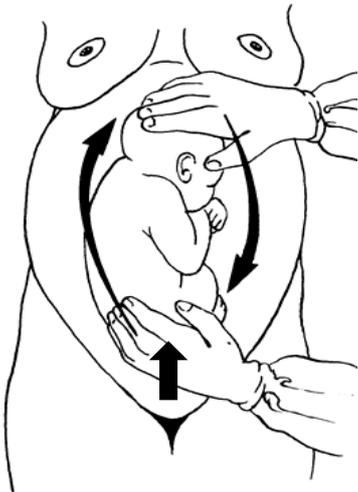


A Guide to External Cephalic Version (ECV) for Breech Presentation

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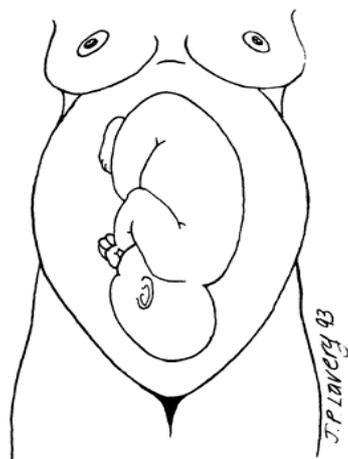
What is External Cephalic Version?

External cephalic version (ECV) is where your doctor or midwife tries to turn your baby. This is to change from breech (baby coming bottom first) to cephalic (baby coming head first) presentation. We will apply pressure on your abdomen to encourage the baby to do a forward or backward roll to a head down position (Fig 1 & 2)



The baby's bottom is pushed up out of your pelvis. Pressure is placed on the baby's head and bottom to encourage the baby to roll forwards, or sometimes backwards.

Fig. 1



The baby is now cephalic (head down).

Fig. 2

Why do ECV?

The reason is to increase the chance of normal vaginal birth.

Am I suitable for an ECV?

To make sure you are suitable for ECV you will have an ultrasound scan to see:

- How the baby is lying
- Where the placenta is, and that it is not low-lying
- How much fluid is around the baby
- There are no other complications to stop ECV from going ahead.

Your care provider will also make sure that you do not have any health issues that would prevent you having an ECV.

What happens during an ECV?

Turning the baby only takes a few minutes. Monitoring your baby before and after the ECV means the whole process can take up to two hours.

The baby's heart rate is monitored using a cardiotocograph machine (CTG). If the CTG trace shows any issues with the baby's heart rate, ECV will not go ahead. You will be seen by a doctor to plan your next steps.

Immediately before the ECV, you will have a bedside scan to check the baby is still breech and that there is enough fluid around the baby. A medication called terbutaline is given to you to relax the muscles of your uterus (womb). This medication will make your heart rate increase, which shows that it is working.

Terbutaline:

- Is very safe to use in pregnancy
- Works within a few seconds
- Can make you feel flushed or anxious, this is quite normal
- Is given via a cannula, a small plastic tube inserted into your vein. This is removed once the ECV is finished

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- Cannot be given:
 - If your heart rate is already very fast
 - You have a serious heart problem
 - You have untreated overactive thyroid
 - You have an allergy to it

Once the medication is working you will be laid flat on the bed, or even tilted with your head down (see Fig. 3).

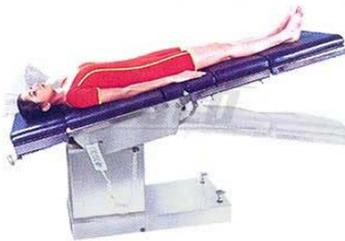


Fig. 3

Your care provider will place their hands on your abdomen and attempt to turn the baby (see Fig.1 & 2). This may take up to three attempts. Sometimes, this is all that is needed and the baby will quickly kick itself around to the head-first position.

This usually takes two or three minutes, never more than five. The baby's heart rate will be checked during the procedure.

ECV can be uncomfortable, some women even say it is painful. You can ask to stop the ECV at any time if you need a break or are finding it too painful.

After the ECV?

The baby's heart rate is monitored for 30 minutes. If your blood group is rhesus negative you will be given an Anti-D injection (even if you had it at 34 weeks).

If the ECV is successful:

- You will return the next day for a repeat CTG and bedside scan to make sure the baby has stayed head down

- You will get an appointment to return to your usual model of care

If the ECV is unsuccessful:

- Your care provider will discuss your options:
 - Breech vaginal birth– you will be assessed to see if you and your baby are suitable for this
 - Breech caesarean birth
- If you are undecided, an appointment will be made for you to attend the Breech Clinic to discuss your options a little more

It is important that you call birth unit immediately if you have any concerns about:

- Your baby not moving as much as normal
- Your waters breaking
- You have any vaginal bleeding
- You have any abdominal pain.
- You are at all worried

Frequently asked questions

Is ECV safe?

ECV is a safe procedure and complications are rare. The possible complications include:

- Bleeding from the placenta
- A change to your baby's heart rate.

The chance of this happening and you needing an emergency caesarean section is 1:200

Large studies show that there is no more risk to the overall health of your baby whether or not an ECV is attempted

Is there anything I can do to help my baby turn?

There is a small amount of evidence to show that moxibustion, the combination of a Chinese herb and

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acupuncture or acupressure can help your baby to turn. However there need to be bigger studies undertaken to prove it works.

There is no real evidence to support:

- Acupuncture
- The use of various exercises and positions
- The Webster technique, practiced by chiropractor's

There is also no evidence to show that these cause harm either.

We welcome further feedback on this brochure as a way of continually improving our service.

Please send your feedback to:

WSLHD-Get_Involved@health.nsw.gov.au

Need to make a decision?

Use your brain!

B Benefits What are the benefits of this Procedure? How will this positively impact my labour, my baby or myself

R Risks What are the risk of this procedure? How might this negatively affect my labour, my baby or myself

A Alternatives Are there alternatives to this procedure? Are there other options that may have similar results

I Intuition What is my gut telling me about this?

N Need time/Nothing
Can this procedure be delayed? Can I take some time to think about it? What will happen if I choose to watch and wait for now?

Adapted from www.chinookcitydoulas.com