



Helping your **Breech Baby** *Turn*

by Gail Tully
Creator of Spinning Babies®

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Helping your Breech Baby Turn

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Breech is an Invitation to Balance

Spinning Babies® is a gentle approach to fetal positioning and pregnancy comfort created by midwife Gail Tully.

We see, for most instance, breech position is Nature's invitation to bring your body into balance: Not too tight, not too loose, and not too twisty. We'll show you how.

Parents can do something to help their breech baby turn head down. In the United States, when a full-term baby is in the breech position, a cesarean is often recommended. Many parents are seeking information to help their baby turn head down. This eBook offers guidance in pregnancy to create anatomical space for baby to turn using our six-day program that ends with Bums Up Day.

Breech Babies in Pregnancy

By the end of the second trimester, 25% of babies are in the breech position. Being breech means baby's head is up and bottom is down. The word breech refers to breeches, or an old-fashioned type of pants, not a breach of trust! In terms of childbirth, a breech baby is presenting “pants first,” with legs or buttocks coming before the body and head.

By late pregnancy, baby's head becomes heavier than the body. When the abdominal muscle wall is supple and the uterus has enough room, gravity will naturally turn most babies head down. Babies who are still breech at the beginning of the third trimester will most likely turn—by themselves, with your help using Spinning Babies® recommended techniques to make room, or through an External Cephalic Version (ECV) performed by a provider. By the end of all full term pregnancies, only 3-5% of babies are breech.

Creating Space for Baby to Turn Head Down

In most pregnant people, the bottom of the uterus is somewhat narrower than the top, shaped to naturally receive baby's head during the second half of pregnancy. The pear-shape of the uterus and gravity helps baby's head stay down—usually! But for baby to get into a head-down position this space in the lower uterus needs to be accessible. If this space is narrowed by the uterine ligaments being tight, the uterus tips or twists and baby has to find a different position to settle. Lengthening the ligaments and muscles attached to and surrounding your uterus helps them equalize their pulling and support and therefore, make the most room for baby's head.

Good postures (body alignment) give more anatomical room for baby. Sitting with knees lower than the hips is very important. Scrunching your knees up and your shoulders down reduces the room around the womb and holds baby in the unfavorable position.

Nurture the following anatomy to maintain available space and muscles that allow baby to move while still able to give support.

- Cervical ligaments
- Tight abdominals
- Very loose abdominals
- Twists in the pelvic floor
- Tight round ligaments (especially on one side)
- Ribs are “tight” in the spaces between the ribs
- Respiratory diaphragm
- Piriformis and other buttock muscles

Tight abdominals are a recognized reason first babies may be breech. But very loose abdominals as you might expect with the sixth child might not be able to support the womb. The womb shape may be more round and allow the breech position without a twist causes reduced space. Wearing a pregnancy belt will help both extremes!

A tight or tilted pelvic floor, tight buttocks, or tension in the respiratory diaphragm between the ribs are also body imbalances with possible results of a breech position. These are not simply tight muscles but chronically tight because a spasm shortened them, pulling muscles around them out of balance. Round ligaments are released in the Webster Maneuver by a trained Chiropractor. A gentle touch to the side of a hurting round ligament allow it to release in about two minutes time. To allow your ribs to expand, forego the bra. Less constriction around the ribcage allows deep, long inhales to expand the rib cage. [Windmills](#) are a non-squat method to lengthen piriformis. Avoid squatting when you have a breech baby in third trimester until the head is down or you are in labor. These can be lengthened by matching your stretches to their location in your body.

We introduce body balancing as a way to reduce muscle tension or twisting to make this space for baby. Spinning Babies® techniques and [Rest SmartSM](#) positions can help create and maintain space for baby to be head down.

Balance before Gravity and Movement

The Spinning Babies® approach to pregnancy self-care and helping a breech baby turn is body centered. Body balancing involves releasing muscles that are too tight, supporting those too loose, and untwisting the ligaments and connective tissues surrounding the uterus and pelvis. A parent can do these activities at home by themselves or with a non-professional support person.

Body balancing involves both a slow stretch and a gentle jiggle to various parts of the body. After the body is balanced, when you get into a gravity-friendly position, baby has a better chance to turn. [Spinning Babies® Rest SmartSM](#) positions help keep the balance you have created.

Regular movement in pregnancy, such as walking and doing [Spinning Babies® Daily Essentials](#), helps to maintain balance. Creating and maintaining balance allows gravity to assist in turning a breech baby and eventually, help baby engage during labor. However, gravity and movement techniques alone are not typically enough to help a breech baby move into an optimal position. We offer this program to help you have a better chance for your baby to turn.

When to Start this Program

You may be due tomorrow, or you may be due months from now. This chapter offers a timeline will help you begin appropriately.

