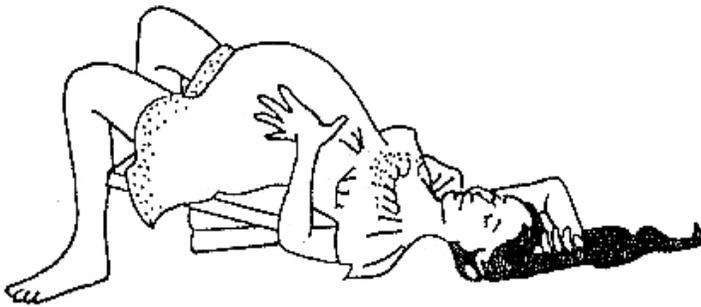


Exercises to Facilitate Change of Baby's Position from Breech to Cephalic

Please try either position to encourage your baby to change to cephalic, headfirst position. Since the baby's head is the heaviest part of her/his body, sometimes gravity can help turn the baby's body. In theory, either position may work, but one position may be more comfortable for you than the other.

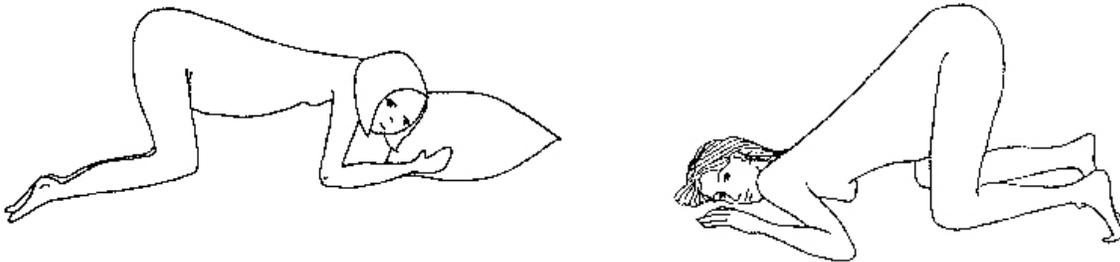
Tilt Position

Place three good-sized pillows under your bottom. Lie on your back with feet on the ground and knees flexed. Spend a maximum of ten minutes, twice a day in this position.



Knee Chest Position

Get on your knees on a bed or carpeted floor. Place a pillow under your head and chest. Keeping your bottom lifted toward the ceiling, lean forward into the pillow, turning your face to the side. Rest your head on your hands or your pillow. Do not let your back sag. Spend a maximum of ten minutes, twice a day, in this position.



Remember to get up slowly from either position and if you need help, ask for assistance. If you feel the baby turn, you do not need to continue the exercises. If you feel the baby has turned, please call our office to schedule an appointment for an ultrasound to evaluate the position of your baby.

External Cephalic Version

What is an External Cephalic Version?

External cephalic version is a method used to turn a baby inside the uterus so that the head is directed down (toward the birth canal). This is called the cephalic position. When a baby is in a breech position, the bottom or feet are directed down (toward the birth canal). By moving the baby out of a breech position the doctor may remove the need for a Cesarean delivery.

When is it used?

External cephalic version may be done when your baby is in the breech position at the end of your pregnancy, close to your due date. The diagnosis of breech presentation is usually made during a prenatal visit by feeling your abdomen and locating the baby's head and bottom. This is usually confirmed by an ultrasound.

Women with the following conditions may be advised against having this procedure:

- Placenta previa (the placenta is near or covering the opening of the uterus)
- Vaginal bleeding
- A low level of fluid in the sac around the baby
- A nonreactive nonstress test
- Fetal heart rate abnormality on monitoring
- Intrauterine growth retardation
- A previous cesarean section
- A cervix that is already 2 cm dilated or thinning
- Any condition associated with problems of the placenta

What happens during the procedure?

This procedure is usually done in the hospital in the labor and delivery unit. An anesthesiologist is notified that the procedure is being performed, in case an emergency Cesarean delivery is necessary. It is recommended that you be well hydrated for a few days prior to the procedure but **take nothing by mouth six hours prior to the procedure**. In the event a Cesarean delivery is needed it is best to not have eaten prior to the procedure.

Just before the procedure an ultrasound will be done to confirm the position of the baby and locate the placenta. A nonstress test will be done to make sure the baby's heart rate is normal.

During the procedure, medication is sometimes given to relax your uterus. The doctor places his or her hands on your abdomen, locates the baby's parts and gently pushes the baby's bottom out of your pelvis. The doctor then attempts to maneuver the baby so that the head will enter the pelvis. A moderate amount of pressure may be used to maneuver the baby. This is often somewhat uncomfortable for the mother.

The baby's heart rate is intermittently monitored during the procedure using ultrasound.

What happens after the procedure?

A nonstress test is done again after the procedure to make sure the baby tolerated the procedure well.

If the procedure is successful, the baby could return to the breech position before you begin labor. If the procedure is unsuccessful, your doctor will discuss the risks and merits of vaginal delivery compared with cesarean section in your particular case.

***Women who are Rh negative need to have rhogam**

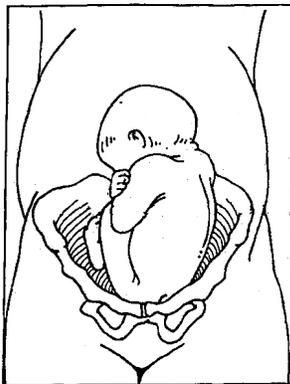
What are the risks associated with this procedure?

Some of the potential complications of this procedure include:

- Premature labor in about 1% of mothers
- Premature rupture of the membranes in about 1% of women
- A small amount of blood loss from you and the baby
- The need for an emergency cesarean section because the baby is not getting enough oxygen, usually because of a pinched umbilical cord. The incidence of fetal distress is approximately three out of 1,000 external cephalic versions

The likelihood of these complications is small. However, any of these problems can be very serious and this is why the procedure is done in the hospital. It is your option to decline an external cephalic version and decide to have an elective Cesarean delivery.

Procedure for Turning the Baby



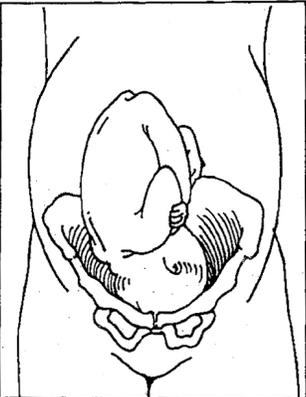
1. The baby is in breech position.



2. The doctor feels for the baby's head and bottom.



3. The doctor turns the baby around.



4. The baby is in position for normal delivery.

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