The changing nature of external cephalic



version (ECV) 2001-2016

A population based study assessing the use of ECV at term



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Abstract

The use of external cephalic version at term overall reduces the rates of cesarean section. The reported success rate of ECV is approximately 50%. There is also no current consensus made on the eligibility for, and or contraindications to ECV, with use of predictor models are not routinely used.

Objectives

To evaluate the recent trend in ECV use from 2001 to 2016.

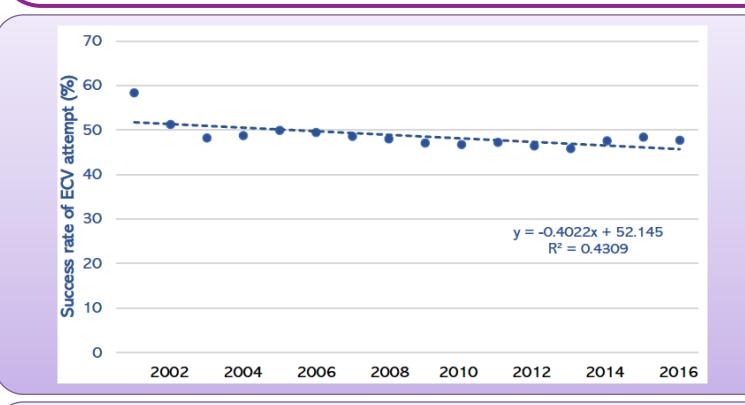
To observe and correlate the change in ECV use over time, with the percentage success rate in ECV use.

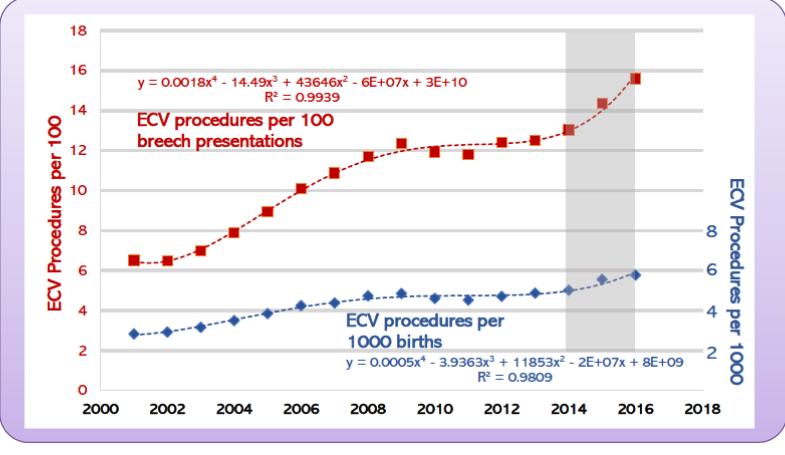
Methods

Data was sourced from the Australian Institute of Health and Welfare (AIHW) national procedural dataset. Total birth numbers, number of breech presentations and ECV attempts were extracted and analysed using regression analysis. Furthermore the overall success rates of ECV over this time period using the same method of data extraction and testing was assessed.

Results

The incidence rate of ECV per breech birth increased from 6.52/100 births to 15.60/100 births from 2001 to 2016. With the most significant increase occurring from 2013 to 2016. Over the same period, the rate of ECV per 1000 births overall increased from 2.84/1000 births to 5.77/1000 births. There was subsequently noted a significant fall in reported success rates of ECV, from 58.4% in 2001 to 47.7% in 2016.





Conclusion

Across Australia there is an increase in the uptake of ECV procedures as a management of breech presentations. There is a corresponding downward trend in the success rates of ECV procedures. The decreased success of ECV may reflect an increase in attempts of more clinically challenging ECV's. Following these results, further investigation into the assessment and selection of ECV candidates may be warranted.

References

1. Royal College of Obstetricians and Gynaecologists. EXTERNAL CEPHALIC VERSION AND REDUCING THE INCIDENCE OFBREECH PRESENTATION. 2010.

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