Breech Presentation in a Singleton Gestation

December 2025 (Replaces May 2019)
Author: Dr. Christina Davidson
Editor: Dr. Alex Vidaeff

Highlights

- Patients with fetus in Breech presentation should be counseled on options including scheduled Cesarean delivery or external cephalic version. Scheduled or planned vaginal breech delivery should not be routinely offered.

Management options

There are several initial options for management of singleton breech fetuses at term. Figure 1 includes a flow diagram for management recommendations. Figure 2 describes management recommendations for a patient who presents in labor with a fetus in breech presentation.

1. External Cephalic Version
2. Cesarean delivery
3. Vaginal breech delivery

External Cephalic Version[3]

External cephalic version (ECV) refers to the attempted conversion of breech to vertex by manual manipulation through the maternal abdomen. It is best performed at term.

The overall success rate of ECV ranges from 35% to 86%, with an average success rate of 58%. Predictors of success include multiparity and an oblique or transverse fetal lie. Nulliparity, advanced dilatation, fetal weight of less than 2,500 gm, anterior placenta, and low station are less likely to be associated with success. Most patients with a successful external cephalic version will give birth vaginally.

Contraindications

Absolute contraindications to ECV are conditions that warrant delivery by cesarean, such as placenta previa or prior classical cesarean delivery. Rupture of membranes is also considered a contraindication to ECV.

Procedure Risks

Fetal heart rate changes during attempted ECVs are not uncommon but usually stabilize when the procedure is discontinued. Serious adverse effects associated with ECV are uncommon, but there have been a few reported cases of placental abruption, uterine rupture, fetomaternal hemorrhage, alloimmunization, and fetal death.

ECV Checklist

Pre Procedure

- ☐ Perform ultrasound to confirm breech presentation
- ☐ Review anatomy ultrasound report or, if unavailable, perform ultrasound to evaluate for any anomalies that would complicate a vaginal delivery
- ☐ Document gestational age
- ☐ Perform non-stress test (NST), which should be reactive to proceed
- ☐ Ensure that no contraindications to ECV are present
- ☐ Obtain written consent
- ☐ Administer Anti-Rh(D) (if indicated)

During Procedure

- ☐ Utilize ultrasound guidance
- ☐ Consider short acting tocolytic (i.e. beta agonist) and/or neuraxial anesthesia which may improve success
- ☐ Evaluate fetal heart tones frequently
- ☐ Have operating room available for emergent Cesarean delivery if indicated

Post Procedure

- ☐ Perform NST
- ☐ Determine delivery plan regardless of success

Cesarean Delivery

Cesarean delivery is the preferred delivery method for a fetus in persistent breech presentation.

Vaginal Breech Delivery

ACOG recommends that the decision regarding the mode of delivery should consider patient wishes and the experience of the health care provider. Planned vaginal delivery of a term singleton breech fetus may be reasonable under hospital-specific protocol guidelines for both eligibility and labor management.[6]

Risks

Before a vaginal breech delivery is planned, parents should be informed that the risk of perinatal mortality or short-term neonatal morbidity may be higher with vaginal breech delivery than if a cesarean delivery is planned,[7,8] and the patient's informed consent should be documented.[9] However, strict adherence to selection criteria can make outcomes associated with a planned vaginal breech very similar to those associated with a planned cesarean delivery.[4,5]

Patient and provider willingness to abandon the vaginal delivery attempt is essential if there is a concern for fetal condition or in case of inadequate progress of labor (oxytocin augmentation is unadvisable).[4,10]

Contraindications

- Footling breech or transverse presentation

- Hyperextension (“stargazing”) of the fetal head
- Oligohydramnios
- Concern for cephalopelvic disproportion
- Fetal anomalies
- Fetal weight < 2500g or > 4000g
- Gestational age < 37 weeks
- Inadequate maternal pelvis by clinical evaluation

