



External Cephalic Version (ECV)

A 26 year old (para 0+0) presents and thirty eight weeks for an induction of labour. Examination reveals an uncomplicated breech presentation. The consultant asks you to go speak to the patient and suggest External Cephalic Version (ECV). Explain these procedures to the patient and any subsequent management.

Intro (1)

Check correct patient (1)

Quick History (1)

Explain situation (1)

Explain breech and associated difficulties (1)

Explain ECV - (3)

- *Procedure:*
 - *CTG and USS;*
 - *fasting not usually necessary but theatre access should be close at hand;*
 - *mother lies flat with a 30° lateral tilt;*
 - *if uterine is not soft – IV ritodrine (β_2 agonist, relaxes smooth muscle) infusion at 200 μ g/min for 15 mins;*
 - *application of scanning gel allows easier manipulation and permits scanning during the procedure;*
 - *disengage the breech and attempt to rotate in the direction that the baby is facing (i.e. forward roll);*
 - *check fetal HR every 2 mins throughout;*
 - *if unsuccessful, return to breech rather than leave transverse;*
 - *give anti-D 500 IU i.m. if rhesus –ve.*
 - *Success rate: (1)*
 - *primip \approx 30%.*
 - *multip \approx 50%.*
 - *ECV is most likely to be successful when the presenting part is free, the head is easy to palpate and the uterus feels soft.*
 - *Risks: (1)*
 - *Adverse outcomes related to ECV are rare – with no increased risk of antepartum fetal death and only a non-significant increase in onset of labour within 24 hours and nuchal cord found in one systematic review.*
- Explain what happens if unsuccessful – reattempt 2 days later, C Section or attempted birth (1)*
- *Absolute contraindications: (1)*
 - *placenta praevia (caesarean section will still be required);*
 - *multiple pregnancies;*
 - *abruption.*
 - *Relative contraindications: (1)*
 - *pre-eclampsia;*
 - *fetal growth restriction.*