

# A Guide to External Cephalic Version

Your choices for the safe birth of your baby.

Westmead Hospital  
Women's Health  
Breech Clinic

WSP-210

## Contact Numbers

Breech Clinic    9845 6508

Birth Unit        9845 7395  
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## **Abbreviations**

### **CTG**

#### **Cardiotocograph**

This is a machine that listens to your baby's heart rate for a period of time and records it. It also has a sensor that can feel for contractions.

### **ECV**

#### **External cephalic version**

This is turning the baby from bottom- or feet-first to the head-first position.

# PATIENT INFORMATION SHEET

## External Cephalic Version of Term Breech

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### What is a breech presentation?

When the baby is coming bottom-first or feet-first rather than head-first.

### How common is breech presentation?

Very common early in pregnancy when the baby is small and can easily move around the uterus, taking up any position.

At 30 weeks of pregnancy, about 15% of babies are breech.

By the end of pregnancy most babies have turned to head-first and only 3-4% still remain in the breech position.

### Why does breech presentation occur?

Occasionally the shape of the uterus or the position of the placenta favours a breech presentation but most of the time it seems to happen by chance.

### What choices do I have when my baby is breech at the end of pregnancy?

You can choose:

- ◆ **Breech vaginal birth**
- ◆ **Caesarean birth**
- ◆ **External cephalic version (ECV)** – trying to turn the baby around.

If ECV is successful you can try for head-first vaginal birth.

If it's unsuccessful, you can consider breech vaginal birth or you can choose elective caesarean birth.

## Breech vaginal birth vs Caesarean birth

In some cases, breech vaginal birth can carry more risks for the baby than an elective caesarean. In other cases, when carefully selected and managed, there is little difference in outcome between them.

To see whether your baby might be suitable for a breech vaginal birth, talk to your doctor or midwife. You can also attend the [Westmead Breech Clinic](#). For further information, call **9845 6508**.

## What Is External Cephalic Version (ECV)?

ECV is turning the baby to the head-first position. We usually place gentle pressure on the baby's head and bottom to encourage a forward somersault. Sometimes a backwards roll is more effective. People caring for pregnant women have been turning breech babies for many hundreds of years.

## Why do ECV?

The reason is to try and avoid a caesarean section birth.

## What is the success rate of ECV?

Success rate of ECV is about 40% if this is your first baby 60% if you have had a previous baby. If the ECV is successful, most women will have a vaginal birth but the chance of having a caesarean is slightly higher after ECV than for women whose babies have been head-first all along.

About 4% of babies will turn back to breech after successful ECV.  
About 4% of babies which fail to turn at ECV may later turn by themselves.

## Are there any risks with ECV?

ECV has been the subject of a lot of research over the years, especially in recent years. When you combine the ECVs undertaken in many thousands of women, these show that the complication rate is very low, about 1%.

The main complications are:

- ♦ Serious change in the baby's heart rate: 5 in 1000 chance.
- ♦ Vaginal bleeding: 5 in 1000 chance.

Sometimes these complications mean we have to take you for an immediate caesarean section, although if there is some vaginal bleeding but the baby is happy, we can often proceed to vaginal birth. Even in the rare case of a complication, the baby is nearly always born in good condition.

It also needs to be noted that:

- ◆ Complications can also happen in late pregnancy unexpectedly. Even when no ECV has been done, babies can develop heart rate changes and women can have vaginal bleeding.
- ◆ The risk of these things happening after an ECV is only very slightly higher than usual.
- ◆ Choosing not to have an ECV also carries some risks. Even during a caesarean section, a breech birth can sometimes (rarely) be associated with complications to the baby.

For the safety of you and your baby:

- ◆ We do an ultrasound before the ECV to identify any reasons we should not undertake ECV. This is uncommon.
- ◆ We do a CTG before the ECV to make sure the baby's heart rate is normal.
- ◆ We check the baby's heart rate every 30 seconds or so during the ECV to make sure it remains normal
- ◆ We undertake another CTG at the end of the ECV even if the attempt was not successful.
- ◆ We only do the ECV at or after 36 weeks so that it is not too early to deliver the baby if we need to.
- ◆ We only do the ECV where and when we can arrange a caesarean quickly if necessary
- ◆ We only do ECV with gentle pressure, not force.

