



St George and Sutherland Hospitals

Breech babies

Information for women



- domen to make the procedure easier.
- The ECV will be performed.

After the ECV

- The lubricant will be removed.
- You and your baby will be observed. Your baby's heart rate will be monitored as before.
- Another blood sample will be taken from you.
- If your blood group is Rhesus Negative you will be given an injection of Anti-D.

Are there any risks to me and my baby from having ECV?

Both you and your baby will be observed carefully before, during and after the ECV as there are some risks involved. However, the risks are low and will be managed if they arise. The possible risks include:

- an increase in your heart rate,
- a drop in your blood pressure and an increase in the baby's heart rate. These are due to the medication you will be given before the procedure,
- rupture of membranes,
- distress to the baby,
- the placenta partly coming away from the wall of the uterus,
- a small bleed from the placenta into your circulation.

When you go home

Whether or not the ECV is successful, it is important to call the hospital and return if :

- the baby stops kicking
- you have vaginal bleeding
- you have constant abdominal pain
- if your waters break

What happens if the ECV is unsuccessful?

The success rate for an ECV is about 60 per cent. If the ECV is not successful, then:

- you will be offered a caesarean section at a later date.
- you may be suitable to attempt a vaginal birth of a breech baby if you wish.

If you would like to explore the option of a vaginal breech birth, you will be referred to an obstetrician at the Royal Hospital for Women for review. If you are suitable to attempt this and wish to go ahead, it will entail having your baby at the Royal Hospital for Women.

Do not hesitate to discuss further questions or concerns with the midwife or the doctor.

CONTACT NUMBERS

St George Delivery Suite:

- 9113 2125 or 9113 2126

Sutherland Delivery Suite

- 9540 7981 or 9540 7982

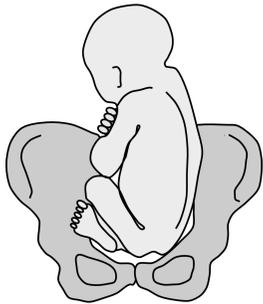
REFERENCES

- Hofmeyer GJ, *External cephalic version facilitation for breech presentation at term*. Cochrane Library, 2002 issue 4, Oxford.
- Hannah, ME, Hannah, WJ, Hewson, SA, Hodnett, ED. *Planned caesarean section versus planned vaginal birth for breech presentation at term: a randomised multicentre trial*. Term Breech Trial Collaborative Group. *Lancet* 2000; 356:1375

Breech babies– information for women

WHAT IS A BREECH BABY?

A breech baby means that the baby is coming 'bottom first' rather than 'head first'.



It is common for babies to be in a breech position during the pregnancy, but only about 1 in 25 women (4%) will have a baby in a breech position at full term.

WHY IS IT IMPORTANT?

The safest way for the baby to be born naturally is head first. A large study published in 2000 showed that it is safer to have a caesarean section rather than a vaginal delivery if the baby is in a breech position. This is because the baby's head is the largest part of the baby, and is designed to slowly alter its shape ('mould') to fit through the birth canal. This process has time to slowly occur during a 'head first' vaginal birth but is less likely to occur with breech births. The concern is that the baby's head may be difficult to deliver during breech birth.

WHAT ARE THE OPTIONS

If your baby is breech at 36 weeks, a doctor will discuss with you the options of :

- trying to turn the baby around (an ECV)
- scheduling a caesarean section

WHAT IS AN ECV?

An ECV is a procedure that attempts to turn a baby from breech position to head first. It is done on your abdomen by holding the baby's head and bottom, and gently turning the baby around. You will be awake during the procedure. An illustration is provided below.



At St George and Sutherland Hospitals we recommend ECV. This is because research has shown that:

- ECV is a safe and effective way to turn the baby;
- a vaginal birth is more likely after an ECV.

We have a long experience of performing ECVs at St George Hospital, about 2-3 are performed every week.

When and where will the ECV occur?

You will be offered an ECV when you are about 37 weeks pregnant and breech presentation has been confirmed by ultrasound. The procedure will take place in the Delivery Suite.

Who will do the ECV?

Doctors who have experience in doing ECVs will perform the procedure.

How do I prepare for ECV?

No special preparation is required. You will be asked to sign a consent form before the procedure.

How long will I be in hospital?

You will be in hospital (Delivery Suite) for approximately two hours. This allows time to observe you and your baby before and after the ECV. The turning of the baby takes about 10 minutes. You will be informed if it is necessary for you to stay longer.

What happens on the day I have the ECV?

- You will be asked to come to the Delivery Suite at 11.00 am on a week day.
- Your baby's heart rate will be monitored before the procedure by using a machine (CTG monitor). The ECV may not be attempted if there are concerns with the baby's heart rate.
- A drip will be inserted into a vein at the back of your hand or in your arm.
- A blood sample will be taken.
- An ultrasound will be done to confirm the position of your baby.
- Medication will be given to you through the needle in your vein to relax the uterus, making it easier to turn the baby.

During the ECV

- You will be lying on your back.
- A warm lubricant will be applied to your ab-