

Why are some babies breech?

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Sometimes a breech presentation can be explained by the mother's pelvic shape, the position of the placenta or perhaps the position and/or size of a fibroid. Occasionally it may be associated with fetal abnormality. It has been remarked upon that fit, first time mothers with strong stomach muscles may also be predisposed to having breech babies. Most often, however, it is considered to be "simply an error of orientation".(1)

Certainly when the subject is reviewed in the medical press the tendency is to look for physiological, biological and neurological reasons for the baby's orientation. (2) Midwife Jean Sutton might put difficult positions down to our modern lifestyle. A baby may get into a breech position early on and because of low slung sofas, bucket seats in cars and lethargic lifestyles may be unable to find the space to reorient itself in later pregnancy.(3) These may all be relevant but they do not provide a full explanation as to why some babies are breech.

There are also psychological reasons which may account for breech presentation, although they are not widely acknowledged and are considered by many of those who do hear of them to be highly unlikely. This may be because only the mother herself, or perhaps someone very close to her, will have sufficient depth of understanding of her very individual life situation to be able to relate such general ideas to her personal circumstances.

Lynn Baptisti Richards in her book The VBAC Experience writes the following:

"Whenever a woman has a breech baby we can approach this situation with two different attitudes. We can believe that the breech is a signal that something is wrong that needs to be righted, or that everything is fine and just the way the baby needs to be.

"I usually try to present both points of view. I ask her what in her life feels upside down, and also ask her to spend some time with her baby finding out what it is that her baby needs from her. Why is it that her baby needs to feel so close to her heart? Why is it that this baby might want to be born sitting down, or with his feet on the ground? I find that trying to force the baby to turn around is not usually as effective as helping the woman to direct her energy toward an inwardly safe resolution. Often, once the woman feels safe the baby settles into a safe position - whether that position be vertex or breech."(4)

For example, if a mother is frightened, either for herself or for her baby she may 'hold the baby up to her

heart' to 'protect' it.

A mother who lacks confidence in the hospital system and who is unaware of her rights to a home delivery may be holding the baby up to her heart to protect it from what 'they' might do to them both in the hospital. A second time mother may be afraid of repeating a previous traumatic experience. Such fears are also likely to cause the body to be tense, making it physically more difficult for the baby to turn.

There are a great many scenarios in our modern world that may cause a mother to feel strongly that her world is 'upside down', or that might lead to a baby wanting to be born with his 'feet firmly on the ground'.

An unborn baby's whole world consists of his mother and often the baby will co-operate beautifully with the mother's innermost subconscious. Unfortunately there are occasions in our modern world when such co-operation turns out not to be the most practical thing where today's outside world is concerned.

Other individual factors may also influence the baby's position. Although many care providers would poopoo the idea of the existence of a "birth energy", the concept may be especially relevant where breech babies are concerned. As birth draws near, a woman's energy generally becomes more focused "below the waist". For all we know babies may literally follow their mothers' lead *-heading* to where the "energy" is. A mother who chooses or is forced to stay in her head (for instance one who is in denial about the impending birth, one who is working up to the last minute, who is in conflict in her other relationships, or who is unable to turn off the mental gymnastics such as irrational, fearful "what ifs" about the birth) is focusing her energy "above the waist". Breech babies may be more sensitive than most, following where the mother, consciously or unconsciously, directs them.

In ages past the connection of an unborn baby to its mother's instinctive emotions was necessary for survival. It was important that babies were born at times and in places where mothers felt safe and secure. Today such instincts are ignored or ridiculed leading to many problems which are commonly dealt with coldly and insensitively by the use of drugs and procedures.

If a mother is able to acknowledge and perhaps dispel her fears, or overcome the difficulties that are causing her world to feel upside down, and "let herself go" into the reality of impending birth and motherhood, then the baby may turn. Contrary to popular belief, babies have been known to turn late in pregnancy or even during labour.

If the baby does not turn, but remains steadfastly in the breech position, then often the most positive position for the mother to take is that her baby, by whatever unfathomable, primal process, had chosen to be born this way. Having accepted this mother is much more free to make decisions about what she feels is the best way for her baby to be born.

References

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- 3. Sutton, J, Scott, P, *Understanding and Teaching Optimal Foetal Positioning*, New Zealand: Birth Concepts