a baby even wanna be down there? They can be under your rib cage where there's so much more space. But also, how are they gonna get down there if they try to move inside of your side to side

DR. ELLIOT BERLIN, DC: and your pelvis is rigidly stuck and closed? They're gonna have a lot harder time moving than if we can loosen up those muscles with some massage work and then chiropractic adjustments to get the joints moving better. That's what we do as the chiropractic technique. The Webster technique, named after Dr. Larry Webster in the 1970s, he was just trying to help prevent dystocia. Like, he wondered why sometimes you have a woman with a really small pelvis and very large baby that comes through in birth easily. And sometimes you have a woman who's been told those hips are made for birthing and then they have this little baby that gets stuck on the way down. You know, he came down to function if the pelvis is not able to move and function

DR. ELLIOT BERLIN, DC: and assist in bringing the baby down, then you're more likely to have problems during birth. So his whole purpose wasn't really about breech. It was to help improve labor. But what he found was after doing those adjustments that babies that were breech would all of a sudden start to settle head down. Again, not necessarily in the office. We're not trying to get, come in breech, leave head down, but in between visits, like you mentioned. Fabiola, do you have a question?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Yeah, I'm not a runner, gymnast or swimmer or anything like that, but I have been in various automobile accidents.

DR. ELLIOT BERLIN, DC: Sure, and that has the same, different but similar effect in making your pelvis less functional. You've had trauma to your pelvis.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: That was my question, is does trauma, yeah. And I've gone to a chiropractic before. I have a herniated disc between my L4 and my L5. And that's one of the things that I was thinking was, I need to loosen those areas up because they've always.

DR. ELLIOT BERLIN, DC: I need to loosen those areas up.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Well, you need to.

DR. ELLIOT BERLIN, DC: So yeah, any kind of trauma, car accidents, fall off a ladder, fall off a horse, snowboarders who are constantly falling on their butt but don't realize they're being traumatized because they're having a good time. They also tend to have that kind of rigid, locked up pelvis.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Yeah, and one of my concerns to go to a chiropractor immediately was just in December of last year, I was five months pregnant and we were driving, we were T-boned on the side of where I was sitting.

DR. ELLIOT BERLIN, DC: Wow.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: And then I found out about this. So immediately I went back to that and I'm like, could it possibly be that? And again, I was met with resistance. Like no, if you would have had a problem with the accident you would have found out then and that's that. Like it was just ruled out.

DR. ELLIOT BERLIN, DC: Not necessarily. It's impossible to really connect the dots but all these things that we're talking about are factors and that's certainly a factor as well.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Major thing the body does, you put a hormone called progesterone and it has several functions and that's, you know in the beginning of pregnancy, number one, you get much more indigestion because it relaxes sphincter that goes from your stomach to your esophagus and therefore more acid comes up there. But the reason this hormone does this, it relaxes the ligaments. So your bones, your pelvis stretches out a little more room. It makes them more uncomfortable walking, things like this. But this is one of the reasons in pregnancy, Mother Nature has a great system designed everything you have a vaginal delivery. So everything stretches out, gives them more room. And that's absolutely true because prior to me being pregnant,

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: I had more lower back pain. I had more dyadic nerve pain. And as soon as I got pregnant, I was actually scared. I'm like, how am I gonna carry this baby? It's gonna be worse but it's not. I'm gonna be in pain. Well, some people can be worse. It depends what you got because what happens is, you were lucky, you said you gained seven pounds. Yeah, in total. You gained 57 pounds. That can be a major difference. Yeah, so I was pleasantly surprised and I was like, wow, I feel better. The worst thing for your back is to gain weight and have a lordosis. When you're pregnant, you gain weight and you get a lordosis.

DR. ELLIOT BERLIN, DC: Lordosis is where the low back curve is being pulled forward. And so when you gain weight and you have that baby growing out forward, that pinches your low back in a very uncomfortable way. So it's good. I think people like you that have pain before the pregnancy and then feel better because of the relaxation and maybe some of the progesterone probably go on and have like 35 or 40 babies because you feel so good.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Well, how much now that I'm approaching 37 weeks, like realistically how much chiropractic care or acupuncture or any of those?

