AIMS For a better birth...

A personal account of a breech birth in the late 1980s (with a few interruptions from the grown up breechling)

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By Beverley Carter and Laura Mullarkey

Speed read:, Beverley Carter *shares her story of having a vaginal breech birth in the late 1980s, while the breech baby in question, AIMS volunteer Laura Mullarkey, adds some reflections and interjections.*

Bev:

When Laura first asked me if I would join her in writing an article for the AIMS journal about my breech birth with her, I thought it was all too long ago to remember, but I offered to jot down some notes for her to consider whether worth sharing, and asked her to assist with the actual drafting. So that's the plan for this article, although I strongly suspect Laura will be unable to resist sharing some reflections of her own.

Laura interruption:

It's hard to know where to begin with birth stories, isn't it. Like Matryoska dolls, one generation's birth stories are inextricably interlinked with the previous ones. And so, just before my mum gets started, I thought we should at least touch on my maternal grandmother's births. My granny, Daphne, the ultimate familial matriarch, died at the end of last year. She was whip smart, and seemingly fearless (she travelled alone by train from London all the way to what was then Czechoslovakia, in 1947!). She was also

unflinchingly forthright on most subjects… but birth was not one of them. I never learned all the details, but I know that she had an extremely traumatic experience when having her first child, my auntie, in 1954. The staff at Ilford hospital left her in a room entirely alone (husbands not being allowed) for the best part of a day and told her not to make a fuss, before she was eventually wheeled into a delivery room just thirty minutes before she ultimately gave birth. As a result, she was determined to have her next baby (my mother) at home, so that she could have a midwife in constant attendance. Sadly, however, she also described that experience as very negative, with the midwife uncaring and cruel. Luckily, mum says she didn't really share this off-putting information before mum had her own children.

Bev:

And so to 1987, South London. Pregnant with my own first baby, I attended regular NCT classes and was preparing a clear birth plan. No epidural, plenty of walking about and squatting, minimal intervention. At our meeting two weeks before my estimated due date, one of the other mothers-to-be shared that her baby was breech and doctors had tried to turn them, but with no success. The NCT coordinator told the group that trying to turn a baby in utero was usually unsuccessful, and was also unsafe.

Laura interruption:

I don't know what the evidence said in 1987, but RCOG's Green Top Guideline 20a[1] , as updated in 2017, is supportive of your NCT practitioner's claim on the success rates of External Cephalic Versions (ECVs): whilst the overall success rate is around 50% (see e.g. Beukens et al 2015), the success rate for first time mothers, like you were, seems to be only around 40% (Tong Leung VK et al 2012). As regards safety, your course facilitator's statement is more questionable: the procedure has a very low complication rate (a 2015 Cochrane review found no significant differences in low Apgar scores, neonatal admission or perinatal death after ECV, and the risk of emergency c-section within 24 hours of ECV is 0.5%). Furthermore, attempting an ECV at term does seem to reduce the chance of a caesarean birth (Hofmeyr et al 2015), although even after a successful ECV, caesarean and instrumental birth rates remain slightly higher than a spontaneous cephalic presentation (de Hundt et al 2014).

Bev:

Laura has always liked providing more detail (and acronyms) than is strictly necessary or interesting to most people. :)

Anyway, I remember feeling profoundly sorry for this other mum,[2] and felt very grateful that my baby was the right way up.

Laura interruption:

You mean that I was upside down.

Bev:

Yes, exactly: the 'right' way for an unborn baby to be.

Laura interruption:

But breech isn't 'wrong'. It's just a variation of normal.

Bev:

Laura. Do you want me to tell this story or not?

Laura:

Yes mum. Sorry mum.

Bev:

One week later (now around 39 weeks pregnant), my midwife unexpectedly told me that my baby had turned themself into the breech position. I felt shocked – I had been told the baby was highly unlikely to turn so late in the pregnancy. I was also upset that this meant my 'minimal intervention' plan was going out the window. She suggested that she try to turn the baby, and we discussed the pros and cons of the procedure.

Following that discussion, I agreed that she could try – gently – but the manoeuvres did not manage to change the baby's position. I was attending East Dulwich hospital, which was connected to King's College Hospital and designated a 'teaching hospital'. Doctors told me that I was 'lucky' because this meant that I could still try for a vaginal birth, with a caesarean done only if this became impossible. I was told I would be given an epidural early in the process to minimise the pain, but that I should still be able to push. Although I recall some discussion of risks and benefits, this was firmly presented by the doctors as being the only sensible option.

I went into labour at home just a couple of days later. I rang the hospital and was told to stay at home until contractions were 5 minutes apart. I told them the baby is breech and I had been told I would need an early epidural, but the midwife said they were busy now so I must wait. So I waited until contractions were at the recommended interval, and was driven the 2 miles to hospital.

