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Midwifery-Led External Cephalic Version

1. Global competencies for midwives: external cephalic version; ultrasonography, and tobacco cessation intervention.

Item Type: Journal Article

Authors: Fullerton J.;Butler M.;Aman C. and Reid, T.

Publication Date: 2019

Journal: Women and Birth 32(3), pp. e413–e420

Abstract: Problem and background: The International Confederation of Midwives (ICM) conducts regular updates to the Essential Competencies for Basic Midwifery Practice to determine the introduction or retention of items in the global scope of midwifery practice guidance document. Aim(s): This article presents the review process that underpinned the deliberation about three specific clinical practices: external cephalic version, prenatal ultrasonography, and tobacco cessation interventions that occurred during the 2016-2017 global update study. Method(s): A brief outline of the research methodology used in the 2016-2017 study is provided. Literature summaries about safety and effectiveness of three clinical skills are offered. Data addressing global and regional variations in support of each practice and final disposition of the items are documented. Finding(s): External cephalic version did not receive sufficient document support for inclusion in the initial list of items to be tested in the study. Prenatal ultrasonography was supported as an advanced (76.6%) or country-specific (18.8%) skill that midwives could acquire, to promote wider global access



for pregnant women. Midwives' participation in tobacco cessation counselling was supported (>=85%) in each of ICM's regions. Knowledge about World Health Organization recommendations for nicotine replacement therapy was endorsed as an additional (62.4%) or country-specific (29.3%) skill. Discussion and conclusion: The current evidence of safety of midwives performing external cephalic version led to the recommendation that it be considered in the next document update. Conflicting views of midwives' role in acquiring skills to conduct prenatal ultrasound were evident. There was strong support for participation in smoking cessation counselling, but knowledge of World Health Organization recommendations was not highly endorsed. Copyright © 2018

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2. Introduction of a dedicated team increases the success rate of external cephalic version: A prospective cohort study.

Item Type: Journal Article

Authors: Thissen D.; Swinkels P.; Dullemond R.C. and van der Steeg, J. W.

Publication Date: 2019

Journal: European Journal of Obstetrics and Gynecology and Reproductive Biology 236, pp. 193–197

Abstract: Objective: To investigate the influence of a dedicated team on the success rate of external cephalic version and mode of delivery. Study design: This prospective cohort study included 673 women with a singleton fetus in breech presentation who underwent external cephalic version between January 2013 and December 2017 at Jeroen Bosch Hospital, 's-Hertogenbosch, The Netherlands. In January 2014, a dedicated team consisting of six gynaecologists and six midwives was introduced at the study clinic. The success rate of external cephalic version and mode of delivery were analysed. In addition, predictors for success were examined by logistic regression analysis. Successful external cephalic version was defined as fetal cephalic presentation immediately following the procedure. Result(s): Following the introduction of a dedicated team in 2014, the success rate of external cephalic version increased from 39.8% in 2013 to 69.5% in 2017 (p Conclusion(s): This study showed that introduction of a dedicated team led to a significant increase in the success rate of external cephalic version, and a significant decrease in the rate of caesarean section for women presenting with breech in pregnancy. Copyright © 2019 Elsevier B.V.

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3. An observational study of the success and complications of 2546 external cephalic versions in low-risk pregnant women performed by trained midwives.

Item Type: Journal Article

Authors: Beuckens A.;Rijnders M.;VerburgtDoeleman G.H.M.;RijninksVan Driel G.C.;Thorpe J. and Hutton, E. K.

