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TITLE: PROCEDURE FOR EXTERNAL CEPHALIC VERSION (ECV)

1. Statement/Purpose/Description

To describe the process for clinical management of women who have been referred to Lakes DHB with a diagnoses of breech presentation at or near term and to provide recommendations for the patient pathway and antenatal care.

External Cephalic Version (ECV) is the use of external manipulation on the mother's abdomen to convert a breech to a cephalic presentation.

There is a low risk of complications, with approx. 0.5% requiring an emergency LSCS. The success rates for ECV are approximately 40% in nulliparous women and 60% in multiparous women.

Breech presentation is a Level 2 referral in accordance with Maternity Referral Guidelines. "LMC's **must recommend** to the women that a consultation with a specialist is warranted".

All women with a breech presentation at term, and no contraindications to ECV, should be informed about and offered ECV (RANZCOG).

2. Scope

All Registered Midwives, Obstetricians; LMC's working within Lakes District Health Board.

3. Definitions

ANC	-	Antenatal Clinic
APH	-	Antepartum Haemorrhage
CTG	-	Cardiotocograph
ECV	-	External Cephalic Version
ELLSCS	-	Elective Caesarean Section
FBC	-	Full Blood Count
G&H	-	Group and Hold

IV - Intravenous
LMC - Lead Maternity Carers
LSCS - Lower Segment Caesarean Section
RANZCOG - Royal Australian and New Zealand College of Obstetricians and Gynaecologists
SC - Subcutaneous
SGA - Small for Gestational Age

4. Procedure/Management

ECV must be performed by suitably skilled health professional where there is facility for emergency caesarean section if needed.

ECV should be offered from 36 weeks' gestation for nulliparous women and 37 weeks for multiparous women with uncomplicated breech presentations and no contraindication to the procedure.

Contraindications to ECV

- LSCS is planned on other grounds
- Twins (multiple pregnancy)
- Placenta praevia
- Oligohydramnios
- Abnormal doppler's
- Abnormal CTG
- Ruptured membranes
- Suspected placental abruption

Relative contraindications to ECV

- Antepartum haemorrhage (dependent upon cause, severity and gestation at which APH occurred)
- Identified uterine structural anomalies
- Scarred uterus
- Pre-eclampsia

NOTE: ECV is NOT contraindicated;

- **where there has been previous caesarean section**
- **in cases of SGA where there is normal liquor and dopplers**

4.1 Booking an ECV

- LMC to send a referral to ANC for breech presentation > 36 week's gestation. An ultrasound must be performed within 2 weeks of the referral to confirm position of the fetus and the following: **liquor volume, fetal growth, dopplers, placental position and umbilical cord.**
- Obstetrician reviews indications or contraindications to ECV and eligibility for planned vaginal birth.
- ECV is offered to woman as appropriate
- Written information about ECV is provided to woman and whanau by ANC

4.2 ECV Procedure

Midwifery Responsibility

- Confirm maternal blood group and rhesus factor
- Maternal observations performed and documented
- Pre ECV CTG for 20-30 minutes, documented on CTG interpretation tool and normal
- IV access obtained – FBC and G & H sent (once USS performed to confirm presentation)
- Woman into supine position - bed tilted as required
- Terbutaline 0.25mg (250mcg) SC given 20 minutes prior to ECV (if being given IV – see Obstetric section below)

Obstetric Responsibility

- Portable ultrasound scan to confirm breech presentation
- Review for contraindications to ECV
- Ensure all questions answered
- Confirm gestation
- Review recent ultrasound scan
- Obstetrician to obtain signed procedure consent
- If not given SC, administer Terbutaline 0.25mg (250mcg) slowly via IV
- Ultrasound scan may be used to assess position of placenta, fetal position and heart rate during procedure
- ECV may be uncomfortable but never painful
- Abandon procedure after 3-4 attempts if maternal or fetal intolerance

4.3 Post ECV Procedure

- Continuous CTG post procedure for a **minimum** of 30 minutes
- If Rh Negative give anti-D as per protocol
- Woman may be discharged home after one hour provided maternal observations and CTG remain normal
- Repeat maternal observations prior to discharge
- Obstetrician performing ECV to update referring Obstetrician regarding outcome
- DHB midwife to inform LMC of outcome
- Instruct the woman to phone her LMC or return to birthing unit if any of the following occur.
    - Vaginal bleeding
    - Rupture of membranes
    - Change in pattern or decreased fetal movements
    - Commencement of labour
    - Abnormal abdominal pain

5. Equipment Used

- Midwife Checklist for ECV
- ECV Record Sheet
- Signed consent form
- CTG machine
- Vital signs monitoring equipment
- USS Machine
- Large IV cannula
- Ultrasound Gel

