

Turning your breech baby to a head-down position (External Cephalic Version)

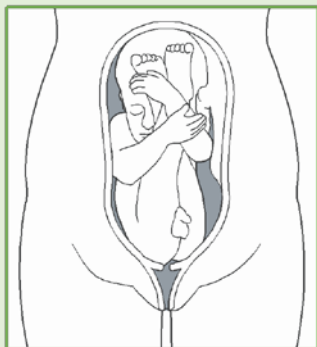
This leaflet explains more about External Cephalic Version (ECV), including the benefits and risks. It will also describe any alternatives and what you can expect when you come to hospital.

If you have any further questions, please speak to a doctor or midwife caring for you.

What is a breech position?

A breech position means that your baby is lying with its feet or bottom in your pelvis rather than in a head first position. This is common throughout most of pregnancy, but we expect that most babies will turn to lie head first by the end of pregnancy. If your baby is breech at 36 weeks of pregnancy it is unlikely that it will turn into a head down position on its own. Three in every 100 babies will still be in a breech position by 36 weeks.

A breech baby may be lying in one of the following positions:



Extended or frank breech – the baby is bottom first, with the thighs against the chest and feet up by the ears. Most breech babies are in this position.



Flexed breech – the baby is bottom first, with the thighs against the chest and the knees bent.



Footling breech – the baby's foot or feet are below the bottom.

Pictures reproduced with permission from 'A breech baby at the end of pregnancy' published by The Royal College of Obstetricians and Gynaecologists, 2008.

What causes breech?

Breech is more common in women who are expecting twins, or in women who have a differently-shaped womb (uterus). However, there is no overall cause for a baby to lie in a breech position and it is often just 'one of those things'.

What is an ECV?

An ECV is the process of turning a baby from a breech to a head-down position. This is done by applying gentle pressure on your abdomen to encourage the baby to do a 'somersault'.

Why should I have an ECV?

The aim of an ECV is to turn your baby so that it can be born head-first. This increases your chances of having a normal birth.

What are the risks of an ECV?

The risks associated with ECV are very small. Very occasionally the baby can become distressed. This leads to approximately one in 200 babies being delivered by emergency caesarean section immediately after an ECV due to changes in the baby's heartbeat or bleeding from the placenta.

When can an ECV be done?

ECV is usually offered when you are 36-37 weeks pregnant, as we estimate that most babies should have turned on their own by this stage and it would allow time for your baby's head to engage, ready for birth. However, depending on your situation, it can still be performed successfully later in pregnancy.

Does an ECV always work?

At St Thomas' we successfully turn about 50% of babies. This is the same as the national average. In less than 1% of cases the baby turns back. The most common reason why the ECV may not work is because your baby's bottom has become engaged in your pelvis and we cannot move it. If the ECV is unsuccessful you may be offered a second ECV depending on individual circumstances. Your doctor or midwife will discuss this with you at the time. In less than 1% of cases the baby will turn back to its original position.

Is there an alternative to an ECV?

An ECV is the most effective way to turn a baby. The use of moxibustion (a form of acupuncture) may be effective between 34-36 weeks of pregnancy, or some women like to try lying or sitting in a particular position to help the baby turn. There is no scientific evidence to support the effectiveness of either of these. We don't currently offer an alternative to an ECV.

The Breech Clinic

You have been offered an appointment at the breech clinic. This appointment may take most of the day. Please bring books or magazines with you as there may be long waiting times.

What happens at the clinic?

At the clinic we will:

- Perform an initial scan to confirm if your baby is in the breech position.
- Perform a detailed growth scan if your baby is breech.
- Have a discussion with you regarding the best plan for you and your baby.
- Try to turn your baby if this appropriate.
- Make a plan for birth with you if the baby remains breech.

Confirming that your baby is breech

You will receive a scan when you first arrive at the clinic to confirm your baby's position, we refer to this as a presentation scan. If your baby is head first, no further action is needed and you can continue with your antenatal care as originally planned.