DR. ELLIOT BERLIN, DC: The first visit with chiropractic and massage is also diagnostic. I can get a sense of how your muscles and joints are. Are they incredibly tight, moderately tight? Maybe they're not tight at all. Are the joints moving? Are they totally stuck? But then also we'll see how you respond to what we're doing sometimes. Look, I think that Susan said even just doing it, if you're gonna do an external version by loosening up that musculature and improving the pelvis there, you're gonna create more functional space. Same with the acupuncture and moxa.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: But the reason is we pick 37 weeks. Number one, if something happens, I've never had it happen to me, but theoretically doing the version, if the heart rate drops and you have to do a rapid delivery, as they're in section, you get 37 weeks and the baby's doing fine. And statistically, if the baby hasn't turned by 37 weeks, it's much less likely to turn after that. In Europe, they'd like to do it earlier. In Europe.

DR. ELLIOT BERLIN, DC: Just last week we had a 39 week patient who did the external version and it didn't work for her. Very athletic, very strong musculature. She decided to come in and give this a try anyway because one of her friends had success with us. And you know, I told her the odds are pretty slim there and her fluid was very low as well. Seven and a half. And three or four visits, those muscles got looser and looser and I kept having her try to increase her fluid a little bit. And boom, right in the middle of one of the sessions, the baby flipped over. I called Dr. Fishby, I said, you gotta bring an ultrasound over here. I'm not sure what I just felt. There was a big movement in there and lo and behold, her baby's head down.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: That's terrific.

DR. ELLIOT BERLIN, DC: That's 39 weeks. It's less common then. Your odds start to go down significantly but it's not impossible. Along the holistic options, just before we get a little more specific about the ECV, there's also hypnotherapy.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: There's also home help with the Pulsatilla.

DR. ELLIOT BERLIN, DC: Hypnotherapy, like you said, Susan, the more relaxed you can be on the inside and outside. Sometimes just by having someone take a deep breath in with my hands on their belly, a deep breath in and really relaxing for the first time, you can feel a very significant amount of improved increased space and their increased mobility for the baby. So hypnotherapy we use in the office can be incredibly powerful too. Some people respond better to some of these techniques than other ones. And then homeopathy. Beth, do you use Pulsatilla or?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Pulsatilla, Ignacia, but Pulsatilla is the most common one. But quite frankly, I think that the chiropractic and the acupuncture with MOXA is the ones that do it. And positional changes in spinning babies, getting the baby out of the pelvis. And then version.

DR. ELLIOT BERLIN, DC: I think the Pulsatilla is delicious.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Yeah, I mean, it can work. And flower essences, they say Bougainvillea. Can Bougainvillea flower essence? You have to take everything with a grain of salt. I mean, there's a restaurant here that people don't go into labor. They go ahead and have a salad. Well, you know, you're 41, 42 weeks. I went there and I went into labor. Well, you know, you eventually are gonna go into labor. So you have to be, all these techniques we're using here, I have no problem trying it. But until you have a scientific randomized controlled study, you really can't say if it really is doing the thing. But don't do no harm.

DR. ELLIOT BERLIN, DC: That's good. Exactly, there's no harm. Things have their downside and if they're anecdotal.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: It's worth a try.

DR. ELLIOT BERLIN, DC: Yeah, I don't know a whole lot about homeopathy, but some of the homeopaths that we work with use Pulsatilla exclusively to try to get babies to turn. We are gonna take a quick commercial break. Don't go anywhere. We'll be right back. All right, so Nusha is joining us. Nusha is 37 weeks.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Tomorrow. Tomorrow.

DR. ELLIOT BERLIN, DC: Yeah. Happy birthday with baby number one. And currently in a Frank breach position.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Yes. Heads here, but.

DR. ELLIOT BERLIN, DC: And planning the external version for tomorrow.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Yes.

DR. ELLIOT BERLIN, DC: So that's a timely discussion for you.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Yeah, so that's why I was excited to be here so I could kind of have some opinions about doing the version at home without medication.