Before 20 Weeks: In the first half of pregnancy, babies are typically lying sideways or diagonally. A baby who is breech in early pregnancy does not necessarily mean baby will be breech later. You can be proactive about creating space for baby by following along with the [Spinning Babies® Daily Essentials](#), which include stretching and walking daily. Calf stretches, gentle yoga stretches, and walking help pregnancy comfort and promote body balance.

In rare cases, an unusual condition of the uterus may mean that baby needs to be head down before 20 weeks. This is not typical. Conditions that may limit baby's space include a dividing septum in the uterus, a unicornuate uterus, or a deeply bicornuate uterus. If you have experienced a significant accident with

rolling while you fell or crashed, you may also require professional bodywork in early pregnancy to ensure balance and adequate space for baby.

20-30 Weeks: Start working on creating and maintaining space for baby by doing a [Forward-leaning Inversion](#) once a day. Begin [Standing Sacral Release](#), [Rebozo Manteada](#), and [Side-lying Release](#) two to four times a week. Few people are advised to try to turn a breech baby before 30 weeks. Avoid the [Breech Tilt](#) and [Open-knee Chest](#) and instead focus on activities that make room in case you need to do the [Breech Tilt](#) later.

31-33 Weeks: Continue doing [Forward-leaning Inversions](#), and do a [Standing Sacral Release](#) daily or after a long car ride. [Rebozo Manteada](#) and [Side-lying Release](#) may also be done daily. If you have had breech babies in previous pregnancies, have an unusual uterine shape, or have the recommendation of your provider or [Aware Practitioner](#), you may also begin the [Breech Tilt](#). Do it once a day immediately following a [Forward-leaning Inversion](#).

34-35 Weeks: This is the ideal time frame to help a breech baby turn. Do the full Bum's Up program outlined below during week 34 or week 35, if possible, even if you did it once before and baby is still breech. Also consider adding moxibustion two times per day, bodywork, and/or acupuncture for improved results.

If you are already past 35 weeks, don't worry, simply begin. More babies will turn doing activities to help them turn than babies who don't find the anatomical space or help from gravity-smart positions.

36-38 Weeks: The recommended medical approach during this time is to see if you and your baby are a good match to the External Cephalic Version (ECV). If you have decided to have the doctor (or sometimes, a midwife) oil your belly and try to turn your baby by pushing skillfully on your belly, schedule this program to end a day or two before the ECV. After your ECV or completing the six days of techniques, if baby is still head up, see a pregnancy bodyworker for individual anatomy needs. Then repeat this program. Sometimes a second ECV works even when it didn't work the first time.

39-42 Weeks: A large baby can still turn at this time. When the fascia and ligaments are balanced, this may increase the baby's chance of turning.

When Baby Is Due Now: If you find out baby is breech at the very end of pregnancy and a cesarean is planned for the next day or two, you can do as much as you feel capable of doing in a short time. You may choose not to engage in a physical program when you are in emotional surprise and a scheduling scramble, but perhaps trying these techniques will help focus your energy in a moment of upheaval.

I have heard from one family who used the three main techniques here at the hospital in early labor to turn their baby. They just found out their baby was breech when checking into the hospital. They asked for some time to see if they could turn their baby head down. The medical team set a two-hour time frame to begin to prepare the cesarean. Their baby did turn and the cesarean was avoided! This example shows that a third option might be possible for you, too. With an open mind and just the right opportunity, the necessary situation for a baby to turn could come at any time.

Before You Start this Program

Be sure your body and baby are ready and able to do these techniques. Don't do any activities if there is vaginal bleeding or signs of premature labor. Don't do the [Forward-leaning Inversion](#) if you have hypertension, had recent surgery, or have glaucoma. If you have hypermobility, do not do [Side-lying Release](#), but rather see if there is a chiropractor or osteopath skilled in pregnancy.

It's important to have a support person to help you do these exercises safely and accurately. A partner can be anyone whom you trust to help you feel calm and relaxed; your birth partner, partner, spouse, doula, friend, parent, relative.

You may be wondering whether to do this program or wait to see if baby turns on their own. While that is entirely your decision, this program addresses some of the physical reasons I believe a baby may be breech, like a twist in the cervical ligaments. Following this approach helps many breech babies turn, but some will remain head up. Remember that success can also be measured by action, not outcome. Whatever you choose to do, we hope that a year from now, you feel that you did all you could when you look back at how your birth turned out.



Sometimes babies turn easily!
This mom's baby was breech at the beginning of Spinning Babies® Parent Class and head down at the end.

Sometimes babies don't turn.
This mom's baby stayed breech after trying some of our recommendations. She went on to have a vaginal breech birth in the hospital.



