OPENMFM PATIENT GUIDE

Considering ECV?

A one-page guide to turning a breech baby

External cephalic version (ECV) is a monitored attempt to guide a breech baby into a head-down position before birth.

SCAN FOR THE FULL GUIDE

About 1 in 2
ECV attempts are successful overall

About 1 in 200
need urgent cesarean immediately after ECV

After 36 weeks
ACOG says your clinician may suggest ECV

WHAT HAPPENS AT THE ECV VISIT

1. **Check** — Ultrasound and fetal heart-rate assessment.
2. **Prepare** — Review consent; medicine may relax the uterus.
3. **Turn** — Controlled pressure guides a forward or backward roll.
4. **Monitor** — Recheck the heartbeat and final position.

IS ECV AN OPTION FOR ME?

ECV may be discussed when

- There is one breech baby near term
- Fetal assessment is reassuring
- Ultrasound supports a safe attempt
- Cesarean is available promptly if needed

Your team may advise against ECV when

- Cesarean is already needed for another reason
- The fetal heart-rate pattern is concerning
- Bleeding, ruptured membranes, or abruption changes risk
- A multiple pregnancy or another major concern is present

WHAT HAPPENS NEXT?

If the baby turns head-down

Most patients await labor. The baby's position may be checked again because a small number turn back.

If the baby remains breech

Discuss planned cesarean, a possible repeat ECV, or selected vaginal breech birth where experienced care exists.

BRING THESE QUESTIONS

- What makes my personal chance of success higher or lower?
- Is there any reason ECV is not appropriate for me?
- What pain relief and uterine-relaxing medicine do you use?
- What is the plan if ECV works - or if it does not?

CALL YOUR CARE TEAM NOW

Decreased fetal movement, bleeding, leaking fluid, regular painful contractions, or severe pain.

KEY SAFETY POINT ECV should be performed by a trained clinician in a setting where cesarean delivery is readily available.

SOURCES ACOG FAQ079 (reviewed Nov 2024); ACOG Committee Opinion 745 (reaffirmed 2026); ACOG Practice Bulletin 221; RCOG breech patient information and Green-top Guidelines 20a/20b.

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