

External Cephalic Version (ECV) Clinic

What is External Cephalic Version?

External Cephalic Version (ECV) involves turning your baby from a breech (bottom first) to a head first position.

Why should this be attempted?

Research has shown that the number of babies remaining breech at the end of pregnancy can be reduced by ECV. Some women are anxious about a vaginal breech birth and mothers with a breech baby are more likely to give birth by Caesarean Section. Attempting ECV reduces the chance of caesarean section.

How is ECV performed?

An ultrasound scan will have been done before coming to the clinic to check the position of the baby, its size and that there is enough water around the baby to allow it to turn.

After arriving for your clinic appointment, the baby's heart rate will be checked for 20 minutes to check that the baby is healthy. We will scan your baby to check its exact position.

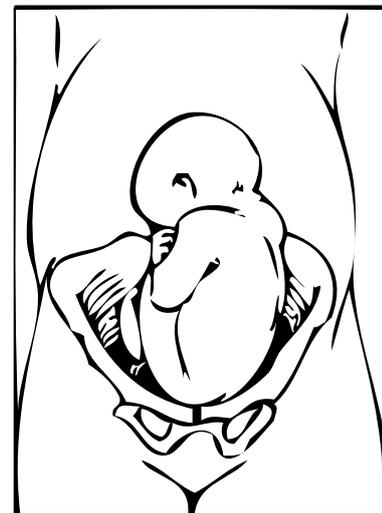
You will be asked to give verbal consent for the ECV.

The Obstetrician will then try to massage the baby around to a head first position by encouraging the baby to do a forward somersault. This may take up to 15 minutes.

We may use a small injection under the skin to relax the womb during the ECV; this can sometimes cause your heart to quicken which settles very quickly.

After the attempted ECV, whether successful or not, another baby's heart tracing will be recorded. If the baby turns, we would like to check its position the following week to make sure that it remains head down.

Procedure for turning the baby



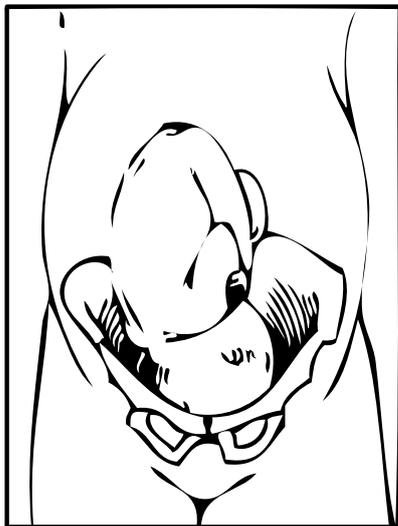
1. The baby is in breech position



2. The doctor feels for the baby's head and bottom



3. The doctor turns the baby around



4. The baby is in for normal delivery

When can ECV be performed?

As many breech babies will turn by themselves prior to 36 weeks, we recommend that ECV is not attempted until the 36th week of pregnancy.

Can ECV be attempted on all breech babies?

We do not like to attempt to turn babies if they have not grown normally, or if the amount of water around the baby is very reduced. If you have had significant bleeding after the 28th week of pregnancy, high blood pressure due to the pregnancy, or if you have an abnormally shaped womb, we would prefer not to try.

How often is ECV successful?

The chance of success depends on a number of things including: the position of the baby's legs (whether bent or straight at the knee), the size of the baby, the amount of water around the baby, whether or not the breech is engaged and the number, if any, of previous pregnancies. Overall, around half of babies turn successfully.

In this department over 10 years (2005-2015) the success rate of ECV was 56%. For women in their 1st pregnancy 49% of ECVs were successful and 63% went on to have a vaginal delivery. For women who have had a previous baby, the success rate of ECV was 70% and 89% went on to have a vaginal birth.

Is ECV painful?

Some women do not feel any discomfort at all, whereas others feel varying degrees of discomfort during the ECV. If it becomes painful we will stop. We obviously do not wish to hurt you.

How long does all this take?

Because we need to record your baby's heart rate before and after the ECV, we would suggest you allow a couple of hours for the visit.

How likely is the baby to turn back, if ECV is successful?

If ECV is performed after 36 weeks, less than 5% of babies will turn back. If this does occur, most babies can be turned again to head first. You will be invited to return for a presentation scan after 7 days to check that the baby remains head down.

What if my baby does not turn?

You will need to decide with your Obstetrician whether to have your baby vaginally or by Caesarean.

My blood group is Rhesus Negative, does this matter?

All women with Rhesus Negative blood will have had a blood test to confirm whether their baby has a Rhesus Negative or Rhesus Positive blood group.

If your baby is Rhesus positive, we will give you an injection of Anti-D before you leave the clinic, whether the attempt was successful or not. This injection is to prevent any antibodies from forming, in the same way that it is given to every woman that gives birth to a baby with a Rhesus Positive blood group.

What is the risk of attempting to turn my baby?

The risks to you and your baby are very small and have to be weighed against the benefit of avoiding the anxieties of vaginal breech birth and the risk of a Caesarean birth. We believe that by reviewing the details of your pregnancy, scanning your baby and performing a heart tracing before and after attempting the ECV almost all problems can be avoided. However, in the exceedingly unlikely event of a problem occurring during or after the ECV, your baby is mature enough at 36 weeks to be delivered by immediate Caesarean section, and this would be done.

What can I expect after the ECV?

Your tummy may feel a little tender for a couple of days. If you develop constant tummy pain, your baby's movements become suddenly less or you have any bleeding, then you must consult the Fetal and Maternal Assessment Unit (FMAU) or Labour Ward immediately. You can take simple analgesia, for example paracetamol.

Contact numbers in case of concern

Fetal and Maternal Assessment Unit (FMAU)
(Mon-Fri 8am-6pm)
01392 406540

or

Maternity Triage Unit
01392 406616

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