How to Determine Baby's Position

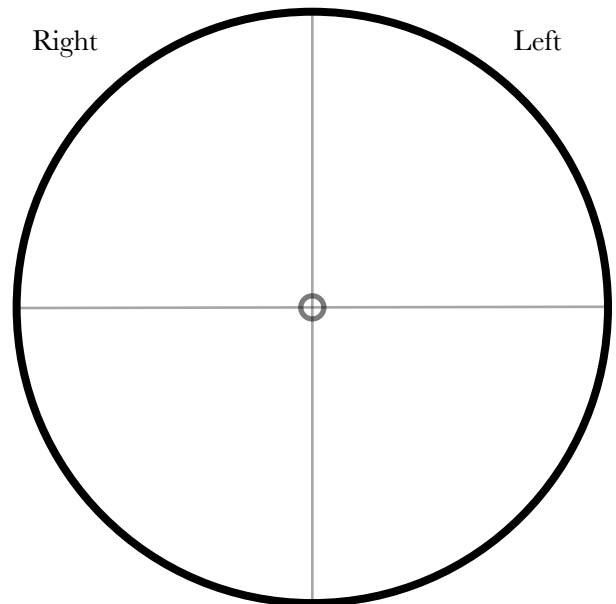
Before you start turning a baby, you need to know whether your baby is head up, head down, or in another position. These basic instructions will help you begin to determine which position your baby is in. A provider can help you confirm that baby is breech before starting this program.



Lie on your back in a comfortable position, with pillows under your head and shoulders and one under your knees. Press gently but firmly on your abdomen. Before you start the program, note where your baby's head and limbs are and write your responses to the questions below on a sheet of paper. Keep the paper to compare responses when you check again.

Date:

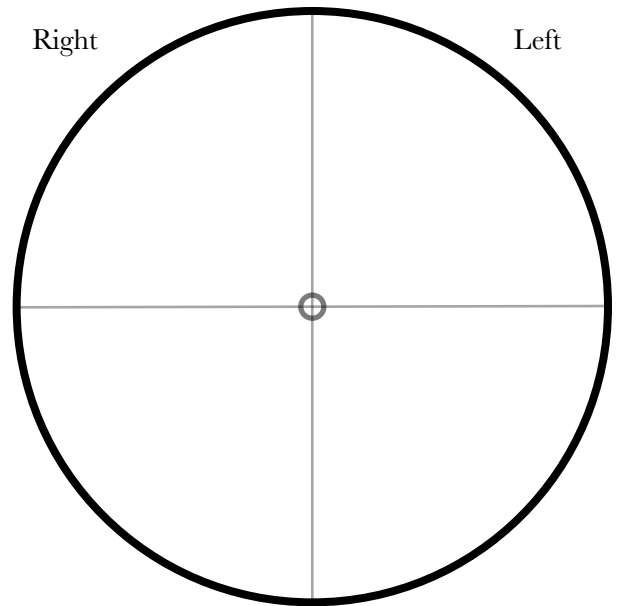
1. Can you feel baby's head press up near the top or the top side of your womb?
2. Where do the feet wiggle or squirm?
3. Can you feel baby's little hand? Is it in the center? If it's a bit to the side, which side—left or right?
4. Is the smooth back filling one side or the other—right or left?



As you go through this program, you might notice a change if baby turns. Not everyone can feel their baby turn. You may wake and sense that baby feels different. If you sense any difference, or after you've completed the program, go through the assessment below and write your answers on the same page as your responses to the questions above. When you meet with your provider, you can add their assessment to your observations.

Date:

1. Can you feel the head press up near the top or the top side of your womb?
2. Do you feel a small part, presumably a foot, kick or press up in the top area of your uterus that wasn't there before?
3. Where do the feet wiggle or squirm?
4. Can you feel baby's little hand? Is it in the center? If it's a bit to the side, which side—left or right?
5. Is the smooth back filling one side or the other—right or left?



If the answers changed significantly on each recording, your baby may have turned. Consider that a foot now kicking the top of the abdomen that wasn't there before is a hopeful sign. It might be that baby is head down. If your next appointment with your doctor or midwife is more than ten days away, and you'll be due then, you may have to make an appointment to check sooner.

Sometimes a breech baby may move to a sideways position, which is called a [Transverse Lie](#). If you find that your baby is lying sideways (transverse), do a series of seven [Forward-leaning Inversions](#) over the day, and see more information on what to do on our website. Some breech babies will spend a day lying sideways and continue to move down. If baby remains sideways longer than a day, continue another day of balancing right away to prevent baby going back to breech or staying sideways.

Choosing the Day to Turn a Breech Baby Head Down

You may have one day between the discovery of your baby's breech position and the cesarean your doctor schedules for your birth. If you have more time, use the entire six day program. If you have less days, start with Day 6 and work your way backwards adding as many days as you can before a scheduled birth.

Spinning Babies® offers this six-day program to increase your breech baby's chance to turn head down on their own or through an External Cephalic Version (ECV) performed by a provider. Thirty-four to thirty-five weeks is an effective time for these techniques to help a breech baby turn, but enough babies turn closer to their due date to make an effort worth your focus.

