

Breech baby and external cephalic version (ECV)

Maternity Department

Patient Information Leaflet



Introduction

This leaflet is for women whose baby is breech. Your consultant has suggested that you have a procedure known medically as external cephalic version (ECV). This leaflet gives more information on what breech means, the ECV procedure and giving birth if your baby is breech.

Date of ECV.....

Please ring ext. 3053 at to confirm admission time.

What is a breech baby?

Breech means that your baby is lying bottom or feet first in the womb instead of in the usual headfirst (cephalic) position. In early pregnancy, breech is very common. As pregnancy continues, a baby usually turns naturally into the headfirst position.

Between 37 and 42 weeks of pregnancy (term), most babies are lying headfirst ready to be born. Towards the end of pregnancy, only 3–4 in every 100 (3–4%) babies are in the breech position

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 or complete 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.

Why are some babies breech?

Usually, it is just a matter of chance that a baby does not turn and remains in the breech position. Occasionally, certain factors make it difficult for a baby to turn during pregnancy. These include:

- The amount of fluid in the womb, either too much or too little
- First pregnancy
- The position of the placenta
- When there is more than one baby in the womb
- The shape of the womb

The vast majority of breech babies are healthy when they are born. However, for a few babies, being breech may be a sign that there is a problem. All babies will have a newborn examination before they leave the Maternity Unit to check if there are any problems.

What if my baby is breech towards the end of my pregnancy?

If your baby is breech at 36 weeks of pregnancy, your healthcare professional will discuss the following options with you:

- trying to turn your baby in the uterus into the head-first position by external cephalic version (ECV)
- planned caesarean section
- planned vaginal breech birth.

What is ECV?

It is a procedure where pressure is applied on your abdomen by your obstetrician or midwife which may help the baby turn in the womb to lie head down. Before and after ECV, you will have an ultrasound to check the baby's position.

When can it be done?

ECV is usually tried at 36 or 37 weeks of pregnancy. Depending on your situation, ECV can be attempted right up until you give birth. This will be individually assessed by an obstetrician.

What are the benefits of ECV?

Giving birth to a breech baby is more complicated than if your baby is in a head down position. If the ECV is successful, it reduces this complication and increases the likelihood of having a vaginal birth.

Does ECV always work?

ECV is successful for about half of all women. Your obstetrician or midwife should give you some guidance about your own individual chance of success.

We will give you an injection of medication into your thigh which relaxes the muscle of the womb. This increases the chance of success. This medication will not affect the baby. You can help by relaxing your abdominal muscles while the procedure is being carried out.

If the baby does not 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. It is very rare for a successfully turned baby to turn back again.

Is ECV safe for me and my baby?

ECV is very safe and does not cause labour to begin. The baby's heart will be monitored before and after the ECV. However, like any medical procedure, complications can sometimes occur.

Very rarely, (about one in 200 cases) the baby needs to be delivered by emergency caesarean section immediately after an ECV. This is usually due to bleeding from the placenta and/or changes in the baby's heartbeat.

When you do go into labour, your chances of needing an emergency caesarean section, forceps or vacuum (suction cup) birth are slightly higher than if your baby had always been in a head-down position.

The ECV is performed in the Maternity Unit so that the baby can be delivered by emergency caesarean section, if necessary.

ECV will not be carried out if:

- You need a caesarean section for other reasons.

- You have had vaginal bleeding during the last seven days.
- The baby's heart rate tracing (also known as a CTG) is abnormal.
- Your womb is not the normal shape.
- Your waters have broken before you go into labour.
- You are expecting twins or more. However it may be performed if, during delivery, your last baby is breech or not in the correct position to be born.

Is ECV painful?

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

What if I am Rh-negative?

If your blood type is rhesus D negative, you will be advised to have an anti-D injection after the ECV and to have a blood test.

What should I look for after ECV?

If you have bleeding, abdominal pain, contractions or your baby's movements are reduced after ECV, you should telephone the Maternity Unit on 01384 456111 ext. 3053.

