

EXTERNAL CEPHALIC VERSION = EXTERNAL

- E** Exclude unsuitable patients
- X** Relax the Uterus
- T** Tilt the patient head down
- E** Examine to check the position and fetal heart
- R** Raise the breech out of the pelvis
- N** Turn the baby by attempting a forward roll (twice) or backward roll (once)
- AL** Always Look for PV bleeding or liquor and Listen for fetal heart sounds

E is for Exclude unsuitable patients i.e.

- Less than 36 weeks pregnant
- Will require a Caesarean section for other reasons esp. Major placenta previa
- Multiple pregnancy
- Scar on the uterus, patient in labour, membranes ruptured, oligohydramnios or prior APH are relative contraindications

ECV will be more successful in multipara (60%) compared to primigravida (40%) and...

Breech with flexed legs (complete breech) rather than one with extended legs (frank breech)

X is for Relax the Uterus

This will enhance the likelihood of success. Use Nifedepine 10 mg orally one hour before the procedure or Salbutamol 1 mg in 10 ml saline and give 2.5 ml (250 ug) intravenously immediately before the attempt.

T is for Tilt the patient head down

This will assist to elevate the breech out of the brim of the pelvis

E is for **Examine** to check the position and fetal heart

Examine carefully to determine where the baby's back and head (occiput) are and check for fetal heart sounds. An ultrasound scan and a CTG may be useful

R is for **Raise** the breech out of the pelvis

Use two hands, if necessary, and the tips of your fingers to lift the breech out of the pelvis. This may be uncomfortable so explain what you are doing to your patient and obtain her cooperation

N is for **TurN** the baby by attempting a forward roll (twice) or backward roll (once)

Keep one hand under the buttocks to hold that pole out of the pelvis and use the flat of the other hand to apply pressure to the back of the baby's head so that it will do a forward roll (or somersault).

Bringing the baby to a transverse lie may be sufficient as some babies then complete the roll spontaneously. Others may require an assistant to guide their head down towards the pelvis.

If two attempts at a forward roll (or somersault) are unsuccessful then try once a reverse roll. Hold the breech out of the pelvis and apply pressure to the front of the baby's head.

AL is for **Always Look** for PV bleeding or liquor and **Listen** for fetal heart sounds

Whether successful or not always check PV for evidence of bleeding or ruptured membranes and listen again to the fetal heart. A CTG and period of observation may be desirable.

Be aware that the overall success rate for attempted ECV is no more than 50 – 60% (but it will significantly reduce the patient's requirement for Caesarean by turning a number of breech presentations into uncomplicated cephalic deliveries.

Follow up to ensure that the presentation remains cephalic or consider the patient's further options if it remains breech i.e. elective Caesarean delivery or trial of breech labour