

External Cephalic Version (ECV)

Patient Information

Obstetrics & Gynaecology Service

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Why do I need External Cephalic Version (ECV)?

A breech presentation means that your baby is lying bottom or feet down in the womb (uterus) instead of the usual head down (cephalic) position. This occurs in about 3 to 4% of all pregnancies after 37 weeks.

What is ECV?

External cephalic version is a procedure where gentle pressure is applied on your abdomen to attempt to turn your baby from a breech position to head first whilst still in the womb.

When is ECV performed?

As many breech babies' will turn by themselves before 36 weeks, it is recommended that ECV is performed after this time in uncomplicated breech pregnancies. If you wish to have an ECV attempted you will be given an appointment to attend the delivery suite and you can bring a partner or friend with you.

Can ECV be attempted on all breech babies?

No, but your midwife or doctor will inform you if ECV is not appropriate for you.

What are the benefits of ECV?

If ECV is successful in turning your baby and your baby remains in the head down position, then it increases the likelihood of you having a vaginal birth.

What are the risks of ECV?

The risks of ECV are small and have to be weighed against the risks of vaginal breech birth or caesarean section, and will be assessed on an individual basis. However, the following are possible risks of ECV:

- Procedure may feel uncomfortable. If it hurts then you must inform the Obstetrician and they will stop the procedure.
- Very occasionally, in less than 1% of cases the baby can become distressed, which can lead to an emergency caesarean delivery.
- Very occasionally, your membranes may rupture (waters breaking) and vaginal bleeding can occur.
- In 5% (1 in 20) of cases the baby may turn back into the breech position. If this occurs then the doctor will discuss further options for delivery with you.

Are there any alternatives to ECV?

- There is no scientific evidence to suggest that lying down or sitting in a particular position can help your baby to turn.
- Planned vaginal breech delivery
- Planned delivery by caesarean section.

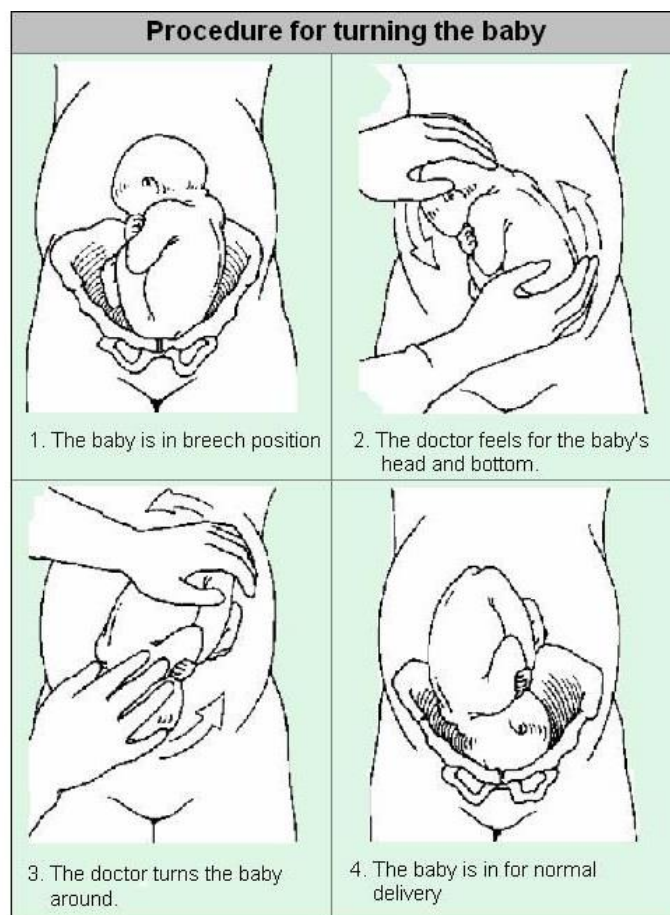
How is ECV performed?

Before the procedure

- You can discuss any concerns you have about the procedure with the staff present.
- You can eat and drink as normal before the procedure unless directed.

During the procedure

Upon arrival at the delivery suite you will have a scan to confirm the presentation of the baby is still breech. The baby's heart will also be monitored. Following this you will be given an injection of a substance called terbutaline which helps the womb to relax and makes it easier to turn the baby. If you are worried about needles a tablet (Nifedipine 10 mg) can be used instead but it seems that this is not quite as effective in relaxing the womb. The doctor will then place their hands on your abdomen and will turn baby either backwards or forwards into the head down position. See diagrams below.



What happens after the procedure?

Once the baby has been turned into the head down position, the doctor will rescan you to see if the ECV has been successful. The baby's heart rate will also be monitored after the procedure. A follow up appointment at clinic will be booked for you for the following week to check baby has remained head down.

My blood group is rhesus negative, does this matter?

ECV is still a good option, however if your blood group is rhesus negative we will give you a standard injection of anti-D after the ECV, whether it's successful or not. If further information is required regarding anti-D, please feel free to speak to your midwife or Consultant.

How to find out more?

If you want to talk more about ECV or breech birth you can discuss this leaflet with your midwife or doctor.

Please use this space to write notes/reminders.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

Contact Us

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Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



How We Use Your Information

For details on how we collect, use and store the information we hold about you, please take a look at our “how we use your information” leaflet which can be found on the Trust website: https://www.wwl.nhs.uk/patient_information/leaflets/

This leaflet is also available in audio, large print, Braille and other languages upon request. For more information please ask in the department/ward.

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