



Spinning Babies

The effects of turning unborn babies at the end of pregnancy (around 36 weeks or more) to reduce problems during childbirth

What is this review about?

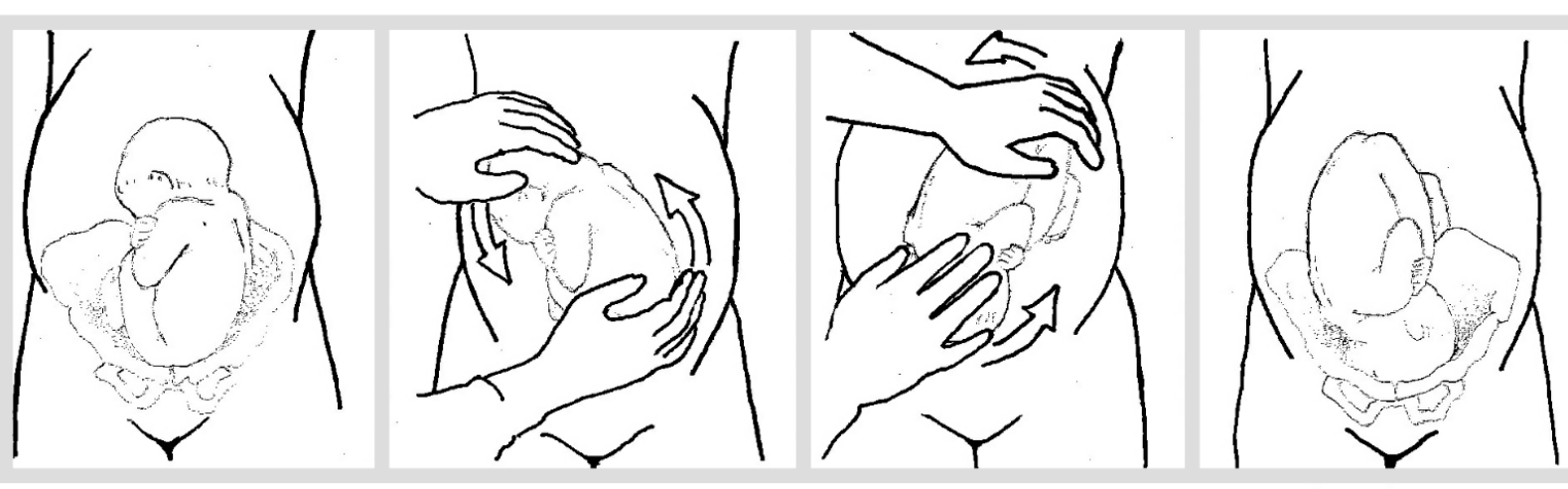
In a 'breech presentation' the baby is bottom-down instead of head-down. External cephalic version (ECV) is a technique for turning the unborn baby so it lies head-down.

This review looked at the effects of using ECV on babies that were in the breech position at the end of pregnancy (around 36 weeks or more).

What evidence did we find?

We found 8 studies (randomised trials) involving 1308 women.

Using ECV around 36 weeks or more increased the chance that babies were born head-first and reduced the risk of having a caesarean section.



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.

Without ECV



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

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

With ECV



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

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



ECV decreased not having a head-first vaginal birth by 42 babies per 100

If we repeated these studies, this number can be as high as 53 and as low as 30 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.

Without ECV



68 women out of 100 did not have a caesarean section

32 women out of 100 had a caesarean section

With ECV



82 women out of 100 did not have caesarean section

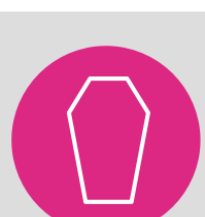
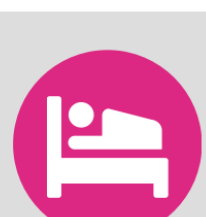
18 women out of 100 had a caesarean section



ECV reduced caesarean section by 14 women per 100

If we repeated these studies, this number can be as high as 19 and as low as 6 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, umbilical pH less than 7.20, were admitted to the neonatal unit, 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.

How good is the evidence?

The quality of the studies was varied.

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

There were differences between studies in the size of the benefit of ECV.

The quality of the evidence was low for perinatal death, and very low for all other outcomes.



External cephalic version for breech presentation at term

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Full review: <http://ow.ly/SMRvK>

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