 瑪麗醫院 QUEEN MARY HOSPITAL	Department of Obstetrics and Gynaecology	Document No.	GOB0006(I)-E
		Last review date	Jul 2022
	Subject Counselling Sheet for Breech Presentation	Next review date	Jul 2025
		Approved by	Obstetrics Team, QMH
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Please read online information before doctor consultation

**Department of Obstetrics & Gynaecology –
The University of Hong Kong
COUNSELING SHEET FOR BREECH**

Indication

Singleton pregnancy with breech presentation at term (37 weeks or above)

Situation

You are now at term gestation and your baby is still in breech presentation (bottom down position). Most babies would have turned to cephalic presentation (head down position) by this stage. However, about 3-4% of babies remain in breech presentation at this stage.

We usually recommend external cephalic version (ECV) because it decreases the chance that you need a Caesarean section, which carries more risks for you. ECV may not be suitable if you have the following conditions.

- _____ Previous uterine scar
- _____ Placenta praevia
- _____ History of antepartum haemorrhage within 7 days
- _____ Oligohydramnios
- _____ Major uterine anomalies
- _____ Others (please specify: _____)

External cephalic version


The procedure

- No anaesthesia is required
- In-patient procedure
- Keep fasted for at least 6 hours prior to procedure
- Blood taking for typing your blood group prior to procedure
- Intravenous medication for uterine relaxation
- External pressure applied by doctors on your abdomen
- Procedure usually limited to 10 minutes
- You may feel pain and discomfort during the procedure

Effect of the procedure, if successful

- Baby will be turned into cephalic presentation
- Vaginal delivery can be expected but even after successful external cephalic version, there will be an increased rate of Caesarean section and instrumental delivery compared with women without the need for external cephalic version

Please file in patient's obstetrics record

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What is the chance of successful external cephalic version?

- The overall success rate is 50% but the rate may be higher in multiparous women

Risks and complications may include, but not limited to the following:

- Placental abruption (separation of placenta from uterus)
- Cord accident
- Fetal distress
- Uterine rupture (rare for uterus without previous surgery)
- Immediate Caesarean section (0.5%)

What would happen if external cephalic version fails?

- You will be discharged if there is no complication after 2-4 hours of observation in hospital
- Elective Caesarean section will be arranged at 38-39 weeks gestation

What alternatives are available?

- Elective Caesarean section without attempting external cephalic version
- Assisted vaginal breech delivery (vaginal delivery with baby bottom coming first), usually not recommended as it involves higher risk to baby

For risks of Caesarean section, please refer to Caesarean section information sheet.

Option chosen:

- External cephalic version (ECV)
- Elective Caesarean section because
 - Not suitable for ECV (not recommended by doctor)
 - ECV recommended by doctor but refused by patient because: _____
- Assisted vaginal breech delivery

Detailed reasons: _____

I acknowledge that the above information has been explained to me and discussed with me by medical staff and I fully understand the information. I have been given the opportunities to ask questions pertinent to my condition and management and satisfactory answers have been provided by medical staff.

Patient's Label

Signature _____

Date _____

Please file in patient's obstetrics record