

A busy labour ward, is this the right environment to have an ECV?

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Introduction

External Cephalic Version (ECV) is a procedure that aims to reduce the incidence of term breech presentation.¹ Vaginal breech birth is associated with poorer neonatal outcomes² and women with breech presentation at term often choose caesarean section, which places additional strain on obstetric services.³ ECV involves turning the baby through the maternal abdomen to achieve a cephalic presentation.⁴ At Lancashire Women and Newborn Centre, ECV’s have historically been performed on the labour ward by the on-call team. However, due to increased labour ward activity, ECV’s were moved to a dedicated clinic on the antenatal day unit (ADU). This study compared the outcomes of ECV’s completed on labour ward with the dedicated clinic.

Methods

The data was collected retrospectively, using electronic records from 16th February 2024 to 16th October 2024. A total of 87 patients were reviewed and 60 patients fulfilled inclusion criteria (figure 1). The Royal College of Obstetrics and Gynaecology guideline “External Cephalic Version and Reducing the Incidence of Term Breech Presentation, March 2017” and local guidelines were used to establish the audit standards.¹

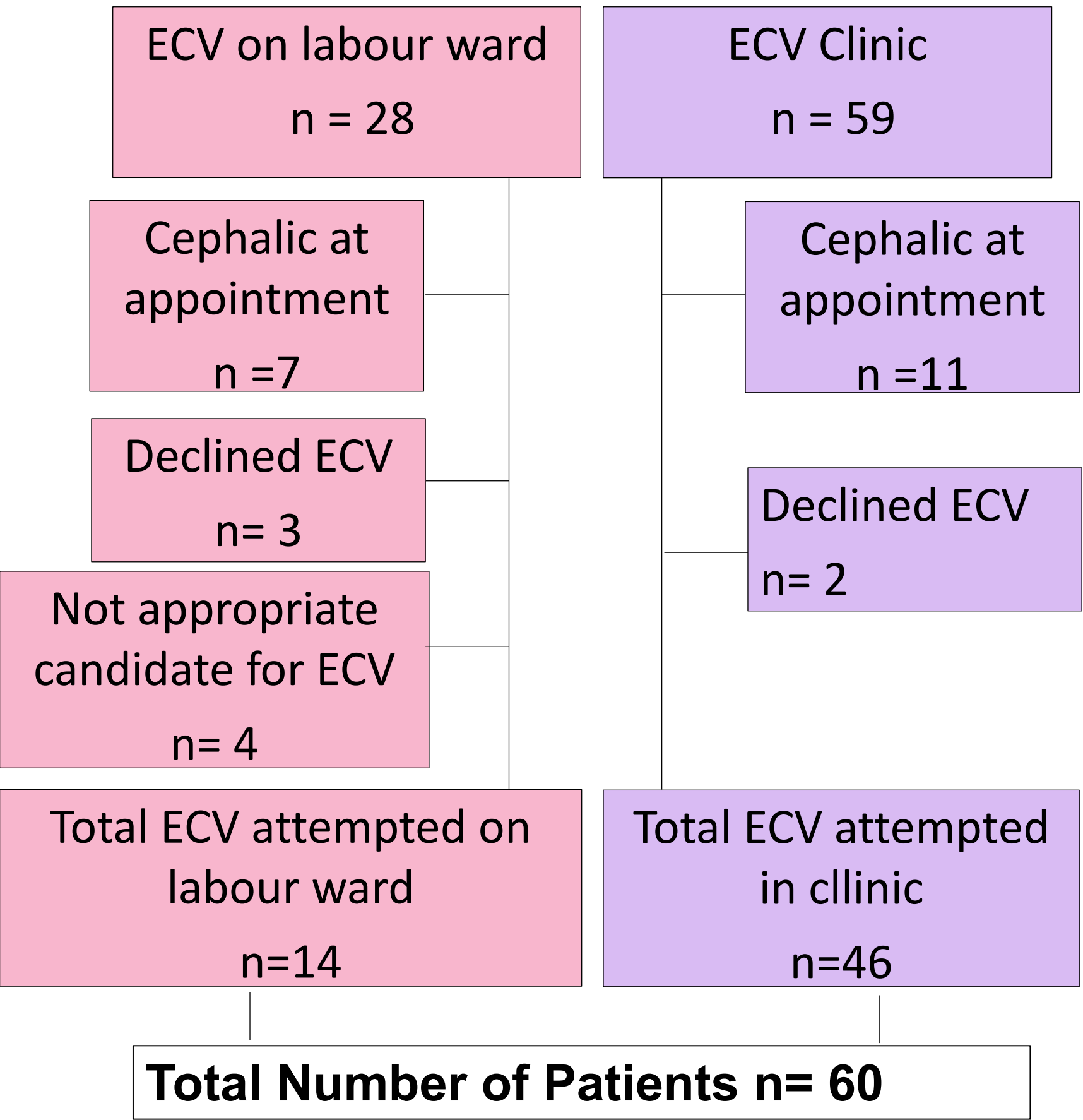
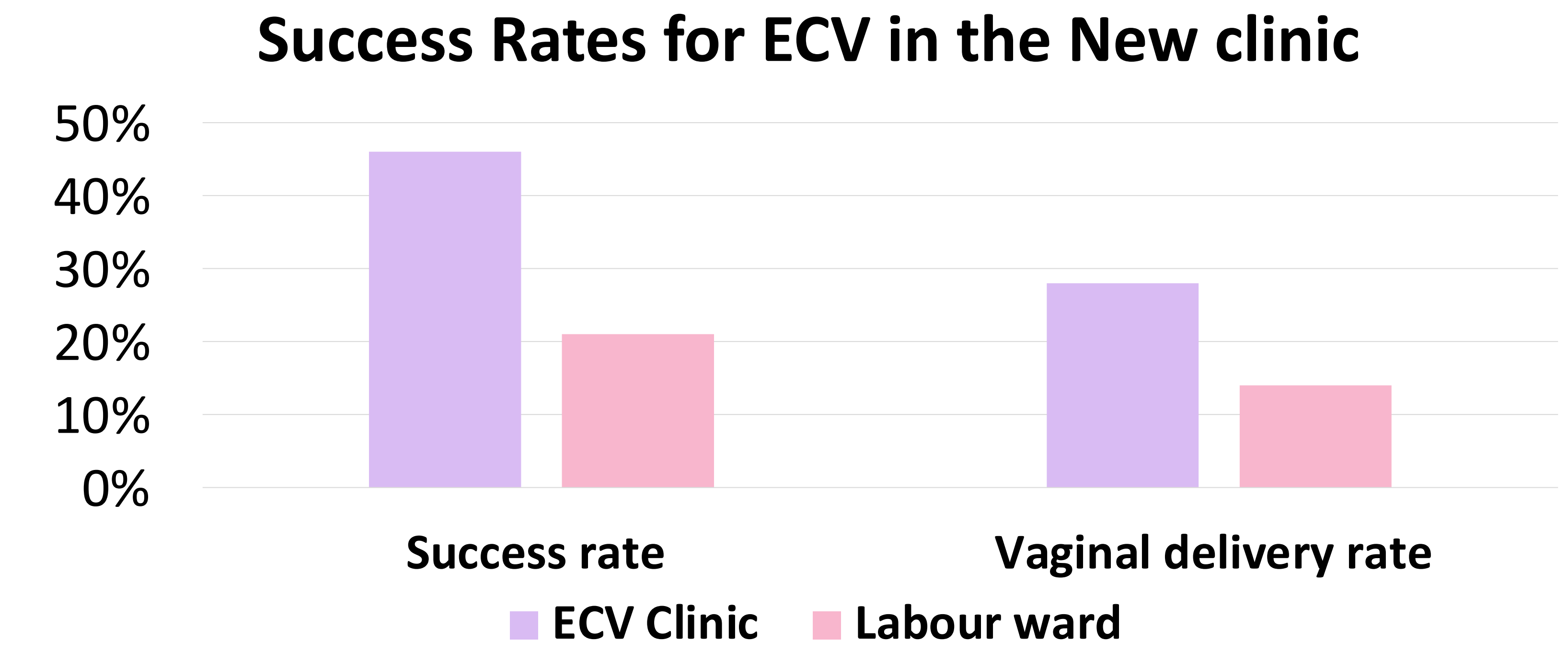


