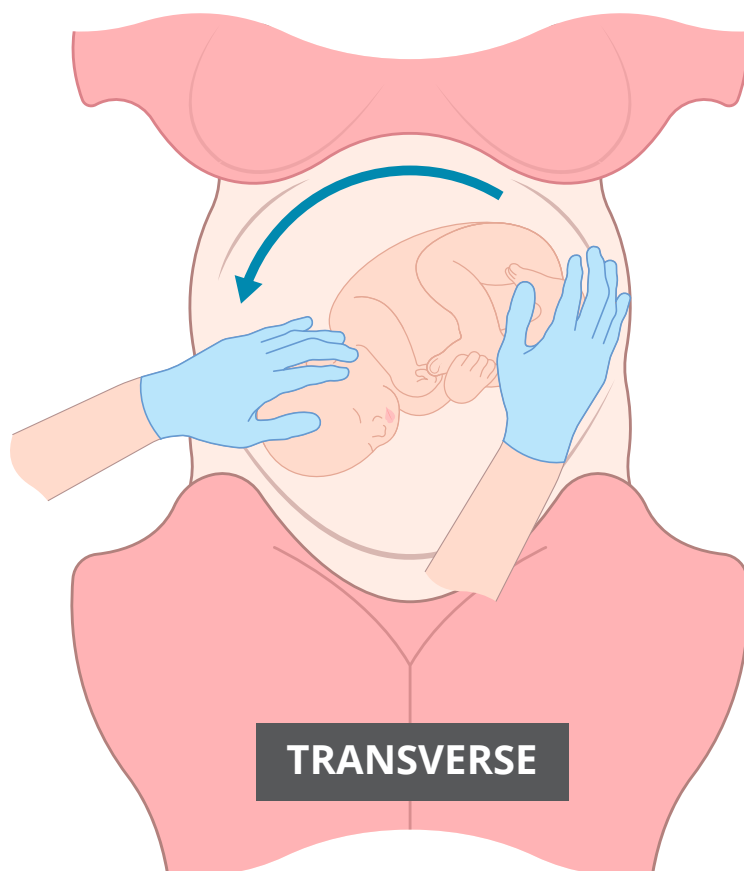
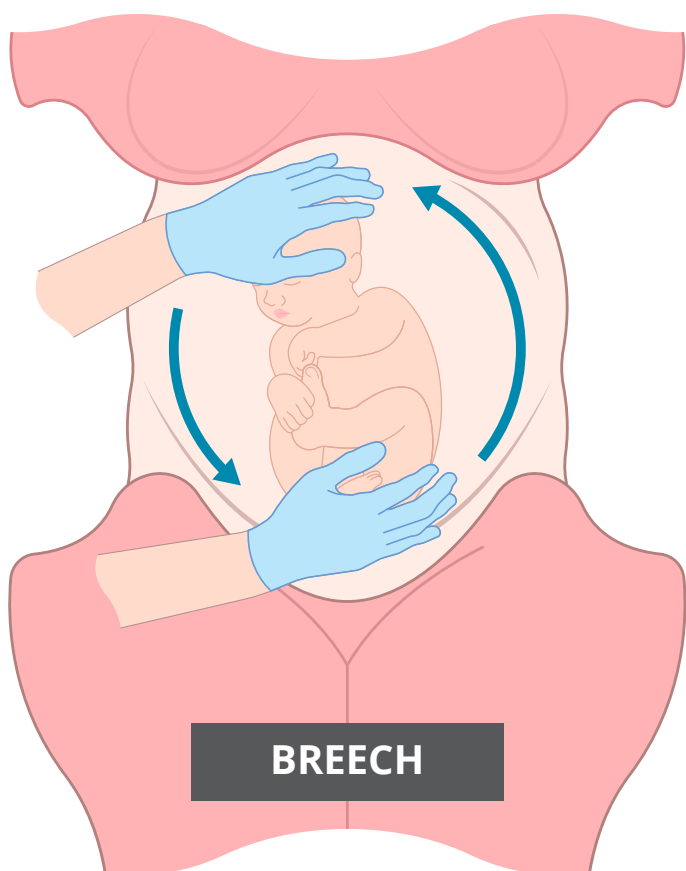


YOUR QUESTIONS ANSWERED

SOAP
Society for Obstetric
Anesthesia and Perinatology

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Subcommittee



What is an External Cephalic Version (ECV)?

External cephalic version (sometimes called a "version" or ECV), is a procedure used to turn a fetus from a breech position (head-up) or transverse (side-lying) position into a vertex (head-down) position before labor begins. The procedure involves your OB provider pushing on your stomach to turn the fetus. When successful, ECV makes it possible for you to try to have a vaginal birth.

Is it painful?

This procedure can be uncomfortable. Often, neuraxial anesthesia (a spinal or combined spinal/epidural) is used to make the procedure more comfortable and increase the chance of success.

What are my options for pain management for an ECV?

The options available may vary depending on your institution.

1. No pain medications: you may choose to have the ECV procedure without any pain medications. This can be done in your provider's office or on labor and delivery.
2. Nitrous Oxide: Nitrous Oxide is a gas used routinely in the operating room and the dentist's office to help with pain, although it does not completely get rid of pain. It is commonly referred to as "laughing gas." This may not be available at all centers.
3. Spinal, Epidural or Combined Spinal Epidural (also called neuraxial anesthesia): These procedures, which involve performing an injection in your lower back, are similar to what patients receive for labor pain or cesarean delivery.

When spinal anesthesia is used, local anesthetic (numbing medicine), sometimes combined with an opioid pain medicine, are given in the spinal fluid. Medication injected into the spinal fluid starts working in about 5 minutes to make your stomach numb, which makes the procedure more comfortable, and increases the chance of a successful ECV.

In addition to the injection of numbing medicine into the spinal fluid, some anesthesia providers will place an epidural catheter (a flexible plastic tube). This is called a "combined spinal epidural" or "CSE". Having the epidural catheter allows the flexibility of giving more pain and numbing medication during the procedure. It can be used after the procedure for labor pain if you are staying in the hospital for an induction of labor or used for a cesarean delivery (also called a c-section) for unsuccessful procedures, or if there is an emergency (a rare complication of an ECV).



Do any of the options increase the chance of success?

Neuraxial anesthesia (a spinal or combined spinal/epidural) is used to make the procedure more tolerable and has been shown to increase the chance of a successful ECV.

Possible outcomes (please discuss further with your OB and anesthesia providers):

- The ECV is successful and induction of labor is started.
- The ECV is successful and you go home. If you had anesthesia (numbing medication) this will be after the medication has worn off. If you had an epidural catheter placed, this will be removed before you go home.
- The ECV is unsuccessful and you have a cesarean delivery that day.
- The ECV is unsuccessful and you go home to have a cesarean delivery scheduled on a different day.
- The ECV is unsuccessful and you go home and come back another day to try to have another ECV.