

External Version Procedure

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During an external version procedure, your health care provider will manually move or turn your baby into a head-down position.

This procedure has about a 50 to 60 percent success rate. The success rate is lower for a first pregnancy than for a woman who has given birth before.

While most attempts succeed, some babies will not turn and others will shift back into their original position. If this happens, your health care provider will talk with you about your options.

Before the Procedure

- You may eat up to 8 hours before your scheduled procedure time.
- You may have clear liquids up to 2 hours before your scheduled procedure time.
 - Drink water, fruit juice without pulp, tea or black coffee.
- You are encouraged to bring a support person with you to the hospital.

During the Procedure

- A nurse will admit you to a room and help you get settled.
- After asking some questions about your health and pregnancy, the nurse will use fetal monitoring to check for contractions and your baby's well-being. You will be able to have the procedure if the monitoring shows that your baby is doing well.

Your Appointment

Location: _____

Date: _____

Time: _____ a.m. / p.m.

Please arrive 15 minutes before your procedure.

Phone number: _____

If you need to cancel or reschedule, please call at least 24 hours before your scheduled appointment.

- Your health care provider or the nurse will do an ultrasound to check the position of your baby, location of the placenta and the amount of amniotic fluid.
 - If your baby has turned on his or her own, you can go home.
 - If your baby has not turned, your health care provider will talk with you about the procedure, including its risks and benefits.
- A medicine (terbutaline) will be injected into your arm. This medicine will help relax your uterus.
- The ultrasound will monitor your baby's progress and heartbeat. The procedure will be stopped if there are any problems.

(over)

- Your health care provider will help turn your baby by putting his or her hands at certain points on your lower abdomen (over your uterus).
- He or she will try to guide your baby into a head-down position — trying to make your baby do a slow motion somersault. You will feel some pressure during this part of the procedure.
- Once your baby is head first, the head of the bed will be raised to help keep your baby's head down.

After the Procedure

- The nurse will use fetal monitoring again to check your baby's well-being and monitor for contractions. (It can be common to have some contractions after the procedure.)
- You can usually go home about 1 to 2 hours after the procedure, or as directed by your health care provider.
- If you are Rh negative, you will be given a shot of RhoGAM™ (a medicine) before you go home.
- Rest for the remainder of the day.
- Drink plenty of liquids.

When to Call Your Health Care Provider

Call your health care provider if:

- you have abdominal pain
- you have increased contractions
- you have any leakage of fluid or blood from your vagina
- you notice a decrease in your baby's activity.