Publication Date: 2016

Journal: BJOG: An International Journal of Obstetrics and Gynaecology 123(3), pp. 415–423

Abstract: Objective To evaluate the success of an external cephalic version (ECV) training programme, and to determine the rates of successful ECV, complications, and caesarean birth in a low-risk population. Design Prospective observational study. Setting Primary health care and hospital settings throughout the Netherlands (January 2008-September 2011). Population Low-risk women with a singleton fetus in breech presentation, without contraindications to ECV, were offered ECV at approximately 36 weeks of gestation. Methods Data were collected for all ECVs performed by midwives, and were entered into a national online database. Main measures Successful ECV was defined as the fetus having a cephalic presentation immediately following the procedure and at birth. Complications were observed at ≤ 30 minutes and between 30 minutes and 48 hours after the ECV procedure. All serious pregnancy outcomes that occurred after the ECV procedure until birth were reported. Results A total of 47% had a successful ECV and a cephalic at the time of birth: 34% of nulliparous and 66% of multiparous women. After ECV, 57% of women gave birth vaginally: 45% of nulliparous women and 76% of multiparous women. Within 30 minutes after ECV, and between 30 minutes and 48 hours after ECV, the proportion of women experiencing a complication or serious pregnancy outcome was 0.9% and 1.8%, respectively. Serious pregnancy outcome at any time following ECV until birth was experienced by 58 (2.5%) of the women. Conclusions The success rate of ECVs performed by trained midwives in primary health care or hospital settings is comparable with that of other providers, and the procedure is safe for low-risk women.

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4. Patient experience in a midwife-led external cephalic version counselling clinic

Item Type: Conference Proceeding

Authors: Harlow F., Anibueze C., Mastrullo L. and Gargaglione, E.

Publication Date: 2016

Publication Details: BJOG: An International Journal of Obstetrics and Gynaecology. Conference: 18th Annual Conference of the British Maternal and Fetal Medicine Society, BMFMS 2016. Birmingham United Kingdom. 123(SUPPL. 1) (pp 89); Blackwell Publishing Ltd,

Abstract: Introduction We aim to perform a survey of women's experiences in a midwife-led external cephalic version (ECV) counselling clinic. Methods Thirty-five consecutive women (at 36-37 weeks of gestation) in a dedicated clinic run by two midwives in a tertiary unit. These were community referrals with possible breech presentation. A routine midwifery assessment of the woman was made, followed by a basic ultrasound to confirm fetal presentation and viability. If the fetus was breech, a same-day departmental ultrasound to estimate the fetal weight (on a customised growth chart) and liquor volume was performed. Provided these measurements were normal, the woman was counselled regarding ECV. If the woman opted for a caesarean section this was booked from clinic. If the woman was considering a vaginal breech delivery, she was referred to a consultant clinic. Results Ten out of 35 referrals (29%) were confirmed as breech, of which eight (80%) opted for ECV. All the women (with breech or cephalic presentations) found the clinic to be very helpful. The median wait time was 7.5 min (range 0-60 min). All women said they had received adequate explanation, felt involved in decision making with all their questions answered satisfactorily. They all reported an 'excellent' experience finding the midwives very polite. Women felt listened to and were made to feel at ease throughout the consultation. Conclusion Although only 29% of referrals were breech, there was excellent feedback for the clinic and the midwives. We advocate setting up a similar service in other hospital units.

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5. An observational study of the success and complications of 2546 external cephalic versions in low-risk pregnant women performed by trained midwives

Item Type: Journal Article

Authors: Beuckens, Antje;Rijnders, Marlies;Verburgt-Doeleman, Truus;Rijninks-van Driel, Greta;Thorpe, Julia and Hutton, Eileen

Publication Date: 2015

Journal: MIDIRS Midwifery Digest 25(3), pp. 304–305

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cul&AN=109335100&profd=ehost>

6. Standards for midwife practitioners of external cephalic version: A Delphi study.

Item Type: Journal Article

Authors: Walker S.;Perilakalathil P.;Moore J.;Gibbs C.L.;Reavell K. and Crozier, K.

