



EXTERNAL CEPHALIC VERSION

INFORMATION FOR PREGNANT WOMEN

Your physician or your midwife has referred you to the high-risk pregnancy clinic (GARE) to have your baby's position changed by external manipulation, called version. You will find that the following information will answer some of your questions and prepare you for your appointment.

WHAT IS EXTERNAL CEPHALIC VERSION?

External cephalic version is a technique that consists of turning a baby from a breech (buttocks) to a head first presentation. This technique is ideally performed by a gynecologist during the 36th week of pregnancy or later. The gynecologist will try to turn the baby by manipulating the mother's abdomen (uterus) with his/her hands.

WHAT ARE THE ADVANTAGES?

The final objective is to avoid a caesarean or a breech birth. Breech births have a higher rate of complications than normal vaginal births and cannot proceed unless the conditions are strictly ideal.

The success rate of versions is from 30 to 50%. It is therefore recommended that every woman be given the opportunity of trying a cephalic version when the baby is presenting in a breech or transverse position.

ARE THERE RISKS OR DISADVANTAGES?

A version is a regular intervention that is simple and safe in most cases. **Very rarely**, certain incidents may occur during or after the procedure: rupture of the bag of waters, vaginal bleeding, uterine contractions, and irregular heart rate for the baby. These incidents are sometimes harmless, but may require hospitalization for **temporary observation**.

In exceptional circumstances, an emergency caesarean may be performed. This type of situation remains **rare** because the majority of versions are carried out with no complications.

Before the version, you will be able to discuss the risks related to this procedure during your consultation with the gynaecologist.

PREPARATION FOR THE VERSION

You must be **fasting for 6 hours** before the scheduled appointment, i.e., you must not eat or drink anything.

Duration of the appointment: Expect 3 hours, more or less

WHAT ARE THE STAGES IN THE PROCEDURE?

- The baby's heart rate is recorded for a period of 20 to 30 minutes.
- Consultation with the gynecologist.
- Fetal ultrasound.
- Blood sample and installation of an IV.
- Version
- After the version, the baby's heart rate will be monitored again for an hour.
- If your blood group is Rhesus negative, you will be given an injection of an Anti-D gammaglobulin called "WinRho".

If the version is successful: You will be authorized to leave and your obstetrician will continue your pregnancy care.

If the version is unsuccessful: the gynecologist will discuss with you the appropriate delivery method (vaginal or caesarean)

IS IT PAINFUL?

The manipulations are generally uncomfortable and sometimes **mildly** painful.

ARE THERE ANY CONTRA-INDICATIONS?

Certain conditions constitute a contra-indication to a version. Here are a few examples: pregnancy with twins, severe amniotic fluid (bag of waters) insufficiency, and abnormality of the uterus or placenta.

Your physician or midwife will assess with you the criteria that can rule out the possibility of a version.

APPOINTMENT

CLINIQUE GARE (Specialized Care Sector)	(8:30 a.m. to 4:00 p.m.) Monday - Wednesday - Friday
Leave a verbal message:	819-966-6100, ext. 333377
Place of appointment:	3rd floor, Clinique GARE department

More informations : <http://www.cisss-ouataouais.gouv.qc.ca>

Go to : Accessing a service / Having a baby / Pregnancy and delivery / High-risk pregnancy (GARE Clinic) and see video of external cephalic version