



CHANGING THE POSITION OF YOUR BABY

The most common way for babies to be born is head first. In the last few weeks of pregnancy, most babies settle themselves with their head in a downward position, ready for birth. Some babies however, position themselves with their bottom down. This bottom down position is called a breech position. If your baby is in the breech position, our doctors and midwives can help to turn your baby. This information explains how.

What is an external cephalic version?

External cephalic version (ECV) is when the doctor or midwife applies gentle pressure to a baby's head and bottom, encouraging them to roll over into a head down position – see images below.

Doctors and midwives in our Breech Clinic at the Women's Parkville have many years of ECV experience or are supervised by those who do.



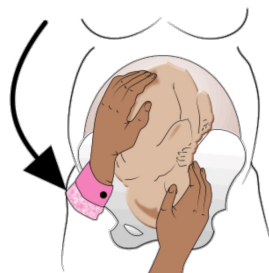
Baby in breech position



Baby's bottom guided out of the pelvic and encouraged to turn



Guiding continue as baby begins to somersault



Baby now in the head down position

What might it mean for you?

In most cases, babies in a breech position are born by caesarean (section), an operation used to deliver the baby. Planned vaginal breech birth is generally not available. A successful ECV means that you can birth your baby in a normal head down vaginal birth. You may not need an operation.

How successful is it?

For a first baby, the success rate is about 40 per cent (or two in five babies). If you have had a baby before, it increases to 60 per cent (or three in five babies). If turning your baby is successful most women will go on to birth their baby vaginally.

Babies can sometimes turn back to a breech position after a successful ECV, but this is not common. About four per cent (or one in twenty-five) babies may turn back. About the same number of babies who fail to turn at ECV may turn by themselves.

Is it safe?

Research shows that ECV is generally safe. The complication rate is very low, at around one per cent or one in one hundred. At the Women's, ECV is only provided by experienced doctors or doctors and midwives under supervision.

Is it uncomfortable?

ECV only lasts for a few minutes and most women find the procedure mildly uncomfortable. Although some women do find the procedure painful, most women say they would do it again.

What can I expect?

Talk with your team doctor or midwife if you would like to try this procedure. They will arrange an appointment for you.

The procedure only takes a few minutes but you should plan to be in the hospital for 2 to 3 hours. This is to make sure that the baby is well before and after the ECV.

A midwife will monitor your baby's heartbeat for about 30 minutes before the ECV.

The Breech Clinic doctor and midwife will review your medical notes and ultrasound. They will explain the procedure and if you agree, they will perform the ECV.

You may be given an injection of a medicine called terbutaline to help relax your womb and make the ECV easier. This medicine is quite safe in pregnancy and most women have no side-effects from it. Some women may feel flushed and shaky for a little while.

You will be asked to empty your bladder and then your doctor or midwife will do an ultrasound to see what position your baby is lying in, just in case this has changed.

Your doctor will then lift your baby's bottom up out of your pelvis and move it to one side, gently easing your baby's head downwards to encourage a forward somersault. This may be all that is needed for your baby to quickly kick itself around to a head-first position. Some babies need more help and a backwards roll may be encouraged to change their position.

If there is no change after about 5 minutes of gentle pressure, the ECV will stop. We never force a baby and only use gentle pressure.

Your baby will be checked for about an hour after the ECV. If your blood group is rhesus negative, you will need an injection of anti-D.

What happens if my baby turns?

If the ECV is successful, your usual team will continue to provide your pregnancy care and you will wait for labour to begin.

What if it does not work?

If the ECV is not a success, your doctor or midwife will discuss caesarean birth with you. Your team doctor will organise this for you before you go home.

After the ECV

You should come into the Women's Emergency Care if you:

- are worried that your baby is not moving about as usual
- think your waters have broken
- have any vaginal bleeding
- have any abdominal pain.

Remember to tell the midwife looking after you that you have had a recent ECV.

These problems are uncommon and occur in about 1 in 100 women who have an ECV.

For more information

**Breech Clinic at the Women's
Pregnancy Day Care Centre**
1st Floor
Royal Women's Hospital
T: (03) 8345 2170

