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Date: 25 January 2018

Sources: Medline, Embase

Spontaneous Reversion to Breech after External Cephalic Version

[See full search strategy](#)

Evidence Summary:

Spontaneous reversion to breech following ECV is rare. A large case series of 805 ECV attempts ([Colins, S et al 2007](#)) reported a 3% incidence of spontaneous reversion to breech.

It has also been reported at a rate of 6% 6/98 ([Skupski, D.W et al, 2003](#)) in a retrospective study of 191 parturients.

There is an increased risk of spontaneous reversion in EVC attempts <37 weeks gestation ([Kornman, M T et al, 1995](#)).

1. The complications of external cephalic version: results from 805 consecutive attempts.

Author(s): Collins, S; Ellaway, P; Harrington, D; Pandit, M; Impey, L W M

Source: BJOG : an international journal of obstetrics and gynaecology; May 2007; vol. 114 (no. 5); p. 636-638

Publication Date: May 2007

Publication Type(s): Randomized Controlled Trial Journal Article

PubMedID: 17355270

Available at [BJOG : an international journal of obstetrics and gynaecology](#) - from Wiley Online Library Science , Technology and Medicine Collection 2017

Abstract:Most breech babies at term are now delivered by caesarean section. Although external cephalic version reduces the number of term breech presentations, its uptake has not been as wide as is recommended by professional bodies. This may be because of fears over safety. Pooled safety data do exist, largely from case series. However, the possibility of reporting and publication biases in such studies maybe preventing both women and obstetricians from being adequately reassured. In this series of 805 consecutive version attempts, we report an extremely low complication rate and 0.5% risk of emergency caesarean section after the procedure.

2. External cephalic version: An approach with few complications

Author(s): Skupski D.W.; Harrison-Restelli C.; Dupont R.B.

Source: Gynecologic and Obstetric Investigation; 2003; vol. 56 (no. 2); p. 83-88

Publication Date: 2003

Publication Type(s): Article

PubMedID: 12920344

Available at [Gynecologic and Obstetric Investigation](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract:We performed a retrospective study of all patients referred for external cephalic version (ECV) at ≥ 36 weeks gestation from 1993 to 2000. Exclusion criteria included ominous fetal heart rate changes, complete or multiple loops of nuchal umbilical cord, extension of the fetal head, oligohydramnios and poorly controlled hypertension. Three groups were compared: spontaneous cephalic version (SCV), ECV attempted (ECV) and ECV not attempted (NoECV). A total of 289 patients were referred. ECV was attempted in 191, 118 by one operator (D.W.S.). ECV was successful in 98/191 (51%) attempts. Spontaneous reversion to breech after successful ECV occurred in 6/98 (6%). There were 4 complications: 1 occult cord prolapse, 2 nonreassuring fetal heart patterns, and 1 placental abruption; all led to nonemergent cesarean delivery (CD). The CD rate (SCV 2/18, 11%; ECV 114/179, 64%; NoECV 49/51, 96%) was highest in the no-attempt group ($p = 0.001$). The CD rate after successful ECV was 29/91 (32%). Maternal postdelivery complications (SCV 1/16, 6%; ECV 24/161, 15%; NoECV 13/48, 27%) and neonatal complications were not significantly different. With careful attention to contraindications, ECV can be performed with few complications. ECV lowers the CD rate. Copyright © 2003 S. Karger AG, Basel.

Database: EMBASE

3. Preterm external cephalic version in an outpatient environment.

Author(s): Kornman, M T; Kimball, K T; Reeves, K O

Source: American journal of obstetrics and gynecology; Jun 1995; vol. 172 (no. 6); p. 1734

Publication Date: Jun 1995

Publication Type(s): Journal Article

PubMedID: 7778626

Abstract:OBJECTIVEOur purpose was to study the safety and efficacy of external cephalic version before term (37 weeks' gestation).STUDY DESIGNWe retrospectively reviewed 114 pregnancies in 110 women at 30 to 41 weeks' gestation who had a total of 133 attempts at external cephalic version.RESULTSSeventy-nine percent of the versions performed before the thirty-seventh week and 53% performed during or after the thirty-seventh week were successful. After adjustment parity and body mass index, a version performed before the thirty-seventh week was 27 times more likely to be successful than if performed during or after the thirty-seventh week. Ninety-nine percent of the successful versions were delivered with a vertex presentation, and of these only 16% required cesarean delivery.CONCLUSIONExternal cephalic version is safe and successful if performed before 37 weeks' gestation, hence substantially reducing the rate of cesarean section among nonvertex presentations and reducing the risks associated with breech delivery.

