

Walsall Maternity Services

Appointment Information

Please arrive at the delivery suite;

Date

Time

Further information

If you do have any further questions feel free to ask your Doctor or Midwife.

You might find the following website useful
Royal College Obstetricians
<http://www.rcog.org.uk/womens-health/clinical-guidance/turning-breech-baby-womb-external-cephalic-version>

Contact:

Walsall Healthcare NHS Trust
Manor Hospital
Moat Road
Walsall
WS2 9PS
Tele No. 01922 721172

Delivery Suite: 01922 656283
Antenatal Clinic: 01922656576

**Turning your baby from
bottom (Breech) to
head down
Position in the womb.**

**External Cephalic
Version (ECV)**

What is breech (bottom) presentation?

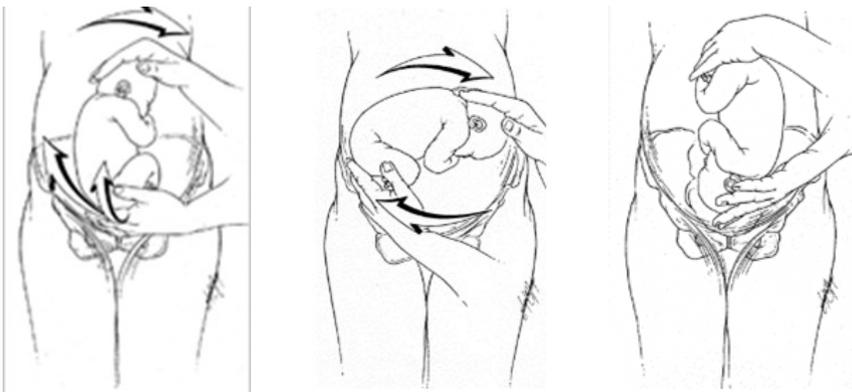
This is when the baby's bottom or feet, rather than head will be born first. It occurs in 3-4% of women after 37 weeks of pregnancy and it is unusual for the baby to turn head down after this time.

Is there anything I could do to help my baby turn to the head first position?

You might hear that if you get into certain positions such as 'knee to chest' it might help turn your baby. However, there is no research to suggest that it will work.

What is ECV?

It is now accepted practice across the world to try to turn babies into the head down position. This is where a doctor can turn your baby around whilst it is still inside your womb by pressing on the outside of your tummy. It usually takes a few minutes to do. ECV is usually done after 36 weeks, because the baby often turns without help before this time. Labour and delivery is then like any other baby.



Who can have ECV?

We do not attempt ECV if you have certain risk factors, which include a twin pregnancy, or if you have a planned caesarean section this time for another reason or if your waters have broken.. A doctor will discuss your suitability with you.

The benefits of an ECV?

If you have no other problems in pregnancy, the possible benefits of ECV are felt to outweigh any risks to you or your baby. The major benefit is that it increases your chance of a normal birth. This means that the risk to you and your baby are reduced compared with those of a breech birth or caesarean section. Medical guidelines recommend that ECV should be offered to most women with a baby who is breech.

How successful is it?

We succeed in about 5 out of 10 attempts. Sometimes the womb is a particular shape making ECV less successful. It is very unusual– for the baby to turn back again but some occasionally do.

Are there any risks to having an ECV?

We monitor the baby and do an ultrasound scan before and after. ECV is usually uncomfortable and relaxing as much as possible will help.

Problems caused by ECV are **very** rare and will be discussed in detail with you by the doctor who will be doing the ECV. In summary the risks are:

- The baby's umbilical cord can become tangled
- Separation of the afterbirth can occur
- Fetal distress

We monitor you and your baby carefully during the procedure as well as before and after. Any of the above risks will be picked up quickly.

If ever there should be an emergency we can perform a caesarean section in just a few minutes. You may need to be asleep (general anaesthetic) if we need to deliver the baby quickly. This happens in 1:200 cases (0.5%)

At home after ECV

After the ECV you might have slight discomfort. In the unlikely event of any vaginal bleeding, severe pain, or a reduction in the baby's movements you should contact the delivery suite for advice on **01922 656283 or 656246**.

How will the ECV be arranged?

Once you have agreed to have an ECV, you have read this leaflet and decided to still go ahead with the procedure, an appointment will be made for you to attend for the delivery suite at Manor Maternity Unit. Remember you can ask and discuss any concerns you have with the Doctor or Midwife at any time.

What should I expect on the day of ECV?

- You may have a light breakfast at 7:00am.
- We will do an ultrasound scan to find your baby's position.
- A drug called Terbutaline will be administered to you. It will not harm you or your baby and is given by a small injection just under the surface of your skin. It is given before the ECV to help your womb to relax.

We think that Terbutaline is more likely to make the ECV successful. It is usual for your heart to beat a little faster than normal following the Terbutaline but this is short lasting.

- An ECV will be attempted, it can be quite uncomfortable, but the doctor will stop at your request.
- After the ECV we will discuss other delivery options with you

Note: There is a slight chance that your ECV could be delayed if the delivery suite is exceptionally busy. Delays will be kept to a minimum where possible.

Are there any alternatives to having an ECV?

Yes there are. These are either:

- A planned Caesarean section birth (see separate leaflet available) or
- Vaginal birth

Although many births babies are born vaginally in the breech position, research does tell us that Caesarean section is a safer for your baby than a vaginal breech birth.