



External Cephalic Version (ECV)

At the 36 week visit there is a check made for the baby's presentation. If the baby is in breech presentation, then the mode of delivery needs to be discussed. The options are to have a Caesarean section for breech delivery or to attempt an external cephalic version (ECV) to rotate the baby into a cephalic (head first) presentation and then await vaginal delivery.

The ECV can be an uncomfortable procedure. It is done in a hospital setting with access to an operating theatre in case there is a problem and a Caesarean section is needed immediately. It is normally done at approximately 37 weeks gestation.



The mother is scanned to check on the presentation of the baby and if the baby is breech, then medication is given to the mother to help relax the uterine muscle. This may be either given as tablets or a subcuticular injection. Either talc, or lubricant jelly is applied to the mothers' abdomen and an attempt is made to turn the baby to the head first position. This procedure is successful in 50 – 60% of cases. Once turned, the majority of babies will remain head first. Following ECV the baby is monitored with a CTG trace for 30 – 60 minutes.

The mother can expect to have some niggling contractions which will soon settle after an hour or two. If all is well, the mother is discharged home to be reviewed by her obstetrician in a few days.

Possible complications of ECV include rupture of the waters which may set off labour and require urgent Caesarean section, or the more serious complication of placental abruption (the placenta comes away from the uterus). Placental abruption causes serious acute fetal distress and also causes the mother serious pain, and often bleeding. It requires an ultra-urgent Caesarean section to save the baby and stop the bleeding. Women and their partners need to understand these possible complications before they undertake the ECV procedure.

If you have any queries please do not hesitate to contact us at info@ghealth.com.au