The first five days help prepare your body for a high chance of success on the Bums Up Day. You will be using the techniques of [Rebozo Mantleada](#), [Side-lying Release](#), [Standing Sacral Release](#), [Forward-leaning Inversion](#), and [Breech Tilt](#) as laid out in the program below. Used together, these techniques help create space in your anatomy to allow baby to turn. See the chart on page 24 for a quick view of how long and how often to do every technique each day in the program.



Activities Which Help Baby Turn On Their Own

Rebozo Manteada (Belly Sifting)

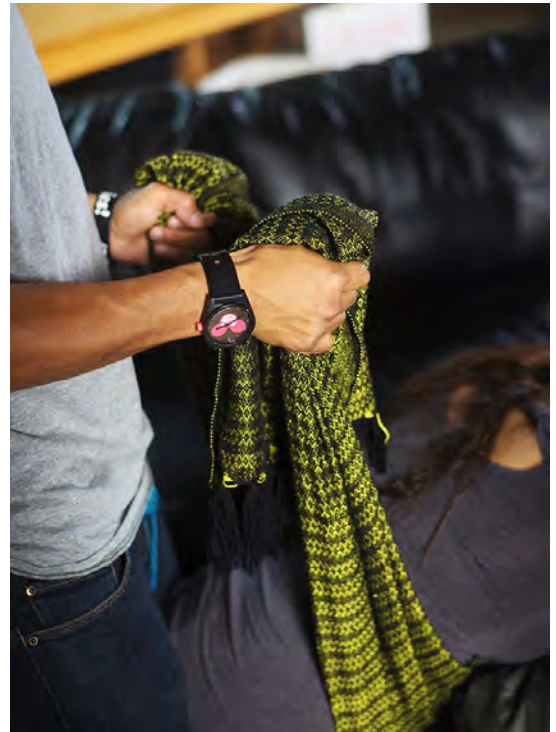
Days 1-2: Do 1-3 times for 3-5 minutes

Days 3-5: Do 1-3 times for 4-5 minutes

Day 6 Bums Up Day: Do 3 times for 5 minutes

How to do this technique:

1. Your partner helps wrap the Rebozo around your abdomen like a hammock around the baby.
2. With the Rebozo in place, kneel on the floor facing a chair, couch, or birth ball. Place one pillow under your knees and one on the chair for your chest. Drape your arms over the chair, couch, or ball. Relax the upper body without collapsing the back. You should feel comfortable.
3. Have your partner stand behind you to hold the Rebozo. Their back should be straight and knees slightly bent.
4. Holding the ends of the Rebozo a little like the reins of a horse, your partner gently lifts the weight of your belly, snug but not uncomfortable. The right amount feels very relaxing.
5. The partner slowly begins to move their hands in very small, 1-2-inch circular motions, somewhat like pedaling a bicycle. Gently, gradually increase the speed of the movement—not larger or wilder movements, just faster small circles.
6. With a gradual increase in speed (but not vigor), your belly is being vibrated. Breathe freely and slowly and let your belly hang into it.
7. Give your partner feedback so that they are not moving too fast or slow



and are not lifting too high or too little. Ensure that the cloth doesn't rub the tummy, but rather takes the tummy with it. If it's not enjoyable, tell your partner to adjust the speed of the movements and/or pressure of the Rebozo. This should be absolute relaxation!

8. Before stopping, slow down gradually for several seconds. Once stopped, your partner gently releases the weight of the belly like they are laying down a sleeping baby without waking.

Side-lying Release



Days 1-2: Do both sides 1 time for 3-5 minutes on each side

Days 3-5: Do both side 1-2 times for 5-10 minutes on each side

Day 6 Bums Up: Do both sides 3 times for 10-20 minutes on each side

How to do this technique:

1. Begin by lying on your side on the edge of a couch or bed. Rest your head so it's level on a pillow, not tilted. Your neck should be straight.

2. Your partner stands in front of you and places their leg or hip firmly against the edge of the couch or bed to keep you from tipping off.
3. Holding a chair or table placed near the edge of the couch, scoot your hip so it's no more than a hand's width from the edge. Your belly may extend beyond the edge.
4. Make sure your hips and shoulders are stacked and not tilted. Hips and shoulders are perpendicular to the surface you are lying on.
5. Your partner curves both palms around your hip bone. To protect you from falling or tipping forward, the heel of their hand should form a brace on the front of the hip bone. When you're on your left side, this is their right hand; when you're on your right side, this is their left hand. Only the lower edge of their palm pushes on the edge of your hip bone; no part of the hand should press into your muscles or your side.
6. The partner places their other palm on top of your thigh bone (trochanter), where the bump on this bone is easy to find. Thumbs should not push into the muscle but should rest on the very edge of the hip bone or in the same direction as the fingers. Both hands are now in place.



