Patient information and consent to external cephalic version (ECV)

Key messages for patients

- Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.
- Please read this information carefully, you and your health professional will sign it to document your consent.
- Please bring with you all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as x rays or test results.
- You are advised not to eat for four hours prior to the procedure but may drink water.
- Simple painkillers such as paracetamol and ibuprofen may be required after surgery. Simple bowel medication such as senna and lactulose may be required after surgery. It is suggested that you discuss with your pharmacist and have a seven day supply of these medications at home to take as you need according to the instructions.
- Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team. If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment. If you usually take low molecular weight heparin injections (Fragmin or Clexane) you should not do so on the morning you are attending for the procedure.
- Please call Clinic 22 on 01223 274203 or Clinic 23 on 01223 217217 (if you have any questions or concerns).

After the procedure we will scan the consent form into your medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure/treatment has started (as long as it is safe and practical to do so).

We will also only carry out the procedure/treatment on your consent form unless, in the opinion of the responsible health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures/treatments you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure/treatment. However the person undertaking the procedure/treatment will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.
About external cephalic version

Your baby is in the breech position. A breech position is when the baby’s bottom is over the maternal pelvis. This makes a vaginal birth more complicated. You have therefore been advised to have a procedure to turn the baby you are expecting to a ‘head – downwards’ position. This will make a vaginal delivery safer and help avoid a Caesarean section. For this procedure, you will be seen in Clinic 22, after 36 weeks into your pregnancy.

The procedure itself will last about 20 minutes. However, you can expect to be in hospital for at least two hours, which includes making tracings of your baby’s heart rate.

Intended benefits

External cephalic version facilitates the birth of your baby by altering the position of the baby into the head-down position.

Who will perform my procedure?

The procedure will be performed by a doctor trained in performing external cephalic versions.

Before your procedure

You are advised not to eat for four hours prior to the procedure, but may drink water.

You will be seen by the doctor performing the procedure, who will ask details of your medical and pregnancy history. This is a good opportunity for you to ask us any questions about the procedure.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you. Please tell the ward staff about all of the medicines you use. If you wish to take your medication yourself (self-medicate), please ask your nurse. Pharmacists visit the wards regularly and can help with any medicine queries.

Your baby’s heart rate will be monitored to confirm your baby’s wellbeing. You may be recommended to have an injection to relax the womb muscles, this makes turning the baby easier.

During the procedure

If all is well, you will have an ultrasound scan to confirm your baby’s position. While you are lying flat on the bed, the obstetrician will place his/her hands on your abdomen moving your baby up and out of the pelvis. Your baby is turned either forward or backward until your baby is in the head-down position. The procedure may be uncomfortable and if at any stage you feel unable to tolerate the discomfort you should tell the operator who will stop.
At the end of the procedure your baby’s position will be confirmed on ultrasound.

**After the procedure**

Your baby’s heart rate monitoring will be repeated for up to an hour. When a baby is turned, there is a possibility that some of the baby’s blood will be transferred to the mother, which can sensitise her to the baby’s blood cells, which can affect later pregnancies. For this reason, if the mother’s blood group is rhesus negative, an injection of ‘Anti D’ will be given at the end of the procedure. You will also have a blood test to check if the dose of anti-D given to you is sufficient. Your doctor or midwife will explain this in more detail.

**Significant, unavoidable or frequently occurring risks of this procedure/treatment**

An external cephalic version is a very safe procedure. However, in common with all procedures there are potential risks involved. The main risks of the procedure are:

- failure to turn your baby (about 50%)
- your baby can return to the breech position after this procedure (about 5%)

More rarely:

- there is bleeding behind the placenta, which might require delivery of the baby by Caesarean section
- there is a rupture of membranes
- there is immediate or delayed fetal distress, which can require delivery

Your obstetrician and midwife will ensure that the appropriate measures are taken to reduce your risk of the development of complications.

**Alternative procedures or treatments that are available**

A mother may choose to continue the pregnancy with the baby in the breech (bottom down) position and have a vaginal breech delivery.

