External Cephalic Version

1) Purpose/Background
Breech presentation occurs in < 3% of all term pregnancies and there is a high rate of cesarean delivery in these cases. External cephalic version provides a safe means of reducing the rate of cesarean delivery which is nationwide objective. The overall success rate of an ECV is about 60%. All patients with breech presentation at ≥ 36 weeks gestation without a contraindication to vaginal delivery are counseled on the risks/benefits of an external cephalic version.

2) Indications/Contraindication
   a) Absolute contraindications to ECV:
      i) Nonreassuring fetal status
      ii) Anhydramnios
      iii) Multiple gestation
      iv) Suspected placental abruption
      v) > 1 prior cesarean delivery
      vi) Any contraindication to vaginal delivery
   b) Relative contraindications to ECV:
      i) Oligohydramnios
      ii) Maternal BMI > 40 at first prenatal visit
      iii) Fetal anomalies at provider discretion
      iv) Known uterine anomaly at provider discretion

3) Procedure
   a) ECV are scheduled on labor and delivery at ≥ 37 weeks gestation.
   b) Prior to planned ECV, patients are NPO for:
      i) 2 hours prior to procedure for small amounts of clear liquids (up to 12 oz)
      ii) 6 hours prior to procedure for solid food with minimal fat content (the patient may pick one from the list below):
         (1) One slice of dry toast,
         (2) A piece of fruit, OR
         (3) One cup of dry, unsweetened cereal
      iii) 8 hours prior to procedure for all other solid foods
   c) Confirm a reactive NST or a BPP with an 8/8 to evaluate fetal well-being and minimal uterine activity prior to procedure.
   d) The provider performing the procedure reviews contraindications and obtains informed consent.
   e) Administer 0.25 mg subcutaneous terbutaline 15 minutes prior to planned ECV (unless there is a contraindication).
f) ECV may be performed by one or two providers.

g) Utilize intermittent ultrasonography during procedure to assess fetal position and fetal heart rate.

h) Method of ECV is at the discretion of the provider but in general a forward roll (lifting the breech and providing pressure forward on the fetal head) and a backward roll is attempted.

i) After an attempted ECV, regardless of success, perform at least 1 hour of continuous fetal monitoring prior to discharge.

j) Administer Rhogam to all Rh-negative patients post-procedure.

k) There is no evidence to support immediate induction of labor in the event of a successful version.

l) If ECV is unsuccessful a retrial can be considered.

Figure 1: External Cephalic Version Algorithm
References


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