Figure 1, Demonstrates the methodology for this study.

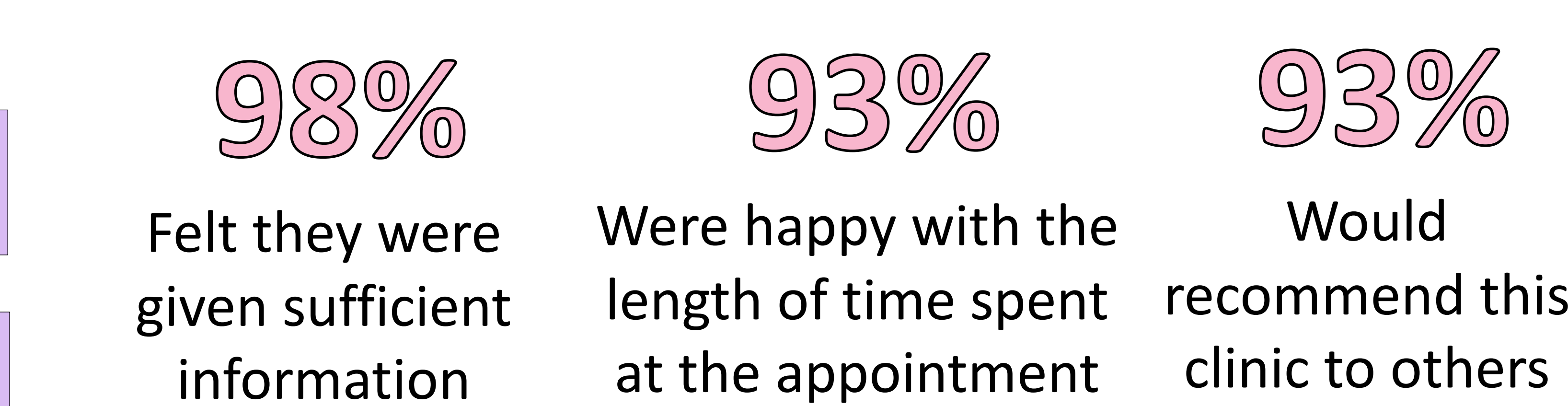
Results

From a recent study we conducted at our trust we demonstrated that a dedicated clinic has :

