

Envisioning the baby is head down. Talking positive about the baby turning and avoiding negative statements. So much power in that!

Since we all love Evidenced Based Birth info, here is the [Evidence Based Birth ECV](#)

In 2016, 11,158 people underwent an external cephalic version procedure. As you can see in the table below, approximately 6,221 (55.8%) of the versions were successful. On the other hand, there were 4,937 (44.2%) failed versions

	Successful version	Failed version
Total	6,221 (55.8%)	4,937 (44.2%)
Vaginal-Spontaneous	4,229 (68.0%)	545 (11%)
Vaginal-Forceps	89 (1.4%)	10 (0.2%)
Vaginal-Vacuum	330 (5.3%)	25 (0.5%)
Cesarean	1,568 (25.2%)	4,356 (88.2%)
Unknown	5 (0.1%)	1 (0.0%)

Hutton et al. (2017) found that the following factors are strongly linked to higher version success rates:

- Having given birth to previous children
- If the baby is not engaged in the pelvis (described as floating or dipping)
- If the care provider can easily feel the baby's head on palpation (related to the baby's position as well as the mother's body fat)
- If the placenta is posterior
- If the mother's uterus is normally shaped
- If there are normal levels of amniotic fluid
- If the mother's BMI is less than 32.7
- If the mother's waters are intact (providers usually won't perform if ruptured)
- If the mother's abdominal wall muscles are relaxed (terb is given)

What can we try BEFORE the ECV??

- Acupuncture: [Blue Ova](#), [Mama Lounge](#), [Bria Larson](#), [Jen Chu](#)
- Moxibustion
- Webster Technique/Chiropractor: [Mojo Chiro \(Kristine Hicks\)](#), [Lotus Chiro \(Berkley\)](#), [Empowered MaMa \(Walnut Creek\)](#)
- Spinning Babies. There are a few Spinning Babies practitioners in the area [Orna Konig- Spinning Babies Parent Class](#)
- Use a birth ball and avoid sitting in recliners or long commutes
- Inversions, always listen to your body! If you feel lightheaded, you should stop! forward leaning, backward inversion, hand stands, somersaults in the pool, etc... whatever you can do to get upside down!
- Side Lying Release

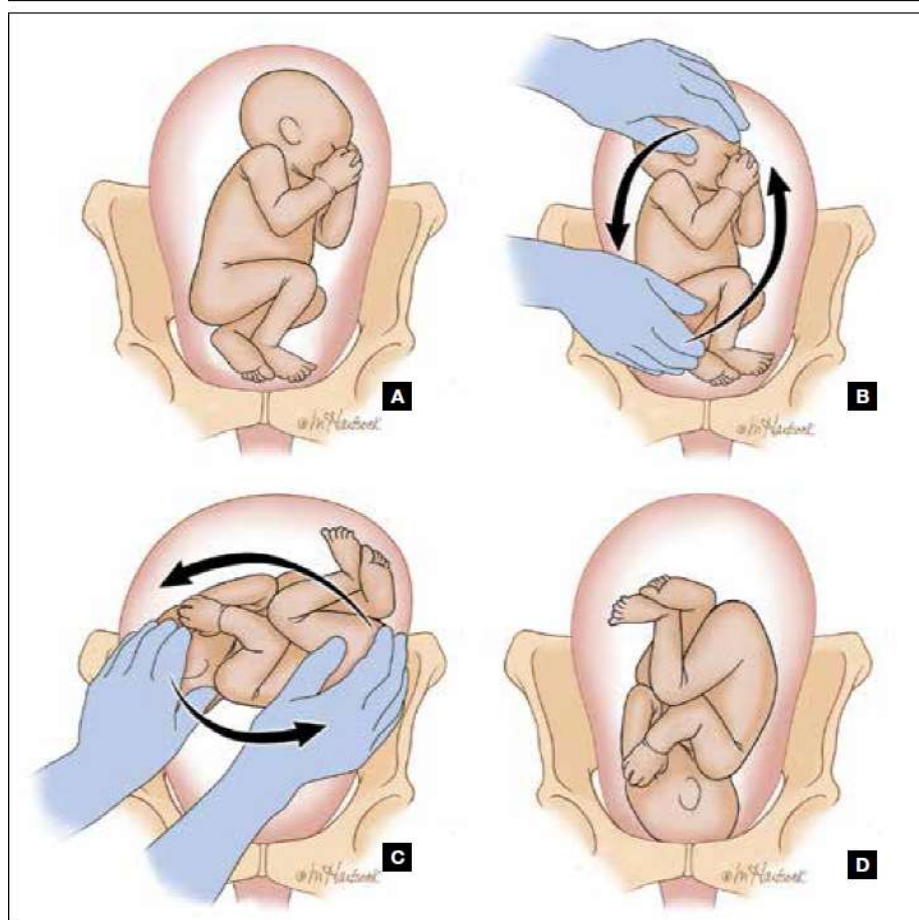
Babies usually turn head down between 26-30 weeks

Breech positions: Complete, Incomplete (AKA Footling), Frank. When it comes to turning the baby, it's no easier to turn a complete breech than it is to turn a frank breech.

