

Why might I need an ECV?

About three to four babies in every 100 will remain in a breech position at the end of pregnancy (after 37 completed weeks). 'Breech' means your baby is lying with his / her bottom or feet down near your pelvis, instead of the usual head first position.

Babies who remain in the breech position are at higher risk of complications during the birthing process, and many will need to be delivered by caesarean section.

One way to try and reduce the number of babies in the breech position near the end of pregnancy is to turn your baby while he /she is still in your womb. This is referred to as 'external cephalic version' or 'ECV'.

The likelihood of success for this procedure is around 50:50, but it is recognised that the number of Caesareans will be lower for those women who have a successful ECV. Many doctors and midwives offer ECV to women if it is discovered that their baby is breech prior to the onset of labour.

At the present time there isn't enough research evidence to say for sure whether alternative practices such as moxibustion (a traditional Chinese medicine technique) or changes in posture might reduce the number of breech babies at term.

An ECV is only attempted after 34 weeks gestation. All ECV procedures are undertaken by doctors experienced in ECV or under their direct supervision. Medications are usually recommended to relax your uterus; this improves the chances of success.

What is an ECV?

The procedure begins with you in a comfortable position lying on your back with your legs slightly bent at the knee. Your arms should be at your sides in order to relax your abdominal muscles.

The doctor begins by feeling the position of your baby's head and back and doing a short ultrasound to confirm your baby's position.

The next step involves moving your baby's bottom out of the pelvis and to one side. Once the bottom has been successfully moved out of the pelvis, your doctor will encourage your baby's head down toward the pelvis.

If rotating your baby forwards does not encourage him or her to move, turning your baby in a backward direction can also be tried. Each attempt to turn your baby should not last longer than five minutes, and the ECV will usually not be tried more than three times at any one visit.

Some discomfort during an ECV is common. It should not be painful and at all times the doctors involved will be mindful of you and any discomfort you are feeling. The ECV will be stopped if turning your baby is not easily achieved, if you tell us you are having discomfort or if your baby's heart rate trace shows that your baby is not happy.

Your baby's heart rate will be monitored before, from time to time throughout, and for 30 minutes following the ECV.

Your baby's position will also be confirmed by ultrasound scan at the end of the procedure.

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What could go wrong during an ECV?

The main risk is that you could go into labour or rupture your membranes. On rare occasions, you might also experience bleeding from the vagina. If this occurred and it was serious, your baby would need to be delivered by Caesarean section.

However it is believed that the risk of any of these events occurring is extremely small. Likewise, injury to the baby (such as fracture or a knot in the cord) is extremely rare – so rare that a precise figure cannot be calculated.

There is a small risk (about 2%) that blood from the placenta could enter your circulation following an ECV, which is a concern if your blood type is Rhesus negative. If you are Rhesus negative you will be offered an injection of 'anti-D' to prevent any complications related to this.

After your ECV

You may want to take 2 paracetamol after your ECV if you have some residual ache.

You should call the hospital if you have any bleeding, abdominal pain, contractions or your baby has reduced movements after your ECV.

Regardless of whether the ECV was successful, the type of birth and all other aspects of your care during the pregnancy, labour, and birth will be determined by you and your doctor or midwife.

For further information or to discuss the ECV procedure please contact the Charge Midwife Manager Delivery Suite.

Contact us

Department: Women's Health Service

Phone: (04) 8060 850

Extension 80850

Capital & Coast DHB

Phone: (04) 385 5999 **Email:**

info@ccdhb.org.nz

www.ccdhb.org.nz