

*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. External cephalic version, or version, is a procedure used 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 the total time in the hospital is about 4 hours. There will be some discomfort involved, so be sure to discuss pain management options with your obstetrician before coming to the hospital.

This brochure will help you prepare for your version and answer many of your questions. If you have other questions or concerns, talk with your obstetrician or midwife.

Once your version has been scheduled, please pre-register by calling our Admitting Department at 312.472.3610, TTY 312.926.6363. You may also register online at 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 or drink anything for 8 hours before your scheduled appointment time. For example, if your version is scheduled at 3 pm, you may have a light breakfast before 7 am. Do not eat or drink anything after that time. You may take any needed medicine with sips of water, just enough to swallow the pills.

Jewelry cannot be worn during the version. We advise you to leave jewelry and other valuables at home.

Please talk with your healthcare provider about current hospital infection prevention measures.

Arrival at Prentice Women's Hospital

Please arrive 1 hour before your scheduled appointment. This will allow time for check-in and admission. Prentice Women's Hospital is located at 250 East Superior Street in Chicago. Be sure to give yourself plenty of time for travel, including traffic, parking and check-in.

Parking

Parking is available for patients and visitors in the garage at 222 East Huron Street, across from Feinberg and Galter pavilions. For a discounted rate, please bring your parking ticket with you. Your ticket can be validated at the Customer Services Desks on the 1st and 2nd floors of Prentice Women's Hospital. Valet parking is also available.

Check-in

Please check in at the Customer Service Desk on the 1st floor of Prentice Women's Hospital. You will be directed to the Patient Registration Desk on the 1st floor before coming to the Labor and Delivery Unit.

Once your registration is complete, you will be directed 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 notify the nurse of your arrival.

Please keep in mind that we will do our best to see you at your scheduled time and will advise you of 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. You will be connected to an external monitor that will check your baby's heart rate and record any contractions you may be having. This device will be placed 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 place an IV (into the vein) line in your arm or hand. The IV will be used 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 and discuss its risks in detail. Although rare, these risks may include:

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

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

During the version

Once the IV pain medicine or epidural is in effect, the version will begin. You may also be given a medication to relax your uterus. 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. During the version, your blood pressure and heart rate will be checked. Ultrasound will be used to monitor the baby's heart rate and position. Your obstetrician will tell you if the baby has changed positions.

After the version

The fetal monitor will remain in place 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 will not be able to eat or drink anything during this recovery time. Once you are ready to go home, the IV line and fetal monitor are removed. The nurse will review your discharge instructions with you. You must have someone with you to drive you home.

At home

The pain medicine 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 otherwise instructed, you may resume your regular diet, routine medications and normal activities. Be sure to go to your scheduled obstetrician or midwife follow-up appointment.

When to call your obstetrician

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

- Regular contractions at least 5 minutes apart for 1 hour
- Vaginal bleeding
- Your baby is less active than normal
- Leaking of 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 discuss next steps if this occurs.