

NHS Forth Valley

External Cephalic Version

Patient Information Leaflet



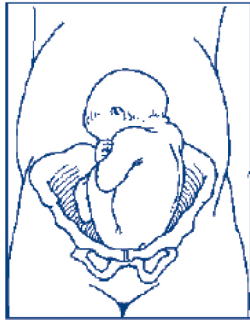
Why have I been given this leaflet?

Your Midwife or Doctor has discovered that your baby is lying in the breech position (bottom coming first) and has recommended that you consider our attempting to turn the baby into the head first position. This is called External Cephalic Version (ECV).

What does an ECV involved?

An ECV involves the Doctor putting constant gentle pressure on your tummy to help the baby roll into the correct position.

Procedure for Turning the Baby



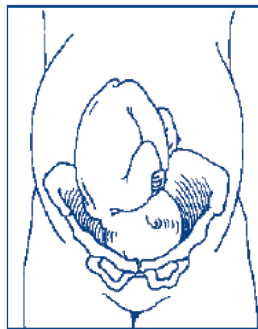
1. The baby is in breech position



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



3. The doctor turns the baby around



4. The baby is in position for normal delivery

Figure 1: External Cephalic Version

Do I have to have this?

The Royal College of Obstetricians & Gynaecologists (RCOG)⁽¹⁾ recommend that we offer an ECV to all suitable women; however you can discuss your other options with your Consultant. These involve either delivering the baby by caesarean section, which would usually be our recommendation, or delivering vaginally in the bottom first position. Women may wish to consider the use of moxibustion for breech presentation at 33-35 weeks of gestation, under the guidance of a trained practitioner. (RCOG, 2017).

When will I be offered this?

You will be offered an ECV when your baby is found to be in the breech position (or occasionally in the transverse position) at 37 weeks or beyond.

What are the risks to my baby?

ECV is a very safe procedure with very few risks to either you or your baby. However, about 1 in 200 babies will become distressed during the procedure and an emergency caesarean section may have to be performed. Because of this your baby's heart rate will be monitored before, during and after the procedure.

There is a small risk of some of baby's blood being transferred from the placenta into your blood stream and if your blood group is Rhesus negative this could potentially cause problems in later pregnancies.

To prevent this you will be given an injection of Anti D following the procedure. This is the same as the injection you received at 28 weeks.

Women should be informed that ECV after one caesarean delivery appears to have no greater risk than with an unscarred uterus. (RCOG, 2017). If you have had a previous section, an ECV may or may not be appropriate depending on your other risk factors and you should be referred for detailed counselling with your Consultant.

⁽¹⁾ 'External Cephalic Version and Reducing the Incidence of Term Breech Presentation' RCOG Green-top Guideline No. 20A. March 2017.

What are the risks to me?

Patients mostly describe the procedure as uncomfortable but some do find it painful. If at any time you want the procedure stopped, it will be.

You may be given an injection prior to the procedure which will relax your womb - some women say that the medication makes their heart race and they may feel a little sick. This should pass quite quickly.

The procedure will not cause you to go into labour.

How long will it take to do?

The procedure itself will only take 5-10 minutes but we recommend that your baby is monitored before and after the procedure. This will take approximately an hour in total.

Where will it be done?

The ECV will be done on labour ward or in a scan room by a Doctor. The ECV is performed on or near labour ward to allow for the 1 in 200 babies that become distressed and may need an emergency caesarean section.

Will it be successful?

Babies are successfully turned in about 40% of times when women are in their first pregnancy and about 60% of times if it is their second or more pregnancy.

Even if the procedure is unsuccessful, 3% of babies will turn themselves into the head first position before labour.

What if it is not successful?

If the baby is still breech when you are at your due date or when you go into labour, you will be able to have a discussion with your Doctor whether you prefer to have a caesarean section or try to deliver the baby vaginally in the breech position.

Are there any reasons why I can't have an ECV?

Yes.

- If you have had more than one previous Caesarean section, or any major operation on your uterus.
- If your waters have broken or if the fluid surrounding the baby is reduced.
- If you have had a recent vaginal bleed or the placenta is low lying.
- If the baby is very small and the blood flow from the placenta is reduced.
- If the baby's heart tracing is not normal.

If you think that any of these things might apply to you, please discuss this with your Doctor.

If you have any further questions regarding ECV please don't hesitate to ask your Midwife or Doctor.

Notes

Notes

We are happy to consider requests for this publication in other languages or formats such as large print. Please call **01324 590886 (9-5)** to arrange this or email fv.disabilitydepartment@nhs.scot

For all the latest health news visit www.nhsforthvalley.com
follow us on **twitter**  [@NHSForthValley](https://twitter.com/NHSForthValley)
or like us on **f**  at www.facebook.com/nhsforthvalley



If you can't go let us know!

Every month around 2,000 people across Forth Valley fail to turn up for hospital appointments. This costs the NHS millions of pounds each year and increases waiting times. So if you are unable to attend or no longer require your hospital appointment please let us know so we can offer it to someone else.

Smoking is not permitted anywhere on our hospital grounds and it is now an offence to smoke within 15 metres of a hospital building. This can result in a fixed penalty notice of £50 or a fine of up to £1,000.