7. The partner's hold must be secure enough to prevent the fear of falling. If you feel tense in your shoulders or hips because you are leaning back from the edge, your partner may not be holding you firmly and consistently.
8. Straighten the bottom leg so your knee is straight as a board. Flex your toes up toward your knee and hold.
9. When the partner is steady and ready (but not before!), lift your top leg up and swing it forward over your lower leg to clear your thigh. Slowly lower

- your leg to hang down in front of you, off the edge of the couch or bed.
10. Your partner checks your position and helps you make adjustments as needed:
 11. Are the hips and shoulders stacked?
 12. Is the lower leg straight with toes flexed?
 13. Is the leg hanging freely? If the leg rests on the front of the couch or bed, reposition and try again.
 14. Do both sides so you don't make the pelvis unstable or pelvic floor uneven.
 15. Get up and walk around the room in each direction, or walk in a straight line up and down a long hallway. A short walk with a swinging gait helps to spread the "balance" from your hips through the legs.

Standing Sacral Release

Days 1-5: Do 1 time for 10 minutes

Day 6 Bums Up: Do 2 times for 10-15 minutes

How to do this technique:

1. Both you and your partner remove your shoes and dress in clothes that are comfortable and allow free movement.
2. Stand facing a wall or another surface to support your hands. Stand with your feet hip-width apart. Slightly bend your knees so they're soft, not locked. Relax your body.
3. Your partner stands facing your side, relaxed, with feet hip-width apart.
4. The partner's front hand lightly touches your lower belly, not pressing. The tip of their thumb is at or near your navel, and the outer edge of their pinkie finger and



palm are above your pubic bone. The muscles in their hands are extremely soft and gentle, not extended or tense.

5. Their other hand lightly touches the area between your buttocks and your lower back, somewhat cupping the sacrum (the triangular-shaped bone which holds up the spine).
6. The partner lifts their elbows so the weight of their arms is not resting on you. The contact weight compares to that of a nickel (or other medium-sized coin). This is not a massage technique or the counter-pressure used for back labor!
7. Take a deep breath, then begin to move freely, without intentionality about how you are moving your pelvis. The movement comes naturally as your fascia respond to the gentle touch of the partner's hands on your body in two somewhat opposite locations. Unwind with instinctual movement. Leave your frontal lobe and go within.
8. Your hands may leave the wall, or you may dip, turn, roll, or sway. Some people may not seem to move much at all. The partner may feel slight movements under your skin that you don't perceive. Throughout, breathe calmly and keep your knees unlocked.
9. The partner should not move you or restrict your movement, but rather, they should follow you, letting go if you move to the floor or out of their reach.
10. Afterward, drink water and walk a bit.



Forward-leaning Inversion (FLI)

Days 1-5: Do 1-3 times for 30-45 seconds

Day 6: Do 7-14 times for 30-45 seconds

[Forward-leaning Inversion](#) (FLI) is the first of two inversions. FLI prepares the way for baby to turn by releasing tension in the ligaments supporting the lower womb and cervix.

How to do this technique:

1. Start with the ending position. Kneel on the edge of a couch, chair, bed, or at the top of the stairs with your shoulders high and back straight.
2. Move to the safety position. Place both hands on the edge of the kneeling surface. Your buttocks are over or even touching the heels of your feet.
3. Carefully lower yourself by placing your hands one at a time on the floor. Then lower yourself to rest on your forearms one at a time—elbows out, hands close to each other. Use a stool or step, if you like, to help walk your hands down.
4. Let your head hang freely. Tuck your chin to your chest. Don't rest your head on the floor. Straighten your shoulders to make room for your head. Circle your neck or gently move your head to release tension.
5. Your knees are close to the edge; your bottom is highest. Tilt or sway your hips, or gently, slowly undulate your spine. Flatten your lower back (posterior pelvic tilt) to give more room for the top of your pelvis.
6. Take three breaths. Keep your belly loose and shoulders strong. Staying longer is not better.



Step 1



Step 2



Step 3

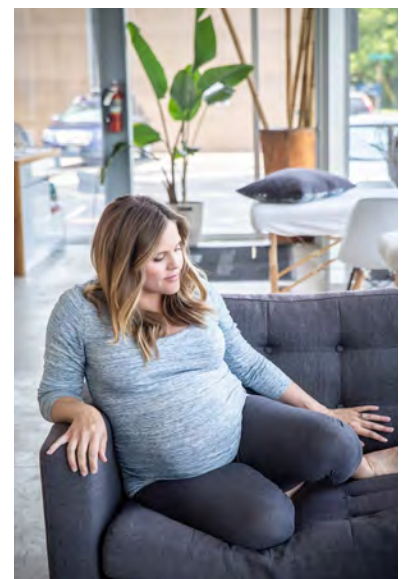
7. One at a time, come back up on your hands. Breathe. Then lift yourself up to a high-kneeling position again with your back straight. Use a stool, block, or help from your partner, if needed.
8. Take two breaths. It is coming back up to the kneeling position that allows the ligaments to make optimal space! Then sit back on your heels until you feel that you are not light-headed and can get up safely.
9. Together, swing your feet out from under you, moving like a mermaid to prevent a pull on your symphysis pubis (pubic bone). Avoid one leg swinging out and tugging on the cartilage holding the pubic bone together. This will protect your pelvic stability.



