

# External Cephalic Version

## Information about breech presentation and 'turning the baby'

### What is a breech presentation?

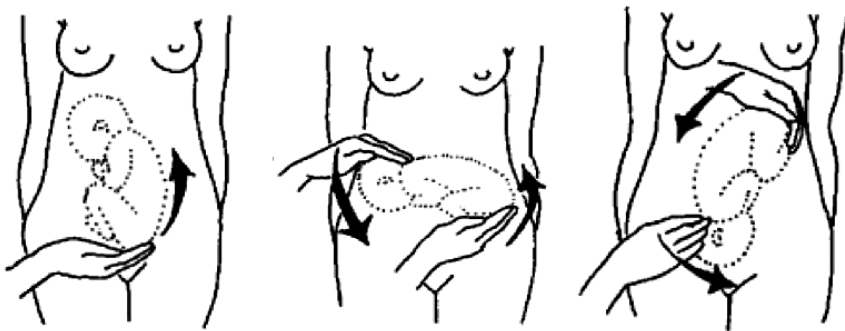
In the last four to five weeks of pregnancy the majority of babies are in the 'head down' position in the uterus (cephalic presentation). This is the safest and easiest position for birth.

Sometimes a baby is not in the head down position by full term and is bottom first or 'breech presentation'. Breech presentation is not uncommon in premature or twin pregnancies.

Breech presentation does not automatically mean a caesarean section is necessary, but a vaginal delivery will need careful supervision.

### What is External Cephalic Version (ECV)?

Most babies will turn from breech to cephalic presentation (head first) prior to the birth. If this does not occur, an attempt may be made to turn the baby to cephalic presentation. This is external cephalic version (ECV).



Images courtesy of Curtin University's Faculty of Health Science

### How is it done?

Before the ECV can be performed you will need an ultrasound to confirm the breech presentation and fetal heart rate monitoring (CTG). The ECV procedure is usually performed in the Adult Special Care Unit so a midwife can care for you.

An injection of a drug called Terbutaline may be given 20-30 minutes prior to the ECV procedure.

This injection, given in your arm, will relax the muscles of the uterus and make it easier to turn the baby.

You will be asked to lie on your back with a wedge placed under your hip and with your knees slightly bent.

The doctor will use both hands to exert gentle pressure on your stomach to turn the baby around to the cephalic presentation. Another CTG is performed following the procedure.

In about two thirds of cases, the ECV will be successful.

If the baby remains in the cephalic presentation a vaginal delivery will be easier. Sometimes the baby will turn back again, either immediately or within several days. The doctor may discuss with you the possibility of repeating the ECV.

The whole procedure takes up to two or more hours.

## What are the risks of ECV?

When an ECV is attempted by a doctor as previously described, the risks are very low.

As with any medical procedure, however, complications may occur.

These include:

- Failure to successfully turn the baby
- Bleeding from the placenta (this may mean an urgent caesarean is needed)
- Decreased movements of the baby

## After the ECV - discharge advice

Whether the procedure was successful or not, it is important that you contact either your private doctor or King Edward Memorial Hospital (KEMH) if you notice any of the following changes:

- Vaginal bleeding
- Vaginal fluid loss
- Baby is less active than usual
- Abdominal (stomach)pain
- Contractions

**If you are worried or concerned, please do not hesitate to contact KEMH on (08) 9340 2131 or (08) 9340 2199**

This information is available in alternative formats upon request

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