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اگر نیاز به ترجمہ دارید، لطفاً با شماره 01932 723553 تماس بگیرید۔

ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ فون ਕਰੋ: 01932 723553

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यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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The turning of your breech baby using ECV Information for Pregnant Women

The turning of your breech baby using ECV

This leaflet has been provided to help answer some of the questions you may have about the turning of your breech baby

WHAT IS 'BREECH'?

'Breech' is used to describe when a baby is lying with their bottom down and their head up. This means that the baby would be born bottom first, rather than head first (which is the usual method).

When a baby is breech, there are more likely to be problems during labour and delivery than if it is head first. Although, overall it is safer for a breech baby to be born by caesarean section, it is not as safe for the mother. There may also be increased complications in future pregnancies. For this reason, we try to turn the baby from breech to head first rather than performing a caesarean section.

WHAT IS EXTERNAL CEPHALIC VERSION?

External cephalic version (ECV) is a procedure in which a doctor tries to turn a breech baby so that it is lying head first. The advantage of ECV is that it reduces the need for caesarean section in about half of women with breech babies.

- you start to bleed
- you think you are in labour

HOW DO I MAKE A COMMENT ABOUT MY TREATMENT?

We aim to provide the best possible service and staff will be happy to answer any questions you may have. If you have any suggestions or comments about your visit, please either speak to a member of staff or contact the Patient Advice and Liaison Service (PALS) on 01932 723553.

FURTHER INFORMATION

www.rcog.org.uk/womens-health/patient-information

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

Author: Miss D Rajeswari, Miss M Sultana

Department: Women's Health

Version: 2

Published: June 2018

Review: June 2020

discuss the timing of a caesarean section (this to remember that on the day of caesarean section you will have another ultrasound scan to confirm that the baby is still in breech position, and if the position has changed naturally and the baby is with head down then you will not need caesarean section to deliver the baby).

If your blood group is rhesus negative, you will be offered an injection of anti-D after the procedure.

WHAT HAPPENS AFTERWARDS?

Once you have had the ECV, we will either give you a date for your next antenatal appointment or a date to come in for the birth of your baby by caesarean section. You can then go home and resume normal activities.

Please note:

There is a less than 5% chance that after ECV, your baby will return to breech position. If this happens, you may be offered a 2nd ECV or a Caesarean section.

IS THERE ANYTHING I NEED TO WATCH OUT FOR AT HOME?

Please contact maternity Triage **01932 722385** if:

- you think your baby is moving less than usual
- you think your waters have broken

The chance of ECV working depends on a number of factors, such as the position of the placenta, whether you have had a baby before and how the baby is lying. The doctor will discuss this with you and answer any questions or concerns you may have.

Evidence suggests the success of the ECV can be improved by relaxing the uterus (womb) prior to the procedure. If it is felt that you require this treatment, you will be given medication about half an hour before ECV is carried out. The doctor will discuss this with you beforehand.

ARE THERE ANY ALTERNATIVES TO ECV?

ECV is the only way of getting the baby into a 'head first' position. The alternatives for a breech baby are either to see if the baby turns to the correct position on their own, or to perform a caesarean section.

There is insufficient evidence to recommend alternative therapies (for example - moxibustion with acupuncture).

ARE THERE ANY RISKS ASSOCIATED WITH ECV?

The risks of ECV are very small indeed. There is a very small risk of ECV causing bleeding, breaking of the waters or a slowing of the baby's heart, which will be monitored. In very rare cases, an emergency caesarean section may be necessary (0.5%). This means that for every 200 women having ECV, one woman may require emergency delivery by caesarean section.

CONTRAINDICATIONS TO ECV

There are few absolute contraindications to ECV. These are:

- Antepartum haemorrhage (Bleeding in the previous 7 days)
- Uterine anomaly (eg bicornuate uterus)
- Ruptured membranes
- Abnormal CTG
- Multiple pregnancy

Relative Contraindication:

- Small for gestational age
- Oligohydramnios (reduced liquor volume)
- Scarred uterus
- Unstable lie
- Fetal anomaly

WHEN IS AN ECV CARRIED OUT?

ECV is generally done after 36 weeks of gestation. This means the baby has a chance to turn naturally.

DO I HAVE TO HAVE AN ECV?

Because the risk of complications is small, we advise all women with a breech presentation after 36 weeks and without absolute

contraindications to consider ECV. The benefits of avoiding caesarean section and possible complications in later pregnancies are considerable.

If you do not want to have an ECV, the decision about how best to deliver the baby will be discussed with you in the antenatal clinic by your consultant.

WHAT HAPPENS DURING ECV?

The antenatal clinic will give you an appointment for the ECV Clinic, which is held in the Labour Ward at St. Peter's Hospital. No special preparation is needed before your appointment and you may have a light breakfast on the day.

An ultrasound scan will first be done to check that the baby is still breech and cardiotocograph (CTG, or heart beat tracing of the baby) that it is safe for the doctor to turn the baby.

The doctor will discuss the procedure with you in more detail before asking you to sign a consent form.

You may be given medication to relax the uterus (womb) before the ECV is done. While you are lying on the bed, the doctor will very slowly and gently apply pressure to your abdomen to try to persuade the baby to turn. This takes between 5 and 10 minutes.

At the end of the procedure, the doctor will do another ultrasound scan and a further CTG. They will then discuss the plan for the birth with you. If the ECV was unsuccessful, the doctor will