

External Cephalic Version (ECV)

What is an ECV?

ECV turns the baby into the head-first or cephalic presentation, increasing the likelihood of a vaginal birth and thereby decreasing the rate of cesarean and vaginal breech birth.

What are the exclusion criteria?

Gestation less than 36+0 weeks, Ruptured membranes, Severe hypertension (current pregnancy), Multiple gestation, Uterine scar other than a single previous lower segment CS, Uterine abnormality (excluding resected uterine septum), History of placental abruption (current pregnancy), vaginal bleeding in third trimester (current pregnancy), Amniotic Fluid Index (AFI < 5 for current pregnancy), Non-reassuring fetal welfare e.g. growth restriction, oligohydramnios, increasing Doppler flow, non-reassuring / abnormal antenatal fetal heart rate (FHR) pattern, Fetal abnormalities of the heart, brain and/or spinal column, Hyperextension of the fetal head, Significant cardiac disease, Uncontrolled hyperthyroidism, Poorly controlled diabetes mellitus.

What is the success and reversion rate?

A meta-analysis of ECV-related risks concluded that the success rate for ECV ranged from 16% to 100%, with a pooled success rate of 58% and pooled complication rate of 6.1. A spontaneous reversion rate of 3–14% has been reported after 36 weeks gestation. The risk of reversion to breech is lower with increasing gestational age and is approximately 5%.

What are the adverse events after ECV?

Separation of the placenta, umbilical cord prolapse, rupture of membranes, stillbirth, and fetomaternal hemorrhage. The occurrence rates of these adverse events have been reported to be less than 1%.

What does the process entail?

The procedure will only take a few minutes, but the entire pre and post ECV assessment process can take several hours. You will need to be placed on a continuous electronic fetal monitoring, have intravenous access, intravenous fluids, a medication to relax the uterus (i.e. Terbutaline), an epidural, ultrasound and a foley catheter. Before attempting an ECV, an ultrasound examination will be obtained to confirm the presentation of the fetus and rule out the presence of any anomalies that would complicate a vaginal delivery. Fetal well-being will be assessed by a biophysical profile. The ECV technique will involve lifting the breech out of the pelvic with one hand and providing pressure on the head with the other hand to produce either a forward or backward roll. Intermittent use of ultrasonography will be used to evaluate the fetal heart rate as well as the position of the fetus. The procedure will be abandoned if there are concerns for fetal-maternal harm inclusive but not limited to fetal bradycardia, discomfort to the patient, or if the procedure cannot be completed easily with the above maneuvers. Fetal evaluation is monitored for at least 30 minutes after the procedure. You may need an emergency cesarean section during your hospitalization.

I, _____ have read the above and understand. All my questions have been answered and I would like to move forward with an ECV.

Signature

Date