If your baby is found to be breech we will arrange for you to have a detailed growth scan on the same morning. This helps us to decide whether an ECV is the right option for you. This would depend on the exact position of the baby, the placental location and the amount of amniotic fluid around the baby. If we decide that an ECV is suitable we will discuss the procedure with you. You can ask any questions or address any concerns you may have. We will give you time to decide if you would like to proceed with an ECV in the afternoon.

What happens during an ECV?

You will be given an injection of a medicine called Salbutamol under your skin. This relaxes the muscles in your uterus (womb) and makes it easier to turn your baby. You may notice that your heart starts to beat faster but this is not dangerous and usually wears off after three minutes. There is no risk to you or your baby from receiving this medication.

The use of Salbutamol for this is unlicensed. This means that although the manufacturer of the medicine has not specified it can be used in this way, there is evidence that it works to treat this particular condition. This is why it is important for you to read our leaflet **Unlicensed medicines – a guide for patients**, which has more information about this subject. If you would like a copy, please ask your doctor, nurse or pharmacist. Alternatively you can call the Pharmacy Medicines Helpline – contact details are at the end of this leaflet.

While you are lying down on the bed the specially trained doctor or midwife will place their hands on your abdomen, under the baby's bottom. Gently but firmly, your baby will be moved in a forwards or sometime a backwards roll. The procedure will take approximately 10 minutes. We will monitor your baby's heartbeat closely.

Will I feel any pain?

An ECV can be uncomfortable. Please tell the doctor or midwife to stop if you are experiencing pain. If this happens they may be able to move their hands to a more comfortable position for you. The ECV can be stopped at any time if necessary.

How can I prepare for an ECV?

Eat a normal breakfast before 8am. You can drink water between the initial scan and your ECV in the afternoon. Please bring lunch to eat once the ECV procedure is complete and we have monitored your baby. This is a precaution in case you need an emergency caesarean section.

What happens after an ECV?

We will confirm the position of your baby using an ultrasound scan and then monitor your baby's heartbeat for around 30 minutes to ensure that your baby is not distressed.

If you have a Rhesus negative blood group, you will be offered a blood test and an anti-D injection after the procedure.

What do I need to do after I go home?

You should telephone the hospital if you have bleeding, abdominal pain or if you think your baby is not moving around as much as usual after an ECV.

Will I have a follow-up appointment?

If your ECV is successful you will be given an appointment to come back in one week to check that the baby is still head down.

What if my baby remains breech?

If your baby remains breech the next step is to decide what kind of birth you would like to have - a vaginal breech birth or a caesarean section.

There are benefits and risks associated with both caesarean delivery and vaginal breech birth and these should be discussed with your doctor and/or midwife at the breech clinic so that you can choose the best plan for you and your baby.

Aftercare for your baby

When babies are in a breech position after 36 weeks of pregnancy there is a slightly increased risk of unstable hips (around 1 to 2 in 1000 babies has a hip problem that requires treatment). Your baby will be offered a hip assessment after birth and an ultrasound scan at six weeks of age to assess the stability of their hip joints.

Useful sources of information

Cochrane review on ECV:

http://www.cochrane.org/CD000083/PREG_external-cephalic-version-for-breech-presentation-at-term

Royal College of Obstetricians guidance on breech presentation:

<https://www.rcog.org.uk/globalassets/documents/guidelines/gtg-no-20b-breech-presentation.pdf>

Steps guide to hip development:

<http://www.google.co.uk/url?url=http://www.steps-charity.org.uk/Download-document/15-Baby-Hip-Health-A-Guide-to-Hip-Development.html&rct=j&frm=1&q=&esrc=s&sa=U&ved=0CCAQFjACahUKEwjn3ZvYqtjIAhXMWxoKHaQTCIM&usq=AFQjCNF6Wvi5c7qJHjFfXHnnGqc8Q3VcYg>

Contact us

The Breech Clinic runs every Monday and Wednesday in the Antenatal Day Unit (ADU)

If you have any questions or concerns about ECV, please contact ADU on 020 7188 1722 or 0207 188 1723.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch:

t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

Get involved and have your say: become a member of the Trust

Members of Guy's and St Thomas' NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, and to become a member:

t: 0800 731 0319 **e:** members@gstt.nhs.uk **w:** www.guysandstthomas.nhs.uk/membership

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