DR. ELLIOT BERLIN, DC: Ooh, I want you to hold onto that question for one second. It's a great question. We're about to move into the version, but right before we get there, Milo is gonna say one more natural thing about turning babies, which is positional things.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Yeah.

DR. ELLIOT BERLIN, DC: So there's a website, spinningbabies.com. Gail Tule, midwife, she's really laid out a lot of these exercises really beautifully with video. So you can see how to do them and suggestions on how to do them. What are your thoughts about positional exercises?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Yeah, well, I think it's just another option to add into the armamentarium. And I've come across different descriptions of how to do it. Sometimes the mom face up, face down. It kind of strikes me that being face up at term is probably gonna be very uncomfortable for most moms. So face down, hands and knees makes a little more sense to me. And a simple way of describing it is, let's say you get on the ground on hands and knees, and then you just lower your chest down to the ground so your hips are kind of up in the air and your head is down low. And the idea is you're kind of turning your trunk upside down, so that if the baby is down in mom's pelvis, this gives a chance for the baby to kind of slide out a little bit

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: and makes it a little easier for the baby to work his or her way around.

DR. ELLIOT BERLIN, DC: And it also stretches the round ligaments that are running from the pubic bone up into the itterus. Those ligaments have muscle fibers and they can spasm. When they spasm hard, you feel it like an ice pick. But that tension also decreases the space for the baby to be able to move. So in addition to gravity helping bring the butt out or the foot out, whatever's stuck down there, you're also stretching out those round ligaments and helping. The remedy for that tight round ligament is to just stretch it and it relaxes.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: And doing that position first thing in the morning when your bladder is full, they say anecdotally the weight of the bladder can help push the baby out. So again, who knows? They also said they keep your bladder empty, give you some more room. Right, yeah, so maybe do it once before you empty your bladder and then come back.

DR. ELLIOT BERLIN, DC: I'm personally gonna try it both ways tomorrow and see if it's more comfortable for me. Let's talk about the external cephalic version because that's where Neucia's question is. The external cephalic version, first of all, the name of it, external cephalic version, meaning that it's external. Someone's gonna through the belly try to manipulate the baby. Cephalic version means we're gonna try to take the head as the cephalid portion and invert it from being up at the top down to the bottom. And it's commonly called either the ECV or the version. We've talked about why it can be done usually 36 or 37 weeks. Before that, if something were to go wrong, then we are concerned because the baby's not quite at term yet.

DR. ELLIOT BERLIN, DC: After that, the odds of success really start to plummet. What are the things that can go wrong? And then I think this is where Neucia's question sort of comes in.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: The protocol that I use is first the mother comes in, usually at 37 weeks. They don't have breakfast. Theoretically, keep the anesthesias happy in case Neucia's there in section because it's an emergency, so they don't want it to have a full stomach and throw up.

DR. ELLIOT BERLIN, DC: That's never happened to one of your clients?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Never happened.

DR. ELLIOT BERLIN, DC: Boy, that's theoretically. How many years are you practicing external versions?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Over 30 years.

DR. ELLIOT BERLIN, DC: Okay. I've never seen it either.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: I've never seen it either. I've never seen it. But that's a theoretical. You've never seen someone go into labor from the EC?

DR. ELLIOT BERLIN, DC: Because Neucia's convinced that she's going into labor tomorrow.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: I've never seen her go into labor.

DR. ELLIOT BERLIN, DC: So they certainly shouldn't eat the coyote salad in the morning.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: When they come in, the first thing we do is scan them. Make sure the baby's still breached. Make sure it's still breached because plenty of times I've gone there, oh, it's flipped already. So we cancel it.

DR. ELLIOT BERLIN, DC: Berlin got this one head down already. Okay.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: And then we get what's called a reactive non-stress test. We make sure the tracing, put a monitor on the baby, make sure the baby's doing fine and healthy. We then go ahead and I set the mother up. I use warm mineral oil because I don't want something that, I warm the mineral oil because then cold sort of shocks the abdomen. And basically I'll just sound there and I scan the baby. And basically I put my hands on the abdomen and I try to rotate the baby. I push the baby out and the secret is, there's nothing on the top. Everything's from the bottom.

