EXTERNAL CEPHALIC VERSION CONSENT FORM TEMPLATE

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. ***If you still have any questions or concerns, we strongly encourage you to contact your midwife prior to your procedure so that we may clarify any pertinent issues.***

Definitions

External	On the outside
Cephalic	Pertaining to the head
Version	To change or convert

External cephalic version (ECV) is a technique where the Licensed Midwife will attempt to change the position of the baby, usually from a breech presentation (buttocks over the cervix) to a vertex position (head down). This is done in the hopes that a cephalic vaginal delivery can be done, rather than a cesarean section or a planned vaginal breech delivery.

ECV is usually done on clients at 37 weeks or later of their pregnancy and the baby is in a position other than head down (vertex). This technique is usually done on or near a labor and delivery unit where a cesarean delivery can take place immediately if needed. ECVs performed outside the hospital carries additional risks listed below.

Post-Procedure Fetal heart rate abnormalities: Fetal heart rate abnormalities are associated with ECV, but they are usually self-limiting. Rarely an emergency cesarean section may have to be done.

Placental abruption: Rarely, an ECV can lead to the placenta coming off the wall of the uterus early. This may lead to fetal compromise and an emergent cesarean delivery.

Risks and Benefits

Risks and Benefits for in-hospital ECV

Risks (All occurred at rates less than 1%)	Benefits
Post-Procedure Fetal heart rate abnormalities	Access to pain relief
Placental abruption	Immediate access to Cesarean if needed
Fetal death	Immediate rescue of baby if needed
Premature rupture of membranes	Can be released to home for out-of-hospital birth if appropriate
Fetal maternal hemorrhage	Access to interventions that may lead to a more successful version
Cord Prolapse	

Risks and Benefits for out-of-hospital ECV

Risks (All occurred at rates less than 1%)	Benefits
Post-Procedure Fetal heart rate abnormalities	Decreased out of pocket costs
Placental abruption	Less interventions
Fetal death	A familiar environment for the client for the procedure
Premature rupture of membranes	
Fetal maternal hemorrhage	
Cord Prolapse	
Increased time of transfer to emergency services	

Expectations of Procedure

This procedure is successful 35% to 86% of the time, with the average being 58%. This will depend upon how close you are to your delivery date and how big the baby is. Therefore, there is a chance that the procedure will not work and the baby does not turn to head down. *

Even if your baby converts to a vertex position and you are sent home, there is no guarantee that it will stay in that position. It is possible that your baby will flip or turn back out of the vertex position.

Consent for Treatment

I understand that during the course of the procedure unforeseen conditions might arise or be revealed that could require an extension of the procedure or performance of other operations, procedures or treatments. I therefore authorize and request the below-named individual or their designees to perform such operations, procedures or treatments that are or might become necessary in the exercise of their professional judgment.

I acknowledge that______________________________has explained the proposed procedure to me and has answered any questions that I have to my satisfaction.

I acknowledge that I am 37 weeks 0 days on ______________(date) verified by ___________________(LMP/ultrasound/other)

I hereby consent to the above procedure. In addition, I accept all of the risks inherent to that procedure and request that it be performed.

________________________	________________________	__________
Client Signature	Client Name (Printed)	Date
Midwife Signature	Midwife Name (Printed)	Date
Partner Signature (if applicable)	Partner Name (Printed)	Date

The information contained in this Medical Informed Consent Form ("Consent Form") is intended to solely inform and educate and should not be used as a substitute for medical evaluation, advice, diagnosis or treatment by a physician or other healthcare professional.

Please call your midwife if you have any questions.

* External Cephalic Version: ACOG Practice Bulletin, Number 221. Obstet Gynecol. 2020 May; 135(5):e203-e212. doi: 10.1097/AOG.0000000000003837. PMID: 32332415.