External Cephalic Version

Information for women and their families

Women’s Health Division
Most babies are born head first but at the end of pregnancy, around 2% are found to be breech; 30% of babies being breech at 28 weeks and around 25% being breech at 32 weeks.

Before 37 weeks it doesn’t matter if your baby is breech, as there is a very good chance that the baby will turn spontaneously. After that time there are some babies that will turn themselves but it becomes less likely. If your baby remains in a breech position it will be necessary for you to discuss how you should deliver your baby.

**What does external cephalic version mean?**

External cephalic version (ECV) is a procedure used to turn a baby from a breech (bottom first) to a vertex (head down position).

**How can ECV help?**

If you have had a baby before it may be possible to have a vaginal breech delivery and you can discuss this with the obstetrician. If this is your first baby, and it is breech, it is generally considered safer to deliver by elective caesarean section. So if this is your first baby or you do not wish to try to deliver your baby bottom first, we can do an ECV which is performed after 37 weeks to enable you to attempt a normal vaginal delivery.
What are the risks of ECV?
All treatments and procedures have risks. The risks of ECV are low however about one in 200 (0.5%) babies need to be delivered by emergency caesarean section immediately after an ECV because of bleeding from the placenta and/or changes in the baby’s heartbeat.

What will happen if I choose not to have an ECV?
If you decide not to have an ECV we will support your decision. It will be necessary for us to discuss with you how you should deliver your baby and if this is your first baby it is generally considered safest to deliver by elective caesarean section.

What alternatives are available?
There is no scientific evidence that lying down or sitting in a particular position can help your baby to turn. Always ask if you are unsure or want further information.

How should I prepare for an ECV?
As there is a very small risk of you needing a caesarean section we would advise you bring an overnight bag for you and your baby.

What happens during an ECV?
On the day of the ECV you will need to be nil by mouth 6 hours prior to the procedure. An ultrasound is carried out to determine:

- The baby’s position
- Location of the placenta
- Amount of amniotic fluid

An electronic fetal heart monitoring will be carried out before and after the procedure to observe for potential but rare complications.

Before the procedure you will be given an injection of tocolytic medication which relaxes the uterus and prevents uterine contractions. When the uterus is relaxed the doctor will attempt to turn the baby. With both hands on the surface of your abdomen – one by the baby’s head and the other by the baby’s bottom, the doctor will push and roll the baby into a head down position.

You may feel some discomfort during the procedure depending on how sensitive your uterus is. You will be monitored post procedure for a short time and if all is well you can go home and resume normal activities.
What should I expect after ECV?

You may notice some mild abdominal discomfort following the procedure. You should telephone the hospital if you have bleeding, abdominal pain, contractions or reduced movements after ECV.

If you are rhesus negative you will need an Anti D injection post procedure.

Contact details

Direct line 020 7380 9400
Switchboard 0845 155 5000
Extension 76102
Website www.uclh.nhs.uk

Where can I get more information?
www.rcog.org.uk
(UCL Hospitals cannot accept responsibility for information provided by other organisations.)
How to find us

EGA Wing
(entrance in Grafton Way)

- Bus stop
- Underground Station
If you would like this document in another language or format, or if you require the services of an interpreter, contact Lola Daranjihoh on 0845 155 5000 ext. 9719.

**Turkish**

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**Bengali**

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**Cantonese**

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**Polish**

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**Russian**

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**Mandarin**

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