DR. ELLIOT BERLIN, DC: You're pushing the baby up.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Out of the pelvis. From the abdomen.

DR. ELLIOT BERLIN, DC: Out of the pelvis, up towards the abdominal cavity.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: I use the criteria that I don't cause any pain, discomfort, so I can't cause any harm because I stop if it's hurting the mother too much. So, you know.

DR. ELLIOT BERLIN, DC: But you would expect some level of discomfort.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: There is some level of discomfort, but I use her as a gauge. With the epidural, maybe higher success rate, but the absurd is I can't tell if I'm doing something.

DR. ELLIOT BERLIN, DC: How long does it usually take?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Oh, this is the 90 second procedure I try. One way I try. The other way, it's not trying for hours. It's minutes.

DR. ELLIOT BERLIN, DC: Is there medication involved?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: You mentioned that you gave three tries to somebody. Well, I mean, you keep on trying. I mean, it depends. I mean, obviously the last time is gonna be the successful one and you're stopped. But before I start this, I give a medication called Turbutylene. Turbutylene is a medication we give for asthma, but what it does, it also contracts and relaxes the uterus. It causes the heart to race and the mother feels some palpitations from that. We're very comfortable using that because a lot of times when we give Pitocin or for other reasons and they give too much, this is a medication we give to remedy that problem. So we're very familiar using that in obstetrics and it can be very helpful.

DR. ELLIOT BERLIN, DC: Is it just to get the uterus to relax to give you a greater chance of success or is it to prevent her from going to labor?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: No, just to cause the uterus to relax.

DR. ELLIOT BERLIN, DC: Don't some people come in with just a very relaxed uterus to begin with?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Yes, but when I start pushing on it, it can start becoming more irritable.

DR. ELLIOT BERLIN, DC: How long does a Turbutylene take to kick in?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: I give it IV, maybe five, six, seven seconds.

DR. ELLIOT BERLIN, DC: Oh yes, so couldn't she have the option? Because I know some of our more holistic-minded moms, especially, they don't take anything during pregnancy. So they're a little nervous about taking Turbutylene. Plus it makes the heart skipy, which also sometimes makes you a little bit more anxious. And it seems like that can be counterproductive.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: I run a success rate 60 to 70% during my versions. That's high. I've been trained to do it this way and I find it effective doing it this way.

DR. ELLIOT BERLIN, DC: Are you uncomfortable if a mom says, could we try it that way?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: No, but I'm saying it may not be successful because of the use of the contract.

DR. ELLIOT BERLIN, DC: But five to seven seconds later, you can get some Turbutylene and try again.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Yes, I can. But usually I start off, it's a protocol I run through and it's tough when you get trained some way and it's effective and it works well. And I have no complications and no problems to switch to something different. So I like to do what works.

DR. ELLIOT BERLIN, DC: But you're the kind of guy that, because moms have individual needs and requests and desires, if somebody's uncomfortable with the medicine, it makes sense that you, and especially you can feel your uterus is pretty loose.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Well, you feel it. No, I take it back. I don't feel the uterus is used. I feel the abdominal wall is used, the muscles. That you can feel. So the uterus itself, unless you see contractions, you really can't tell what's going on, especially when you start pushing it. You just may have a contraction. Now, because I don't use a continuous ultrasound monitoring. In other words, I start churning it, then I listen, it makes the heartbeats fine, it turns more, I always listen to the heartbeat to make sure it doesn't fall down. Because remember, if you're stretching, pulling and you get the cord, I've had one case when I start churning, the heart went down, I had to push the baby back. I said, no, you can't go that direction. So you do what's safe.

DR. ELLIOT BERLIN, DC: But Beth, do you, because you don't use ultrasound. And I feel like midwives who don't use ultrasound tend to have a finer palpatory touch. Do you feel like you can feel differences in the uterus that's taught versus the uterus, that's contracting versus the uterus?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: One is contracting, but it's more the musculature of the abdominal wall.

