MAMPS
Maternity Acupuncture
Mentoring and Peer Support

Framework for safe acupuncture practice when treating:

Breech, Transverse and Unstable Lie

Professional Safety and Red flags when treating Fetal Malpresentation

Not all pregnancies presenting with a malpresentation (breech/transverse/oblique/unstable lie) will be suitable for moxibustion /acupuncture treatment that intendes to stimulate the baby to change its position. Practitioners need to be aware of referral requirements to the prenatal primary care provider, adherence to suggested clinical documentation guidelines (shown below), awareness of ongoing primary care/medical monitoring and familiarity with the risks factors and contraindications when offering treatment to assist cephalic version.

Background: Babies are expected to turn into a cephalic presentation by 34 weeks of pregnancy. Before this time position is not usually a concern. Medical management for a baby that is not in the correct position may include offering a manual external cephalic-version (ECV) at term (around 37 weeks). While successful in over 50% of cases, ECV uptake is often low due to concerns about the discomfort of this procedure and rare but serious complications that would can require an emergency caesarean section (CS). A vaginal breech birth may be an option; however, this requires experienced medical support that is not always available. Of the 3-4% of pregnancies with breech babies at term, over 90% are born by planned CS. As a CS, especially with the first baby, increases the probability of a subsequent CS, reducing the incidence of breech babies at term is relevant to reducing CS rates.

There is some evidence that when used alone or combined with an ECV, moxibustion increases the success of cephalic version. This is now reflected in medical ECV guidelines (RCOG 2017). However, this recommendation is only for uncomplicated pregnancies. If an ECV is not offered due to risk factors for complications during the procedure, practitioners also need to assess if offering acupuncture/moxibustion treatment to encourage a cephalic presentation is appropriate. Treatment for malpresentation requires a thorough intake, documentation of your awareness of any risk factors, compliance with the relevant medical guidelines for your country/region of practice, as well as follow through with the primary medical caregiver as appropriate. It may be that there are contraindications to treatment present and rather than encouraging the baby to move into a cephalic presentation it is more appropriate to offer acupuncture as preparation for a positive CS experience and optimal postpartum recovery.

Risk factors that require consideration: Poly/olgiohydraminos, known fetal abnormalities/growth issues, vaginal bleeding, placenta praevia, bicornuate uterus, gestational diabetes, hypertension, history of premature rupture of membranes and history of premature labour. In addition, the reason for any previous CS will need to be considered. For multiple pregnancies: there are additional risk considerations relating to the position of the presenting baby, sharing of placenta or amniotic sac, twin to twin transfusion and any additional medical risk factors.

Decision Flow Chart

BREECH, TRANSVERSE AND UNSTABLE LIE

1) ASK THE QUESTION

Any there medical concerns/risk factors?
Yes - Move to step 2.
No - Move to step 4.

2) RISK FACTORS

Assess if treatment to encourage cephalic presentation is appropriate.
Yes - Document rationale and move to step 4.
No - Document and move to step 3.

3) TREATMENT PLAN

Provide treatment to prepare for a Caesarean Section.

4) TREATMENT PLAN

Provide treatment to encourage a cephalic presentation.

5) BE INFORMED AND PROFESSIONALLY SAFE

Ensure you provide appropriate information, treatment and follow up.

Appropriate documentation for professional safety & when presenting as a case history

- Gestational age in weeks and pregnancy history (number of pregnancies and live births).
- Medical management plan (ECV, VBAC, CS, vaginal breech birth, etc.).
- Are there any risk factors of concern or contraindications
- If medical risk factors are present document your communication with the primary medical caregiver before offering treatment to assist cephalic presentation.
- Your diagnosis and treatment plan.
- Continuing communication with the primary medical caregiver, as appropriate.

Recommended reading:
Guidelines:
RCOG**:** https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/1471-0528.14466

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