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Turning babies before 37 weeks

The effects of trying to turn unborn babies before the end of pregnancy (before 37 weeks) to reduce problems during childbirth

External cephalic version for breech presentation before term

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Full review: http://ow.ly/YSMwx



In a 'breech presentation' the baby is bottom-down instead of head-down. External cephalic version (ECV) is a technique for turning the unborn baby so it lies head-down.

We know that ECV is effective from 37 weeks. It reduces the number of babies in the breech position at full term, and the number of caesarean

This review looked at the effects of using ECV on babies that were in the breech position before the end of pregnancy (before 37 weeks). Some of the results are shown in this visual summary.





The results in this infographic are from 3 studies (randomised trials) comparing ECV started at 34-35 weeks gestation with 37-38 weeks, including 1888 women.

How good is the evidence?

In all trials women and health professionals knew whether ECV was happening or not, which may have affected the results.

The quality of the evidence was high for type of birth, preterm birth, and baby's position at birth. It was low for babies having a poor Apgar score or dying, because these were rare.





NHS National Institute for Health Research

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Type of birth

The best outcomes in childbirth for both mothers and babies are when the baby is born head-first. If the baby is in another position, there is a higher risk of complications including the need for caesarean section.

Started ECV at term (37 weeks)



40 babies out of 100 had a head-first vaginal birth

60 babies out of 100 did not have a head-first vaginal birth

Started ECV before term (before 37 weeks)



46 babies out of 100 had a head-first vaginal birth

54 babies out of 100 did not have a head-first vaginal birth



Starting ECV before term increased head-first vaginal birth by 6 babies per 100.

If we repeated these studies, this number can be as high as 10 and as low as 2 by chance.

Preterm birth

One possible risk of ECV is that labour might start early, and the baby could be born prematurely. Being born early may mean that the baby has difficulty breathing or has other health problems.

Started ECV at term (37 weeks)



weeks)

96 babies out of 100 were

Started ECV before term (before 37 weeks)



born early (before 37 weeks)



Starting ECV before term increased the number of babies born early by 3 babies per 100.

If we repeated these studies, this number can be as high as 6 and as low as 1 by chance.

Caesarean section

Caesarean section rates vary greatly between countries and over time. Avoiding the need for surgery is especially important in countries with limited resources for healthcare.

Started ECV at term (37 weeks)



57 women out of 100 had a caesarean section

43 women out of 100 did not have a caesarean

Started ECV before term (before 37 weeks)



52 women out of 100 had a caesarean section

48 women out of 100 did not have a caesarean



Starting ECV before term reduced caesarean section by 5 women per 100.

If we repeated these studies, this number can be as high as 10 and as low as 2 by chance.

Is ECV safe for babies?

ECV made no difference to the number of babies who had an Apgar score less than 7 at 5 minutes, or died.









These studies are too small to show if ECV is safe to use in women with low-risk pregnancies, however other types of studies suggest that it is safe.

We also do not know if it should be used in high-risk cases, such as mothers who have already had a caesarean section, or who are expecting twins.



Using ECV before 37 weeks increases the chance that the baby will be lying head down at full term, and will have a head-first vaginal birth. The mother is less likely to need a caesarean section. However, ÉCV before term may increase the chances of the baby being born prematurely.