Step 4



Step 7



Step 8

Breech Tilt

Days 1-2: Do 1-2 times for 3-10 minutes following [Forward-leaning Inversion](#)

Days 3-5: Do 2-3 times for 5-10 minutes or longer following [Forward-leaning Inversion](#)

Day 6 Bums Up: Do 3 times for 10 minutes or longer following [Forward-leaning Inversion](#)

[Breech Tilt](#) is the second of two inversions. [Breech Tilt](#) allows gravity to back baby's bottom out of the pelvis and give them an opportunity to touch their chin.

How to do this technique:

1. Prop a broad plank of wood, like an ironing board, at an angle against the couch or a chair. Stuff a few pillows around the base to prevent it from tipping.
2. Place another pillow at the base of the board for your neck.
3. Lie on the board so your chin is not pressed tightly to your chest. Feet rest on either side of the board on the couch.
4. Rest in this position while you breathe and relax.



Open-knee Chest (Alternative to Breech Tilt)

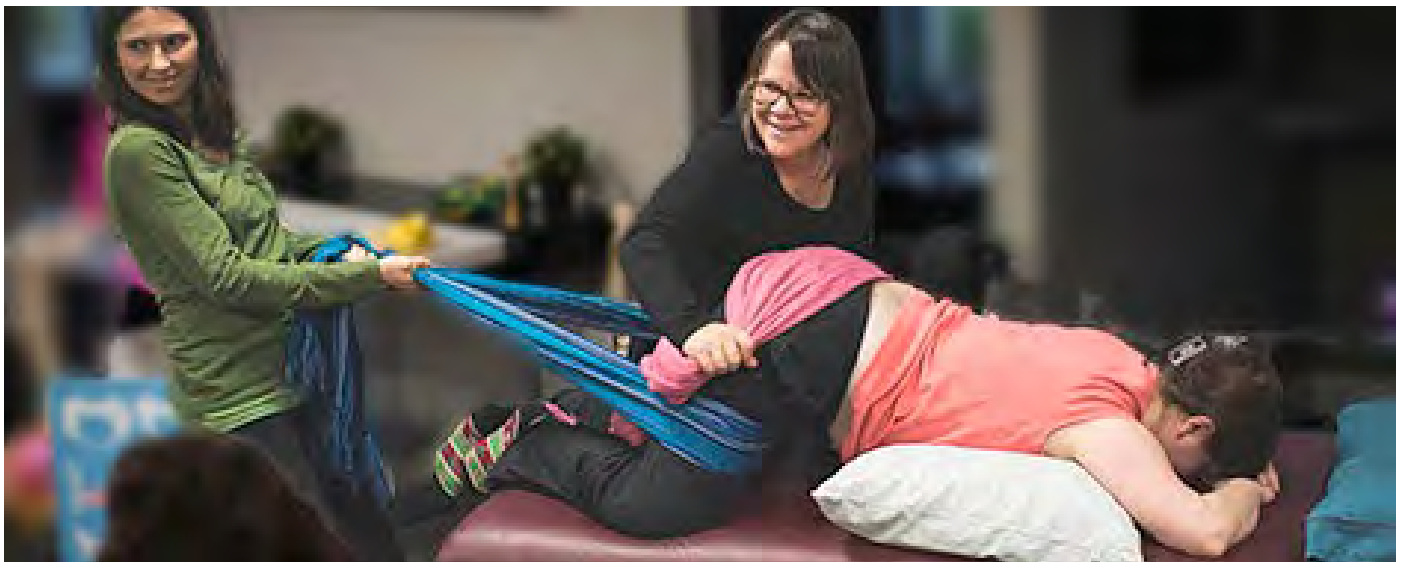
When to use this technique instead of the [Breech Tilt](#): Some people prefer doing [Open-knee Chest](#) position to the [Breech Tilt](#). if they don't have a board or find this easier. Follow the instructions about knee placement carefully to increase the chance that this will help your baby.

How to do this technique:

1. Start by kneeling with knees hip-width apart on the floor or bed. Bend forward and rest your chest and face on the floor. Your elbows are not holding you up.
2. Keeping your knees in place, slide your chest, arms, and shoulders forward away from your knees. From the side, your thighs and spine make a letter "A". Your belly is not resting on the floor.
3. Slip a pillow under your chest (not your face) and relax. Having your knees far from your abdomen opens the space at the top of your pelvis for baby's hips to back out of the pelvis so they can turn head down.

If you have a partner, you may also try this technique with a Rebozo.

