GUIDE

External Cephalic Version (E.C.V.)

The Ottawa Hospital | L'Hôpital d'Ottawa

Disclaimer

This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified health-care provider. Please consult your own personal physician who will be able to determine if this information is appropriate for your specific situation.

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Introduction

Dear patient:

This booklet will provide you and your family with basic information about External Cephalic Version (E.C.V.).

Please review this with your health-care provider before the procedure.

What is it?

An external cephalic version involves turning the fetus (baby in the uterus) from a breech (bottom down) or a transverse (across) position to a cephalic (head down) position. The physician uses his/her hands and applies different pressures on the mother's abdomen to help turn the fetus.

Why is it done?

External cephalic version is done to avoid cesarean birth. Vaginal birth is the safer method for both mother and baby. A vaginal birth is possible for a baby in the breech position, although a cesarean birth is more common. Since there are risks with the cesarean birth, your physician may want to try to turn the fetus and let labour proceed more naturally.

If the woman is eligible, the physician will attempt an external cephalic version.

Who is eligible?

An external cephalic version can be done when:

- the fetus is in the breech or transverse position between 36 and 37 weeks gestation (closer to term);
- there is enough amniotic fluid (water) around the fetus (turning is easier);
- there is only one fetus (in the case of twins, the physician may try an external cephalic version after the birth of the first twin);
- no abnormalities of the uterus, placenta or fetus are present;
- pregnancy is uncomplicated.

Where is the procedure done?

The version is done by the physician in the OBS/GYN Ultrasound Unit. However, it may also be done in the Birthing Unit.

You are welcome to have one adult stay with you during the procedure. Unfortunately, the Ultrasound rooms are small and unable to accommodate young children. Please arrange for their care.

What is the preparation?

- You may have to restrict your food intake before the procedure. Your health care provider will discuss this with you.
- A full bladder is necessary. Drink two to three glasses of water about 30 minutes before the procedure.
- An ultrasound is done to confirm the fetal position, size, the amount of amniotic fluid and the placenta's position.

How is it done?

- You will be lying down with your head slightly lower than your feet.
- The obstetrician places two hands on your abdomen (external). He applies pressure gently to roll the fetus in a summersault motion, forward or backward (version), to turn the fetal head (cephalic) towards the pelvis.

You will feel a great deal of pressure during the version. However, it should not be painful. It can take about 5 minutes.

A non-stress test (monitoring of fetal well being) will be done after the procedure.

What are the risks?

Before the version, your health care provider will review the risks and benefits.

Figure 1. Right hand lifts breech out of pelvis. Left hand makes head follow nose. Flexion of head and back maintained throughout.

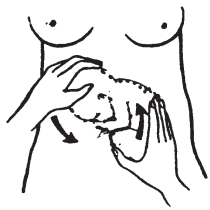

Figure 2. Flexion is continued. Left hand brings head downwards. Right hand pushes breech upwards.

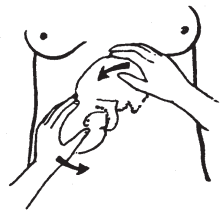

Figure 3. Pressure is exerted on head and breech simultaneously until head is lying at the pelvic brim.

Success rates vary. It depends on many factors. If the fetus does not turn easily or you cannot tolerate the procedure, the attempt will end. If the version was unsuccessful, the physician may try it again or arrange a cesarean birth at a later date.

Complications are rare. However, with manipulation of your uterus and fetus, the following may occur:

- onset of labour;
- early *breaking of waters*;
- bleeding from the placenta;
- fetal distress.

The procedure is done close to the Birthing Unit. If any complications occur, you will go there immediately for monitoring and, in some cases, prompt delivery.

What happens after?

- Your doctor may order a non-stress test (NST), a painless test that measures your baby's heart rate and how his or her heart rate changes when your baby moves. If you have an NST, you will relax in a reclining position with two sensors (attached by elastic belts) around your abdomen. These sensors are hooked up to the fetal monitor to record your baby's heart rate and any contractions you might be having. You may be asked to press a button whenever you feel your baby move. This marks the monitor tracing so that your baby's movement and heart rate can be compared. If your baby's heartbeat does not change much or if your baby does not move much, further testing might be needed. When a baby is asleep he or she may not move for a short period of time. This may require the test to continue a little longer.

- If your blood group is Rh negative, the nurse will give you an injection before leaving the unit.
- Watch for any unusual signs, such as bleeding, increased leakage of fluid from the vagina or decreased fetal movement. Let your physician know if any of these signs occur.
- There are no specific restrictions on your daily activities.

Resources:

If you require further information about external cephalic version, please ask your health-care provider.

Questions / Comments