ORIGINAL RESEARCH PAPER

Obstetrics & Gynaecology

EXTERNAL CEPHALIC VERSION AND REDUCING THE INCIDENCE OF BREECH PRESENTATION

KEY WORDS: External Cephalic Version, Breech Presentation, Cesarean Section.

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ABSTRACT

Background External cephalic version (ECV)is manipulations performed through the abdominal wall that yield a cephalic presentation,it is typically done around 37 weeks of pregnancy.before 36 weeks of pregnancy ,there is a chance to rotate to head down position on its own ,after 38 weeks of pregnancy moving is difficult ,that's why 37 weeks is the recommended time and improves the chances of having a vaginal birth.ECV reduces the rate of non-cephalic presentation at birth and success rate is 50 to 60 percent[1]. **Aims And Objectives:** To evaluate the external cephalic version (ECV) procedure for the management of at term breech presenting foetus[2].

Inclusive Criteria:

1. Term with malpresentation
2. Abundant amniotic fluid
3. Unengaged presenting part
4. Non Anterior placenta
5. Multiparity
6. Non obese patient
7. Viable foetus
8. No previous cesarean scar

Exclusive Crietria

1. Placenta previa
2. Early labour
3. Oligohydrominos
4. Ruptured membranes
5. Structural Uterine abnormalities
6. Foetal growth restrictions
7. Multi foetal gestation
8. Uterine incision
9. Hyper extended head

Methods- Source for this study: In this prospective, interventional study, 10 patients with uncomplicated breech presentations at 37 weeks' gestation were considered for ECV. This was performed in our teaching hospital between January 2023 and December 2023. The main outcome measure was assessed as the success rate of ECV attempt and the rate of cesarean section following a successful procedure. Parity,abundant amniotic fluid, type of breech, placental location, and birth weight were evaluated as predictors of success. Also, any fetal or maternal complications during the procedure were evaluated. **Results** In our study, The success rate was 60%. The rate of cesarean section following successful procedure was only 10% and emergency cesarean section performed in 10%. Prognostic parameters associated with successful ECV were multi parity and flexed type of breech. There were no serious fetal or maternal complications associated with the attempt. **Conclusion** With appropriate selection of patients, ECV is highly successful and is a safer alternative to vaginal breech delivery or cesarean delivery. **Advice:** ECV should be usually performed in center where an all the emergency facilities and operating facilities available.You need to monitor to ensure that patient is not in labour and baby is not in distress,.

INTRODUCION

External cephalic version (ECV) is a process by which a breech baby can sometimes be turned from buttocks or foot first to head first. It is a manual procedure that is recommended by national guidelines for breech presentation of a pregnancy with a single baby, in order to enable vaginal delivery. It is usually performed late in pregnancy, that is, after 36 weeks gestation, preferably 37 weeks, before 36 weeks is a chance to rotate to head down position on its own[4] . Its also likely to succeed if there is a normal amount of amniotic fluid and the fetus has not descended into the pelvis .people who have already give birth usually see more success with an ECV.ECV procedures are typically performed near an operating room in case an emergency c-section is needed ,this happens less than 1% of the time.Additionally an ultrasound examination is performed to verify fetal presentation,to exclude fetal and uterine anomalies locate placental position,and evaluate the amniotic fluid index[3].

MATERIALS AND METHODS

Our study analysis include patients attended our out-patient department from january 2023 to december 2023. Among 67 breech presentation 10 patients were selected based on inclusion and exclusion criteria,clinical and ultrasound examination was done to rule out uterine and foetal anomalies,foetal position, amount of liquor, placental position and patients were counseled and consent taken and planned for External cephalic version.

Procedure:

Pregnant women is placed in left lateral position to aid utero

placental perfusion and tenderlenburg positioning helps during elevation of breech during the procedure we prefer to monitor foetal heart motion sonographically an abundant abdominal coating of ultrasound gel permits this and also minimizes painful skin friction, forward roll of foetus is usually attempted first one or two providers may participate and one hand grasps the head the foetal buttock are then elevated from the maternal pelvis and displaced laterally these are gently guided towards the fundus while the head is simultaneously directed towards the pelvis, if the forward roll is unsuccessful a backward flip is attempted, ECV attempts (maximum 3 to 4) are discontinued for excessive discomforts, abnormal heart rate or after multiple failed attempts.if ECV is successful, a non stress test is repeated until a normal test result is obtained. A transient abnormal fetal distress noted during or after ECV a prompt traditional resuscitation response with intravenous fluids,oxygen,lateral tilt,ECV is successfully completed before 39 weeks gestation awaiting spontaneous labour and fetal maturity

RESULTS AND DISCUSSION

Among 10 pregnant women who have undergone External cephalic version 6 have successfully come to cephalic presentation, 2 pregnant women has failed ECV. one had spontaneous return to breech presentation, one women had developed foetal bradycardia during the procedure which later underwent emergency cesarean section.

CONCLUSION

ECV is highly successful and is a safer alternative to vaginal breech delivery or cesarean delivery.

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