Turning Babies
The effects of turning unborn babies at the end of pregnancy (around 36 weeks or more) to reduce problems during childbirth

In a ‘breach presentation’ the baby is bottom-down instead of head-down. External cephalic version (ECV) is a technique for turning the unborn baby so it lies head-down.

This review looked at the effects of using ECV on babies that were in the breech position at the end of pregnancy (around 36 weeks or more).

This visual summary shows some of the results of the review.

We found 8 studies (randomised trials) involving 1,038 women and 1,000 babies. Using ECV around 36 weeks or more increased the chance that babies were born alive and reduced the chance of having a caesarean section.

What is the evidence for ECV?

**Type of birth**

The best outcomes in childbirth for both mothers and babies are achieved when the newborn is born head-down.

If the baby is in another position, there is a higher risk of complications including the need for caesarean section.

<table>
<thead>
<tr>
<th>Birth Position</th>
<th>Birth Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head-down</td>
<td>99</td>
</tr>
<tr>
<td>Breech</td>
<td>97</td>
</tr>
<tr>
<td>Footling</td>
<td>87</td>
</tr>
</tbody>
</table>

**Caesarean section**

Caesarean section rates vary greatly between countries and over time.

Avoiding the need for surgery is especially important in countries with limited resources for healthcare.

Without ECV

- 32 women out of 100 had a caesarean section
- 18 women out of 100 had vaginal birth

With ECV

- 27 women out of 100 had a caesarean section
- 37 women out of 100 had vaginal birth

ECV increased having a head-first vaginal birth by 42 babies per 100 (95% CI 18 to 66) if we repeated these studies, this number can be as high as 53 and as low as 38 by chance.

**Is ECV safe for babies?**

ECV made no clear difference to the number of babies who had an Apgar score less than 7 at 5 minutes, umbilical cord pH less than 7.20, or were admitted to the neonatal unit, or died.

These studies did not record additional risks of ECV. How ECV is safe to use in women with low-risk pregnancies, however other factors are important.

We also do not know if it should be used in high-risk cases, such as mothers who have already had a caesarean section, or who are expecting twins.

**How good is the evidence?**

The quality of the studies was varied.

- In all studies except one, the obstetricians knew whether ECV was being performed or not, which may have affected the results.
- There were differences between studies in the size of the benefit of ECV.

**External cephalic version for breech presentation at term**

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Full review: http://www.SyMPHUK