I was taken to a delivery room and waited what seemed like a VERY long time until the doctor came to put the epidural in. They also attached a monitor (fetal scalp electrode) to the baby's buttock, all according to the medical recommendation. From that point on, I was effectively fixed to the bed. 36 hours later my baby had still not appeared (despite having been fully dilated and pushing for over 45 minutes). I noticed the doctors starting to put their heads round the door more frequently, and looking increasingly worried. Two doctors then stood at the bottom of my bed and said if my baby was not born in the next ten minutes, I would need an emergency caesarean. From then on, the midwives were shouting at me to push to maximum strength with every contraction. They tried to use a ventouse and, when that was unsuccessful, they gave me an episiotomy (described as a "little snip") and used forceps.

Baby Laura was born, 7lbs 3oz, with a bruise on her head and her back, but otherwise the only sign that she had been breech was the fact that her little legs kept lifting up straight towards her face.

I remember the labour ward midwife being very caring when she stitched the episiotomy cut, and the community midwife visiting me frequently after my discharge from hospital three days later, attending to my stitches and external haemorrhoids (caused by the extreme 'coached' pushing).[3]

Laura:

Are you going to tell the reader that I was a lovely baby?

Bev:

Of course I am! At that stage, the best baby I had ever had!

Laura:

Yay. Let's conclude then. Looking back at your birth, which was (whisper it) now 39 years ago, how do you feel about it? If we could wind the clock back and you were in the same position again, is there anything you would have done differently?

Bev:

That's a good question. I think that, shortly after the birth, I would have said that I wished I had had an elective caesarean. I felt the vaginal birth had been pushed upon me and that risks and benefits of different options were not discussed in an open, unbiased manner. Looking back now, I'm a bit less sure, but I would probably still say that I would have preferred to have a caesarean, as although my episiotomy never caused an issue, I do think it was my vaginal births[4] that caused bladder problems which, in my 40s, required surgical procedures to fix.

Of course, if I had had the option of one-to-one midwifery care throughout my labour in hospital, and, even better, continuity of carer throughout pregnancy and birth, I might well have chosen that route, but I never felt that that was an option. I would not have wanted to rely on a midwife running in and out between multiple rooms, as I think I would then have been too nervous. And I wouldn't have wanted a homebirth with a breech baby, just in case urgent intervention was needed.[5]

And what about you Laura? Do you think being a breech baby has impacted you in any way?

Laura:

Well, I'm left-handed, strong-willed, and instinctively suspicious of authority and any stated 'right' way of doing things. But whether that's due to my uterine positioning, or just my character, it's impossible to say! I recently learned about the M□ori perspective on breech babies,[6] and found it utterly beautiful, though I must confess I think I might fall somewhat short of their description of having extra wisdom or a deep spiritual connection.

What I'm more certain of, however, is that the story of how I was born "bum first" was one of the catalysts for my lifelong fascination with birth. From research studies to novels, oral histories and birth videos, laws, policies and guidelines, if it relates to birth, I've either read it or I want to. And perhaps, at a deeper level, it's why I now spend as much time as I can trying to support those wishing to birth their way, on their terms (both through my work at Birthrights, and volunteering when I can with AIMS). It all starts with birth. And all the births before. And breech births are, and always will be, part of that.

Author Bios: *Beverley Carter is a retired IT consultant, and an active cancer centre volunteer, mum of two, and grandmother of five. Laura Mullarkey (Beverley's daughter) is an AIMS volunteer, a solicitor, Birthrights Legal Lead, and mum of three. She is also a peer supporter for Pregnancy Sickness Support.*

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1 External Cephalic Version and Reducing the Incidence of Term Breech Presentation

2 As a postscript, I found out at our first NCT reunion that her baby had eventually turned head down of its own accord prior to birth!

3 Editor's note: 'Coached' pushing means that a midwife, doula or birth partner is instructing the mother on when and how to push rather than supporting her to go with her body's spontaneous responses.

Difranco JT, Romano AM, Keen R. Care practice #5: spontaneous pushing in upright or gravity-neutral positions. J Perinat Educ. 2007 Summer;16(3):35-8. doi: 10.1624/105812407X217138. PMID: 18566649; PMCID: PMC1948091. https://pmc.ncbi.nlm.nih.gov/articles/PMC1948091/

4 I had a second baby in 1989, who was head down, but with whom I ended up having my labour augmented after 36 hours of contractions and fears that the baby was in distress.

5 Laura note – It's sad to reflect that on this score, at least, it sounds like your experience would have much in common with many people considering breech births today, despite clear national recommendations for midwifery continuity of carer having been around since the 1990s (see e.g. Changing Childbirth, 1993).

6 A M?ori perspective on breech babies - YouTube