

External cephalic version

Most babies settle in the womb head first by 35 weeks of pregnancy. Approximately 2.5 per cent of babies are still in breech presentation at the end of pregnancy. If the nurse at your maternity and child health clinic suspects that your baby is breech or in transverse lie (lying sideways), your nurse will send a referral to the Tyks Lighthouse hospital for an external cephalic version and/or for an appointment to determine the best delivery method for you.

We will contact you by phone to set up an appointment after we have received the referral. You can have your support person with you during the appointment and your support person can be present during all examinations and procedures during the external cephalic version. Please make sure you make enough time for the appointment (3 to 4 hours).

During the appointment, a midwife will verify the baby's presentation using an ultrasound. If the baby has turned and is head down, you will be discharged. If the baby is still breech or in transverse lie, a doctor will perform an ultrasound and, if certain conditions are met, discusses attempting the external cephalic version with you.

Before the procedure, the baby's heartbeat is registered for a while and, if needed, you receive medicine that prevents contractions. While you lie down relaxed with your head slightly lowered, an obstetrician will lift the baby's rump up and, if necessary, guide the baby's upper body downwards at the same time. At this point, the baby will often start to turn towards the guided direction on its own. During the procedure, an ultrasound is used to monitor your baby to make sure they are all right. After the procedure, the baby's heartbeat is monitored again for 30 to 60 minutes. Rh-negative mothers get a prophylactic shot if the baby is Rh-positive.

External cephalic version is generally considered a safe procedure. Significant changes in the baby's heartbeat are detected in one in 100 procedures. There are reports of placental abruption in one in 1000 procedures, and similarly, in one in 200 procedures, external cephalic version leads to the decision to proceed with a C-section.

Approximately half of external cephalic version attempts are successful. How successful the attempt is depends on factors such as how far along the pregnancy is, what position the baby is in, the amount of amniotic fluid in the womb, how irritable the womb is and how easily contractions are triggered. If you have given birth before, the procedure is more likely to be successful than if you are a first-time mother.

If the baby remains in breech or transverse lie, the size of your pelvis is assessed with a gynaecological examination and, if necessary, it can be measured using magnetic or X-ray imaging. Different factors regarding vaginal delivery and C-section are discussed with you and your spouse as we plan your follow-up care and set up your birth plan. If a C-section is planned as your delivery method due to the baby's malpresentation, the baby's presentation is verified with an ultrasound before the operation.

An appointment has been booked for you on _____

Arriving for your appointment

The Clinic is located at the Tyks Majakka hospital, Savitehtaankatu 5, Turku. Enter through the main entrance and take B elevators to 3rd floor.

You can find out more information about external cephalic version from [Women's Hub at the Health Village](https://www.terveyskyla.fi/naistalo/raskaus/raskausajan-ongelmat/siki%C3%B6n-per%C3%A4tila/siki%C3%B6n-per%C3%A4til%C3%A4n-ulkok%C3%A4nn%C3%B6s) (https://www.terveyskyla.fi/naistalo/raskaus/raskausajan-ongelmat/siki%C3%B6n-per%C3%A4tila/siki%C3%B6n-per%C3%A4til%C3%A4n-ulkok%C3%A4nn%C3%B6s). (NB! Only available in Finnish and Swedish).

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These instructions are for the patients under our care.