

Turning Breech Babies External Cephalic Version (ECV)

What is the breech position?

Before birth, most babies are in a head-down position in the mother's womb (uterus). Sometimes the part of the baby that is coming first is not the head, but the bottom 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 head first position near the end of the pregnancy.

What is external cephalic version (ECV)?

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

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
- Where the after birth (placenta) is positioned
- How your baby is positioned. If the baby's bottom is low in the pelvis, there is a lower chance of them moving.

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 risk, including:

- Breaking of the bag of waters around the baby
- A small blood loss for either the baby or the mother
- The cord being squeezed, reducing the blood flow to the baby.
- Fetal heart rate concerns leading to an emergency caesarean birth

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 chance of complications during labour and birth for the baby. For example, an umbilical cord complication or lack of oxygen.

We try to reduce this chance 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.

Most breech babies are delivered by caesarean (also called a C-section). However, there are also some risks involved with caesarean, such as bleeding, infection, blood clots and longer hospital stays for both the mother and her baby.

Causes for Breech Babies

Some known causes for breech babies include:

- 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.
- There is too much or too little fluid around the baby.

Sometimes the cause is not known. After 34 weeks of pregnancy, your Lead Maternity Carer (LMC), midwife or doctor will be able to tell (by physical exam, ultrasound, or both) if your baby is breech.

Who can have an ECV?

- Most women whose babies are in the breech position after 34 weeks of pregnancy.
- Women who have had a previous caesarean
- Women in early labour may also have an ECV.

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

- A recent episode of vaginal bleeding
- A placenta that is near or covering the opening of the uterus
- An irregular heart rate pattern of the baby
- A baby that is not growing well
- A low level of fluid or the bag of waters around the baby has broken
- Twins or other multiple pregnancy
- An unusually shaped uterus.

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

ECV is ideally done after 34 weeks of pregnancy.

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

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



While you are lying down, the doctor will place their 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 comfortable and studies suggest that it can increase the chance of turning the baby.

What happens after the procedure?

When we have turned your baby we will check your baby's heart rate again. If you and your baby are well, 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 you have an unsuccessful try of the ECV without an anaesthetic, you can have a further attempt with an anaesthetic. If this procedure isn't successful, you will need to discuss the options for birth with your LMC.

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.