What else I can do to help my baby turn?

Some people believe that lying down or sitting in a particular position can help your baby to turn. Some complementary practitioners, such as acupuncturists, will also offer treatments. There is no scientific evidence for this.

There is some evidence that the use of moxibustion (burning a Chinese herb called mugwort) at 33–35 weeks of pregnancy may help your baby to turn into the head-first position, possibly by encouraging your baby's movements. This should be performed under the direction of a registered healthcare practitioner.

What are my options for birth if my baby remains breech?

ECV may be unsuccessful, inappropriate or just not for you. In this case, your options are:

- Vaginal breech birth
- Caesarean section

There are benefits and risks associated with both caesarean delivery and vaginal breech birth. These will be discussed with you by your obstetrician and/or midwife, so you can choose the best plan for you and your baby.

Vaginal breech birth

A vaginal breech birth is a choice for some women and their baby. However, it may not be recommended as safe in all circumstances. It is more complicated than normal birth, as the largest part of the baby is last to be delivered and in some cases this may be difficult.

Before choosing a vaginal breech birth, we will assess you and your baby. Your obstetrician may strongly advise you against a vaginal birth if:

- Your baby is a footling breech
- Your baby is very large or very small
- You have had a caesarean delivery in a previous pregnancy

What can I expect in labour with a breech baby?

You can have the same choice of pain relief as with a baby that is headfirst. If you have a vaginal breech birth, your baby's heart rate should be continuously monitored.

In some circumstances, you may need to have an emergency caesarean delivery during labour. We may need to use forceps to assist your baby to be born. This is because the baby's head is the last part to emerge and may need to be helped through the birth canal. A paediatrician (a specialist in the medical care of children) will attend the birth to check your baby.

What if my baby is coming early?

The obstetrician will discuss your birth plan with you in case you go into labour before 37 weeks of pregnancy.

What if I am having more than one baby and one of them is breech?

If you are having twins and the first baby is breech, your obstetrician will usually recommend a caesarean delivery. The position of the second twin before labour is less important at this stage, as the baby can change position as soon as the first twin is born. The second baby then has lots more room to move around.

If you are having more than two babies, this will be discussed with you by your obstetrician.

Caesarean section

The Royal College of Obstetricians and Gynaecologists (RCOG) and the National Institute for Health and Clinical Excellence (NICE) recommend that a planned caesarean delivery is safer for a baby that is still breech at full term.

Caesarean delivery carries a slightly higher risk for you than having a vaginal breech birth. There may be long-term effects in future pregnancies either for you or your babies. Your obstetrician will discuss this with you in more detail.

If you choose a caesarean delivery and then go into labour before the operation, the obstetric team will assess whether it is safe for you to have a caesarean delivery. If the baby is close to being born, it may be safer for you to have a vaginal breech birth.

Can I find out more?

You can find out more from the following weblinks:

NCT

<https://www.nct.org.uk/birth/breech-birth>

NHS Choices

<http://www.nhs.uk/conditions/pregnancy-and-baby/pages/breech-birth.aspx>

Royal College of Obstetricians and Gynaecologists

<https://www.rcog.org.uk/en/patients/patient-leaflets/breech-baby-at-the-end-of-pregnancy/>

<https://www.rcog.org.uk/en/patients/patient-leaflets/turning-a-breech-baby-in-the-womb/>

References

Royal College of Obstetricians and Gynaecologists (2008) *Turning a breech baby in the womb (external cephalic version)*.

London: RCOG. Available at:

<<https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/turning-a-breech-baby-in-the-womb-external-cephalic-version.pdf>>

Royal College of Obstetricians and Gynaecologists (2008) *A breech baby at the end of pregnancy*. London: RCOG. Available at:

<<https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/a-breech-baby-at-the-end-of-pregnancy.pdf>>

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Maternity unit on 01384 456111 ext. 3351

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/maternity/>

If you have any feedback on this patient information leaflet, please email patient.information@dgh.nhs.uk

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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