Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

External Cephalic Version (ECP)

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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 but firm pressure is applied on your abdomen to attempt to turn your baby from a breech position to head down position 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.

How likely is an ECV to be successful?

The success rate of ECV is approximately 50%. If unsuccessful, it is unlikely that a breech baby will turn spontaneously.

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 and avoids the need for a caesarean section.

What are the risks of ECV?

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

- The procedure may feel uncomfortable. If it hurts, then you must inform the Obstetrician and they will stop the procedure.
- For women who choose to have an ECV, there is a small increased risk that labour will result in a caesarean section or forceps/suction cup delivery, when compared to women who have a baby that is head down that go into spontaneous labour.
- Very occasionally, in less than 1% of cases, an emergency caesarean section is required, with most cases indicated by vaginal bleeding or distress of your baby.
- If you are Rhesus-D negative, you will be advised to have an injection of anti-D following the ECV. We will also recommend a blood test to confirm you have received the optimum dose of this.
- 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 otherwise.

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.

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 is 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.



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