



## P122. AN AUDIT OF EXTERNAL CEPHALIC VERSION PERFORMED BY A SINGLE OPERATOR IN AN IRISH MATERNITY HOSPITAL

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**Context:** Breech complicates 3-4% of all term deliveries. Since the publication of the Term Breech Trial (1) there has been an increase in incidence of caesarian section for breech presentation. National RCPI and RCOG guidelines recommend External cephalic version (ECV), a procedure performed that reduces the incidence of breech presentation at term and therefore the caesarian section rate (2,3).

**Objective:** To determine the success rate, complications of ECV, mode of delivery following successful ECV and to compare it with standards in the guidelines.

**Methods:** This was a retrospective study of all ECVs performed by a single operator during July 2015 to April 2017. 39 patients were identified from each ECV performed in the maternity day unit in the hospital. Further information was obtained from the online Maternity Information System and patient records. All data was recorded and analysed on Microsoft Excel.

**Intervention/Patients:** 39 women had an ECV, of which 54% were primiparous and 46% multiparous.

**Result:** In 69% of cases, ECV was successful at first attempt. Terbutaline was used in 97% of cases. Of the successful ECVs, 13 (50%) were primips, 48% had a posterior placenta, 78% had an extended breech fetus and the average gestation at ECV was 37+5 weeks. 13 patients (48%) had a spontaneous onset of labour compared to 10 (11%) who underwent induction of labour. 63% had a vaginal delivery compared to 22% requiring an emergency caesarian section, mainly for failure to progress. In the cohort of unsuccessful ECVs, all patients had a caesarian section at averagely 39 weeks gestation. None spontaneously reverted to cephalic presentation at follow up. 8 (67%) were primips, 58% had a posterior placenta and 67% had an extended breech fetus. There were no complications.

**Conclusion:** Selected patients should be counselled and offered ECVs. It is a safe successful procedure that may reduce caesarian sections rates. Our recommendations include performing an audit on percentage of women with breech presentation offered ECV, designing procedure specific consent form, and performing a survey of maternal perception of ECV.

**References:** 1)Hannah E et al.Planned caesarean section versus planned vaginal birth for breech presentation at term: a randomised multicentre trial.Lancet.2000.356(9239):1375. 2)Royal College of Obstetricians and Gynaecologists guideline No-20a.2010. 3)Royal College of Physicians of Ireland. Management of Breech Presentation.Guideline No-38.2017

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