

Obstetrics and Gynaecology

External Cephalic Version (ECV) Turning a breech baby in the womb

You have been advised that your baby is in the breech position and that External Cephalic Version (ECV) is recommended.

What is breech position?

Breech means that your baby is lying bottom first or feet first in the womb (uterus) instead of in the usual head first position. In early pregnancy breech is very common, but as your pregnancy continues, baby usually turns by itself into the head first position. Between 37 and 42 weeks (term) most babies are head first, ready to be born.

What is External Cephalic Version (ECV)?

Vaginal breech birth is more complicated than normal birth. Your obstetrician or midwife may advise trying to turn your baby to a head-first position. This technique is called External Cephalic Version (ECV). This is when gentle pressure is applied on your abdomen (tummy) which helps the baby turn a somersault in the womb to lie head first.



Patient Information

What are the main benefits of ECV?

- A successful ECV will alter the position of the baby into the head-down position making vaginal delivery safer.
- Successful ECV should hopefully avoid the need for a caesarean section.

When can it be done?

ECV is usually tried after 36 weeks. Depending on your situation, ECV can be done right up until you give birth.

Does ECV always work?

ECV is successful for about half of all women (50%). Your obstetrician or midwife should give you information about your own individual chance of success. Relaxing the muscles of the womb with medication during an ECV is likely to improve the chance of success. This medication will not affect the baby. You can help by relaxing your abdominal muscles.

The baby may turn back into a breech position after successful ECV. A scan will normally be carried out when you come in to labour to check the position of the baby.

If the baby does not want to turn, it is possible to have a second attempt on another day. If the baby does not turn after a second attempt, your obstetrician or midwife will discuss your options for birth. See RCOG Patient Information 'A breech baby at the end of pregnancy'.

Is ECV safe for me and my baby?

ECV is generally safe and does not cause labour to begin. The baby's heart will be monitored before, during and after the ECV.

Like any medical procedure, complications can sometimes occur.

Patient Information

- About one in 200 (0.5%) babies need to be delivered by emergency caesarean section immediately after an ECV because of bleeding from the placenta and/or changes in the baby's heartbeat.
- The membranes may rupture (waters break) during the procedure.

An ECV should be carried out in a place where the baby can be delivered by emergency caesarean section if necessary.

ECV should not be carried out if:

- You need a caesarean section for other reasons
- You have had vaginal bleeding during the previous seven days
- The baby's heart rate tracing (also known as a CTG) is abnormal
- Your womb is not the normal pear-shape (some women have a womb which resembles a heart-shape, known as a bicornuate uterus)
- Your waters have broken before you go into labour (see RCOG Patient Information 'When your waters break early (preterm pre-labour rupture of membranes)')
- You are expecting twins or more (except before delivering the last baby).

What are the alternatives?

If the baby does not turn or if you decline an ECV you may choose, after discussion with the consultant obstetrician, to:

- Have an elective caesarean section.
- Continue the pregnancy with the baby in the breech position and have a vaginal breech delivery.

Is ECV painful?

ECV can be uncomfortable. Tell your obstetrician or midwife if you are experiencing pain so they can move their hands or stop.

Patient Information

Before the procedure

- You can eat and drink normally before you come to the hospital for your ECV appointment
- A tracing of the baby's heart rate will be made.
- An ultrasound scan to confirm the baby is breech will be done.
- You may be given a small injection under the surface of the skin to help relax the womb.

During the procedure

- The procedure will be performed by a consultant obstetrician or a registrar that has been trained in ECV.
- While you are lying flat on the bed (the bottom of the bed may be elevated), the doctor will place his/her hands on your tummy, moving the baby up and out of the pelvis. The baby will be turned forwards or backwards until the baby is in the head-down position.

After the procedure

- An ultrasound scan to confirm the position of baby will be done.
- A further tracing of the baby's heart rate will be made.
- If you are rhesus negative blood group you will require an injection of Anti D. (The midwife will explain this in more detail).
- You will be advised about what problems to look out for.

At home after ECV

You should telephone the hospital on the number below if you have bleeding, abdominal pain, contractions or reduced movements after ECV.

Patient Information

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

There is no scientific evidence that lying down or sitting in a particular position can help your baby to turn. Always ask if you are unsure or want further information.

Further Information:

If you require any information please contact us:

Via Labour Ward (open 24 hours) telephone: 024 7696 7333

This information is based on the Royal College of Obstetricians and Gynaecologists (RCOG) guideline 'External Cephalic Version and Reducing the Incidence of Breech Presentation' (published by the RCOG in December 2006), and RCOG's patient Information leaflet 'Turning a breech baby in the Womb (external cephalic version)'. February 2008

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The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7392 and we will do our best to meet your needs.

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