6. Medications

- Terbutaline 250 micrograms subcutaneous (SC) or intravenous (IV)
- 625 IU Anti-D immunoglobulin if required

7. Points to Note

- ECV Clinic will operate on Thursdays
- ECV may be reattempted if unsuccessful the first time

8. Related Documentation

- Day Stay National Medication Chart
- Consent to treatment or operation for Adults
- Request for Blood or Blood products
- Standard Laboratory Request Form
- ECV procedure Form
- Patient Information Leaflet: Turning Breech Babies or External Cephalic Version (ECV) EDMS: 1190260)
- ECV Midwife checklist
- Anti-D immunoglobulin guidelines

9. Acknowledgements

- Auckland District Health Board and Waikato District Health Board for use of their guidelines

10. References

- Auckland District Health Board (2014) Breech Birth.
- Waikato District Health Board (2014). Assessment and Management of Breech Presentation at or near term (3281/03).
- RANZCOG Management of Term Breech Presentation C-Obs11 College Statement.

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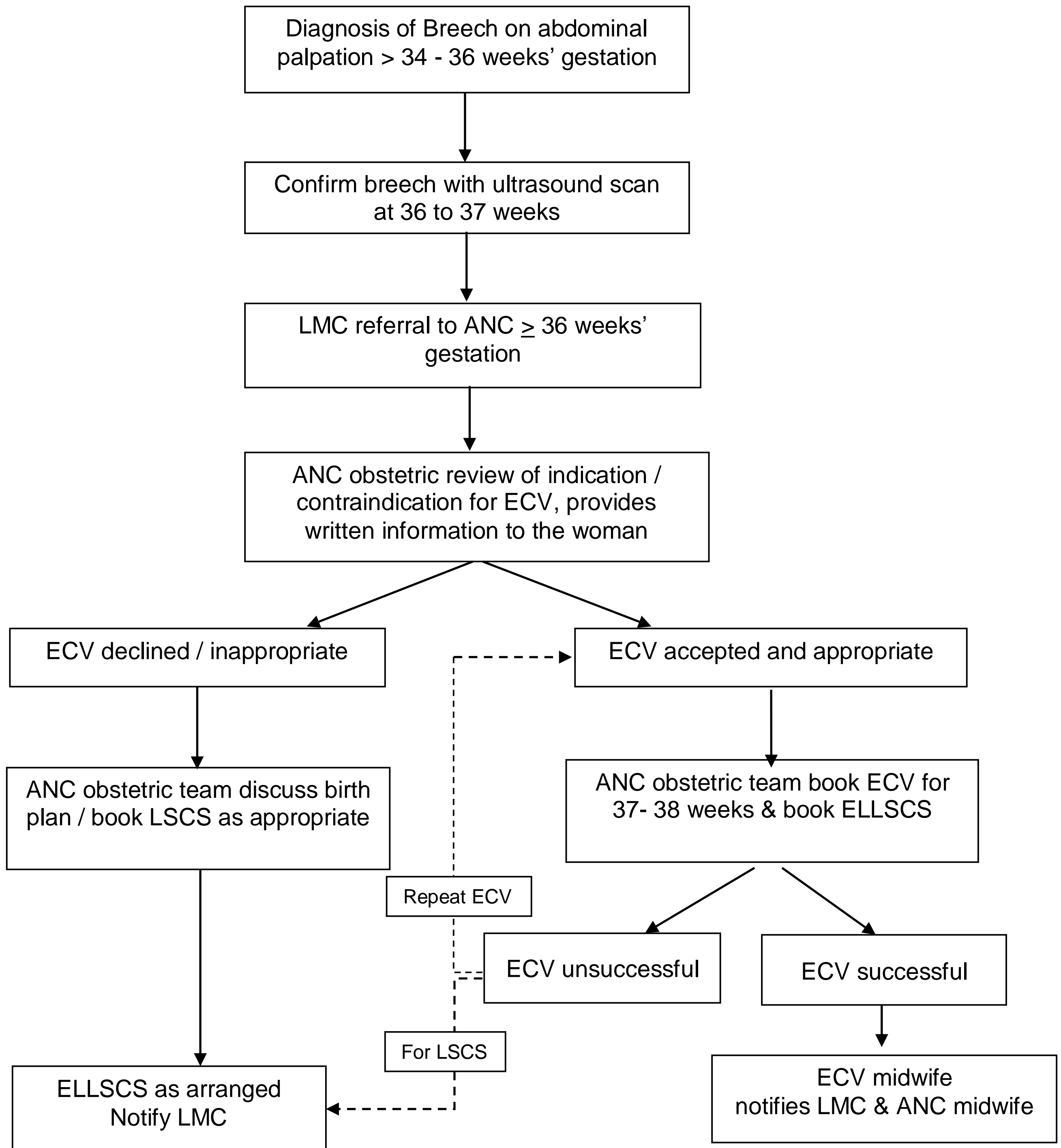
Appendix 1

