

External Cephalic Version (ECV) for Babies Presenting by Breech

**Women's and Children's
Services**



General Information

This leaflet is for women and their families to provide information about External Cephalic Version (ECV).

What is breech?

Breech means that the baby is lying bottom first or feet first in the womb (uterus) instead of the usual head first position.

Cephalic and Breech Presentations



What is ECV?

External cephalic version (ECV) is a procedure to turn a breech baby (lying bottom or feet first) to a cephalic (head first) position. This is done by gentle pressure applied to your abdomen by an obstetrician encouraging the baby to turn a somersault in the womb (uterus) to the head first position.

What is the main benefit of an ECV?

ECV increases the likelihood of a having a vaginal birth. A vaginal delivery is more complicated when the baby is breech. A head first position also makes a caesarean section less likely.

When can it be done?

ECV is usually tried after 36 weeks for first babies or after 37 weeks for second and subsequent babies, but can be done right up until you go into labour. If performed successfully after 36/37 weeks, less than 5% of babies who turn will go back to the breech position.

Is ECV safe for me and my baby?

ECV is generally a very safe procedure but rarely, complications can occur. In about 1 in 200 cases the baby needs to be delivered by emergency caesarean section immediately after ECV because of bleeding from the afterbirth (placenta) or abnormal changes in the baby's heartbeat. For this reason, ECVs are always carried out on the delivery suite. It is not thought that ECV will induce labour or make the contractions more painful.

We will not do an ECV if

1. You have a scar on your womb (uterus) for example, from a previous caesarean section
2. You need a caesarean section for any other reason, for example a low lying afterbirth (placenta)
3. You have had a vaginal bleeding in the previous 7 days
4. The baby's heartbeat tracing (CTG) is abnormal
5. Your uterus is not the normal pear shaped (e.g. a bicornuate, heart shaped uterus)
6. You are expecting twins or triplets (except at the time of birth for the delivery of the last baby)
7. Your ultrasound scans show too much or too little fluid around the baby, the cord is around the baby's neck or the baby's neck is extended

8. You are taking any anticoagulant medication (anti-blood clotting drugs)
9. You have cardiac disease or are suffering from pre-eclampsia
10. Your waters have broken before you go into labour
11. Your pregnancy is complicated by red cell antibodies

Does ECV always work?

Currently about half of our ECVs are successful. You will be given medication to relax the womb muscles during the ECV to improve the chance of success. This medication does not affect the baby in any way.

Is it painful?

In some cases, ECV may be uncomfortable. Tell the obstetrician if you have pain during the procedure, so they can change the position of their hands or stop altogether.

How is ECV done?

- ◆ You will be offered an appointment to attend the delivery suite and we encourage your partner or a companion to be present
- ◆ The obstetrician who will be performing the EVC will discuss the procedure with you and confirm your wish to have it performed
- ◆ A scan will be performed before the procedure to confirm that your baby is in the breech position, the baby's size and location of the placenta

- ◆ The baby's heartbeat will be monitored for 30 minutes with a cardiotocograph (CTG) before the ECV
- ◆ The whole procedure including the scan, ECV and monitoring takes 2-3 hours but there may be a delay if the delivery suite is very busy

After the ECV

- ◆ Another scan will be performed to confirm the baby's position and a repeat trace (CTG) of baby's heartbeat
- ◆ If you are rhesus negative, this will be discussed with you and you will be offered an injection of Anti-D
- ◆ If the ECV was successful, you will be given an appointment for the Day Assessment Unit a week later to confirm the baby has remained head first
- ◆ If the ECV was unsuccessful, a caesarean section date will be offered, as delivery of breech babies by caesarean section is thought to be safer than vaginal birth. Further discussion can occur if you wish to have a vaginal breech delivery.

At home after the ECV

You may go home after the obstetrician is satisfied that all is well. Your abdomen may feel a little bruised for a couple of days but it is safe to take paracetamol.

Please contact the delivery suite immediately if you experience any bleeding, abdominal pain, contractions or reduced baby movements after the ECV

Alternatives to EVC

ECV is the most effective procedure to try and turn the baby to the head first position. You may choose to have a vaginal breech delivery or to have an elective caesarean section. If you choose to have a vaginal breech you will be offered an appointment at a consultant clinic to discuss this.

Is there anything else I can do to turn help my baby turn?

There is no evidence that adopting any particular position can help the baby to turn. There is no current evidence that complementary therapies like acupuncture and moxibustion (a Chinese medicine) are effective, however you may still wish to try these.



Further Information:

The Royal College of Obstetricians and Gynaecologists has a more information and a leaflet about turning a breech baby: <http://www.rcog.org.uk/womens-health/clinical-guidance/turning-breech-baby-womb-external-cephalic-version>

You can watch a video of an EVC procedure at the NHS Choices website: www.nhs.uk/conditions/pregnancy-and-baby/pages/breech-birth

If you have any further questions, please discuss these with your midwife, GP, Obstetrician or contact the maternity unit using the telephone numbers below.

Contact Numbers:

Lister Hospital	
Antenatal Clinic	01438 314333 ext. 4070
Delivery Suite	01438 284124 (24 hours)

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