### **When is ECV done?**

- ◆ At 37 weeks in women having their first babies.
- ◆ At 38 weeks in women who have had a baby before.

ECV is more successful at 36-37 weeks than at 40 weeks because the baby is smaller and has more water around it. However, an ECV can be attempted at any time, including in early labour, as long as the waters have not broken or there is no unusual bleeding and the baby is happy.

## **Is ECV uncomfortable?**

ECV only lasts for a few minutes and most women find the procedure only mildly uncomfortable, although 5% find it painful. 90% of women say they would do it again.

## **How long does ECV take, where is it done, and what happens before it is done?**

ECV is done in the hospital and staff will let you know when and where it will be done. You need to make an appointment. The ECV only takes a few minutes, but the entire pre- and post-assessment procedure takes about 1-3 hours.

## **What happens when I come in for ECV?**

Just before the ECV you should empty your bladder.

Your notes and ultrasounds are reviewed by our staff and we check again that the baby is still breech. A heart tracing (CTG) is performed on your baby.

Unless you have a serious heart problem or untreated overactive thyroid, you are given an injection of medication to relax your uterus and increase the success of ECV. The medication is called terbutaline (Bricanyl). It is the same medication used by asthmatics to help them breathe more easily and it is completely safe in pregnancy. The medication is given either into your leg (takes about 20-30 minutes to work) or into a vein in your hand (works a bit faster). The medication lasts for several hours. Most women get no side effects from the medication but some will feel flushed and shaky for a little while.

The doctor will lift the baby's bottom up and to one side and gently ease the baby's head down and to the other side to encourage a forward somersault. Sometimes, this is all that is needed and the baby will quickly kick itself around to the head-first position. On other occasions, a little more time is required to encourage the baby to move around. Sometimes a backward somersault is also gently encouraged. We will stop the ECV if - by 5 minutes or so of gentle pressure - the baby has not been successfully moved. We never force the baby, only use gentle pressure.

## What happens after a failed ECV?

A 30 minute CTG is performed. Anti-D is given to blood type Rh negative women (even if given at 34 weeks).

Your options are:

- ◆ breech vaginal birth - we would need to assess if you and your baby are suitable for this; or
- ◆ breech caesarean birth.

One of our doctors will discuss this with you immediately after the ECV attempt or else we will give you an appointment to go over the options at the [Breech Clinic](#) at Westmead Hospital.

## What happens after a successful ECV?

- ◆ A 30 minute CTG is performed.
- ◆ Anti-D is given to blood group Rh negative women (even if given at 34 weeks).
- ◆ You are asked to come back the following day for another examination and CTG. If everything is normal, you then return to your normal pregnancy caregiver and await the onset of labour.

## What should I do if I have concerns after the ECV?

You need to ring the [Birth Unit](#) immediately if you have any concerns in the hours or days after the ECV, including a failed ECV.

These include:

- ◆ The baby not moving as much as usual.
- ◆ The waters breaking.
- ◆ Any vaginal bleeding.
- ◆ Any abdominal pain.

These problems will only occur in about 1% of women after an ECV.

*It is a good idea to write down any questions you may have for your midwife / doctor. You may also want to make notes about what you are told, so you can go over the information later and explain it to other family members.*

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## **Health Care Interpreter Service**

A free and confidential interpreter service  
is available, 24 hours, 7 days a week.

**Ask the staff to arrange an Interpreter for you.  
AUSLAN is also available**

### **All Western Sydney Local Health District facilities are smokefree.**

This means that smoking is not permitted  
anywhere on the grounds or inside the buildings.  
For assistance to quit call the [Quitline](#)<sup>™</sup> on 131 848.

**Carers** provide care and unpaid assistance to others.  
They may be family members, friends or neighbours.  
It is important to let health staff know if you have a carer.

Off street parking is available on the hospital campus for a fee.

### **Free Health Information Line Healthdirect Australia**

1800882436

[www.healthdirect.org.au/pbb](http://www.healthdirect.org.au/pbb)

You have chosen to come to a teaching hospital because of the level of expertise of the doctors and midwives who work here. We are training the next generation of midwives and doctors and you may be asked to allow our students to participate in your care. You do have the right to say no to this.