

ARE THERE ANY REASONS WHY I SHOULD NOT TRY MOXIBUSTION?

Moxibustion is not appropriate for every woman with a breech baby. Whilst it is a gentle and generally safe technique, it should not be used if:

- Your doctor has said it is not appropriate for you to have ECV
- You have had a previous Caesarean or other uterine surgery in the last three years
- You are expecting more than one baby or your baby is very big or very small or known to have health problems
- You've had vaginal bleeding, have a low-lying placenta or placenta praevia, or any other pregnancy complications
- You have high blood pressure, diabetes or any other medical condition, or if you're due to have a Caesarean for a medical reason
- Your baby keeps changing position, especially if there is a lot of fluid

If you are Rhesus negative, ask your midwife if your Anti-D is up-to-date

Do not try any other way of turning your baby during the time you are doing the moxibustion treatment; do not continue the treatment beyond 14 days

If you are concerned at any time, stop the moxibustion and consult your midwife

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This information leaflet was prepared by Dr Denise Tiran, specialist midwife in complementary therapies, for, and on behalf of, Expectancy and is intended as a general guide only. Please contact your midwife or doctor if you have any worries or specific questions

MOXIBUSTION TO TURN BREECH BABIES

Information for expectant parents



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Written for Expectancy by Dr Denise Tiran
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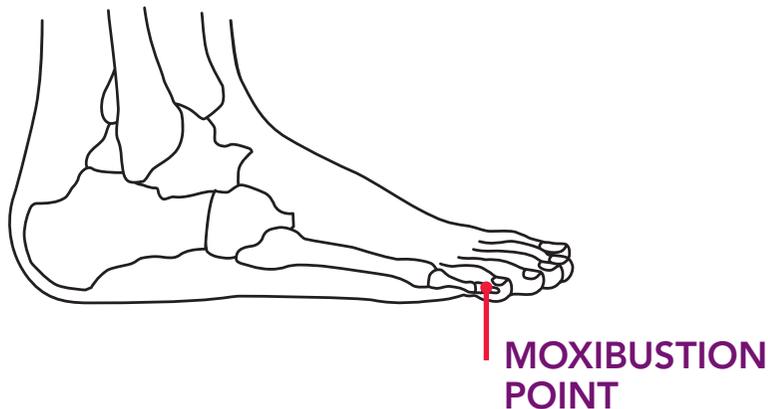
Information for expectant parents

WHAT IS A "BREECH" BABY?

"Breech" means that your baby settles in a bottom-first position instead of the more normal head-first position; after 35 weeks of pregnancy only about 3–4% of babies are breech. Your doctor may offer external cephalic version (ECV) to try to turn your baby, or a Caesarean; you could also ask your midwife about having a vaginal breech birth.

MOXIBUSTION

Moxibustion is a traditional Chinese technique to turn a breech baby to head first, usually around 34–36 weeks of pregnancy. Moxa - sticks of dried herb – are used to heat specific energy points on your little toes. The heat is absorbed into the points and transferred via energy channels, triggering hormone changes which relax the muscles in your uterus to allow extra "give", and increasing your baby's activity, encouraging him to turn. Research suggests moxibustion is about 66% successful, which is better than ECV. It's best to find a midwife who does moxibustion – a few maternity units now offer it, or search www.expectancy.co.uk to find a private practitioner, or you can visit an acupuncturist for treatment after 34 weeks of pregnancy



HOW DO I DO MOXIBUSTION?

You can do this at home – but you'll need someone to help you. Check with your midwife that your baby is still breech and please tell her what you intend to do. Two types of moxa sticks are available from Chinese medicine shops (paper-wrapped or charcoal-impregnated) – *be sure to ask for moxa specifically to turn breech babies.*

- Remove a centimetre of paper from one end of a moxa stick, then light it with a match; blow out the flame, leaving the stick smoking and hot
- Sit comfortably relaxed and loosen tight clothing; make sure you've emptied your bladder before you start
- The energy points are found on the outer corner at the base (cuticle) of your little (fifth) toe nails (see diagram)
- Ask your partner to direct heat from the stick over the energy points, about half a centimetre away from your skin: it should feel warm but not excessively hot.
- Hold the stick for over the point on one foot for up to 15 minutes, then move to the other foot for 15 minutes
- The treatment should be done twice a day, for 7-10 days (can be up to 14 days)
- Complete at least 10 days of treatment, even if you think your baby has turned

Please DO NOT attempt moxibustion without informing your midwife or doctor. You must be sure that your baby is still breech before you start the procedure.