Department of Obstetrics & Gynaecology – The University of Hong Kong

COUNSELING SHEET FOR BREECH PRESENTATION

Indication

Singleton pregnancy with breech presentation at term (37 weeks or above)

Situation

You are now at term gestation and your baby is still in breech presentation (bottom down position). Most babies would have turned to cephalic presentation (head down position) by this stage. However, about 4% of babies remain in breech presentation at this stage.

The following options can be considered:

(1) External cephalic version (doctor helping the baby to turn to head down position by manipulation on your abdomen)
(2) Elective lower segment Caesarean section
(3) Vaginal breech delivery (vaginal delivery with babies bottom coming first) is usually not recommended because it is more risky for the baby

We usually recommend external cephalic version because it decreases the chances that you need a Caesarean section, which carries more risks for you. However if you have the following conditions ECV is not recommended:

(If ECV is not recommended, please state reason(s)):

_____ Previous uterine scar
_____ Placenta praevia
_____ History of antepartum haemorrhage
_____ Oligohydramnios
_____ Others (please specify: _____)

External cephalic version

The procedure

- No anaesthesia is required
- In-patient procedure
- Keep fasted for at least 6 hours
- Blood taking for typing your blood group prior to procedure
- Intravenous medication for uterine relaxation
- External pressure applied by doctors hands on your abdomen
- Procedure usually limited to 10 minutes

Effect of the procedure, if successful *Please file in patient's obstetrics record*

- Baby will be turned into cephalic presentation

- Vaginal delivery can be expected but about 15% of women will still need Caesarean delivery after successful external cephalic version because of slow progress of labour or abnormal fetal heart rate during labour. The rate of Caesarean delivery is similar to that in babies that are in cephalic presentation spontaneously

What is the chance of successful external cephalic version?

- The overall success rate is 50% but the success rate may be higher in multiparous women

Risks and complications may include, but are not limited to the followings:

- Placental abruption (separation of the placenta from the uterus)
- Cord accident
- Fetal distress
- Uterine rupture (rare for uterus without previous surgery)

(However, the chance of any complications occurring is only 1-2% and emergency Caesarean section can be done if there are any complications.)

What would happen if external cephalic version fails?

- You will be discharged if there is no complications, after 2-4 hours of observation in hospital
- Elective lower segment Caesarean section will be arranged at 38-39 weeks gestation

What are alternatives available?

- Elective lower segment Caesarean section without attempting external cephalic version
- Assisted vaginal breech delivery (associated with higher perinatal mortality and morbidity)

For risk of Caesarean section, please refer to Caesarean section information sheet.

Option chosen:

☐ External cephalic version

☐ Elective lower segment Caesarean section because

- ☐ Not suitable for ECV (not recommended by doctor)
- ☐ ECV recommended by doctor but refused by patient because of :

_____

☐ Assisted vaginal breech delivery

Detailed reasons: _____

I acknowledge that the above information have been explained to me and discussed with me by the medical staff and I fully understand them. I have been given the opportunities to ask questions pertinent to my condition and management and satisfactory answers have been provided by medical staff.

Patient's Label

Signature _____

Date _____

Please file in patient's obstetrics record