

- An ECV will be attempted. It can be quite uncomfortable, but the doctor will stop at your request.
- After the ECV we will monitor your baby's heartbeat for approximately 20-30 minutes
- If the ECV is unsuccessful we will discuss other delivery options with you

NB: There is a slight chance that your ECV could be delayed if the delivery suite is exceptionally busy. Delays will be kept to a minimum where possible.

Are there any alternatives to having an ECV?

Yes there are. These are either:

- Elective Caesarean section (see separate leaflet available) or
- Vaginal breech birth

Although many babies are born vaginally in the breech position, research tells us that Caesarean section is safer for your baby than a vaginal breech birth.

Appointment Information

Please arrive at the delivery suite;

On

Date

Time

Further information

If you do have any further questions feel free to ask a midwife or the doctor who will do the ECV.

You might find the following website useful
 Royal College Obstetricians
www.rcog.org.uk/guidelined/breech.html

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***External Cephalic
 Version (ECV)***

***Turning your baby
 from bottom to head
 down position***

What is breech (bottom) presentation?

This is when the baby's bottom or feet, rather than head will be born first. It occurs in 3-4% of women after 37 weeks of pregnancy and it is unusual for the baby to turn head down after this time.

Is there anything I could do to help my baby turn to the head first position?

You might hear that if you get into certain positions such as 'knee to chest' it might help turn your baby. However, there is no research to suggest that it will work.

What is ECV ?

It is now accepted practice across the world to try to turn babies into the head down position. This is where a doctor can turn your baby around whilst it is still inside your womb by pressing on the outside of your tummy. It usually takes a few minutes to do. ECV is usually done after 36 weeks, because the baby often turns without help before this time. Labour and delivery is then like any other baby.



Who can have ECV?

We do not attempt ECV if you have certain risk factors, which include a twin pregnancy, or if you have a planned caesarean section this time for another reason. A doctor will discuss your suitability with you.

The benefits of an ECV?

If you have no other problems in pregnancy, the possible benefits of ECV are felt to outweigh any risks to you or your baby. The major benefit is that it increases your chance of a normal birth. This means that the risks to you and your baby are reduced compared with those of a breech birth or caesarean section. Medical guidelines recommend that ECV should be offered to most women with a baby who is breech. If it is successful, you may feel more comfortable as the baby's head is no longer under your rib cage.

How successful is it?

We succeed in about 5 out of 10 attempts. Sometimes the womb is a particular shape making ECV less successful. It is very unusual for the baby to turn back again but some occasionally do.

What do the women think who have had an ECV?

Almost 96% of our women who expressed a preference said that they would have an ECV done again.

Are there any risks to having an ECV?

We monitor the baby and do an ultrasound scan before and after. ECV is usually uncomfortable and relaxing as much as possible will help. Problems caused by ECV are **very** rare and will be discussed in detail with you by the doctor who will be doing the ECV. In summary the risks are:

- The umbilical cord can become tangled
- Separation of the afterbirth can occur
- Fetal distress

We monitor you and your baby carefully during the procedure as well as before and after. Any of the above risks will be picked up quickly.

If ever there should be an emergency we can perform a caesarean section in just a few minutes. After the ECV you might have slight abdominal discomfort. In the unlikely event of any vaginal bleeding, severe pain, or a reduction in the baby's movements you should contact the delivery suite for advice on 0121 627 2665.

How will the ECV be arranged?

Your midwife or obstetrician will arrange a hospital appointment for you to attend an ultra-sound scan to find out for sure whether the baby is bottom first or not. If it is bottom first you will have the opportunity to ask questions about ECV. If you are happy to go ahead, an appointment will be made for you to attend the ECV clinic on the delivery suite at the Birmingham Women's hospital.

What should I expect on the day of ECV?

- You may have a light breakfast at 7.00am.
- We will do a tracing of your baby's heart beat and an ultrasound scan to find your baby's position.
- A drug called Terbutaline will usually be offered to you. It will not harm you or your baby and is given by a small injection just under the surface of your skin. It is given before the ECV to help your womb to relax. We think that Terbutaline is more likely to make the ECV successful. It is usual for your heart to beat a little faster than normal following the Terbutaline but this is short lasting.