

Women's Health

What happens after the procedure?

- Your baby's heart rate will be monitored again on a CTG for at least 30 min. to check baby's response.
- You may be scanned again to make sure that baby is head down and the cord has not moved in front of baby's head.

If everything is normal after the ECV, whether baby has been successfully turned or not, you can go home.

If your blood group is rhesus negative, Anti-D in the form of an injection will be advised.

After the ECV if you have *pain or bleeding*, your *waters break*, or if your *baby's movements are reduced* you need to inform your LMC or the Birthing & Assessment phone 09 276 0262.

What is the success rate of ECV?

This depends on several factors including the following:

- How close you are to your due date.
- How much fluid is around the baby.
- How many babies you have had.
- How much your baby weighs.
- Where the placenta is positioned.
- How baby is positioned – if the baby's bottom is engaged in the pelvis, there is a lower success rate.

What are the risks of ECV?

- ECV has some risks including the following:
- Premature rupture of the membranes (waters break).
- Baby becomes distressed leading to emergency caesarean section.
- Some babies may not be able to be turned.
- Some babies will turn back to breech before birth.
- Blood loss may mean that baby needs to be born immediately.

What else can I do?

Acupuncture, or Moxibustion, an acupuncture technique, may be offered to women (at your own cost) with breech presentation to help baby turn. Ask your midwife or doctor about it.

Reference

CMH Guideline: Breech Presentation



www.countiesmanukauhealth.org.nz

 <p>COUNTIES MANUKAU HEALTH</p>	<p>Department: Women's Health</p> <p>Approved by: Director of Midwifery</p> <p>Owner: Midwife Educator</p>	<p>Updated: May 2017</p> <p>Review: May 2020</p>
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External Cephalic Version (ECV)

Turning a breech baby in the womb



Women's Health Division

What is ECV?

External cephalic version is a way to try to turn your baby in the womb.

This can be tried when your baby is in a bottom first (breech) position.

ECV is always performed by a specialist doctor in the hospital. The doctor will use his or her hands on the outside of your tummy to turn the baby (see pictures).

It is **strongly** recommended that you **do not use** traditional massage/fof'ó for turning your baby.

Instead an ECV is performed safely in the hospital, ready to deal with any emergency that may arise.

What is the main benefit of an ECV?

ECV increases the likelihood of you having a vaginal birth.

When can you not have an ECV?

If you have had any of the following you will not be offered this.

- Vaginal bleeding.
- The placenta (after birth/whenua) is near to or covering the opening to the uterus (womb).
- An abnormal heart rate pattern of the baby.

- An abnormally small baby.
- Low levels of liquor (fluid) in the bag or sac that surrounds and protects baby.
- Premature rupture of membranes (waters break).
- Multiple birth (e.g. twins/triplets).
- After discussion with the doctor, you decide not to have this done.
- Previous operation of the womb

When is it done?

This is attempted after about 37 weeks. If it is done sooner than this, the baby is more likely to turn back to bottom first (breech).

What can I expect?

- ECV is performed in a hospital by a Specialist. A midwife will be with you and you can bring a support person with you.
- Before the ECV, you will have an ultrasound (scan) to confirm that baby is still breech, and CTG (monitoring baby's heart beat)
- You could be given a Tocolytic, a medication that helps relax your womb.
- The Specialist will place his/her hands on your tummy and gently start to turn baby to head down.
- You will need to lie flat for this. The procedure may be uncomfortable but should not be painful.

These risks make it important that this is only attempted by a trained person and in a hospital where an immediate caesarean section could be done if needed.

