

Turning a Breech Baby: External Cephalic Version (ECV)

Information for Women — Maternity Services

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What is breech?

Breech 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 is very common. As pregnancy continues, a baby usually turns by itself into the head first position. 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.

What is external cephalic version (ECV)?

Your obstetrician may advise trying to turn your baby to a head-first position. This technique is called external cephalic version (ECV). This is when pressure is applied on your abdomen which helps the baby turn a somersault in the womb to lie head-first.

What is the main benefit of ECV?

ECV increases the likelihood of having a vaginal birth.

When can it be done?

ECV is generally offered from 37 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 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 should give you information about your own individual chances of success. Relaxing the muscles of the womb with medication during an ECV is likely to

improve the chance of success. This medication will not affect the baby.

If the baby does not turn, it is possible to have a second attempt on another day. If the baby does not turn after a second attempt, your obstetrician will discuss your options for birth. Their advice will be individualised for your specific circumstances.

Your obstetrician may offer to try again a week later.

Is ECV safe for me and my baby?

ECV is generally safe. The baby's heart will be monitored before and after the ECV. 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. An ECV should be carried out in a place where the baby can be delivered by emergency caesarean section if necessary.

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

- You need to have a caesarean section for other reason
- Your baby's heart tracing (also known as the CTG) is abnormal
- Your waters have broken
- You are expecting twins or more (except in labour when it can sometimes be performed before delivering the second twin)
- Your womb is not the normal pear shape (e.g. some women have a womb which resembles a heart-shape, known as a bicornuate uterus)

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 should contact your midwife if you have bleeding, abdominal pain, contractions 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 2010). You can find it online at: <http://www.rcog.org.uk/files/rcog-corp/uploaded-files/GT20aExternalCephalicVersion.pdf>