

comfortable and studies suggest that it can increase the chance of turning the baby successfully. Some women prefer trying the ECV without an anaesthetic first, and if it is not successful, they can have a further attempt with an anaesthetic a week or so later if they wish.

What happens after the procedure?

When we have turned your baby we will check your baby's heart rate again. If everything is normal, you can go home and follow up with your LMC. You will continue with your normal checks and your LMC can confirm that your baby is still head down.

If the procedure isn't successful, you will need to discuss the options for birth with your LMC. If your LMC requests, this discussion may be with the doctor attempting the ECV. Sometimes another ECV may be suggested.

Your LMC will still continue to care for you whether your ECV is successful or not. You should contact your LMC if you have any bleeding, loss of water vaginally, pain or decrease in the baby's movements.

What is the success rate of ECV?

The success rate of an ECV depends on several factors, including the following:

- How close you are to your due date
- If you have had a baby before
- How much fluid is around the baby
- How much your baby weighs
- How the placenta is positioned
- How your baby is positioned. Engagement of the breech into the pelvis is associated with a lower success rate.

The average success rate is about 65%. Approximately 70% of women having a successful ECV have a vaginal delivery of a baby born head first.

What are the risks of ECV?

External cephalic version is usually a safe procedure. It is done under ultrasound surveillance to make sure that the baby remains happy during the turning. However, there is a low chance (less than 1%) of some risks including the following:

- Premature labour
- Premature rupture of the membranes
- A small blood loss for either the baby or the mother
- Cord compression
- Fetal heart rate abnormalities leading to an emergency caesarean delivery

In addition, there is a small chance that the baby might turn back to the breech position after a successful ECV.

Can a breech baby be delivered without a caesarean?

Some breech babies may be safely delivered from the vagina. However, there is a slight increase in the risk of complications during labour and birth, for example, umbilical cord complication or asphyxia. We try to minimise this risk by careful selection of women who may be able to have a breech vaginal birth. These mothers are healthy and near their due date. Their babies will be growing well with normal movements and fluid around them.

The National Women's Health website has accurate and up to date information which you may find helpful.
www.nwhealthinfo.co.nz

Turning Breech Babies or External Cephalic Version (ECV)

Tena koutou katoa, Kia orana, Talofa lava,
Malo e lelei, Fakaalofa lahi atu, Taloha Ni,
Ni Sa Bula Vinaka,
Greetings and Welcome to National Women's Health

Time of ECV:

Date of ECV:

Place:

Auckland District Health Board
National Women's Health

What is the breech position?

Before birth, most babies are in a head-down position in the mother's uterus. That's why most babies are born headfirst. Sometimes the part of the baby that is coming first is not the head, but the buttocks or the feet. When a baby is in that position before birth, the term "breech baby" is used. Many babies are breech early in pregnancy, but most of them turn to the headfirst position near the end of the pregnancy.

There are some known causes for babies to be in the breech position:

- Babies that are born early are more likely to be breech.
- If more than one baby is in the uterus at a time, one or more of the babies may be breech.
- Abnormal levels of amniotic fluid around the baby.
- Some abnormalities of the uterus may result in a breech position.

Sometimes the cause is not known. As you get closer to your due date, your Lead Maternity Carer (LMC), midwife or doctor, will be able to tell (by physical exam, ultrasound, or both) if your baby is breech.

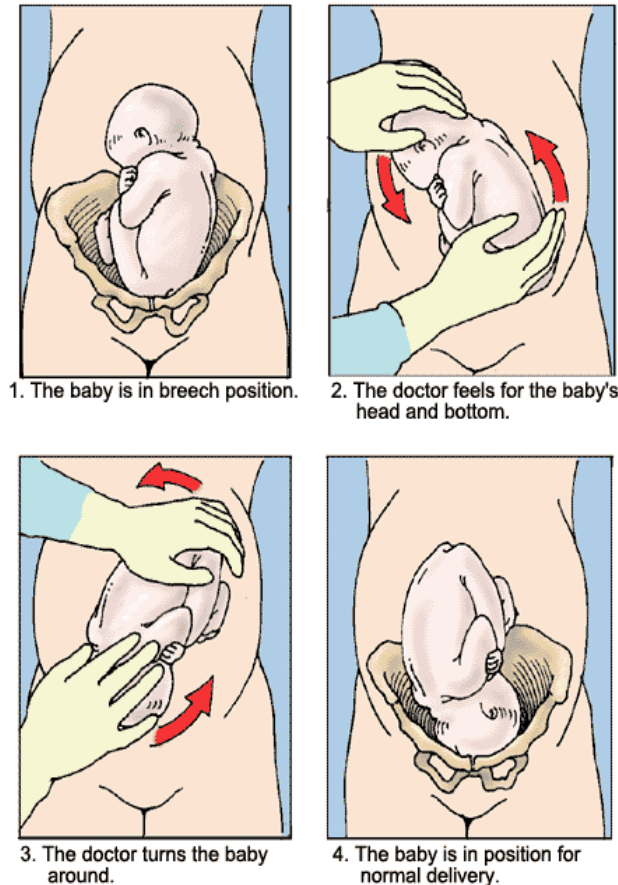
What is external cephalic version (ECV)?

Although breech babies can be delivered vaginally, it is generally safer and easier to deliver babies head first. External cephalic version is a way to try to turn a baby from the breech position to a head-down position while still in the mother's uterus. Your doctor will use his or her hands on the outside of your abdomen (tummy) to try to turn the baby.

When is ECV done?

ECV is done at the end of pregnancy, after 36 weeks of

Procedure for Turning the Baby



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gestation. Some doctors prefer to do them earlier as there is a higher chance of success.

Who can have an ECV?

Most women whose babies are in the breech position at term may have an ECV. Women who have had a previous caesarean and women in early labour may also have an ECV.

Women who can't have an ECV are women with one of the following:

- Recent episode of vaginal bleeding

- A placenta that is near or covering the opening of the uterus
- An abnormal heart rate pattern of the baby
- An abnormally small baby
- Premature rupture of the membranes
- Twins or other multiple pregnancy
- A low level of fluid in the sac that surrounds and protects the baby
- Some abnormalities in the shape of the uterus.

What can I expect if my LMC and I decide to try ECV?

ECV is usually done in the hospital and before we start the procedure you may have the following:

- An ultrasound to confirm that the baby is breech.
- Your baby's heart rate will be checked to make sure it is normal.
- You may be given medicine to relax your uterus, especially if this is your first baby and your abdomen is tense. (This is the same medicine we give to women to stop premature labour and is very safe.)

While you are lying down, the doctor will place his or her hands on the outside of your abdomen. After locating the baby's head and buttocks, the doctor will try to turn the baby. This procedure can be uncomfortable when it is done without an anaesthetic, but should not be very painful.

Can I have some pain relief for an ECV?

We do offer women the choice of a spinal anaesthetic for their ECV (injection in the back to temporarily numb the nerves to the lower half of your body, the same as used for a Caesarean Section). Women find this much more