DR. ELLIOT BERLIN, DC: You can definitely feel the musculature.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Absolutely, I mean.

DR. ELLIOT BERLIN, DC: Ab, absolutely.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Absolutely. You totally can. And it definitely makes a difference.

DR. ELLIOT BERLIN, DC: I mean, I think it's a barrier to some of the patients that I work with, the Tributylene, that they'd rather try sometimes first without it. Some don't care, but they'd rather try first without it. And then because it's a quick IV, quick acting IV drug, does it also come in the pill?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Yeah, I guess. Yeah, there is oral and then there's also intramuscular injection, which is also commonly used.

DR. ELLIOT BERLIN, DC: Are there brownies?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: No, okay. But usually the option is to give subcutaneous because you can't eat. I like IV, it's very quick.

DR. ELLIOT BERLIN, DC: There would be brownies, but you're not allowed to eat in the case of that.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: In case. I gotta say from my point of view, the literature is a little bit mixed on whether using these medications to relax the uterus, help the overall success rate or not. Some studies show that it increases success rate, and other studies don't, and it's kind of a mixed bag. So in my mind, it's a little bit of an open question. And I think the artful practice of medicine is trying to tailor it a little bit better to the individual patient. And do we think in this patient, it's gonna be maybe helpful, or in this patient, maybe it's not gonna make too big a difference. And I think you can always take a graduated approach. You can start at home with no medications, and if it's successful, then you win. And if it's unsuccessful,

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: you could decide how far you want to increase your intervention using medications, go to the hospital, maybe get an epidural. I have some moms who after a couple of tries, they kind of feel like I've tried and I'm done, and I don't wanna do any additional steps. And you have other women that will go to the ends of the earth to try anything possible to try to get into cephalic presentation. And I think it's absolutely fine to kind of take an individualized and graduated approach.

DR. ELLIOT BERLIN, DC: Have you ever seen, had an ECV turn into an instantaneous birth because of a complication?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Complication, no. The only time that's ever happened was when the ECV done in, when the patient was in labor.

DR. ELLIOT BERLIN, DC: Okay.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: And then you get the head down and then the labor continues, yeah.

DR. ELLIOT BERLIN, DC: Beth, you have a thought.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: I was just gonna say Mila was saying they'll go to the ends of the earth, and that's because they're not offered any other options. Alternative. They wanna have a vaginal birth. They wanna have three children. They don't wanna have the primary section, so they're gonna try anything to do it. If they knew that this guy over here can do a vaginal breach and this guy over here can do a vaginal breach, if they knew there were options, if they are good candidates. And this girl over here could do it

DR. ELLIOT BERLIN, DC: if she wasn't in California. Right.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: See? So that's a, you know, kind of an ethical dilemma for me.

DR. ELLIOT BERLIN, DC: Right.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Actually, because I know more than a lot of the doctors I've seen it, I've done it, I have my hands on it, so what do you do? Be like, oh, I don't really know what to do. What do you do? You have to move.

DR. ELLIOT BERLIN, DC: Right. Did we answer the question that you had?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Yeah, and I just wanted to know, so basically the fear that everyone, all the people outside, try to put into a mom who has a breech baby doing a at-home birth is depending upon the, yeah, at-home birth with a breech baby would be more towards, or the version, at home, is about the skill level of the doctors not potentially gonna cause problems.

DR. ELLIOT BERLIN, DC: I think they're very different, the version and the birth at home. And it's not to say that they don't have potential complications. The question is, what are the complications and what are the rates? The complications, I think, from an external version that we worry about, the amniotic fluid sac can break, which would turn into a quick birth. If you're still breeching with a provider who doesn't do breech delivery, then it's a quick caesarian. If you're with a provider who does breech delivery and you're in a good position and things are progressing smoothly, then you have another option. Placenta, are we worried about the placenta?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Well, the concern is you don't wanna go ahead and start pushing and all of a sudden tear the placenta a little bit. I never had it happen, but I use pain as a criteria when I do the version, so if I stop pushing, it's gonna hurt. But, I mean, like I said, the reason, theoretically, it's set up to use this in the hospital, and concord and death through its intersection, but like I said, I've never seen that. Never happened. Now, so I've had cases where, while I'm doing it, the heart rate went down, I turn the baby back.