Your partner slides a Rebozo or other long cloth around your upper thighs. Standing behind you, they lean back, taking the weight of your body off your chest. The cloth should not be on your abdomen or in the crease of your thighs.



Daily Activities That Support Your Efforts To Make Room For Baby's Head

Pelvic Tilts: While on hands and knees, do the Cat-Cow yoga stretches. Breathe out while curling your back and tilting your pelvis toward your navel. Breathe out and tilt your pelvis away from your navel. Don't let your back collapse. One key point of focus is the top of your hip bones in the back between the hips and spine.

Crawling: Crawling on hands and knees allows gravity and movement to encourage your baby to curl into your abdomen. Curling comes before turning. As a cross-lateral movement, crawling strengthens the connections between the left and right sides of the brain hemispheres, which helps the body be more fully connected. If you crawl in a circle, be sure to switch directions to balance each side. Wash the floor the old-fashioned way on hands and knees, wearing knee pads or pants.

Figure 8's: Lean over a table or counter-height surface, resting your forearms on the surface. With flexible knees and ankles, make vertical figure-8 motions with your hips. Starting on one side, use your hip to "draw" the number 8. Start by bending your knee to drop the hip for the bottom of the 8, then lifting up on your tip-toes for the top of the 8. The bottom of the 8 should tip your pelvis so low that one hip ends 45 degrees lower than the other hip. Repeat with the other side.

Posture: Sit up; don't slouch. Use a firm birth ball for sitting. Knees should be slightly lower than your hips, but sit with knees apart so you feel secure on the ball. Make room between your hips and your ribs by lifting your back in good posture. See [Rest SmartSM](#) on the website for more suggestions.

Day Six Bums Up Day


The sixth day of this program is Bums Up Day. Pay particular focus throughout the day to doing the techniques at regular intervals. Arrange for a support person to be with you on this day to help you do these techniques accurately and safely. Have good food ready to fix easily so your [Forward-leaning Inversions](#) are easy to schedule.

Between techniques, consider doing a homey little project. One project may be to make meals to freeze for eating over the first week(s) after birth. Do not plan this day around an event or scheduled activity. A busy and distracted body and mind are not the physiology which invites your body to relax fully for your baby to turn!

If you don't have 5 days to prepare for your Bums Up Day, the day you do 7 to 14 [Forward-leaning Inversions](#) can be done after fewer days of preparation. If you start in the afternoon, continue the next day—do not set an alarm to wake for inversions! Sleep is important!

You may be wondering whether to do 7 or 14 FLIs. Seven seems effective for most breech babies to turn. Some people will want to do more than the minimum and any more than fourteen FLIs seems extreme. Adrienne Caldwell, a Spinning Babies® advisor on body balancing and [Aware Practitioner](#), suggests fourteen FLIs daily if baby is breech, and I've often seen success with seven. Being receptive to parents varying tolerances, I offer both. You choose.

Spinning Babies® Six Days to Turn a Breech Baby Head Down

| Technique | Picture | Days 1-2 | Days 3-5 | Day 6 Bums Up Day |
|--|---|--|---|--|
| <u>Rebozo Manteada</u> |  | Do 1-3 times for 3 minutes each time | Do 1-3 times for 4-5 minutes each time | Do 3 times for 5 or more minutes each time |
| <u>Side-lying Release</u> |  | Do both sides 1 time for 3-5 minutes on each side | Do both sides 1-2 times for 5-10 minutes on each side | Do both sides 3 times for 10-20 minutes on each side |
| <u>Standing Sacral Release</u> |  | Do 1 time for 10 minutes | Do 1 time for 10 minutes or more | Do 2 times for 10-15 minutes |
| <u>Forward-leaning Inversion</u> |  | Do 1-3 times for 30-45 seconds | Do 1-3 times for 30-45 seconds | Do 7-14 times for 30-45 seconds |
| <u>Breech Tilt</u> or <u>Open-knee Chest</u> |  | Do 1-2 times for 3-10 minutes | Do 2-3 times for 5-10 minutes or longer | Do 3 times for 10 minutes or longer |
| <u>Rest SmartSM</u> |  | Keep the balance you create. When resting, use positions that won't twist your body and lose your progress towards balance. Belly like a hammock, knees lower than hips, symmetrical, supported with pillows, etc. | | |

What to Do if You Think Baby Has Changed Position

If you sense that baby has changed position while you're doing this program, stop doing the [Forward-leaning Inversion](#) and [Breech Tilt](#) or [Open-knee Chest](#) until your caregiver can verify baby's position. Continue the other daily activities. You may like to repeat [Belly Mapping](#)[®] steps to feel if baby has changed position or feels the same. The doctor will check baby's position before starting surgery and cancel or delay a surgical birth if baby is head down.

