

 <p style="text-align: center;">CREDIT VALLEY THE CREDIT VALLEY HOSPITAL</p>	CLINICAL PRACTICE GUIDELINE	PROFESSIONAL PRACTICE
TITLE: Breech Presentation with External Cephalic Version		
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SUPERCEDES: New	ISSUED BY: _____ TITLE: Chief of Medical Staff	
	ISSUED BY: _____ TITLE: President	

Purpose:

To provide guidelines for the selection and management of women with breech presentations at 37 or more weeks gestation in whom external cephalic version is encouraged.

Definition:

External Cephalic Version is an obstetrical procedure in which pressure is applied to the mother's abdomen to manually rotate the fetus out of a breech and into a cephalic presentation.

The advantages of successful External Cephalic Version include decreasing the rate of breech presentations entering labour and any increased morbidity associated with breech delivery, and decreasing the cesarean section rate and the increased associated morbidity.

Selection Criteria:

Inclusion

- Patients with a gestational age \geq to 37 weeks gestation with a breech presentation
- External Cephalic Version may be performed in those Patients with mild hypertension, Gestational Diabetes and history of a previous cesarean section

Exclusion

Patients will be excluded if presenting with:

- Severe Maternal Disease including; Severe Hypertension, Cardiac Disease, and Insulin Dependent Diabetes
- History of previous Classical Cesarean Section
- Multiple Pregnancy
- Ruptured Membranes
- Known Rh Isoimmunization

- Nonreactive Non-Stress Test
- Vertex Presentation
- Abruptio Placenta
- Placenta Previa
- Severe Oligohydramnios
- Severe IUGR
- Congenital Anomalies
- Uterine Anomalies

Responsibilities:

External Cephalic Version must be carried out in Labour and Delivery by an Obstetrician. The cesarean section room must be prepared and available for an urgent/emergency surgical delivery.

External Cephalic Version will be carried out according to the Algorithm

Management of Breech Presentation with External Cephalic Version.

Copies of the Algorithm **Management of Breech Presentation with External Cephalic Version** will be kept in the Labour and Delivery Department.

Prior to External Cephalic Version a History and Physical Exam will be performed to assess:

- Baseline vital signs which include maternal pulse, blood pressure and fetal heart rate
- History of current pregnancy and any previous pregnancies for complications
- Time and nature of last oral intake
- Medication allergies
- Any previous adverse reaction to sedation/analgesic including regional and general anesthetic

Non-Stress Test:

All patients will have a minimum 20 minute fetal and uterine non stress test to provide a baseline prior to the External Cephalic Version. This will be interpreted by the Obstetrician prior to proceeding with the version. Those patients who have a nonreactive non-stress test will be **excluded** and will be followed up with further evaluation and/or delivery.

Ultrasound:

An ultrasound will be performed to assess:

- Fetal Lie
- Location of Placenta
- Amount of Amniotic Fluid

Patients will then be excluded if they meet any of the **exclusion criteria**.

Consent:

Obtain informed written consent for External Cephalic Version including the possibility of an urgent/emergency cesarean section according to **Consent Policy #PP3.1**.

Treatment and Monitoring:

1. Oxygen setup will be available at the bedside.
2. Tocolytic Therapy will be available on the unit for administration if ordered.
3. An Ultrasound machine will be in the room before, during and after the procedure.
4. A Labour and Delivery Nurse will be in attendance to assist the Obstetrician during the procedure and assist in the monitoring of the patient according to the Nursing Standard and Procedure Management of External Version in Labour and Delivery.
5. Instruct patient to empty her bladder prior to the procedure.
6. During the External Cephalic Version the fetal heart rate will be monitored via ultrasound every 2 minutes.
7. The External Cephalic Version should not last more than 10 minutes.
8. External Cephalic Version should be discontinued:
 - If patient discomfort is excessive
 - If there is sustained fetal bradycardia < 120 bpm
9. Post procedure, whether successful or not, a 60 minute minimum Fetal and Uterine Non-Stress Test will be completed to assess for reactivity of fetal heart rate and for any uterine activity.
10. Administer Rh immunoglobulin to those women who are Rh negative.

Discharge Criteria:

1. Those patients who have a successful External Cephalic Version and a reactive Non-Stress Test may be discharged home to follow up with their MRP.
2. Patients that have a nonreactive Non-Stress Test will have further follow-up and evaluation and/or delivery.
3. In those patients in which External Cephalic Version is not successful consideration should be given to either:
 - A planned vaginal delivery.
 - Booking an elective cesarean section.

Documentation:

The Physician will document the following:

- History and Physical Exam
- Ease of version
- Interpretation on Non-Stress Test post procedure
- Patient Follow-up

Evaluation:

The number of Patient visits to Labour and Delivery for External Cephalic Version, whether it is attempted, and whether it is successful, will be tracked in the Labour and Delivery Log Book.

This will be reported as a Quality Indicator to the Perinatal and OB/GYNE Programme Steering Committees.

References:

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Laros R, Flanagan T, Kilpatrick S: Management of Term Breech Presentation: A Protocol of External Cephalic Version and Selective Trial of Labour. American Journal Obstetrics and Gynecology 1995; Vol 172, No 6:1916-25.

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Teoh T: Outcome of External Cephalic Version: Our Experience. Journal Obstetrics and Gynecology 1996; Vol 22, No 4:389-394.

Approval:

Department of Obstetrics and Gynecology: May 1997
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Management of Breech Presentation with External Cephalic Version

