

WHAT IS A BREECH PRESENTATION?

This is when the baby's buttocks or feet, rather than the head, will be born first. It occurs in 3-4% of pregnancies after 37 weeks. Some studies have shown that more complications may occur if the baby is delivered in the breech position compared to a baby born in a head-down (cephalic) position. A caesarean section is more likely either in or before labour.

WHAT IS EXTERNAL CEPHALIC VERSION?

External cephalic version (ECV) is the procedure of turning your baby from a breech position (bottom first) to cephalic position (head first).

WHY IS THIS ATTEMPTED?

Several good studies show that ECV reduces the number of breech deliveries, either by vaginal or caesarean section birth. As we do not usually recommend a vaginal breech birth, mothers with a breech baby are more likely to give birth by caesarean section. Therefore a successful ECV would mean that the mother would have a chance at having a normal vaginal birth.

CAN ECV BE ATTEMPTED ON ALL BREECH BABIES?

We do not attempt ECV if:

- You have a twin pregnancy
- You are already to be delivered by caesarean section

- If your baby is considered small for the number of weeks of pregnancy
- The amount of fluid around the baby is reduced or your 'waters have broken'
- There has been any recent bleeding from your vagina
- You have high blood pressure.

HOW OFTEN IS ECV SUCCESSFUL?

There are several factors which affect the success rate of ECV. These include the position of the placenta, the position of the baby's back and legs, whether the baby's bottom has descended into the pelvis, the amount of fluid around the baby and whether you have had any previous children. Overall, up to 50% of babies can be successfully turned.

If the baby is successfully turned after 37 weeks, then less than 5% will turn back to the breech position.

HOW IS ECV PERFORMED?

An ultrasound scan is usually performed prior to your ECV appointment. This is to check the position of the baby, the position of the placenta, the amount of fluid around baby and the estimated weight of the baby.

You will be asked to come to the Delivery Suite at Palmerston North Hospital between 8-9am, allowing two hours for the whole procedure. We ask that you do not have anything to eat or drink for **six hours** prior to your appointment time (you may choose to wake up in the night to have something light to eat or drink to minimise the feeling of hunger).

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On arrival, the baby's heart rate will be recorded for at least 20 minutes to determine that the baby's heart rate is normal prior to the ECV. The baby's position will once again be checked by feeling your baby and by ultrasound scan. You may be given an injection of a drug to help relax your womb for the procedure; this increases the likelihood of the ECV being successful. The doctor will then 'massage' the baby round to a head first position either by forward or backward somersault. This will be attempted on 1-3 occasions and will take 10-15 minutes.

Your baby's heart rate will be checked during and after the ECV.

You will remain in Delivery Suite for 30 minutes to one hour following the ECV. This is to allow time to observe you and monitor your baby's heartbeat.

WHAT HAPPENS AFTER YOUR ECV?

If the ECV has been successful, you will be referred back to your Lead Maternity Carer (LMC) for continued monitoring of your pregnancy.

If the ECV is unsuccessful, you will be given the opportunity to discuss the options available by the doctor conducting the ECV. If you decide to have a caesarean section, this will be arranged for you by the hospital staff and the information passed on to your LMC.

IS ECV PAINFUL?

The ECV may be uncomfortable; if you find it too painful the ECV will be stopped.

MY BLOOD GROUP IS RHESUS NEGATIVE. DOES THIS MATTER?

We will give you an injection of Anti-D before you leave Delivery Suite, whether the ECV was successful or not.

This injection is to prevent any antibodies from forming in your blood.

WHAT ARE THE RISKS OF ECV?

The risks to you and your baby are very small and have to be weighted against the benefits of avoiding the risks of having a vaginal breech birth or caesarean section.

By reviewing the details of your pregnancy, scanning your baby and by performing a heart tracing of your baby before and after attempting an ECV, almost all problems can be avoided. However, in the unlikely event of a problem occurring during or after the ECV, your baby is mature enough to be delivered immediately by caesarean section. The risk of this occurring is less than 1%.

This is why the ECV is performed in the Delivery Suite and why we ask you not to eat or drink prior to your appointment.

WHAT CAN I EXPECT AFTER THE ECV?

You may experience slight discomfort following the ECV and it is safe to take Paracetamol.

In the unlikely event of any vaginal bleeding; severe pain or contractions; a reduction in the baby's movements or if your waters break, you **MUST IMMEDIATELY CONTACT YOUR LMC OR DELIVERY SUITE if you are under the care of the clinic (06) 350 8410.**

For further information please ask your LMC.

THE FOLLOWING MAY BE USEFUL

- Care of Women with Breech Presentation and Previous Caesarean Section Birth. New Zealand Guidelines Group. 2004. www.nzgg.org.nz
- Your Pregnancy to Haputanga: A Guide to Pregnancy and Childbirth in New Zealand. Ministry of health . 2003
- The Ministry of Health's Health Education website www.healthd.govt.nz



EXTERNAL CEPHALIC VERSION (ECV) FOR BREECH PRESENTATION AT TERM

WOMEN'S HEALTH UNIT

PATIENT INFORMATION

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Phone: 350 8410