

Te Whatu Ora

Health New Zealand

Capital, Coast and Hutt Valley

Hutt Maternity

Turning a breech baby

Information on External Cephalic Version (ECV)

What is breech?

Breech means that your baby is lying bottom or feet first in the womb (uterus). In early pregnancy breech is very common. As pregnancy continues, a baby usually turns by itself into the head first position. Between 37 and 42 weeks (term), most babies are lying head first, ready to be born.

What is External Cephalic Version (ECV)?

Vaginal breech birth is more complicated than cephalic birth. Your obstetrician or midwife may discuss trying to turn your baby to a head-first (cephalic) position to increase your chance of having a vaginal birth.

This technique is called external cephalic version (ECV). Gentle pressure is applied on your abdomen (tummy) which helps the baby turn a somersault in the womb to lay head first.

When can it be done?

ECV is usually tried after 37 weeks. Depending on your situation, ECV can be done right up until you give birth.

Does ECV always work?

ECV is successful for about half of all women (50%). Relaxing the muscles of the womb with medication is likely to improve the chance of success. This medication will not affect the baby. You can help by relaxing your abdominal (tummy) muscles. If the baby does not want to turn, it is possible to have a second attempt on another day.

If the baby does not turn after a second attempt, your obstetrician or midwife will discuss your options for birth.

Is ECV safe for me and my baby?

ECV is generally safe and does not cause labour to begin. The baby's heart will be monitored before and after the ECV.

Like any medical procedure, complications can sometimes occur. About one in 200 (0.5%) babies need to be delivered by emergency caesarean section immediately after an ECV because of bleeding from the placenta and/or changes in the baby's heartbeat. In very exceptional circumstances there is a risk of fetal death following an ECV.

ECV at Hutt Hospital is done in Birthing Suite by an obstetrician.

Is ECV painful?

ECV can be uncomfortable. Tell your obstetrician or midwife if you are experiencing pain so they can move their hands or stop.

ECV should not be carried out if:

- You need a caesarean section for other reasons
- You have had vaginal bleeding during the previous seven days
- The baby's heart rate tracing (also known as a CTG) is abnormal
- Your womb is not the normal pear-shape (some people have a womb which resembles a heart-shape, known as a bicornuate uterus)
- Your waters have broken before you go into labour
- You are expecting twins

You have been booked in on:

Please arrive at Birthing Suite at _____ time.

At home after ECV

After your ECV you should telephone your Lead Maternity Carer (LMC) if you have any

- bleeding
- abdominal pain
- contractions
- you think your baby is moving less than usual (reduced fetal movements)

There is no scientific evidence that lying down or sitting in a particular position can help your baby to turn.

Always ask if you are unsure or want further information.

Sources and acknowledgements

This information is based on the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) guideline Breech Presentation at the End of your Pregnancy 2021 and Clinical Statement C-Obs 11 Management of Breech Presentation at Term (2021).

For more information contact:

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