1. Increased success rates of ECV
2. Increased rates of vaginal delivery following successful ECV
3. Reduced waiting times for the procedure

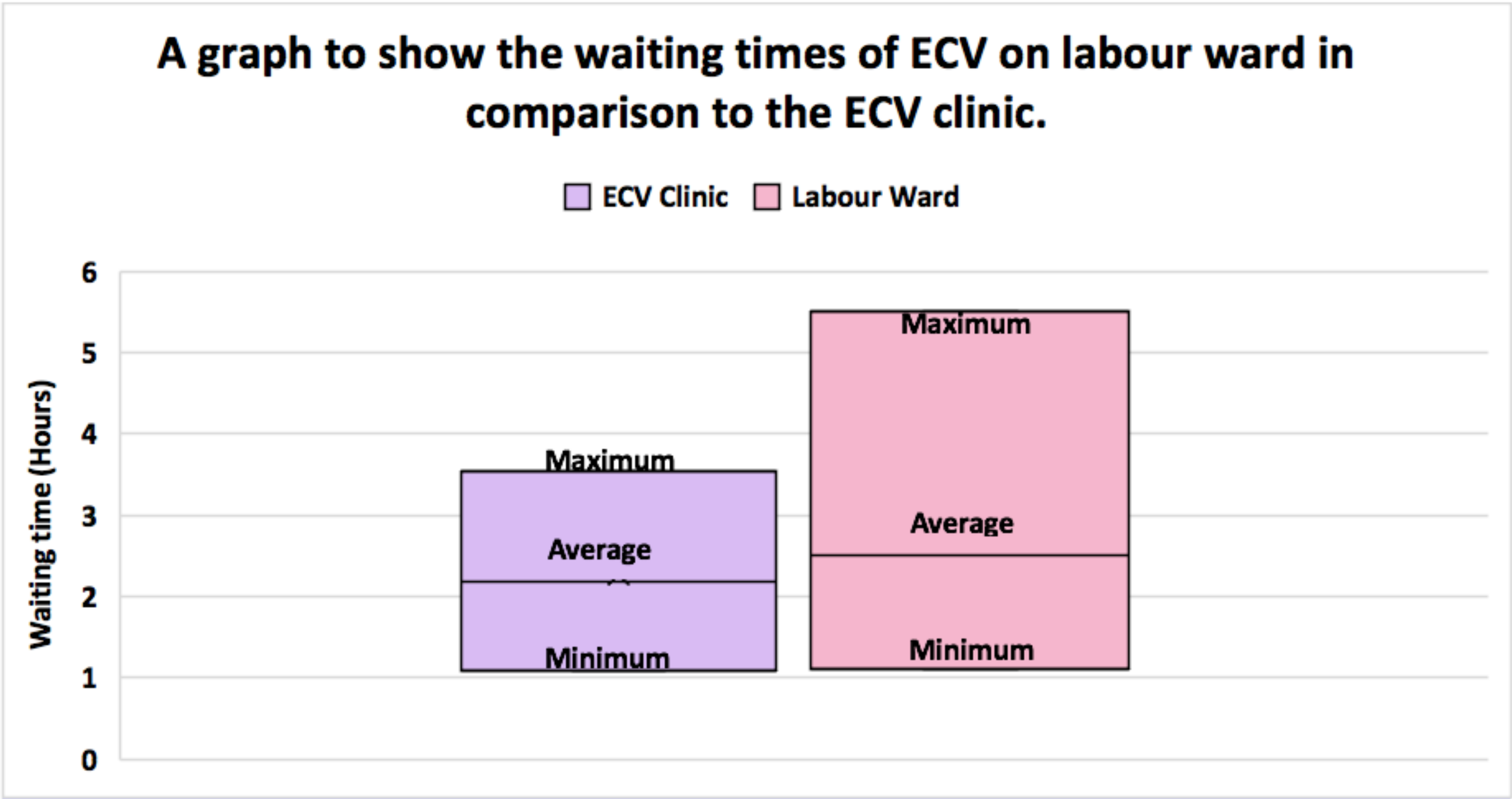


Patient satisfaction in the ECV clinic



Conclusion

The provision of a dedicated ECV clinic demonstrates increased success rates, higher vaginal birth rates and an overall reduced appointment time. It could therefore be derived that the overall patient experience is improved by having a dedicated clinic. This research could be further enhanced by introducing patient feedback forms to both units to be able to accurately compare direct patient experiences.



References

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