

Information about

External Cephalic Version (ECV)

What is External Cephalic Version?

External cephalic version (ECV) is the procedure of turning your baby from a breech position (bottom first) to a cephalic position (head first).

Why should we consider attempting this?

Many studies from around the world over the past 15 years have shown that the number of babies remaining in the breech position at the end of pregnancy can be reduced by ECV. As we do not generally recommend a vaginal breech birth, mothers with a breech baby are more likely to give birth by a caesarean section. Therefore a successful ECV would mean that the mother would have a chance at having a normal vaginal birth.

When can ECV be performed?

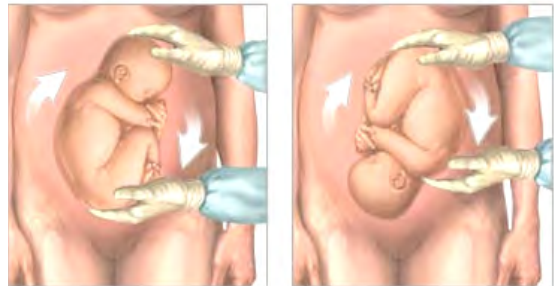
We prefer to attempt to turn the baby as soon after the 37th week of pregnancy as possible. It can be performed later but this is less likely to be successful.

Can ECV be attempted on all breech babies?

We prefer to attempt an ECV on babies that are a normal size and have a normal amount of fluid around them.

How is ECV performed?

An ultrasound scan will have been performed before coming to the antenatal day assessment ward to check the position of the baby. On arrival the baby's heart rate will be checked for at least 20 minutes to confirm that the baby is healthy. We will then go to the delivery suite where we will use an injection just under the skin in your arm to relax the womb during the procedure. This can make your pulse race temporarily. The doctor will then try to bring the baby's bottom out of the pelvis and "massage" the baby around to a headfirst position, by encouraging the baby to do a forward somersault. This may take up to 15 minutes.



What happens next?

If the ECV is successful we will check the baby's heart rate again for one hour and we will check the baby's position again in a week.

If the ECV was unsuccessful we will check the baby's heart rate for 30 minutes and you will be given the opportunity to discuss with the doctor whether to have your baby born vaginally or by caesarean section. If you decide to have a caesarean birth this will be arranged for when you are in your 39th week of pregnancy.

Is ECV painful?

Some women can find it uncomfortable as we try to change the baby's position, but if it becomes painful you may use gas and air or we will stop. We obviously do not wish to hurt you or your baby.

How often is ECV successful?

The success rate depends on a number of individual factors including the position of the baby's legs (i.e. bent or straight knee), the size of the baby and the number of previous pregnancies. Overall at least 50% of babies should turn – more so if this is not your first baby and the legs are bent, less so if this is your first baby or the legs are straight.

How long does the procedure take?

We would recommend you to allow at least a couple of hours for the visit.

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

If ECV is performed after 37 weeks, less than 5% of babies will turn back.

My blood group is Rhesus negative. Does this matter?

No. We will give you an injection of Anti D before you leave whether the ECV was successful or not. This injection is to prevent any antibodies from forming in your blood.

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 benefits of avoiding the risks of having a vaginal breech birth or caesarean section. We believe that by reviewing the details of your pregnancy, scanning your baby and performing a heart tracing before and after attempting an ECV almost all problems can be avoided. However, in the unlikely event of a problem occurring during or after the ECV, your baby is mature enough at 37 weeks to be delivered immediately by caesarean section. The risk of this occurring is less than 1%. But this is why the procedure is performed on the delivery suite and you are asked not to eat a meal before the procedure.

What can I expect after the ECV?

Your abdomen may feel a little bruised for a couple of days. It is safe to take paracetamol.

If you develop abdominal pain, your baby's movements become less or you have any bleeding you must contact the delivery suite immediately on 01803 654631.

For more information please contact the antenatal clinic on 01803 654611