



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

External Cephalic Version (ECV)

Information for patients, relatives, and
carers

① For more information, please contact:

Maternity Services

The York Hospital

Wigginton Road, York, YO31 8HE

Tel: 01904 631313

Scarborough Hospital

Woodlands Drive, Scarborough, YO12 6QL

Tel: 01723 368111

Introduction

Around three to four percent of pregnancies have a breech presentation, (which means that baby's bottom comes first) from 37 weeks onwards. External Cephalic Version (ECV) is offered to reduce the chances of having breech baby at birth. Thereby reducing complications associated with either a caesarean section or a vaginal breech birth.

What is ECV?

ECV is the term used to describe the process of turning the baby in the womb from breech (bottom first) to cephalic (head first) by external manipulation.

What is the benefit of ECV?

Giving birth to a baby vaginally is safest for both mother and baby, if the baby is positioned so the head enters the birth canal first. If the ECV procedure is successful, you may be able to avoid having a caesarean section to deliver the baby. ECV is usually performed after 36 or 37 weeks of pregnancy. However, it can be performed right up until the early stages of labour.

Is ECV safe for me and my baby?

ECV is rarely associated with complications but there is a 0.5% (about one in 200) risk you will need an immediate emergency caesarean section due to complications such as 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 is slightly higher than if your baby had always been in a head-down position.

Can ECV be performed on all breech babies?

We do not offer ECV if:

- You need a caesarean section for other reasons
- You have had recent vaginal bleeding
- Your baby's heart rate tracing (also known as CTG) is abnormal
- Your waters have broken
- You are pregnant with more than one baby, although this may be offered in labour to correct the position of the second twin.

Are there any alternatives?

The alternatives to not having an ECV are to have an elective caesarean section or vaginal breech delivery.

You can discuss these options with your doctor.

There is some evidence that the use of moxibustion (burning a Chinese herb called mugwort) at 33 to 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 is the success rate of having an ECV?

In York, ECV is successful in approximately 55 percent of cases (one case in every two); although a small number of babies (around 5%) may actually turn themselves back into the breech position.

What should I expect?

ECV is performed on the Antenatal Ward. You will be given an appointment. Before attempting the ECV, the health of your baby is checked with a heart monitor and an ultrasound scan. This also confirms the position of your baby. You will be required to provide a written consent for the procedure. Providing no complications are found, you will be given medication to relax the womb. Side effects from the medication include nervousness, drowsiness, tremors, and palpitations.

These usually last for a few minutes and settle by themselves. Relaxing the muscle of your uterus with medication has been shown to improve the chances of turning your baby.

With the aid of medication and an ultrasound scan, we determine which way your baby is facing, and then by pressing on your tummy, we gently move your baby to cause it to roll either forwards or backwards. This should not hurt, although it can feel uncomfortable.

The ECV will be stopped if you find it too uncomfortable. You could request for gas and air if needed. The most uncomfortable part is halfway when the baby lies across your womb and stretches it.

Afterwards, your baby's heart rate is checked again, even if the ECV is unsuccessful.

If the ECV is successful, you will be invited to hospital again in one week to check the position of the baby.

If the ECV is unsuccessful, a second attempt may be offered.

The risk and benefits of the type of delivery, either a vaginal breech delivery or a caesarean section will be discussed with you. When the type of delivery has been decided, a plan of care will be put into place. You will be advised to contact the hospital if you have any bleeding, abdominal pain, contractions or reduced fetal movements after ECV.

What if I am Rh Negative?

If your blood group is Rhesus Negative, a blood test will be taken, and you will be given an Anti-D injection. This reduces the risk of your body producing antibodies.

Is there anything else I can do to help my baby turn?

There is no scientific evidence to suggest that lying or sitting in a particular position can help your baby to turn.

Further information

If you would like further information regarding breech presentation and ECV, please contact a midwife or doctor in the Antenatal Clinic.

Reference

RCOG (July 2017) Breech baby at the end of pregnancy

External Cephalic Version and Reducing the Incidence of Term Breech Presentation, Green-top Guideline No. 20a (March 2017)

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Clinical Governance - Care Group 5, telephone York 01904 721327 or Scarborough 01723 236253.

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Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

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PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

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Telephone: 01904 725566

Email: access@york.nhs.uk

Owner	Maternity Services
Date first issued	October 2017
Review Date	August 2025
Version	6 (issued August 2022)
Approved by	CG5 Women's health governance meeting
Document Reference	PIL 464 v6
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