Turning a Breech Baby: External Cephalic Version (ECV)

Patient Information – Maternity Services

What is the breech position?

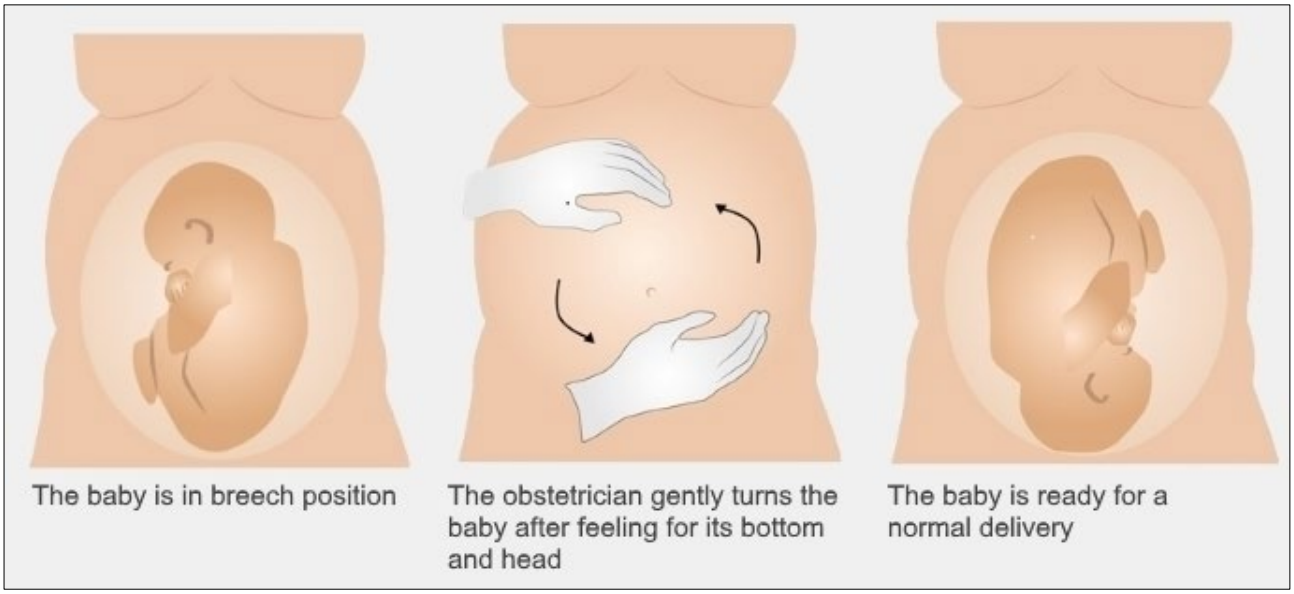
Breech position means your baby is lying bottom-first or feet-first in the womb (uterus) instead of the usual head first position. In early pregnancy breech position is very common. As pregnancy continues, a baby usually turns into the head first position by itself. Between 37 and 42 weeks (term) most babies are lying head first, ready to be born.

Vaginal breech birth can be more complicated than head-first birth.

The main benefit of a successful ECV is in increasing the likelihood of having a head-first vaginal birth.

What is external cephalic version (ECV)?

Your obstetrician may advise trying to turn your baby to a head-first position and this is called external cephalic version (ECV). Manual pressure is applied by the doctor to the outside of your abdomen to try and turn your baby to lie head-first.



When can it be done?

ECV is generally offered from 36 weeks. There is more room to turn the baby if performed prior to your due date but if performed too early your baby is more likely to turn back to the breech position again. Depending on your situation, ECV can be done right up until you give birth.

How successful is ECV?

ECV is successful for about half of all women (50%). Your obstetrician will discuss your own chances of success.

If the baby does not turn, it is possible to have a second attempt on another day.

If not attempting a second time, or if a second attempt is also unsuccessful, your obstetrician will discuss your options for birth. Their advice will be individualised to your specific circumstances.

Is ECV safe for me and my baby?

ECV is generally safe. Like any medical procedure, complications can sometimes occur.

About 1 in 200 (0.5%) babies need to be delivered by emergency caesarean section immediately after an ECV because of bleeding from the placenta and/or changes in the baby's heartbeat.

ECV should not be carried out in some situations, including:

- You need to have a caesarean section for other reason.
- A recent episode of vaginal bleeding.
- Your placenta is near, or is covering, the opening of the uterus.
- A baby that is not growing well.
- Your baby's heart monitoring, also known as the CTG (Cardiotocograph), is abnormal.
- Your waters have broken, or there is a low level of fluid surrounding baby.
- You are expecting twins or other multiple pregnancy (except in labour when it can sometimes be performed before delivering the second twin).
- An unusually shaped uterus.

What can I expect if I try ECV?

On the day of your ECV appointment you will need to have an empty stomach prior to the procedure. When you receive your appointment time you will be advised when to have your last meal/snack and fluids. This is because of the small risk of needing an emergency caesarean section (see below).

This procedure is done in the hospital and the following checks are usually performed before starting:

- A bedside ultrasound to confirm the position of baby.
- A short episode of monitoring by CTG to assess baby's current wellbeing.
- Giving medication to relax the muscles of your uterus and improve the chances of a successful ECV. This medication will not affect the baby.

Following the procedure, we will:

- Use CTG monitoring to assess maternal and baby wellbeing.
- Give you an injection of Anti-D immunoglobulin if you have a rhesus negative blood group.
- Send you home if all the post-procedure checks are normal.

Is ECV painful?

ECV can be uncomfortable. Tell your obstetrician if it is painful so they can move their hands or stop.

At home after ECV

You will continue with your normal pregnancy checks and follow-up by your LMC. If your baby remains in a breech position you will be followed up by your LMC with Obstetrician advice.

You should contact your midwife if you have bleeding, abdominal pain, contractions, loss of water vaginally or reduced baby movements after the ECV.

Sources and acknowledgements

This information is based on the Royal College of Obstetricians and Gynaecologists (RCOG) guideline External Cephalic Version and Reducing the Incidence of Breech

Presentation (published by the RCOG in December 2006 and updated 2017) can be found online at: http://www.rcog.org.uk/files/rcog-corp/uploaded-files/GT20aExternalCephalicVersion.pdf

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