

WOMEN'S HEALTH PARTNERS, LLC

DIPLOMATES AMERICAN BOARD OF OBSTETRICS & GYNECOLOGY

6859 SW 18th Street, Suite 200
Boca Raton, FL 33433
Tel: 561-368-3775 Fax: 561-392-7139
www.myobgynoffice.com

PROCEDURE EDUCATION LITERATURE

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. "An educated patient is the best patient."*

EXTERNAL CEPHALIC VERSION

Definition

External = on the outside
Cephalic = pertaining to the head
Version = to change or convert

External cephalic version (ECV) is a technique where the doctor will attempt to change the position of the baby, usually from a breech presentation (buttocks over the cervix) to a vertex position (head down). This is done in the hopes that a vaginal delivery can be done, rather than a cesarean section.

ECV is usually done in patients that have completed 36 weeks of their pregnancy and the baby is in a position other than head down (vertex). This technique is usually done on or near a labor and delivery unit where a cesarean delivery can take place immediately if needed.

Your doctor will make sure that the baby is doing well by placing the patient on the fetal heart rate monitor. Your doctor will also make sure that you are not contracting too much for this procedure.

You will lay flat and your doctor may give you medicine to relax your uterus. Your doctor will try to turn the baby by placing his or her hands on your abdomen and applying pressure.

Preparation

Prior to doing the ECV, your doctor may perform an ultrasound to determine what position the baby is in, to locate the position of the baby, and to determine how much the baby weighs. The location of the placenta will be obtained from the ultrasound. Your doctor will also determine how far along you are in your pregnancy.

Your doctor will place you on the electronic fetal monitor to determine if the baby is doing well and also to determine if your uterus is contracting. Your doctor may also do a vaginal exam to see how far dilated the cervix is.

Your doctor may give you medicine to relax the uterus. Something for pain relief may be given by IV or by an epidural/spinal anesthesia. Once you are ready, you will lie flat on your back for this procedure.

Procedure

Your doctor may place gel on your abdomen so that his or her hands will slide on your abdomen more easily. This procedure will be done with a fair amount of pressure. This procedure may also be done by two people, each turning a separate part of the baby. An ultrasound will be done to see if the baby flipped or turned into the correct position.

Your doctor may attempt to do this several times, as long as the baby is tolerating the procedure.

Post Procedure

If your ECV is successful and the baby is in the vertex position, your doctor may induce your labor so that the baby does not flip out of position. Your doctor may also send you home after the procedure.

Prior to sending you home, your doctor will place you on the electronic fetal monitor for several hours to make sure that your baby tolerated the procedure and also that you are not contracting.

If your blood type is Rh-negative, your doctor may give you a Rhogam® injection to prevent isoimmunization.

Expectations of Procedure

This procedure is successful 35% to 86% of the time, with the average being 58%. This will depend upon how close you are to your delivery date and how big the baby is. Therefore, there is a chance that the procedure will not work, and the baby does not turn to head down.

Also, during this procedure, your doctor will apply a fair amount of pressure to your abdomen in hopes that the baby will turn. Your doctor may give something to relax your uterus and control your pain, but this does not guarantee that all the pressure will be taken away.

Even if your baby converts to a vertex position and you are sent home, there is no guarantee that it will stay in that position. It is possible that your baby will flip or turn back out of the vertex position.

Possible Complications of the Procedure

All procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or delayed in presentation. While we have discussed these and possibly others in your visit, we would like you to have a list so that you may ask questions if you are still concerned. These complications include, but are not limited to:

- J Fetal heart rate abnormalities_ Fetal heart rate abnormalities are associated with ECV, but they are usually self-limiting and do not lead to any intervention. Rarely, the fetal heart rate remains worrisome and an emergency cesarean section may have to be done. This is remote, but possible.
- J Placental abruption: Rarely, an ECV can lead to the placenta coming off the wall of the uterus early. This may lead to fetal compromise and an emergent cesarean delivery.
- J Fetal death: There have been reports of fetal death after an ECV. It was not known for sure if the ECV caused the fetal death. This risk is rare but has been reported.

Patient Signature

Date

Account #

Patient Name (Print)

Physician

Date

Witness

Date

The information contained in this Medical Informed Consent Form (“Consent Form”) is intended to solely inform and educate and should not be used as a substitute for medical evaluation, advice, diagnosis or treatment by a physician or other healthcare professional. Please call your doctor if you have any questions.