



York Teaching Hospital
NHS Foundation Trust

External Cephalic Version (ECV)

Information for patients, relatives and carers

① For more information, contact your midwife

Maternity Services
York Teaching Hospital NHS Foundation Trust

The York Hospital
Wigginton Road, York, YO31 8HE
Tel: 01904 631313

Scarborough Hospital
Woodlands Drive, Scarborough, YO12 6QL
Tel: 01723 368111

Caring with pride

Introduction

Around three to four percent of pregnancies have a breech presentation, (which means that baby's bottom comes first) from 37 weeks onwards. The best way for managing a breech delivery has been evaluated through a large international multi-centred study (Term Breech Trial 2000). The results of this study suggest that vaginal breech deliveries should be avoided because of the potential risks to the baby. The first option is to try External Cephalic Version (ECV), to increase the chance of a successful vaginal delivery.

What is ECV?

ECV is the term used to describe the process of turning the baby in the womb from breech (bottom first) to cephalic (head first) by external manipulation.

This involves medication to relax your womb, after which a doctor will attempt to move your baby. Throughout the procedure your baby's wellbeing will be checked with a heart rate monitor and ultrasound. While it is unlikely, you should be aware that if your baby shows signs of distress, it may be necessary to do a caesarean section.

What is the benefit of ECV?

Giving birth to a baby vaginally is safest for both mother and baby if the baby is positioned so the head enters the birth canal first. If the ECV procedure is successful, you may be able to avoid having a caesarean section to deliver the baby.

Is ECV safe for me and by baby?

ECV is rarely associated with complications but there is a 0.5% (about one in 200) risk you will need an immediate emergency caesarean section due to complications such as bleeding from the placenta and/or changes in the baby's heartbeat.

Side effects from the medication include nervousness, drowsiness, tremors and palpitations. These usually last for a few minutes and settle by themselves.

Are there any alternatives?

The alternatives to not having an ECV are to have a planned breech delivery or an elective caesarean section. You can discuss these options with your doctor.

What is the success rate of having an ECV?

In York, ECV is successful in approximately 50 percent of cases (one case in every two); although a small number of babies may actually turn themselves back into the breech position. This, however, does not remove the need for a caesarean section for other reasons.

What should I expect?

ECV is performed on the Antenatal Ward. You will be given an appointment. Before attempting the ECV, the health of your baby is checked with a heart monitor and an ultrasound scan. This also confirms the position of your baby. Providing no complications are found, you will be given medication to relax the womb.

With the aid of medication and an ultrasound scan, we determine which way your baby is facing, and then by pressing on your abdomen, we gently move your baby to cause it to roll either forwards or backwards. This should not hurt, although it can feel uncomfortable. The ECV will be stopped if you find it too uncomfortable. The most uncomfortable part is halfway, when the baby lies across your womb and stretches it.

Afterwards, your baby's heart rate is checked again, even if the ECV is unsuccessful. If your blood group is Rhesus Negative, a blood test will be taken and you will be given an Anti-D injection. This reduces the risk of your body producing antibodies. A further dose of Anti-D may be needed following your blood test results. If you are Rhesus Positive, this is not needed.

If the ECV has been successful, an Antenatal appointment in Maternity Triage will be organised for a week later, to confirm that your baby is still head first, by scan.

If the ECV is unsuccessful, the risk and benefits of the type of delivery, either a vaginal breech delivery or a caesarean section will be discussed with you. When the type of delivery has been decided, a plan of care will be put into place.

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

There is no scientific evidence that lying or sitting a particular position can help your baby to turn.

Further information

If you would like further information regarding breech presentation and ECV, please contact a midwife or doctor in the Antenatal Clinic.

Reference

RCOG (2008) Turning a Breech baby in the womb (External Cephalic Version) www.rcog.co.uk.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:
Maternity Services Patient Information Group,
c/o Patient Leaflet Team, Risk and Legal Services,
Groves Chapel, The York Hospital, Wigginton Road,
York, YO31 8HE, telephone 01904 721045 or 725230 or
email us at patient.information2@york.nhs.uk.

Teaching, Training and Research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

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PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

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01904 725566

email: access@york.nhs.uk



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