

# Clinical Audit of External Cephalic Version at a Tertiary Hospital

Dr J Caris, Dr S Sahni, Dr D Rundle-Thiele

Gold Coast Health Service, Queensland Health, Australia

## INTRODUCTION

Breech presentation at term, beyond 37 weeks, occurs between 3-4% of singleton fetuses, the majority of these are detected prior to labour(1). Since publication of the Term Breech Trial our clinical practice has changed with 90% breech presentations delivered by caesarean section. The current national recommendation in the management of breech presentation is to perform an ultrasound in late third trimesters to determine any fetal or maternal findings predisposing to malposition, assess placental location, fetal biometry and amniotic fluid index(2). Then external cephalic version should be offered to all appropriate women at term (2).

## METHODS

### **Objective:**

The aim of this audit is to determine the success rate and complications of external cephalic version (ECV), mode of delivery following successful ECV and compare to national standard.

### **Design:**

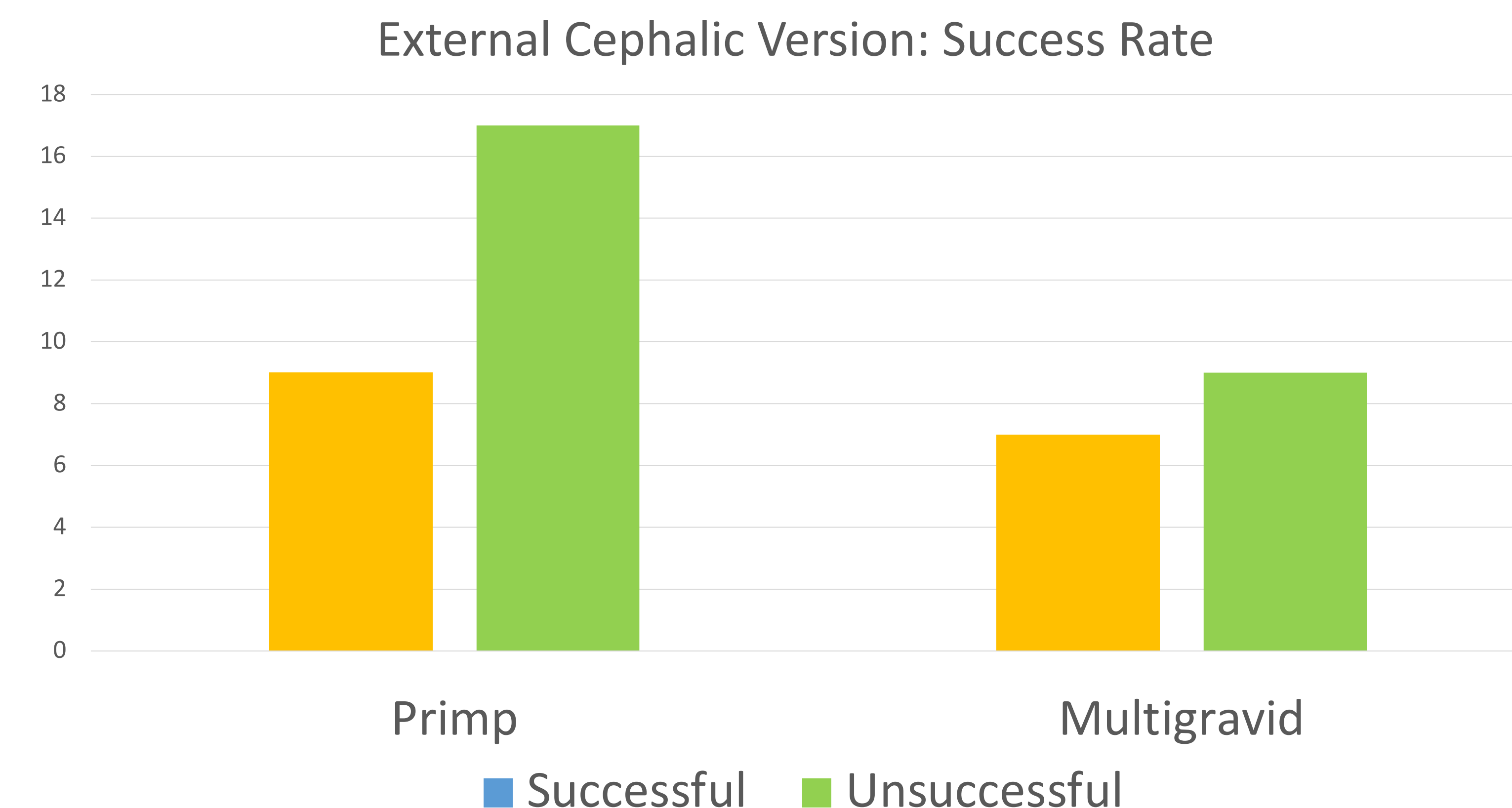
A retrospective clinical review audit of all external cephalic version at or near term performed at a tertiary hospital.

