

External Version

You and your doctor have discussed the fact that your baby is in an unusual position. Statistically, 3-4% of babies are in the breech (head up) position late in pregnancy. Due to the abnormal position of the baby's head at the end of pregnancy, laboring and delivering vaginally is not advisable. Many times it is possible for your doctor to guide the baby into the normal (head down) position before labor begins. There are several different types of breech positions, and some are more easily turned than others. Your doctor will tell you how likely he or she believes it is that a version will be successful for you.

The procedure is done in the Labor & Delivery Unit of the hospital (on the 3rd floor of the Women's Center). You will be admitted as an outpatient, and will be required to stay in the hospital about 4 hours. Here's how it works:

First, a Registered Nurse will monitor your baby for 10-20 minutes. She may also insert a small intravenous line (IV) into your arm as a precaution. You may receive an injection of a medication called terbutaline to keep the uterus relaxed during the procedure. This medication will briefly make you feel shaky and like your heart is beating fast. Your doctor will do an ultrasound to make sure that the baby's position has not changed on it's own and to assess the location of the placenta and umbilical cord, as well as how much amniotic fluid is surrounding the baby. If you are "Rh negative," you will receive a shot of Rhogam after the procedure.

The actual version takes only a few minutes. Your doctor will place his or her hands on your abdomen to gently turn the baby's bottom and head at the same time. Turning the baby is uncomfortable, but only briefly. You may feel somewhat bruised and tender the next day, and the baby's new position may feel strange until you get used to it.

While this is generally a safe procedure that your doctor has had the necessary training and experience with, it has some risks that you should be aware of. The baby may not turn. Your doctor will not try to force the baby if it won't turn easily. Rarely, turning the baby may compress the umbilical cord or the placenta, causing fetal distress, and an emergency Cesarean section would be necessary. For this reason, you and your baby will be monitored for about an hour after the procedure, and a version will not be attempted until you are at least 36 weeks pregnant. It is also possible that the baby will turn back to the breech position at some point after the version.

An alternative to external version is to schedule a Cesarean section for delivery. You and your doctor will discuss all of the options available to you in your specific situation. We hope that you will ask any questions that you have regarding your delivery.