EXTERNAL CEPHALIC VERSION

EXTERNAL CEPHALIC VERSION: MFAU QUICK REFERENCE GUIDE

This Quick Reference Guide must be used in conjunction with its respective Clinical Guidelines, External Cephalic Version. Medical and midwifery staff should be familiar with the contents of the full guideline.

CRITERIA FOR REFERRAL

A women with a breech presentation ≥ 36 weeks gestation, who has been counselled about the procedure has a written maternal consent document in the medical records.

PROCEDURE

Prior to the procedure

1. Check a written consent is completed on the MR 295.75 External Cephalic Version Procedure Consent Form.
2. Record maternal baseline observations for pulse, respirations and BP.
3. Perform a CTG for 20 minutes, or cease earlier if the CTG is reactive prior to 20 minutes.
4. Check a formal ultrasound has been performed within 24 hours of the procedure. Ensure the presentation is still breech by use of the real time scanner.
5. Confirm the medical officer performing the procedure will be available in 30 minutes before administering the prescribed 150mg oral Ranitidine and subcutaneous Terbutaline 0.25mg (250mcg).
6. Following administration of tocolysis monitor the maternal pulse, BP, and the FHR 10 minutely until the ECV is performed.
7. Perform the ECV 30 minutes after tocolysis.

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:
   • Maternal observations are normal
   • There is a reactive CTG
   • There are no signs of labour, abnormal vaginal loss, or abdominal pain
   • The medical team is satisfied with the maternal and fetal condition.
5. Instruct the woman to contact the hospital, and come in if any of these abnormalities occur.

See the flow chart for ECV on the following page
FLOW CHART FOR EXTERNAL CEPHALIC VERSION

Woman presents to the Maternal Fetal Assessment Unit for ECV

Midwife ensures the woman has a signed consent form

Midwife performs maternal observations and arranges ultrasound assessment if not done in the last 24 hours

Does ultrasound reveal contraindications to ECV?

Commence FHR monitoring via CTG

Is CTG reactive?

NO

Inform Obstetric Registrar

YES

Administer antacid and tocolytic as prescribed.
Obstetrician to perform ECV 30 minutes after tocolysis or when maternal pulse >100

Following ECV (whether successful or not)
• perform a CTG and maternal assessments and
• arrange Kleihauer and anti-D for the Rh negative woman

YES

Is CTG reactive after 40 mins with no sinister features?

Arrange USS for biophysical profile and Obstetric Registrar review

NO

Was ECV successful?

NO

Arrange for Obstetric Registrar to discuss mode of birth with the woman

YES

If the woman is uncertain about mode of birth arrange review with referring team or clinic at the next available appointment

If the woman elects for a trial of vaginal birth arrange review with referring team in one week

If the woman elects for Caesarean section arrange a date for elective C/S at 39 weeks

Return to routine antenatal care with referring team or clinic within one week