### **Method:**

We conducted an audit of all ECV's from January 2020 to January 2022. We identified 72 patients who were booked for an ECV during this time.

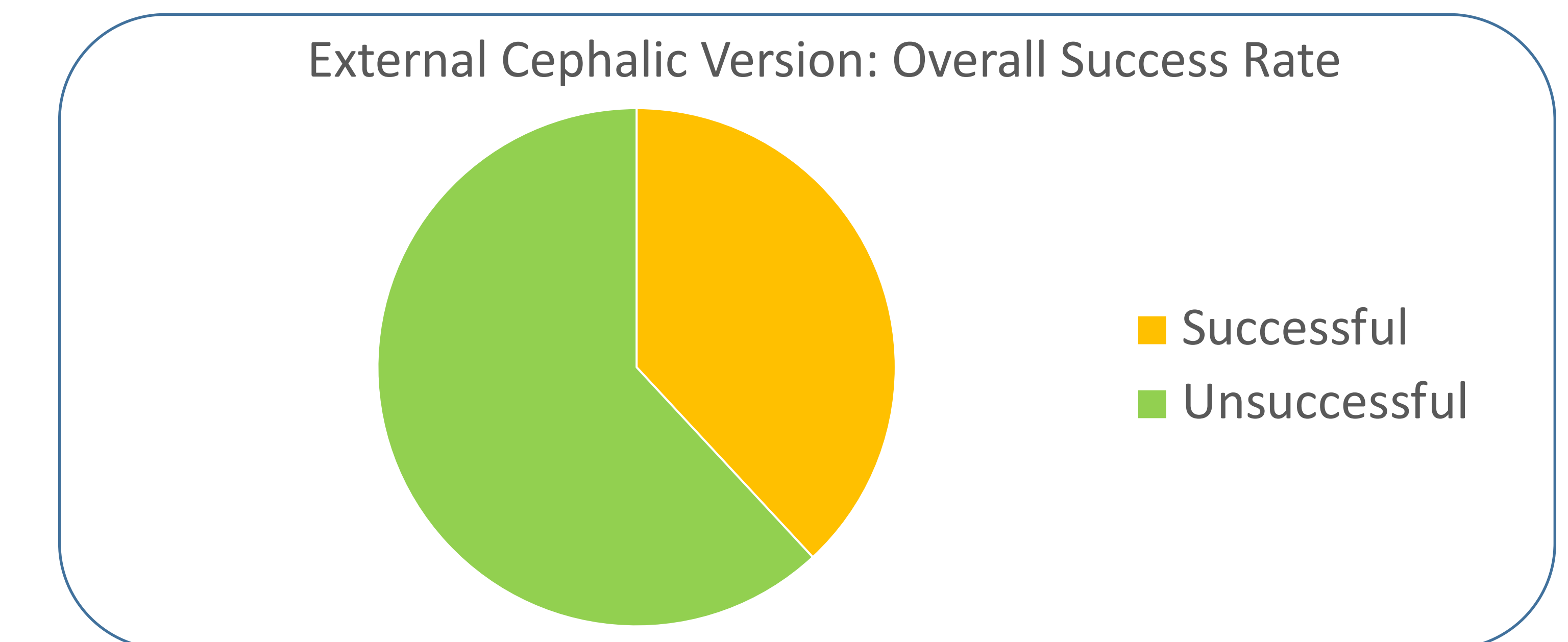
## RESULTS

The success rate of ECV was 37% (Primip 34%, Multigravid 43%) which is less than the national standard of 50% (Primip 40%, Multigravid 60%)(2). 72 women were booked for an ECV during this 2 year period, with only 43 of these going on to have an ECV (20% of women were cephalic on presentation for ECV, 10% declined to proceed with ECV, 4% had emergency deliveries prior to ECV and 5% had no documentation available). All ECVs performed used terbutaline for tocolysis prior to ECV. There were no more than 4 attempts at any ECV, as per RANZCOG guidelines, with no complications or adverse outcomes observed as a result of the ECV. All successful ECV's had a body mass index of 30 or less, a posterior placenta and a flexed breech presentation. All women with a successful ECV went on to deliver vaginally.



## CONCLUSION

The success rate is below the national standard, as per the RANZCOG guideline. Success rates can be optimised by careful evaluation of individual predictors for patient selection, such as multiparity, placenta position, body mass index and flexed breech presentation. We recommend an audit of percentage of women with breech presentation counselled and offered an ECV, given the unexpected finding of a small sample size in a large busy tertiary hospital.



## REFERENCES

1. . Hannah ME, Hannah WJ, Hewson SA, Hodnett ED, Saigal S, Willan AR. Planned caesarean section versus planned vaginal birth for breech presentation at term: a randomised multicentre trial. Term Breech Trial Collaborative Group. Lancet. 2000;356(9239):1375-83.
2. Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Management of breech presentation, Clinical Guidance Statement. July 2021.

## CONTACTS

J Caris: Jodie.caris@helath.qld.gov.au