

Patient agreement to investigation or treatment

External cephalic version (ECV)

Authors: Maternity Department

Brief description:

- You have been advised to have a procedure to turn the baby you are expecting to a ‘head – downwards’ position. This will make a vaginal delivery safer and help avoid a Caesarean section. For this procedure, you will be seen on the Maternal-Fetal Assessment Unit (MFAU), after 36 weeks into your pregnancy.
- The procedure itself will last about ten minutes. However, you can expect to be in hospital for two hours, which includes making tracings of your baby’s heart rate.
- You are advised not to eat or drink for four hours prior to the procedure.
- This leaflet explains some of the aims, benefits, risks and alternatives to this procedure.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.
- **Let us know:** Please let us know if we need to cancel any appointments for any reason (including illness) so your appointment can be used by others. Direct dial telephone number to cancel an appointment on Daphne Ward: Telephone 01223 217636 or contact the Delivery Unit: 01223 217217 (or switchboard 01223 245151 and extension: 3217).

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke’s website: <http://www.addenbrookes.org.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

For staff use:

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

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About external cephalic version

A breech position is when the baby's bottom is over the maternal pelvis. This makes a vaginal birth more complicated.

Intended benefits of the procedure

- External cephalic version facilitates the birth of your baby by altering the position of the baby into the head-down position.

Who will perform my procedure?

- The procedure will be performed by a consultant obstetrician or a registrar trained in performing external cephalic versions.

Alternative procedures that are available

- A mother may choose to continue the pregnancy with the baby in the breech (bottom down) position and have a vaginal breech delivery.
- An elective Caesarean section, which is when we plan to remove the baby from an incision (wound) made in your abdomen (tummy).

Serious or frequently occurring risks

An external cephalic version is a very safe procedure; however, in common with all procedures there are potential risks involved. The main risks of the procedure are:

- Failure to turn your baby (about 50%).
- Your baby can turn back to the breech position after this procedure.

And rarely:

- There is bleeding behind the placenta, which might require delivery of the baby by Caesarean section;
- There is a rupture of membranes;
- There is immediate or delayed fetal distress, which can require delivery.

Your obstetrician and midwife will ensure that the appropriate measures are taken to reduce your risk of the development of complications.

Before your procedure

- You will be seen by the doctor performing the procedure, who will ask details of your medical and pregnancy history. This is a good opportunity for you to ask us any questions about the procedure.
- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (for example: bring the packaging with you).
- A trace of your baby's heart will be done to confirm your baby's wellbeing.
- You may be recommended to have an injection to relax the womb muscles, this makes turning the baby easier.

During the procedure

- If all is well, you will have an ultrasound scan to confirm your baby's position. While you are lying flat on the bed, the obstetrician will place his/her hands on your abdomen moving your baby up and out of the pelvis. Your baby is turned either forward or backward until your baby is in the head-down position. The procedure may be uncomfortable and if at any stage you feel unable to tolerate the discomfort you should tell the operator who will stop. At the end of the procedure your baby's position will be confirmed on ultrasound.

After the procedure

- Your baby's heart rate trace will be repeated.
- When a baby is turned, there is a possibility that some of the baby's blood will be transferred to the mother, which can sensitise her to the baby's blood cells, which can affect later pregnancies. For this reason, if the mother's blood group is rhesus negative, an injection of 'Anti D' will be given at the end of the procedure. Your doctor or midwife can explain this in more detail.

Information and support

- You might be given some additional patient information before or after the procedure, for example: leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff on the Maternal Fetal Assessment Unit: 01223 217626 or contact the Delivery Unit: 01223 217217 (or switchboard 01223 245151 and extension: 3217).



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or patient.information@addenbrookes.nhs.uk



Document history

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Consent form 1

Patient agreement to investigation or treatment

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Responsible health professional/job title

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Special requirements
 (For example other language/other communication method)

Name of proposed procedure or course of treatment

External cephalic version

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- How it will be performed
- The intended benefits of the procedure: altering the position of the baby into the head-down position.

Any serious or frequently occurring risks including those specific to the patient Failure to turn your baby and your baby can turn back to the breech position after this procedure

- Any extra procedures that might become necessary during the procedure
- Blood transfusion
- Other procedure (please specify)

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided: External cephalic version
 Version/Date/Ref: 6/October 2011/CF244

Health professional's signature Date:

Name (PRINT): Job title:

Contact details (if patient wishes to discuss details later)

I have offered the patient information about the procedure but s/he has declined information.

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature Date:

Name (PRINT):

Copy accepted by patient: yes / no (please circle)

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you.

You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature: **Date:**

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature: **Date:**

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature:..... **Date:**

Name (PRINT):..... **Job Title:**.....