Breech birth positions



FIGURE External cephalic version technique



In external cephalic version, the clinician externally rotates a breech- or transverse-lying fetus to a vertex position. The illustration shows a backflip rotation maneuver. The American College of Obstetricians and Gynecologists recommends a forward rotational maneuver be attempted first.

Source: Koutrouvelis GO; American College of Obstetricians and Gynecologists' Committee on Practice Bulletins—Obstetrics. Practice Bulletin No. 161: External cephalic version. *Obstet Gynecol.* 2016;127(2):e54–e61.

ECV usually performed around 35-38 weeks

Location of the procedure. Each hospital will have different set up and techniques they use for ECV...

Things that are going to be different are:

- IV placement
- Some providers will draw labs to be sure of blood type and iron levels in case an emergency birth becomes necessary
- Wearing a hospital gown might be suggested
- Option of pain meds may be limited – (may not have Nitrous)

Things that should be similar at each hospital:

- No eating before the procedure (usually 8 hours before)
- A non stress test will be done prior to and after the procedure (monitor baby's heart rate)
- Options of pain Meds – Fentanyl and/or Nitrous
- Terbutaline injection (usually 10-15 minutes before procedure)
- 1-2 people may be working on turning the baby
- They will stop if they see any signs of distress from the baby or if the birthing person says to stop.
- Ultrasound will be used to check position (some providers will use the whole time, some spot check)

TIPS:

- Empty your bladder right before the procedure. It will make things more comfortable and give the baby more room inside to turn around!
- Practice your breathing techniques.... Here is a great link to Evidence Based Birth's guide to breathing for labor. However, it also works great for the ECV! [evidence based birth.breathing-for-pain-relief-during-labor](#)
- If you can do some forward leaning inversions right before the procedure, that can help float the baby up in the pelvis and give baby more room to move. [CLICK HERE for info on Forward Leaning Inversions](#)
- Try scheduling an acupuncture or Chiropractic appointment the day of, or day before the procedure
- Have your partner help you to stay "loose" during the procedure. They can watch for areas that you might be holding tension in your body and give you direction to relax those areas
- Have your partner stand by your head and place their hand on top of you head to help you feel grounded. Another area that helps you feel grounded is firmly holding your ankles. Often people feel like they are being "pushed and pulled around" during the ECV, this helps you feel more stable and you can relax into the bed more
- Try to not clench your buttocks. It's hard, we want to "brace for impact", but it's important to melt into the bed and keep your core loose.
- You can wear headphones with calming music if you would like
- If the baby flips or if the baby doesn't flip, you will be sore the next day! Epsom Salt baths, and cold compresses will help. The next day, take it easy, hydrate and rest.
- If the baby does flip, try to keep them engaged in your pelvis by either sitting on the toilet with your legs apart or sitting in the [Baddha Konasana](#) (butterfly or throne pose)



- If the baby flips to head down, you can use a belly wrap to help keep the baby stable and to not flip back



c-section rate in the US is over 31%. Each Hospital will have different stats. <https://calhospitalcompare.org/>

If it goes to cesarean, prepare couple for what to expect. Reassure them that you tried everything you could to turn the baby... No stone left unturned! Help them get a cesarean birth plan put together and prepare them for what to expect in postpartum.

Providers in the Bay Area that we have had good outcomes with:

CPMC Mission Bernal Dr Gopal- <https://www.sutterhealth.org/find-doctor/dr-tirun-a-gopal>

Kaiser San Francisco Dr Laura Norrell <https://mydoctor.kaiserpermanente.org/ncal/providers/lauranorrell>

Kaiser San Francisco Dr Sarah Mandel <https://mydoctor.kaiserpermanente.org/ncal/providers/sarahmandel>

UCSF Mission Bay Dr Naghma Farooqi <https://obgyn.ucsf.edu/gynecology/naghma-farooqi-md>

UCSF Mission Bay Dr Nick Rubashkin <https://obgyn.ucsf.edu/gynecology/nicholas-rubashkin-md-ma-phdc>

Marin General Dr Lizellen Lafollette <https://www.drlafollette.com/>

Marin General Dr Nona Cunningham <https://www.mymarinhealth.org/find-a-provider/nona-cunningham-md/>