Figure 1. Management of Singleton with Breech Presentation at or near term

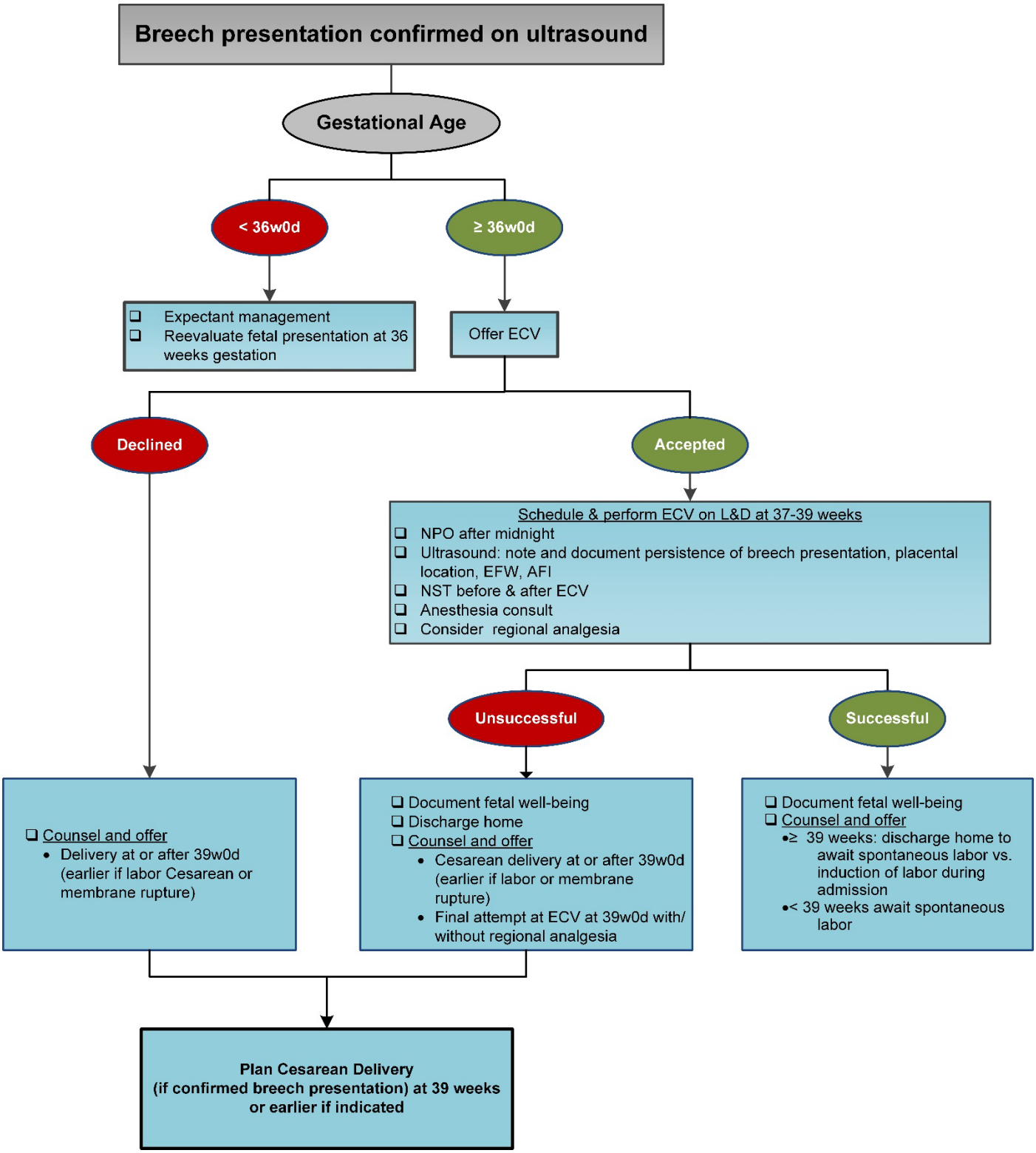
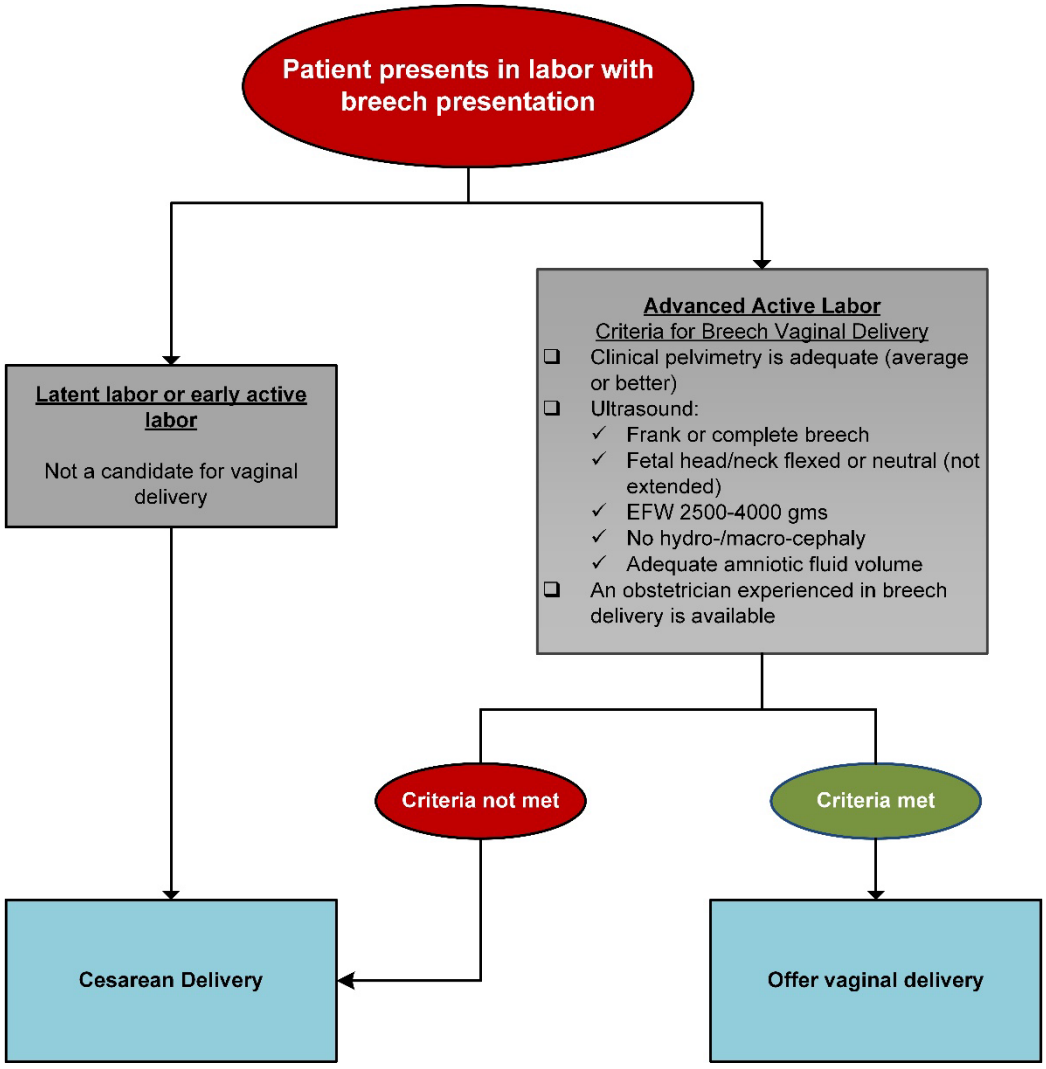


Figure 2. Management of Patient who Presents in Labor with Fetus in Breech Presentation



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