

WELLINGTON  
OBSTETRICS



EXTERNAL CEPHALIC VERSION

P. 04 830 2960

F. 04 830 2961

A. 38 RIDDIFORD ST, NEWTOWN, WELLINGTON

E. [RECEPTION@WELLINGTONOBSTETRICS.CO.NZ](mailto:RECEPTION@WELLINGTONOBSTETRICS.CO.NZ)

W. [WELLINGTONOBSTETRICS.CO.NZ](http://WELLINGTONOBSTETRICS.CO.NZ)

## **EXTERNAL CEPHALIC VERSION**

External cephalic version (ECV) is the procedure of turning a baby from a breech position to a head first position. A successful ECV means that the mother is able to plan for a vaginal birth.

### **TIMING OF THE ECV**

The best time to perform an ECV is after 36 weeks of pregnancy. Prior to 36 weeks the baby is still likely to turn on its own. ECV before 36 weeks may also increase the chance of preterm birth.

### **SUITABILITY FOR ECV**

Most women can have an ECV provided they have a healthy pregnancy with a normal amount of amniotic fluid. An ECV would not usually be performed with:

- third trimester bleeding
- an unusually shaped uterus (e.g. bicornuate uterus)
- a medical condition (e.g. high blood pressure or diabetes).
- you need a caesarean section for other reasons
- the baby's heart rate tracing (also known as a CTG) is abnormal
- your waters have broken before you go into labour
- you are expecting twins or more (except before delivering the last baby).

### **SUCCESS RATE**

The success rate of ECV depends on a number of factors including the size of the baby, the amount of amniotic fluid and whether or not the woman has had a previous baby. The overall success rate for ECV is approximately 60 per cent.

### **THE ECV PROCEDURE**

Please plan to be at the hospital for up to three hours—this allows plenty of time for assessment before and after the ECV as well as the procedure itself. We recommend that you have someone to drive you home afterwards.

#### **Before the ECV**

Your ultrasound scan will be reviewed to confirm the size of your baby and the amount of amniotic fluid. An informal scan will be performed to confirm that your baby is still breech.

Once the ultrasound has been completed the midwife will monitor your baby using a cardiotocograph (CTG) which records your baby's heart rate pattern. This usually takes 20 to 40



minutes depending on whether your baby is awake or asleep at the time. The midwife will also check your pulse and blood pressure and answer any questions you may have.

### **During the ECV**

The doctor will talk to you about the procedure, answer any more questions you may have and ask you to sign a consent form. Some medication may be given to you to relax your uterus to enable the baby to turn. The doctor will discuss this with you.

The doctor will cover your abdomen with ultrasound gel and use the ultrasound machine to confirm the position of your baby. While you are lying down the doctor will place their hands on your abdomen. Using firm pressure the doctor will rotate your baby in either a clockwise or anti-clockwise direction.

Normally, up to three attempts will be made to turn your baby. Each attempt lasts approximately three minutes.

### **After the ECV**

The midwife will monitor your baby's heart rate again using the CTG machine. Women with a negative blood group require an injection of Anti-D following ECV. If the ECV was unsuccessful the doctor will discuss further management with you.

You will need to make an appointment with your LMC, a doctor at your antenatal clinic or your private obstetrician within the next week. If the ECV was successful they will confirm that your baby is still head down. It is recommended that when you come into labour you are checked to confirm the baby is still head down.

### **SAFETY**

The risk of causing harm to the mother or the baby by ECV is low—less than one per cent. If any complications arise in association with ECV an emergency caesarean birth may be required.