Diagnosis of Breech Presentation



Appendix 2

Midwife Checklist for ECV

(Tick) **In room prior to ECV**

- ☐ IV equipment
- ☐ Gown
- ☐ Ted Stockings
- ☐ Caesarean Section Pack
- ☐ Hyper stimulation box (from dispensary)

ECV Pack

- ☐ Lab form
- ☐ Day Stay National Medication Chart
- ☐ Consent to Treatment or Operation for Adults
- ☐ Request for Blood or Blood Products Form
- ☐ Patient Labels

Prior to procedure

- ☐ Woman consented for ECV by Obstetrician
- ☐ Woman consented/prescribed Terbutaline 0.25mgs SC/IV by Obstetrician
- ☐ Portable USS to be performed prior to commencement of procedure by Obstetrician
- ☐ IV line inserted. Bloods taken and sent for FBC and Group and Hold
- ☐ Baseline observations – BP, T, RR, P, O^2
- ☐ Commence CTG
- ☐ Terbutaline 0.25mgs SC administered 20 mins prior to the procedure or slowly IV
- ☐ Pulse, Blood Pressure check – 20 mins post SC Terbutaline or immediately if given IV

Post procedure

- ☐ CTG post ECV – woman to be monitored for at least 30 mins
- ☐ If ECV successful, woman will be asked to remain upright for the next 30 mins
- ☐ Observations – BP, T, RR, P, O^2
- ☐ Rh Negative woman administered 625IU Anti-D immunoglobulin
- ☐ If unsuccessful, plan made with woman for either repeat ECV or ELCS
- ☐ Woman provided with instructions as to how and when to contact their LMC
- ☐ ECV Record sheet copied and put into DAU pigeon hole

Patient ID Label

ECV- External Cephalic Version Record Sheet

Referring Clinician:	LMC:
ECV Clinician:	Other Staff:

Date: Time: Procedure Consent: ☐

G: P:	**EDD:**	**Gestation:**
Blood Group:	Anti D prescribed: ☐	Anti D Given: ☐
Tocolysis:	Terbutaline Prescribed: ☐	Terbutaline Given: ☐
IV Access:	Obtained: ☐	FBC, Group & Hold sent: ☐

Pre procedure obs:	T:	P:	BP:	RR:	SpO_2:

Pre procedure CTG interpretation:

CTG Interpretation	Date:	Time:	Gestation:
INDICATION:			
Dilatation:	Liquor:	CTG Contractions: ……………..In 10 mins	
	Reassuring	Non-Reassuring	Abnormal
Baseline Rate:	110-160bpm	100-109 or 160-180bpm	<100 or >180 bpm
Variability (bpm)	> 5bpm	<5bpm >40mins and < 90mins	Absent
Accelerations:	Present	Absent	Absent
Decelerations:	Nil	Early, variable, single prolonged < 3mins	Atypical variable, Late, single prolonged > 3 mins
Overall assessment:	Normal CTG All 4 features reassuring	Suspicious CTG 1 non-reassuring feature Consultation reqd	Pathological CTG 2 or more features non-reassuring or abnormal Urgent consultation
Action:			
Signature:		Status:	

Post procedure obs:	T:	P:	BP:	RR:	SpO_2:

Post procedure CTG interpretation:

CTG Interpretation	Date:	Time:	Gestation:
INDICATION:			
Dilatation:	Liquor:	CTG Contractions: ……………..In 10 mins	
	Reassuring	Non-Reassuring	Abnormal
Baseline Rate:	110-160bpm	100-109 or 160-180bpm	<100 or >180 bpm
Variability (bpm)	> 5bpm	<5bpm >40mins and < 90mins	Absent
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Overall assessment:	Normal CTG All 4 features reassuring	Suspicious CTG 1 non-reassuring feature Consultation reqd	Pathological CTG 2 or more features non-reassuring or abnormal Urgent consultation
Action:			
Signature:		Status:	

ECV Successful:	Y: ☐	N: ☐	Number of attempts:
Comments/Plan:			
Follow up:	LMC notified ☐	Referring clinician notified : ☐	Patient Leaflet: ☐
Clinic Midwife (sign & print):			
Clinician (sign & print):			

ECV RECORD SHEET