GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

Protocol for

External Cephalic Version

Specialty:	Maternity
Date Approved:	February 2020
Approved by:	Labour Ward Forum
Date for Review:	February 2023

Version 3

External Cephalic Version

External cephalic version should be offered to women presenting with a breech presentation from 36 weeks gestation (there is some evidence that earlier ECV from 35 weeks in primiparous women is associated with better success rate and can be considered). Procedure should be performed by trained staff with facilities for immediate delivery due to possible complications.

Absolute contra-indications

Where caesarean is indicated (>1 previous caesarean section, classical caesarean, previous myomectomy, low lying placenta, maternal medical conditions with risks at vaginal delivery)

Uterine anomaly

Low lying placenta

Vaginal bleeding or history of APH in the last 7 days

Severe hypertension requiring expedited delivery

Abnormal CTG

Ruptured membranes

Multiple pregnancies (except delivery of 2nd twin)

Relative contra-indications

Small-for-gestational-age with abnormal Doppler

Major fetal anomaly

Protein uric pre-eclampsia

Oligohydramnios

Scarred uterus (1 previous caesarean)

Unstable lie

Pre-procedure guidance

Women should be provided with written information (ECV Leaflet) on ECV. Also discuss further management plans if ECV fails (possibility of a vaginal breech delivery or elective caesarean section) and document in the notes.

Procedure

1. Check rhesus status (if rhesus negative will require kleihauer and prophylactic anti-D).

2. Perform CTG for 20 minutes to ensure fetal well-being.

3. Perform USS to confirm breech presentation.

4. Position patient in the dorsal position lying on the bed with a slight tilt to the left or right side. Some practitioners also tilt the bed, placing the women partly head down.

5. Consider terbutaline 0.25mg (subcutaneous / IV slowly) as it has been shown to increase success rate (caution – watch for palpitations and warn patient of possible nausea).

6. Perform ECV.

7. Check if ECV has been successful by performing USS after the procedure.

8. Repeat CTG for 30 minutes to ensure fetal well-being.

Note – If ECV unsuccessful and no tocolytic has been used, consider repeating after administering relevant tocolytic (see step 5 above).

Further management

If ECV is successful, patients should be managed as usual for a cephalic presentation. Appointment should be made in a week's time with midwife to confirm presentation.

If ECV is unsuccessful, then a repeat attempt should be considered in 1 week if patient consents.

Book elective CS for 39 weeks if patient wants CS.

References:

RCOG Guideline No. 20a

Directorate of Women & Child Health

Checklist for Clinical Guidelines being Submitted for Approval

by Quality & Safety Group

Title of Guideline:	Protocol of External Cephalic Version
Name(s) of Author:	Labour Ward Forum
Chair of Group or Committee supporting submission:	Madhuchandra Dey
Issue / Version No:	3
Next Review / Guideline Expiry:	2020
Details of persons included in consultation process:	Labour Forum
Brief outline giving reasons for document being submitted for ratification	Requires review as previous out of date
Name of Pharmacist (mandatory if drugs involved):	Not applicable
Please list any policies/guidelines this document will supercede:	Protocol for External Cephalic Version (2016)
Keywords linked to document:	ECV, Cephalic
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* To be completed by Author and submitted with document for ratification to Clinical Governance Facilitator