

Preparing for an ECV^(cont)

While the ECV procedure itself only takes a few minutes, monitoring you and your baby before and after can take up to two hours.

Before the ECV, an ultrasound will confirm that your baby is still breech and to check the baby's size and the amount of amniotic fluid. Your baby's heart rate will also be checked for about 20 to 30 minutes using a fetal heart monitor (called a CTG).

Depending on the facility's practices, you may be offered medication to help relax the muscles of the uterus. This medication can improve the chances of your baby turning. This medication is safe for both you and your baby and the effects last only for a short time after the ECV. You can refuse to have this medication if you do not wish to have it.

What happens during an ECV?

During the ECV, your baby's heart will be checked and you will be asked how you are coping with the ECV. It is normal to experience some pain or discomfort during the procedure. You can ask that the ECV be stopped at any time.

After the ECV

Your baby's heart rate will be monitored for at least 30 minutes after the ECV regardless of whether or not your baby has turned. After you go home, it is important that you contact your midwife, doctor or maternity service if you are worried or have any concerns or if you notice any of the following changes:

- Vaginal bleeding
- Vaginal fluid loss
- Your baby is less active than usual
- Abdominal (stomach) pain
- Contractions

If your baby turned to a head down position during the ECV, there is still a small chance that it will turn back to a breech position. The clinician may discuss with you the possibility of repeating the ECV.

Are there things I can do myself to turn my baby to a head first position?

It has been reported acupuncture and various exercises and positions are helpful in changing the presentation of your baby, however, their success has not been proved. Moxibustion, a type of herb available from Chinese medicine practitioners, has also been suggested as being helpful in correcting a breech position but its safety and benefits have not yet been demonstrated.

Other options for birth

If your baby remains breech, you will need to consider a vaginal breech birth or a caesarean section. Some hospitals offer vaginal breech birth and it may be an option to have your baby at one of these hospitals. An experienced clinician can assess your suitability for your preferred birth option.

Further information about these options is available in the brochure *Breech Baby at Term: Information about Your Care Options*.

Please call the number below if you have any further questions or concerns either before or after the ECV

Number:

If you have any questions or suggestions regarding this brochure, please provide this feedback to your healthcare provider.

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External Cephalic Version (ECV) for Breech Presentation

This information brochure provides information about an External Cephalic Version (ECV) for breech presentation. It can be used in discussions you will have with your midwife and/or doctor and help you in your decision making.

What is breech presentation?

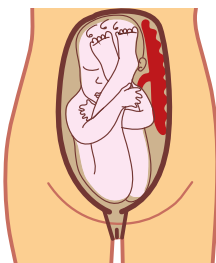
A breech presentation is when a baby is lying either bottom or feet first. Breech presentation can be common in early pregnancy. Most babies will turn by themselves into a head down position by about 37 weeks of pregnancy.

A small number of babies, about three to four per cent, will still be breech at 37 weeks. This will make a difference to your birth choices.

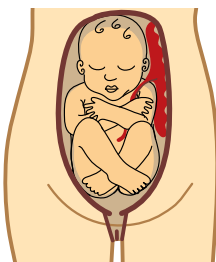
There are three common variations of breech presentation:

- **Extended or frank breech.** Where the bottom is coming first and the legs are straight up, thighs against the body, feet near the ears.
- **Complete or flexed breech.** Where the bottom and feet are coming first and the knees are bent.
- **Footling breech.** Where a foot or both feet are coming first.

Extended or frank breech



Flexed breech



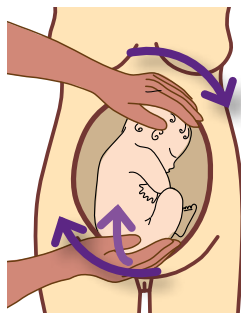
Footling breech



What is ECV?

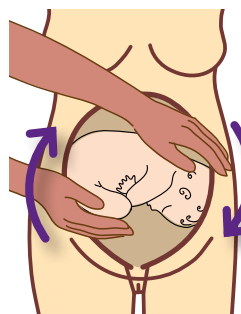
Women with a breech presentation towards the end of their pregnancy may have the option of ECV. ECV is a procedure where experienced doctors attempt to turn your baby from the breech presentation to head-first by placing gentle pressure on your abdomen with their hands (see below).

The turning itself can be uncomfortable but usually only takes a few minutes. You will be asked to lie flat, slightly rolled onto your left side. To start the ECV, the clinician lifts the baby's bottom out of your pelvic area and then applies gentle pressure behind your baby's head to encourage him or her to roll and be head down. The level of pain varies between women.



If you are uncomfortable at any time you can take a break or ask to stop the procedure. We do not recommend taking strong pain relief, as the clinician needs you to say how uncomfortable you are feeling.

The best time to perform an ECV is after 36 weeks of pregnancy, as your baby is more likely to turn on its own before this time.



Is ECV safe?

ECV is a safe procedure and complications are rare. The possible complications include bleeding from the placenta or changes to your baby's heart rate patterns (the risk is less than one per cent).

If you decide to try an ECV you and your baby will be observed closely throughout the procedure. If any problems arise, the ECV will be stopped. If there are ongoing concerns about you or your baby a caesarean section may be recommended, although this is a rare event.

Am I suitable to have an ECV and how likely is it to work for me?

An ECV would not be performed if your baby is not growing well, your placenta is low-lying or you have issues with your own health. Your doctor or midwife will discuss these issues with you and give you advice.

The chances of your baby turning to a head first position as a result of the ECV varies. The position of your baby and the skill of the clinician performing the procedure can affect the chance of turning. Recent figures suggest 40 to 50 per cent of ECV procedures turn the baby. There may be more of a chance that your baby will turn if you have previously had a baby.

If you wish to have an ECV but it is not an option at your facility, your clinician should refer you to a facility that does offer this procedure.

Preparing for an ECV

You should bring someone who can support you for the ECV and can take you home afterwards. If you are hearing impaired or require an interpreter, one can be organised for the time of your appointments or procedure. Please check with your midwife or doctor that this has been arranged for you.