

External Cephalic Version

What is it?

An **external cephalic version** is a procedure to reposition a baby inside the mother's uterus. The goal is to turn the baby to a head-down ("cephalic") position, which may allow for safer vaginal birth.

Why do I need it?

Your doctor or midwife may recommend an external cephalic version if you're in the last month of pregnancy (36 weeks or more) and your baby is in breech or transverse position. **Breech position** means that your baby is head-up in your uterus, so that the bottom or feet are positioned to come out first during vaginal birth. **Transverse position** means that your baby is sideways in your uterus.

Most breech babies are born healthy. But vaginal birth can be dangerous for a breech baby. C-section (cesarean) delivery may be safer than vaginal delivery for most babies who remain in breech position when labor begins.

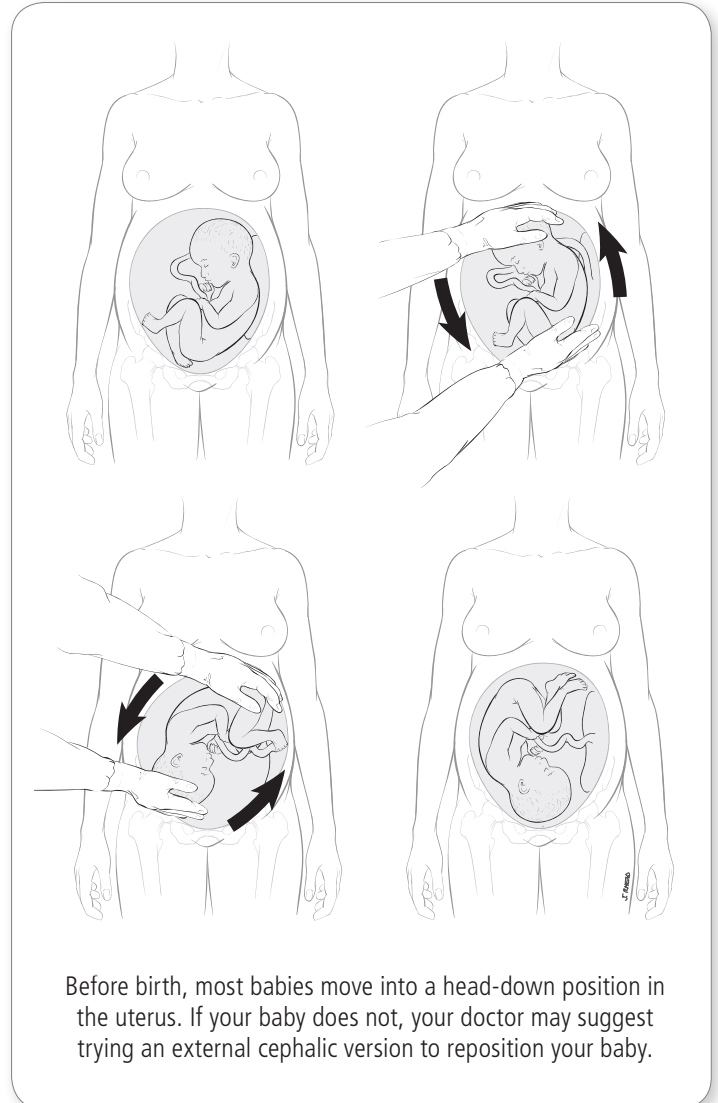
By doing an external cephalic version, your doctor or midwife aims to **turn your baby from a breech or transverse position to a head-down position, thereby improving your chances of having a safe vaginal birth.** Over half of all attempts succeed in turning the baby to a head-down position.

To make your decision, you should talk with your doctor or midwife. Weigh the risks and the potential benefits of attempting the version. The table on the back of this handout can help guide your discussion.

How is it done?

If you choose to attempt an external cephalic version, here's what you can expect:

- **It takes place at a hospital.** You must be in a place that is set up to perform an emergency C-section, in case it becomes necessary.
- **You'll first have an ultrasound, and the baby's heart rate will be monitored.** The ultrasound creates an image of your baby so that your healthcare providers can check the position of the baby and the placenta. It also shows how much amniotic fluid is around the baby.



- **You may receive medication.** You may be given medication to relax your uterus and help prevent uterine contractions during the procedure.
- **For the version procedure, you'll lie on your back while your doctor or midwife presses on your abdomen.** Your doctor or midwife will first feel for the baby's head. Then your provider will press on your abdomen to help turn the baby to a head-down position. This procedure can be uncomfortable, but it lasts only a couple of minutes.

What happens after the procedure?

- **You'll be placed on a monitor.** This allows your doctor or midwife to record the baby's heart rate and any contractions you may have after the procedure.
- **You'll be asked to call with any symptoms.** These are listed at right.
- **If the version didn't work (your baby is still not head-down), you'll need to talk with your doctor or midwife about your options for birth.** You may need to plan a C-section delivery.

When should I call my doctor or midwife?

Call your doctor or midwife during office hours if you have questions about the version or your pregnancy in general. After the external cephalic version attempt, **call right away if:**

- **You are leaking fluid or blood from your vagina.**
- **You don't feel the baby moving.**
- **You begin to have strong contractions.**
- **You have pain in your abdomen.**

Talking with your healthcare providers about your choice

The table below lists common potential benefits, risks, and alternatives for external cephalic version. Other benefits and risks may apply in your unique medical situation. Talking with your healthcare providers is the most important part of learning about these risks and benefits. If you have questions, be sure to ask.

External Cephalic Version		
Potential benefits	Risks and potential complications	Alternatives
<p>Attempts to turn a baby to a head-down position are successful slightly more than half of the time. When it succeeds, the external cephalic version:</p> <ul style="list-style-type: none"> • Increases the chance of a successful and safe vaginal delivery of your baby • Decreases the chance of needing a C-section delivery of your baby 	<ul style="list-style-type: none"> • Rupture of the bag of waters (amniotic sac) before labor • Damage to the placenta, the special tissue that joins mother and baby inside the uterus • Pinched or twisted umbilical cord • Need for an emergency C-section (very rare) <p>Note that in some cases, a baby who has been turned to head-down position will return to breech position before birth.</p>	<ul style="list-style-type: none"> • Watch and wait. The baby may turn head-down on his own before birth. • Scheduled C-section delivery. • Attempt to vaginally deliver your breech baby. (This is done rarely and only in special circumstances.)