

*If you have
any questions
or concerns,
please ask your
obstetrician
or midwife.*

External Cephalic Version

We are glad you have chosen to have your baby at Northwestern Medicine Prentice Women's Hospital. Your obstetrician or midwife has scheduled you for an external cephalic version. This brochure will help you prepare for your version and answer many of your questions.

External cephalic version, also called a "version," is a procedure to turn your baby from a breech (head up) or transverse (side-lying) position to a cephalic (head down) position. The cephalic position is the easiest way for the baby to move down the birth canal for a vaginal delivery.

Most often, a version is done during or after the 37th week of pregnancy. It may take 5 to 30 minutes to try to turn the baby, but you will be in the hospital for at least 4 hours. You may feel some discomfort during the procedure. Before you come to the hospital, talk with your obstetrician or midwife about ways to manage your pain.

Once your clinician schedules your version, please pre-register by calling the Admitting Department at 312.472.3610 (TTY: 711). You may also register online at [nm.org/locations/prentice-womens-hospital-labor-and-delivery](https://www.nm.org/locations/prentice-womens-hospital-labor-and-delivery). Be sure to have your medical insurance information available.

Day of your procedure

Do not eat anything for 8 hours before your scheduled appointment time. You may have small amounts of clear liquids up until 4 hours before your scheduled appointment time. For example, if your version is scheduled for 3 pm, you may have a light breakfast before 7 am and you may drink clear liquids until 11 am. You may take any needed medication with sips of water, but only drink enough water to swallow the pills.

You cannot wear jewelry during the version. Please leave your jewelry and other valuables at home.

Talk with your clinician about current hospital infection prevention measures.

Arrival at Prentice Women's Hospital

Come to Prentice Women's Hospital at 250 East Superior in Chicago 1 hour before your scheduled visit. This will give you time for check-in and admission. Be sure to give yourself plenty of time for travel, including traffic, parking and check-in.

Parking

Patients and visitors can park in the garage at 222 East Huron Street, across from Feinberg and Galter pavilions. For a discounted rate, bring your parking ticket with you. You can validate your ticket at the Customer Services Desks on the 1st and 2nd floors of Prentice Women's Hospital. We also offer valet parking.

Check-in

Check in at the Customer Service Desk on the 1st floor of Prentice Women's Hospital. They will direct you to the Patient Registration Desk on the 1st floor before coming to the Labor and Delivery Unit.

After you register, the staff will direct you to the 8th floor Labor and Delivery Unit. The unit secretary will greet you and direct you to the waiting room. The unit secretary will then let the nurse know you are here.

We will do our best to see you at your scheduled time. We will tell you about any delay.

Visitors

Please see nm.org/visitors for current support person and visitor policies.

Labor and Delivery Unit

Once you are in the labor and delivery room, we will ask you to change into a hospital gown.

The nurse will take your temperature, blood pressure and heart rate. They will connect you to an external monitor that will check your baby's heart rate and record any contractions you may be having. You will wear the monitor around your belly like a belt. The nurse will review your medical and prenatal history with you.

The obstetrician will check the position of your baby using an ultrasound machine. If the baby is still breech, the nurse will put an IV (into the vein) line in your arm or hand. They will use the IV to give you fluids during the version.

A member of the Anesthesia team will come to your room to review your health history with you and talk about pain management options. This may include narcotic pain medicine given in your IV or epidural anesthesia (numbing medicine injected into your lower back).

You will also meet a member of the Obstetric team. A resident physician or your obstetrician will explain the version to you. They will talk with you about the risks in detail. Although rare, the risks may include:

- Breaking of the fluid sac around the baby
- A sudden decrease in the baby's heart rate
- The start of labor
- Need for an emergency Cesarean delivery (C-section)

After answering any questions you may have, they will ask you to sign consent forms for both the version and the anesthesia (if used).

During the version

Once the IV pain medication or epidural is working, the version will start. The care team may also give you medication to relax your uterus. During the version, the care team will check your blood pressure and heart rate.

Your obstetrician, with the help of another obstetrician, will push on your abdomen, over the uterus and the baby, to try to get the baby to turn. They will use ultrasound to monitor the baby's heart rate and position. Your obstetrician will tell you if the baby has changed positions.

After the version

You will wear the fetal monitor for at least 2 hours to check the baby's heart rate and the activity of your uterus.

If you had epidural anesthesia, the nurse will make sure the effects have worn off before you are able to go home. You cannot eat or drink anything during this recovery time.

Once you are ready to go home, the nurse will remove the IV line and fetal monitor. They will review your discharge instructions with you. You must have an adult with you to drive you home.

At home

The pain medication you received during the version may affect your judgment and reflexes. You may feel groggy. Do not drive or operate machinery until the next day.

Unless you are told otherwise, you may go back to your regular diet, routine medications and normal activities. Be sure to go to your scheduled obstetrician or midwife follow-up visit.

When to call your clinician

Contact your obstetrician or midwife right away if you have any of these symptoms:

- Regular contractions at least 5 minutes apart for 1 hour
- Vaginal bleeding
- Your baby is less active than normal
- Leaking fluid from your vagina

Follow-up

More than half of versions succeed in turning the baby. However, even if the procedure works at first, there is a chance your baby may turn back around to a breech or transverse position. Your obstetrician will talk with you about next steps if this happens.

If you have other questions or concerns, talk with your obstetrician or midwife.