What to Do if You Know Baby Is Head Down

Stop [Breech Tilt](#) or [Open-knee Chest](#), and don't do them as long as baby is head down. Stop doing [Forward-leaning Inversion](#) until baby has been head down three days. When a breech baby turns head down, some parents at or very near their due date may experience labor. Others will wait days or weeks before baby will be born. Whether labor begins soon or after some time, continuing daily body balancing activities and walking is important to help make sure the space is maintained for baby to remain head down. Keeping the body balanced will also help baby engage and descend through the pelvis during labor.

What to Do if Baby Doesn't Turn

If baby doesn't turn, a doctor may offer to do an External Cephalic Version (ECV) during week 36 or 37 of pregnancy. If you choose to have an ECV, doing this program before the procedure can help reduce the chance of experiencing difficulties during the procedure, such as pain, low fetal heart rate, or an inability to turn the baby. Nurses, doctors, and midwives have found that doing these techniques just before the ECV can help the procedure go more smoothly and be less painful. If a tight or twisted ligament was holding baby in the breech position, releasing tension in that ligament before the procedure means the provider won't have to push baby past a tight muscle. Doing these techniques in the days leading up to an ECV may ease the procedure for you and your baby.

If baby has not turned after doing the program and/or after an ECV, consider other options that fit your budget and preferences. Parents have had success through professional bodywork, hypnosis, prayer, acupuncture, chiropractic, homeopathy, moxibustion, and even headstands in a swimming pool. Some parents do this program along with visits to an osteopath, chiropractor or craniosacral therapist. For more information, visit our [Professional Help page](#), find a [Spinning Babies® Aware Practitioner](#) near you, or visit [Flip a Breech](#).

How Likely Is This to Work?

Some parents won't need to complete all six days of the program. With the use of these techniques, many breech babies will turn head down. A few will do one or two techniques and feel their baby turn. A few babies won't turn because this program is either not enough for the conditions of their body. Some uteruses are narrower in general rather than roundish (unicornate). Rarely, a baby has a short cord or a cord wrapped around some part of their body holds a baby in the breech position. This program shouldn't interfere with the cord and is unlikely to help or harm a wrapped cord situation.

Antonina shares her story: "I was told by a doctor that there was zero chance of her turning head-down...I was told my only choice was a cesarean...Still, when the day came for the operation, they checked once more and to everyone's surprise—my baby turned all on her own; the c-section was cancelled. I believe part of the reason she turned on the 39th week was because I'd been practicing the same yoga flow sequence I'd practiced this morning from Gail Tully's Spinning Babies® ([Daily Essentials](#)). Tully teaches women how to balance their pregnant bodies and get their pelvic area aligned well to make space for baby's best birth position, helping them turn more easily and reducing the need for caesareans. When I found out I had a breech baby, I faced my fears the way I always do: research. I bought (Spinning Babies®) online video because it made so much sense. I also had an amazingly short labor of only 4 hours from beginning to end. But I don't think this was luck. Most of it was preparation and a dogged determination to beat the odds. It was also about asking the right questions and seeking answers even if, so I was told, there was no other way."

Another story came to us of twin babies. Faruk and his wife were expecting twins in their first pregnancy. Shortly before birth the two babies were both breech. Midwife Lina suggested a [Forward-leaning Inversion](#) to see if the babies could turn head down. His wife didn't want to get upside down. The doctor planned a cesarean. The parents found a second doctor who had experience with the natural breech birth of twins. Once scheduled to meet, Faruk's wife decided then to try the [Forward-leaning Inversion](#). The next day the doctor affirmed that both babies suddenly turned head down!

How Much Effort Is Too Much?

As you decide how much time and energy to put into helping your baby turn head down, find a balance between feeling like you did as much as you could, but not so much that you feel stressed. What's important is knowing that you gave yourself and your baby the opportunity to turn head down safely.

Look ahead and imagine yourself looking back at this time in your life. No matter what happens, whether the baby turns or not, whether you have a vaginal birth or a cesarean, please do now what will help you feel satisfied with yourself. Give yourself an experience of friendly exploration of what you and your baby can do together!

Conclusion

As you go forward in life, you carry with you tools for your immediate future. Within your body is the physiology of fetal positioning. This eBook gives you a plan of action. Activating your physiology with a good plan offers you and your baby an excellent chance for a birth with a head down baby.

We want you to feel satisfied you had guidance to make room in your life for your desires to come true. We support you at the level of your needs and abilities to use our approach. There is more online for you at Spinning Babies® so please come supplement this book with more resources. Listings of [Spinning Babies® Aware Practitioners](#) and [Spinning Babies® Certified Parent Educators](#), reading more depth on breech positioning, and even vaginal breech birth safety is at our website.

Also, please know that you and your baby are together in this adventure of life. Whether or not you have a breech or head down baby, whether or not you have a vaginal or cesarean birth, by now you will have learned more about yourself in your body and your evolving parenthood. This is an important time with much to learn and experience. We have compassion for you!

The most important thing is love.