

TURNING YOUR BREECH BABY: INFORMATION & CONSENT

The Procedure

- External Cephalic Version (ECV) involves trying to turn the baby to a head down position in order to better facilitate a vaginal birth. This procedure is performed in the hospital with the use of ultrasound to monitor the baby's well-being throughout.
- One or two physicians will push on your abdomen to encourage the baby to perform a forward or backward roll. Several attempts may be undertaken if you choose. A medication (nitroglycerine) is used to relax the uterus during the procedure. This is a safe medication in pregnancy but may cause side effects (eg; headache, palpitations).
- An ultrasound will be done before the ECV procedure begins to measure the size of the baby and to check the position.



Success

- The success rate of ECV is 30-60 percent, depending on a variety of factors. Factors that increase the likelihood of successful version include normal amniotic fluid, earlier gestational age, baby's buttocks not too deep down in the pelvis, a posterior placenta and women who have had previous children. Some studies suggest that a spinal anesthetic may increase the chance of success, as the mother is pain-free with a relaxed abdominal wall.
- If the ECV is successful, there is approximately a 4 percent chance that the baby will revert back to a breech presentation.

Preparing for the Procedure

- On the day of the procedure, it's important that you have not had anything to eat or drink since midnight the night before.
- After you arrive at the hospital, you will be checked in, an IV will be started, and an ultrasound and monitoring of your baby's heart rate will take place.
- After the procedure, your baby's heart rate will be monitored for 30 minutes to 1 hour to make sure everything is normal before you are discharged.

Risks

- The baby’s heart rate is monitored before, during and after an ECV resulting in an excellent safety record for this procedure.
- The most common complication is slowing of the baby’s heart rate during the procedure. In the majority of circumstances the heart rate returns to normal by stopping the procedure. Rarely, the heart rate does not recover, and an emergency caesarean section is necessary (less than 1 percent of all attempted ECVs). For this reason, an ECV is undertaken in the fasting state, near an operating room and with an intravenous line in place.
- Other possible complications include rupture of membranes (broken water) or the onset of labour. Premature separation of the placenta (abruption) has been described following an ECV, but is very rare.
- This may be an uncomfortable procedure involving significant pressure and/or pain. It may be stopped at any time by request. Abdominal bruising the following day is a possibility.
- An ECV using a spinal anesthetic, although less painful, is associated with a small risk of spinal insertion, leading to a headache. Spinal anesthetics are performed many times each day by an anesthesiologist at BC Women’s Hospital and serious complications (spinal blood clot, nerve damage) are extremely rare.

Options

You may choose now or at anytime not to proceed with an External Cephalic Version (ECV). If your baby remains in a breech presentation, delivery options include an elective caesarean section or a vaginal breech delivery. More information is available on both of these options by booking a follow up appointment in the Best Birth Clinic.

I am aware of the purpose, risks and likelihood of success associated with an External Cephalic Version (ECV) and consent to undergo the procedure.

Patient Name

Patient Signature

Date

Witness Name

Witness Signature

Date