Publication Date: 2015

Journal: Midwifery 31(5), pp. e79–e86

Abstract: INTRODUCTION: expansion of advanced and specialist midwifery practitioner roles across professional boundaries requires an evidence-based framework to evaluate achievement and maintenance of competency. In order to develop the role of Breech Specialist Midwife to include the autonomous performance of external cephalic version within one hospital, guidance was required on standards of training and skill development, particularly in the use of ultrasound. METHODS: a three-round Delphi survey was used to determine consensus among an expert panel, including highly experienced obstetric and midwife practitioners, as well as sonographers. The first round used mostly open-ended questions to gather data, from which statements were formed and returned to the panel for evaluation in subsequent rounds. FINDINGS: standards for achieving and maintaining competence to perform ECV, and in the use of basic third trimester ultrasound as part of this practice, should be the same for midwives and doctors. The maintenance of proficiency requires regular practice. CONCLUSIONS: midwives can appropriately expand their sphere of practice to include ECV and basic third trimester ultrasound, according to internal guidelines, following the completion of a competency-based training programme roughly equivalent to those used to guide obstetric training. Ideally, ECV services should be offered in organised clinics where individual practitioners in either profession are able to perform approximately 30 or more ECVs per year in order to maintain an appropriate level of skill. Copyright © 2015 Elsevier Ltd. All rights reserved.

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7. Development of a dedicated breech service in a London teaching hospital

Item Type: Conference Proceeding

Authors: Kidd L., Rivers A., George R., Singh N. and Yentis, S.M.

Publication Date: 2014

Publication Details: Archives of Disease in Childhood: Fetal and Neonatal Edition. Conference: Perinatal Medicine 2014. Harrogate United Kingdom. 99(SUPPL. 1) (pp A20-A21); BMJ Publishing Group,

Abstract: Since the Term breech trial, elective caesarean section (CS) rather than vaginal delivery has become standard practice for breech presentation. External cephalic version (ECV), manual rotation of the fetus from a breech to a cephalic position, is an alternative to a CS1 and is recommended by the Royal College of Obstetricians and Gynaecologists. Anxieties about procedural pain and concerns of risks to the fetus are major reasons women decline ECV. In 2011, 3.8% (n = 190) of babies were breech in our hospital and only 16.3% (n = 31) of these women opted for ECV after seeing various health professionals. Different obstetricians had an overall success rate of 25.8% performing ECV. A dedicated breech service led by a specialist midwife and an obstetrician was developed in 2013 (Figure 1). Over the subsequent six-months, 83 women were referred to the service. Sixty women were confirmed breech at their first visit and 50 persisted as breech at their second visit. Thirty-nine women (78%) agreed to an ECV performed between 36 and 37 weeks and the ECV success rate improved to 48.6% (p < 0.05 vs pre-service using Chi-square test). Reasons for the improved uptake and success of ECV include better communication, the offer of analgesia (remifentanyl) and a single operator. 83.3% of the women who had a successful ECV subsequently achieved a vaginal delivery. (Figure Presented).

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8. A retrospective study of the success, safety and effectiveness of external cephalic version without tocolysis in a specialised midwifery centre in the Netherlands.

Item Type: Journal Article

Authors: Rijnders M.;Herschderfer K.;Prins M.;van Baaren R.;van Veelen A.J.;Schonbeck Y. and Buitendijk, S.