DR. ELLIOT BERLIN, DC: Heart rate normalizes, for you.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Well, after I turn the baby back. Yes. Stay down until I push, baby, I start moving the baby. The baby didn't like it. The baby wasn't tolerating it.

DR. ELLIOT BERLIN, DC: But that's another concern, if the heart rate goes down, it doesn't recover.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: That's what I'm saying, you have to monitor it. That's right for me, you have to monitor while you're doing it. But there is ultrasound coming with you to that. So, you know, that I know. Yeah. I have seen it at home, I have seen it work at home, and I've seen it not work at home, just like in the hospital, you know? Doing this at home or in the hospital for a version, I mean, the assess rate should be basically the same. You're not gonna do an epidural, I don't do the epidural anyways. The only thing is that theoretical risk if something happens, like I said, it never had to happen to me, as long as someone's monitoring, I think it's fine.

DR. ELLIOT BERLIN, DC: In terms of the external version, just to finish up that topic, what are some of the factors that make it more or less likely to succeed?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Well, we discussed it.

DR. ELLIOT BERLIN, DC: We said a little bit.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Big baby, decreased fluid.

DR. ELLIOT BERLIN, DC: The position itself.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Well, the size of the baby, it was first time mother, second time mother, if the placenta position of the placenta and less of the anterior, lacks the strength of this abdominal muscles, not as much the pelvic, I think the abdominal muscles of the mother. I have to be able to push on the uterus. If the mother's fortunately in great shape, and I try to go ahead and turn her muscle, contract involuntarily, I can't push on the uterus.

DR. ELLIOT BERLIN, DC: I think if Beth had a breech baby, we'd be in trouble.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: I'd push that baby out.

DR. ELLIOT BERLIN, DC: I know you'd push it out. I'm saying we'd be in trouble for a version.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Oh yeah.

DR. ELLIOT BERLIN, DC: Whoever tried it would probably pass out.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: I don't think it would work on me. You have no control of your involuntary contraction of your abdominal muscles, and you have to have it relaxed to push on the baby. If I try to push on it, your muscles involuntary contract, I can't put in the effort against the uterus and turn the baby.

DR. ELLIOT BERLIN, DC: Wouldn't you just say to make your job easier at 32 weeks, all your breech babies should come see me. Listen up those muscles. And Susan, tag team, high five. We are gonna take a quick commercial break. Don't go anywhere. We'll be right back. All right, the fluid is just the one thing I wanna talk about, because I always ask patients when they come in, I always say, how much fluid do you have? And the answer I most commonly get is, oh, my fluid is good. But medically good and good for breech, I think are two different things. Having an amniotic fluid index of between what and what would you say is normal, healthy wise, forget about breech for a second. You wanna see it above.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Above nine.

DR. ELLIOT BERLIN, DC: And below.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Below 25.

DR. ELLIOT BERLIN, DC: Okay, so let's say nine to 25. We don't care. We're not worried about the health of the mother or the baby. But I think that in terms of breech, having more than 10, 11 is more helpful. I think babies eight or nine, much harder to turn. And then when you get up to more than 16 or 17, you start to have these babies that just don't really appear to be stuck. They just have all this fluid in the swimming pool and those babies switch back and forth. So those problems, I think you have more of an issue of a much greater degree of success, but then those babies are more likely to flip back after the turn. So I always tell moms, and if you're listening in your breech, ask your provider how much amniotic fluid you have.

DR. ELLIOT BERLIN, DC: These things make a big difference. The more fluid you have or the less fluid you have can increase or decrease your odds of success. Or maybe you don't even really have a problem. And the reason I'm bringing this up is because I get tagged on Facebook all the time when somebody says, hey, I got a breech baby, panic, panic. What do I do? And they're like, should I do the external? I get tagged as LA Berlin, goes to LA Berlin,

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: the breech guru.

