

Turning a breech baby

Maternity Department



Patient information leaflet

Your ECV has been booked for

Date:..... Time:.....

With:

Please come to the Delivery Suite on Level G, West Wing.

This leaflet is designed to give you information if you have been advised to have a procedure called external cephalic version (ECV), to try and turn your baby into a head down position. This will make a vaginal delivery safer and help avoid the need for a caesarean section for this reason.

In the last few weeks of pregnancy, most babies are in a head down position in the uterus. This is called a cephalic presentation. However after 37 weeks of pregnancy about 3% (or 3 in 100) of babies are in a breech presentation. This is when the bottom or feet are coming first (please see diagrams below). A vaginal birth can be more complicated if the baby is in a breech position, compared to those born head first.



A. Complete (flexed) breech



B. Frank (extended) breech



C. Footling breech

An ECV is done after 36 weeks (37 weeks if this is your second or subsequent baby) so there is less chance of the baby turning back. The procedure takes about 20 minutes but you will be in hospital for about 2 hours in total. This is to allow us to monitor the baby's heart rate. You are advised not to eat or drink for 4 hours prior to the procedure.

What is involved?

An ECV is only performed by a Consultant Obstetrician or a specially trained Registrar. The procedure always takes place in the Delivery Suite.

First you will have a scan to check the position of the baby. If your baby is breech, and there is no other reason why you might need to have a caesarean, a medicated patch is applied to your abdomen. This is to help relax your uterus. Occasionally these patches can cause a headache. The baby's heart rate is then monitored for 20 minutes or so to ensure that it has a normal pattern before starting the procedure.

Once this has been checked and we are reassured of your baby's wellbeing, you will be reclined on the bed and the Doctor will feel your abdomen. They will flex the baby's head and lift its bottom at the same time. In effect the Doctor is trying to get the baby to do a forward or backward roll so that the head comes first.

An ultrasound will confirm the new position and the baby's heartbeat is monitored again for 20-30 minutes.

Sometimes ECV does not work as its success rate is around 50%. If this happens an elective caesarean would be recommended at 39 weeks or sooner if you go into labour. Even if it works initially there is still a chance the baby will turn back to a breech position.

Success rate depends on several factors, including the following:

- How many pregnancies you have had.
- How much fluid is around the baby.
- How much your baby weighs.
- Where the placenta is positioned.
- How your baby is positioned.

Is ECV painful?

ECV can be uncomfortable. Tell your Doctor or midwife if you are experiencing pain so they can move their hands or stop. Pain relief will be available if required ("gas and air" or Entonox is usually given if you are finding the ECV too uncomfortable).

After the procedure

If you have a rhesus negative blood group an injection of 'Anti D' will be given.

You should telephone the hospital if you have bleeding, abdominal pain, contractions or your baby's normal pattern of movement changes.

What are the risks?

An ECV is a safe procedure, however as with any procedure there are potential risks. They include:

- Bleeding from behind the placenta, which may require delivery of the baby by caesarean section.
- The baby becoming distressed leading to an emergency caesarean section.
- Your waters breaking.
- The baby might turn back to the breech position.

Are there any alternatives?

- You can choose to continue with the baby in a breech position and opt for a vaginal birth.
- To have an elective (planned) caesarean section to deliver your baby.

Reference source

This information is based on the Royal Surrey County Hospital policy for Breech Presentation in the Antenatal Period and the Royal College of Obstetricians and Gynaecologists (RCOG) guideline External Cephalic Version and Reducing the Incidence of Term Breech Presentation (published by the RCOG in March 2017). You can find this online at: <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg20a/>

Contact details

If you have any concerns please do not hesitate to contact us.

Delivery Suite

Telephone: 01483 464133

The Pregnancy Advice Line

Telephone: 0300 123 5473

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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