Database: Medline

Strategy 357671

#	Database	Search term	Results
1	Medline	("external cephalic version").ti,ab	588
2	Medline	exp "VERSION, FETAL"/	749
3	Medline	("Fetal Version").ti,ab	15
4	Medline	(ECV).ti,ab	1483
5	Medline	(1 OR 2 OR 3 OR 4)	2147
6	Medline	(CTG).ti,ab	3456
7	Medline	exp CARDIOTOCOGRAPHY/	1811
8	Medline	(Cardiotocogra*).ti,ab	2101
9	Medline	(6 OR 7 OR 8)	5869
10	Medline	(5 AND 9)	23
11	Medline	("manual rotation").ti,ab	102
12	Medline	(9 AND 11)	2
13	EMBASE	("external cephalic version").ti,ab	771
14	EMBASE	exp "VERSION, FETAL"/	380
15	EMBASE	("Fetal Version").ti,ab	14
16	EMBASE	(ECV).ti,ab	3488
17	EMBASE	(13 OR 14 OR 15 OR 16)	3984
18	EMBASE	(CTG).ti,ab	4852
19	EMBASE	exp CARDIOTOCOGRAPHY/	4204

20	EMBASE	(Cardiotocogra*).ti,ab	2870
21	EMBASE	(18 OR 19 OR 20)	9006
22	EMBASE	(17 AND 21)	44
23	EMBASE	exp "FETUS HEART RATE"/	9564
24	EMBASE	exp "FETUS HEART RATE MONITORING"/	1574
25	EMBASE	(23 OR 24)	10590
26	EMBASE	(17 AND 25)	66
27	Medline	exp "HEART RATE, FETAL"/	4681
28	Medline	("fetal heart rate" OR "fetus heart rate" OR FHR).ti,ab	6282
29	Medline	(27 OR 28)	8271
30	Medline	(5 AND 29)	39
31	CINAHL	("external cephalic version").ti,ab	176
32	CINAHL	exp "VERSION, FETAL"/	240
33	CINAHL	("Fetal Version").ti,ab	1
34	CINAHL	(ECV).ti,ab	134
35	CINAHL	(31 OR 32 OR 33 OR 34)	358
36	CINAHL	(CTG).ti,ab	332
37	CINAHL	exp CARDIOTOCOGRAPHY/	312
38	CINAHL	(Cardiotocogra*).ti,ab	244
40	CINAHL	exp "HEART RATE, FETAL"/	1022
41	CINAHL	("fetal heart rate" OR "fetus heart rate" OR FHR).ti,ab	851

42	CINAHL	(36 OR 37 OR 38 OR 40 OR 41)	1868
43	CINAHL	(35 AND 42)	10
44	EMBASE	exp "FETUS HEART"/	6136
45	EMBASE	(17 AND 44)	5
46	EMBASE	("success rate").ti,ab	60700
47	EMBASE	(17 AND 46)	239
48	EMBASE	(return*).ti,ab	277694
49	EMBASE	(return*).ti,ab	277694
50	EMBASE	(17 AND 49)	40
51	EMBASE	exp "TREATMENT FAILURE"/	122698
52	EMBASE	(17 AND 51)	26
53	EMBASE	(spontaneous ADJ2 reversion).ti,ab	264
54	EMBASE	(17 AND 53)	11
55	Medline	(spontaneous ADJ2 reversion).ti,ab	294
56	Medline	(5 AND 55)	8
57	Medline	(Moxibustion).ti,ab	2048
58	Medline	exp MOXIBUSTION/	1537
59	Medline	exp "ACUPUNCTURE THERAPY"/ OR exp ACUPUNCTURE/	21620
60	Medline	(acupuncture).ti,ab	18691
61	Medline	(57 OR 58 OR 59 OR 60)	26176

62	Medline	(breech).ti,ab	4286
63	Medline	exp "BREECH PRESENTATION"/	2931
64	Medline	(62 OR 63)	4934
65	Medline	(61 AND 64)	67
66	EMBASE	(Moxibustion).ti,ab	2626
67	EMBASE	exp MOXIBUSTION/	2380
68	EMBASE	exp ACUPUNCTURE/	41135
69	EMBASE	(acupuncture).ti,ab	27098
70	EMBASE	(66 OR 67 OR 68 OR 69)	43485
71	EMBASE	(breech).ti,ab	5362
72	EMBASE	exp "BREECH PRESENTATION"/	4373
73	EMBASE	(71 OR 72)	6846
74	EMBASE	(70 AND 73)	109
75	EMBASE	exp "FETUS DISTRESS"/	7095
76	EMBASE	(17 AND 75)	0
77	EMBASE	exp "FETUS MONITORING"/	13433
78	EMBASE	(17 AND 77)	61
79	Medline	("30 minutes").ti,ab	34041
80	Medline	(5 AND 79)	12
81	EMBASE	("30 minutes").ti,ab	52997
82	EMBASE	(17 AND 81)	25

83	CINAHL	("30 minutes").ti,ab	4450
84	CINAHL	(42 AND 83)	24
85	CINAHL	(spontaneous ADJ2 reversion).ti,ab	5
86	Medline	(55 AND 64)	7
87	EMBASE	(53 AND 73)	10
88	EMBASE	exp "HEART ARRHYTHMIA"/	398413
90	EMBASE	(14 AND 88)	36
91	Medline	exp "ARRHYTHMIAS, CARDIAC"/	189540
92	Medline	(5 AND 91)	101
93	Medline	(2 AND 91)	9