External Cephalic Version

Guidelines for external cephalic versions.

1. Upon patient arrival place apply external fetal monitor, obtain maternal vital signs, and document in Electronic Health Record.
2. Obtain 20 minute FHR tracing and notify MD on call of patient's arrival to unit.
3. MD will assess FHR tracing for Category l status, and determine fetal presentation and gestational age by clinical criteria and ultrasound exam prior to attempted version. This procedure is generally performed at 36-37 weeks GA or beyond. Any earlier may be unwarranted and could precipitate preterm delivery.
4. Place saline lock for IV access.
5. Administer terbutaline as directed by MD.
6. After attempted version, successful or not, patient will have external fetal monitor applied per MD orders.
7. Notify MD of anything other than Category l FHR and begin intrauterine resuscitation immediately.
8. Obtain maternal VS prior to discharge.
9. If the patient is stable and fetal heart rate tracing is Category l over 60 minutes, she may be discharged with instructions and follow-up appointment.
10. If the version was successful, i.e. fetus converted to vertex presentation, remind the patient of possible recurrent malpresentation. (75% of successful versions remain vertex whereas 25% of pregnancies may return to a malpresentation.) The patient should be counseled to return in early active labor to verify presentation.
11. If the version was not successful, the patient may be scheduled for an operative delivery or the patient may be rescheduled for a repeat attempt. The MD on call will determine the plan of care. If the patient is discharged, counsel patient to return in early active labor or if SROM occurs prior to their next scheduled appointment so that timely evaluation and possible operative delivery can be done.

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