Publication Date: 2008

Journal: Midwifery 24(1), pp. 38–45

Abstract: Background: to evaluate the effectiveness of external cephalic version (ECV) without tocolysis or epidural analgesia, the complications associated with the procedure and the association between the number of ECV attempts and cephalic presentation at birth and caesarean section. Method(s): retrospective cohort study of all (n = 924) ECVs carried out between 1996 and 2000 in a specialised midwifery centre in the Netherlands. After bivariate analysis, those variables with a p value under 0.05 were considered statistically significant and were tested in a logistic regression model using backward stepwise selection. Analyses were carried out separately for first ECV attempts and second ECV attempts. Finding(s): in total, 958 ECVs were analysed, 889 first attempts and 69 repeat attempts. Seventy per cent of all first ECVs were carried out before 37 weeks, but half of those were carried out between 36 and 37 weeks. The success rate for first ECV was 41% and for the second ECV 29%. Bivariate analysis showed that the success of the first ECV was positively influenced by parity, non-Dutch origin, higher birth weight, higher age and longer duration of pregnancy. After logistic regression, parity (odds ratio [OR] 2.8, 95% CI 2.1 to 3.7), non-Dutch origin (OR 1.8, 95% CI 1.2 to 2.8) and birth weight (OR 1.7, 95% CI 1.4 to 2.0) remained factors that independently influenced the success of ECV. The odds ratio for duration of pregnancy at first ECV was borderline significant: OR 1.2 (1.0 to 1.4). After an unsuccessful first ECV, only 13% of the women received a second ECV. The prevalence of cephalic presentation at birth increased with 3% after a second ECV. Three cases of complications were reported during or very shortly after the first ECV, and these did not result in serious complications. No complications were reported after a second ECV. Conclusion(s): ECV without tocolysis is a safe procedure for pregnant women and their babies. Repeat ECV increases the number of cephalic presentations at birth and should be considered after an unsuccessful ECV. © 2006 Elsevier Ltd. All rights reserved.

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9. Leading the development of an ECV service.

Item Type: Journal Article

Authors: Clarke, P.

Publication Date: 2005

Journal: RCM Midwives : The Official Journal of the Royal College of Midwives 8(3), pp. 128–129

Abstract: This article has identified an area of practice that needed to be developed. Despite the service being a medical procedure, it fitted into the remit of my role. The findings provide a well-established with improving ECV clinical skills. The drive now will be to review the way women receive information about ECV (or ensure that they have the opportunity for a vaginal breech birth, if this is their choice). There is also the need to improve the chance of a vaginal birth following successful ECV. This initiative demonstrates a multidisciplinary team approach, working together to provide a service, which has been found to be safe and, above all, evaluated favourably by women.

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10. External cephalic version -- a new midwifery role

Item Type: Journal Article

Authors: Taylor, P. and Robson, S.

Publication Date: 2003

Journal: British Journal of Midwifery 11(4), pp. 207–210

Abstract: The RCOG (2001) recommend external cephalic version (ECV) for breech presentation at term. When practised at term ECV has been shown to be safe and effective avoiding the associated risks of a vaginal breech delivery for the fetus and caesarean section for the mother. However, despite evidence of benefit, the provision of ECV varies due to lack of appropriately trained medical staff available to perform this procedure safely and effectively. This article describes the introduction of a midwife-led ECV service at the Royal Victoria Infirmary Newcastle and includes the preparation and rationale for expanding the midwife's role, the training undertaken and results of independent clinical practice. The authors report a midwife success rate of 43%, which is comparable to that of an experienced obstetrician.

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3	ECV.tw,kw.	3113	
4	1 or 2 or 3	3901	
5	exp Midwifery/	22449	
6	(midwife* or midwives).tw,kw.	32783	
7	5 or 6	41202	
8	4 and 7	74	
9	from 8 keep 8,22,28,56,66		5

Embase <1974 to 2025 June 11>

1	exp external cephalic version/	703	
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3	1 or 2	7249	
4	exp midwife/	39327	
5	(midwife* or midwives).tw,kw.	37635	
6	4 or 5	50882	
7	3 and 6	80	
8	limit 7 to english language		77
9	from 8 keep 16-17,27,29,32,38,43,49,68,70		10



CINAHL

#	Query	Results
S1	(MH "Version, Fetal")	453
S2	XB (external cephalic version or ECV)	1,024
S3	S1 OR S2	1,189
S4	XB (midwife* or midwives)	35,099
S5	(MH "Midwives+") OR (MH "Midwifery Service+")	18,441
S6	(MH "Midwifery+")	21,904
S7	S4 OR S5 OR S6	52,220
S8	S3 AND S7	74
S9	S3 AND S7	58