DR. ELLIOT BERLIN, DC: I've been called that. But really it's like, should I do the external version? And you get these answers like, no, don't do it. I tried it. It doesn't work. Well, it didn't work for you. Or it's super painful, or you could go into labor, your placenta can come off without really putting it into specific context for that individual person.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: The data does not obviously back those statements up. No. That's why the college, OB-GYN college says you can try external pedagogic version because you don't have the instance of all these ruptures and all these terrible things happen.

DR. ELLIOT BERLIN, DC: The weirdest thing I was ever tagged on is advice from a woman who says, lay on an incline, positional, right? And around the belly button, you're supposed to spread orange marmalade in a counter-clockwise position.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: That's a good one.

DR. ELLIOT BERLIN, DC: And then immediately I was like, yeah, strawberry in a clockwise position would never work. Never. I don't know. Anyway, Danielle, you came in with a breech baby and you left with a not breech baby.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Yes.

DR. ELLIOT BERLIN, DC: But we didn't force your baby into any kind of position. I'm just kind of flipped over on there.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Right.

DR. ELLIOT BERLIN, DC: How much fluid do you have?

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: I now have 19. I had 21 last week.

DR. ELLIOT BERLIN, DC: Yeah. Blackjack.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: About five minutes after I left his office, I could feel a lot of movement. And throughout, and every single night around four in the morning, I'm woken up by my baby and it feels like it's just flipping around and it's too easy. Is it your first baby? First baby. And so the baby now, what position is the baby now? Well, I had an ultrasound this afternoon. It was head down. It was head to the side and she just sort of tapped it and it was head down in the center. And I immediately put these tight bands on, which is what I have now.

DR. ELLIOT BERLIN, DC: You're good.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Well, keep your fingers crossed. My babies do 36 weeks almost.

DR. ELLIOT BERLIN, DC: Okay.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: But my question for you guys is, I was surprised to hear earlier on, I can't remember who said it, something about if there is too much fluid to do the version later on and then immediately induce it. Because induction is something that I hadn't even thought of. You're talking about that an unstable lie. Another baby is always flipping. So we run the problem, kind of flip the baby. But once you get to, remember most of the time, as time progresses, the fluid gets less and less. So this baby, hopefully as the fluid gets less and less, and gets baby grows and gets bigger, it'll stay in there. So, and the binder hopefully stays that. So every day that the baby stays in the vertex position, it's more likely to stay in the vertex position.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: So you have good odds going forward.

DR. ELLIOT BERLIN, DC: At 28 weeks, your baby has a lot of room to move around because they're not that big, right? And there's a lot of space. And you got a roomy-woomy there at 28 weeks. So babies can move around a lot at 28. And that's why so many of them are breach and we don't care. But somewhere after 32, between 32 and 35, they should start to run out of space in there. And they're not as free to move about the cabin. They have to pick a position, head up or head down. And most commonly, they pick head down. And that's great, because it's the easiest way to get them out. But when you still have 21 cubic centimeters of fluid at 35 weeks, you're back to kind of like that 28-week scenario where they can move head up, head down freely, and they will.

DR. ELLIOT BERLIN, DC: And so just because your baby, we can get the baby head down, what you've done is you've put on these binders above the baby to artificially decrease the amount of space and not really let the baby keep sloshing around like that in there. And the more you have the

baby head down, and like Beth suggested, maybe doing squats to help open up the pelvis and bring the baby head down more engaged.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: I have good vibes for you. I think the fact that- Well, I still feel it. I have two belts on right now.

DR. ELLIOT BERLIN, DC: Yes.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: But if the-

DR. ELLIOT BERLIN, DC: Sometimes I have two belts on.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: As time progresses, the fluid will decrease. And remarkably, you know what I mean? And we have the concern, which is another story, when you get decreased under five centimeters, and we recommend considering delivering them. Of course, we have no randomized studies to say that's correct, but we do that. We're doing the study now. It's always back-ass-ward, but we're doing it now.

DR. ELLIOT BERLIN, DC: No pun intended.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Yeah. It is true. We're doing it backwards. We're doing the study now, which is basically the standard of care of inducing people, when the fluid gets less than five centimeters, now we're doing the study, so is that the right thing to do? But welcome to medicine.

