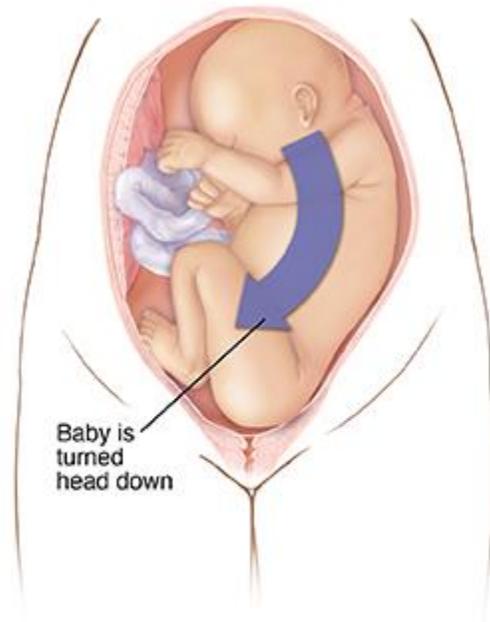


If Your Baby Is Breech: External Cephalic Version (ECV)

Near the end of pregnancy, most babies move into a head-down position for birth. But in some cases, a baby is in a breech position. This means the baby is upright. Their buttocks or feet are in place to come out first. A breech position makes it hard to have a vaginal birth.

If your baby is breech, your healthcare provider may press on your belly to try to turn the baby. The goal is to position your baby head-down. This procedure is called an external cephalic version (ECV). An ECV may be done if you are between 36 to 38 weeks (near term) in your pregnancy, unless there are reasons not to do it. If the ECV works well, a vaginal birth is more likely.



Before the procedure

This procedure is usually done in a hospital. Don't eat 8 hours before the procedure or drink 2 hours before the procedure. Follow all other instructions you're given for getting ready.

Before the ECV, the medical team will connect you to a fetal monitor. This is done to check your baby's well-being during and after the procedure. You may also need these tests:

Ultrasound

This may be done to:

- Confirm that the baby is in a breech position
- Find out how much amniotic fluid is in the uterus
- Confirm where the placenta is

Nonstress test

This checks your baby's heart, well-being, and contraction pattern. This will be done before and after the ECV.

Blood tests

Sometimes, medical staff will take a small sample of your blood to test. This is done to find out your blood type, screen for problems, and do a complete blood count in case of an emergency.

During the procedure

- Your provider may use ultrasound during the procedure.
- An IV (intravenous) line may be put in your arm. This is to give fluids or medicines if needed.

- The team will give you medicine to relax your uterus. This can make it easier for the healthcare provider to rotate your baby.
- You will be placed laying flat on the hospital bed.
- The healthcare provider will put their hands at certain points on your lower belly over your uterus. They will press down on your belly and find your baby's head and bottom.
- They will try to push the baby into a head-down position. This is done by trying to make the baby do a slow-motion forward roll or back flip. You will feel pressure during this part of the procedure.
- Once the procedure is done, the medical team will raise the head of your bed. This will help keep the baby in the head-down position.

After the procedure

- You will stay connected to the fetal monitor. This is done to check your baby's well-being. It also checks for contractions. These can happen after an ECV. You will be monitored up to 2 hours after the ECV, or as noted by your provider.
- If you are Rh-negative, you may have an Rh immunoglobulin injection. This is done to prevent an immune system response called Rh sensitization. Rh sensitization can cause problems in a future pregnancy if the baby's blood goes into your bloodstream.

Follow-up appointments

Keep your previously scheduled prenatal appointments. Make sure to discuss the results of your procedure at your next clinic visit and plan for delivery.

When to call your healthcare provider

Call your healthcare provider if any of these happen:

- You have more contractions
- Fluid or blood is leaking from your vagina
- Your baby is moving less
- You have other signs or symptoms as directed by your healthcare provider
- You have a lot of vaginal bleeding

Delivering your baby after ECV

Even if your baby's position can't be changed during your procedure, your baby may rotate to a head down position before you deliver. We can check when you think you are in labor. Otherwise, unless there are other complications, a cesarean delivery will be scheduled for 39 weeks gestation or after. This is a birth done with surgery. For a C-section, you will usually have medicine to block pain (anesthesia), but you are awake and alert.