



# EXTERNAL CEPHALIC VERSION



## Description

Manual rotation of a fetus from a breech position to a vertex position for the purpose of facilitating a vaginal delivery.

## Indication

Malpresentation of a fetus after 36 weeks. Prior to this time, non-vertex fetal positions are normal.

## Risks

- Rupture of membranes
- Bleeding
- Placental abruption
- Fetal distress
- Onset of labor



## Procedure

- Tocolytic may be administered.
- Client is placed in supine or slight Trendelenburg.
- Ultrasound gel applied to abdomen to decrease friction.
- Provider uses their hands externally on the client's abdomen to attempt to gently maneuver the fetus to vertex presentation.

## Nursing care

- Ensure consent forms are signed.
- Obtain baseline nonstress test.
- Ultrasound may be performed.
- Confirm RhoGAM was given at 28 weeks for Rh-negative client.
- Administer IV fluids and tocolytics as ordered.
- Monitor fetus after procedure.

## Contraindications

- Placenta previa
- Previous classical C-section
- Ruptured membranes or low amniotic fluid levels
- Non-reassuring fetal monitoring
- Multiple gestation

## Client education



External cephalic version is successful approximately 50% of the time.



Labor may be induced after procedure to decrease the chance the fetus will change position.



Client should notify provider if: vaginal bleeding occurs, water breaks, contractions start, or if they notice a decrease in fetal movements.