DR. ELLIOT BERLIN, DC: So I'm not a medical doctor, but I have my hands on lots of breech babies every day, every week. I'm totally surrounded by breech babies. And what I'm gonna tell you is your situation drives you nuts, because the baby can flip back and forth. They drive you crazy. They'll 38 or 39 weeks, which is why sometimes your medical provider will say, let's get the baby head down and go. I don't know. To me, it's not always a great idea, especially with your first baby, because that baby's not anywhere, the head's not near your cervix, so we're trying to force this baby through a non-ripened cervix.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: I'm hesitant about the idea of induction. I'm a big fan. I don't induce first-time mothers. Now, just the opposite in second-time mothers. I offer them anything after 39 is a social induction, which means, not for medical reasons, just to coordinate with other kids at home, what I do, because they already have a vaginal delivery. First-time mothers, I personally wait to 42 weeks, and I follow them closely. Fluids and NSTs, but I wait to 42 weeks, because if you try to induce someone who's not cervix-inducible, I think just markedly increase your circumception. What if her cervix is five centimeters dilated? Easy.

DR. ELLIOT BERLIN, DC: That's a different story, but I mean, on average, if you take someone-

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: When's the last time, how many primates you've seen are five centimeters? A handful. Not many.

DR. ELLIOT BERLIN, DC: Sure, a handful.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: I've seen them, and then it's no problem. If the cervix is really dilated, it's very inducible, but if it's not, my temptation is, I like mother nature's to wait.

DR. ELLIOT BERLIN, DC: Danielle, do you know about the Bishop score? Have you seen the Bishop score? It's kind of a measure of how inducible you are. It takes into account your cervix. Is it effacing? Is it thinning out? Is it dilating? Is it starting to open up how low down towards the cervix is your baby? Is the baby engaged and ready to come out? Each one of these things adds to your Bishop score, and the higher your Bishop score, the more likely it is that if we induce here, you're going to have an uneventful vaginal delivery. The lower your Bishop score, the more likely it is we're gonna try to force this baby through a brick wall, and it's not gonna work, and you'll probably end up in a cesarean anyway.

DR. ELLIOT BERLIN, DC: So when you heard that, it was probably alarming to you, but I would say, when you get these flip-flopping babies with high fluid, almost always, at the end, they end up in the right position. If nothing else, it's because they can easily just be flipped into the right position at the last minute.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: So what makes a high amount of fluid alarming, then?

DR. ELLIOT BERLIN, DC: Not yours, not 19.

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: Over 25. So, my appointment last week, I was traumatized by my doctor, but. Is the baby pees, and the baby swallows the pee, and it's a vicious cycle. If there's a blockage in the swallowing part, then the fluid can markedly increase, and we have certain tricks we look at to see that, and that's one of the criteria. So the major problem, the increased fluid, the number one problem that happens, you get not 25, 40, 50, 60 centimeters of fluid at 28, 29 weeks, and they go into premature labor. So that's a major problem. So that's what we call polyhydramines, or too much fluid. So we use the criteria of 25. Gestational diabetics have increased, or diabetics have increased fluid sometimes, but you're looking massive. The problem with the fluid

DR. EMILIANO CHAVIRA, DR. BARRY BROCK, BETH CANNON, AND SUSAN MINICH: is an indication of something's going on, but the major problem is delivered prematurely. So you're not, that's not a problem.

DR. ELLIOT BERLIN, DC: Yeah, and for you, at 19, it's not really a concern at all. It's normal. You're at a normal level. You have above adequate fluid, but not abnormally high fluid. You've been listening to the Informed Pregnancy and Parenting podcast, Breach Babies 101, part two. For show notes, visit informedpregnancy.com, and as always, if you have questions, write to info at informedpregnancy.com.

Enjoying the Informed Pregnancy Podcast?

Visit us at **informedpregnancy.com** for episodes, articles, and resources for pregnancy, birth, and beyond.

Want more? Subscribe to **Informed Pregnancy+** at **informedpregnancy.tv** for films, series, and exclusive content.