

## 2 COMPLICATIONS OF PREGNANCY

### 2.10 ABNORMALITIES OF LIE/PRESENTATION

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2.10.2.1 MFAU Quick Reference Guide to External Cephalic Version  
Section B  
Clinical Guidelines  
King Edward Memorial Hospital  
Perth Western Australia

#### 2.10.2.1 MATERNAL FETAL ASSESSMENT UNIT – QUICK REFERENCE GUIDE EXTERNAL CEPHALIC VERSION

**This Quick Reference Guide must be used in conjunction with its respective Clinical Guidelines, [Section B, 2.10.2. External Cephalic Version](#). Medical and midwifery staff should be familiar with the contents of the full guideline.**

##### CRITERIA FOR REFERRAL

- Breech presentation  $\geq$  36 weeks.
- Counselling and maternal consent already obtained for ECV and documented in medical records.

##### PROCEDURE

##### PRIOR TO THE PROCEDURE

1. Ensure a written consent on the MR 295.75 'Consent form for External Cephalic Version' is completed.
2. Record maternal baseline observations of pulse, respirations and blood pressure (BP).
3. Perform a cardiotocograph (CTG) for 20 minutes or until a reactive CTG is obtained (unless a reactive CTG is obtained prior to this).
4. Check a formal ultrasound has been performed within 24 hours of the procedure. Check with a real time scanner (RTS) that the fetus is still breech presentation.
5. Confirm that the medical officer performing the procedure is available in 30 minutes before administering the prescribed 150mg oral Ranitidine and subcutaneous Terbutaline 0.25mg (250mcg).
6. Once the tocolysis has been administered, monitor the maternal pulse, BP and FHR 10 minutely until the ECV.
7. Perform the ECV 30 minutes after tocolysis, or when the maternal pulse is  $>$  100bpm.

##### POST PROCEDURE

Whether successful or not:

1. Monitor the FHR by CTG for 40 minutes.
2. Monitor the maternal pulse, BP, vaginal loss and pain 15 minutely for 30 minutes.

3. If the mother is Rhesus negative obtain blood for a Group and Antibody Screen, then administer Anti-D as required.
4. Discharge the woman home after 1 hour provided
  - i. maternal observations are normal.
  - ii. there is a reactive CTG.
  - iii. there are no signs of labour or abnormal vaginal loss.
  - iv. the medical team is satisfied with the maternal and fetal condition.
5. Instruct the women if any of these abnormalities occur to contact the hospital and come in for review.

**See the flow chart on the next page**

## FLOW CHART FOR EXTERNAL CEPHALIC VERSION

