

# External Cephalic Version (Turning Your Baby)



## Information for Patients Obstetrics & Gynaecology



### What is External Cephalic Version?

External Cephalic Version (or ECV for short) is turning the baby to head first by manipulation of the mother's abdomen. The aim is to turn the baby to give you the best chance of delivering normally.

### What happens at ECV?

The procedure is normally carried out from 36 weeks gestation and is performed on the Maternity Unit. On the day of ECV you can eat and drink as normal.

After admission the midwife will check the baby's heart rate with a monitor. The doctor will check the position of the baby, usually with an ultrasound scan, and may give a small injection under the skin to relax the womb.

You may notice an increase in your heart rate after the injection. The doctor will then try to turn the baby.

The procedure is often uncomfortable but not painful (and will be stopped if it is). The baby's heart rate is monitored throughout. You will be in hospital for about 3 hours.

The success rate is about 50% and, very occasionally, the baby will turn back to breech. If the ECV fails you will have a discussion with your consultant or senior member of their team about the best method of delivery.

If the plan is to deliver the baby by Caesarean section, this is normally done at a later date.

### What are the alternatives to ECV?

The alternatives are delivery by Caesarean section or a vaginal breech birth. Occasionally there may be a reason not to perform ECV, but in general ECV is considered by most midwives and doctors to be the treatment of choice for a woman whose baby is presenting by the breech at term.

### What are the benefits of ECV?

Caesarean section is a major operation, with risks and implications for the future, and can be avoided safely by ECV. Even if you are considering a breech birth, your chance of delivering vaginally is greater if the baby is turned than if left in a breech presentation.

### What are the risks of ECV?

The risks of ECV are very small. Very rarely the baby can get distressed and if this persists a Caesarean section may be necessary. Other complications such as broken waters or bleeding are also rare.

## What if I have any questions?

Please do not hesitate to ask the staff at the hospital or contact your midwifery team.

## References

National Institute for Clinical Excellence (2011) Clinical Guideline 13 Caesarean Section.

National Institute for Clinical Excellence (2008) Clinical Guideline 6 Antenatal Care. Routine care for the healthy pregnant woman.

RCOG (2006) External Cephalic Version (ECV) and Reducing the Incidence of Breech Presentation (20a) Clinical Green Top Guidelines April 2001 RCOG London.

RCOG (2006) The management of Breech Presentation (20b) Clinical Green Top Guidelines April 2001 RCOG London.

Fernandez C O et al. (1997) A randomized placebo controlled evaluation of terbutaline for external cephalic version. *Obstet Gynecol* 90 775-9.

## Any Comments, Compliments, Concerns or Complaints

If you have any other concerns please talk to your nurse, therapist or doctor. Our Patient Advice and Liaison Service (PALS) are available on 03033 306518 (Grimsby, Scunthorpe and Goole). You can also contact [nlg-tr.PALS@nhs.net](mailto:nlg-tr.PALS@nhs.net)

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