

External Cephalic Version (ECV)

May 2024

What is an External Cephalic Version (ECV)?

An ECV is where the doctor will attempt to try to turn your baby from bottom down (breech) to head down (cephalic) presentation. They will apply pressure on your abdomen to encourage your baby to do a forward or backward roll.

Am I suitable for an ECV?

The breech clinic team will assess your risk factors and review your recent ultrasound to determine whether you are suitable for an ECV. The ultrasound will look at the position your baby is in, the amount of amniotic fluid around baby, the size of your baby and the location of your placenta.

Though most women are recommended to attempt an ECV, the decision is entirely yours.

What to expect during an ECV?

The ECV process is simple and performed regularly. The morning of your planned ECV, we will contact you with an appropriate time to present to Birth Unit. On arrival, one of our midwives will meet and admit you to a room. Here we will attend to your observations including blood pressure, and pulse and palpate your abdomen, confirming your baby's position. An ultrasound scan will also confirm your baby's position.

Your baby's heart rate will be monitored using a Cardiotocograph machine (CTG). This will provide an assessment of your baby's wellbeing. If at any stage, there are concerns about your baby's heart rate, the ECV will not go ahead.

Once we are confident baby is well, in a suitable breech position and has adequate amniotic fluid for the procedure, we will have you sign a consent form. We will recommend you have a medication called Terbutaline. Terbutaline is a muscle relaxant, and as the uterus is a muscle, it works to relax the uterus and inhibit the uterus from tightening during the procedure. Terbutaline is given as an injection into your subcutaneous fat layer. It is safe to use, however does have common reactions such as making your heart rate increase, feeling flushed and or anxious.

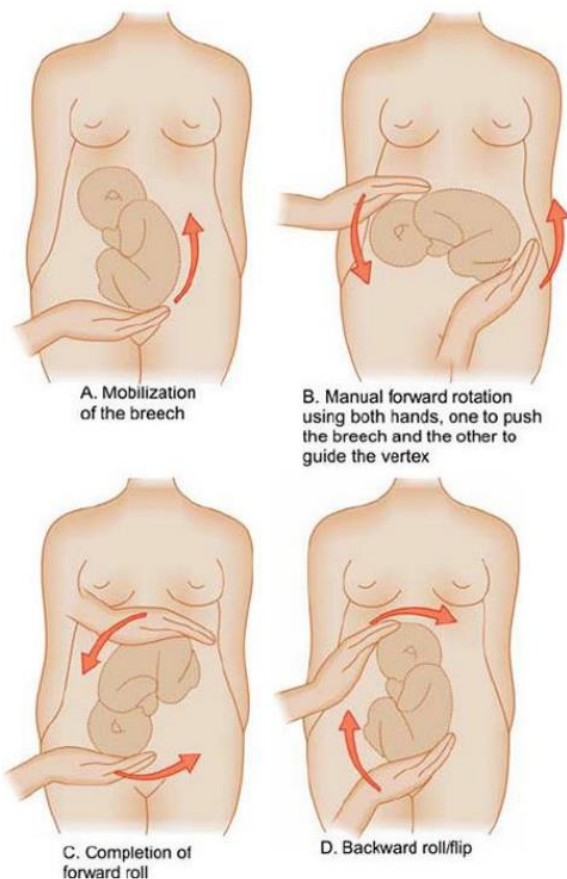


Figure 1: Illustration of external cephalic version, forward roll and backward flip
According to: Malhotra (2007) (13)

Once the medication is working, you will be laid flat on the bed, or even tilted with your head down.

The doctor will then place their hands on your abdomen, apply pressure and attempt to turn your baby. This procedure usually takes less than five minutes. Your baby's heart rate will be monitored closely during the procedure.

An ECV should not be painful. Some women state it feels like a lot of pressure, but you can ask to stop the ECV at any time.

An ECV is a safe procedure, and complications are rare. Possible complications include:

- Bleeding from the placenta
- A change in your baby's heart rate

Often, the team will manage these complications conservatively, and everything settles back to normal. Rarely, these complications result in a woman needing an emergency caesarean birth. The chance of this happening and you needing a caesarean is 1:200.

Following the ECV?

Your baby's heart rate will be monitored for 30 minutes. If your blood group is rhesus negative, you will be recommended to have an Anti-D injection.

If your baby turns to 'head down'

You will return to your usual care provider and continue your routine care with them.

If your baby remains in breech presentation

You will meet with the breech clinic team to discuss your options and suitability for:

- Repeat attempt at ECV
- Breech vaginal birth
- Breech caesarean birth

It is important that you call Birth Unit immediately if you have any concerns about:

- A decrease in your baby's movements
- Your waters breaking
- Any vaginal bleeding
- Any abdominal pain
- You are at all worried

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Should you wish to discuss any aspect of this information please send an email to RHWfeedback@health.nsw.gov.au