An elective Caesarean section, which is when we plan to remove the baby from an incision (wound) made in your abdomen (tummy).

**Information and support**

We may give you some additional patient information before or after the procedure, for example leaflets that explain what to do after the procedure and what problems to look out for.

If you have any questions or anxieties, please feel free to ask a member of staff on Clinic 22 on 01223 274203 or contact the Clinic 23 on 01223 217217
Information about important questions on the consent form

1  Photography, Audio or Visual Recordings
As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

2  Students in training
Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

Privacy & Dignity
Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:
If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history
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External cephalic version (ECV), CF244, Version 8, February 2018
External cephalic version

- to alter the position of the baby into the head-down position.

Full details are included in the information leaflet and include:

- failure to turn your baby
- your baby can return to the breech position after this procedure
External cephalic version

2 The following information leaflet has been provided:

External cephalic version

Version, reference and date: CF 244 Version 8, February 2018

or [ ] I have offered the patient information about the procedure/treatment but this has been declined.

3 This procedure/treatment will involve:

[ ] General and/or regional anaesthesia [ ] Local anaesthesia [ ] Sedation [ ] None

Signed (Health professional): ___________________________ Date: __________/________/________

Name (PRINT): _____________________________________________________________________ Time (24hr): __________/________/________

Designation: _____________________________________________________________________ Contact/bleep no: _____________________________________________________________________

C Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure/treatment have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information on ‘Consent’ and then put a tick in the relevant boxes for the following questions:

1 Photography, Audio or Visual Recording

a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment. [ ] Yes [ ] No

b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting. [ ] Yes [ ] No

2 Students in training

I agree to the involvement of medical and other students as part of their formal training. [ ] Yes [ ] No

Patient safety – at the heart of all we do

Addenbrooke’s Hospital | Rosie Hospital

File: in the procedures and consents section of the casenotes

CF244 ECV Version 8, February 2018
For staff use only:
Hospital number:
Surname:
First names:
Date of birth:
NHS no: __ __ / __ __ / __ __
Use hospital identification label

Patient Information

External cephalic version

3 Insert here any other details /consents required

I have listed below any procedures/treatments that I do not wish to be carried out without further discussion.


I have read and understood the Patient Information about this procedure/treatment and the above additional information. I agree to the procedure or treatment.

Signed (Patient): __________________________________________ Date: __ __ __ __ __ __ __ __ __ __ __

Name of patient (PRINT): __________________________________________

If signing for a child or young person; delete if not applicable.
I confirm I am a person with parental responsibility for the patient named on this form.

Signed: __________________________________________ Date: __ __ __ __ __ __ __ __ __ __ __

Relationship to patient: __________________________________________

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness): __________________________________________ Date: __ __ __ __ __ __ __ __ __ __ __

Name of witness (PRINT): __________________________________________

Address: __________________________________________
**Consent Form**

**External cephalic version**

**D  Confirmation of consent**

**Confirmation of consent** (where the procedure/treatment has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the procedure/treatment to go ahead.

Signed (Health professional): ........................................... Date: ...D.D./M.M./Y.Y.Y.Y...

Name (PRINT): ................................................................. Job title: .................................................................

Please initial to confirm all sections have been completed:

**E  Interpreter’s statement (if appropriate)**

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): ........................................... Date: ...D.D./M.M./Y.Y.Y.Y...

Name (PRINT): .................................................................

Or, please note the language line reference ID number:

**F  Withdrawal of patient consent**

☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): ........................................... Date: ...D.D./M.M./Y.Y.Y.Y...

Signed (Health professional): ........................................... Date: ...D.D./M.M./Y.Y.Y.Y...

Name (PRINT): ................................................................. Job title: .................................................................

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For staff use only:
Hospital number:
Surname:
First names:
Date of birth:
NHS no: _ _ _ / _ _ _ / _ _ _
Use hospital identification label

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File in the procedures and consents section of the casenote

CF 244 ECV Version 8. February 2018

page 4 of 4