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 risk, including:
· Premature labour or 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.

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.

What is the breech position?
Before birth, most babies are in a head-down position in the mother’s uterus. 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.

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.
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 are abnormal levels of amniotic fluid around the baby.
- Some abnormalities of the uterus.

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.

Who can have an ECV?
- Most women whose babies are in the breech position at term.
- 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:
- 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.

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 successfully.

If you have an unsuccessful try of the ECV without an anaesthetic, you can have a further attempt with an anaesthetic a week or so later.

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.