Five year audit of external cephalic version in the management of term breech presentation
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Objective
The aim of this study was to assess the success rates of external cephalic version (ECV) in a large tertiary maternity hospital.

Methods
This was a retrospective study which looked at data from January 2010 to January 2015. We looked at parity, parity at time of ECV, BMI, mode of administration of tocolytic, operator seniority and spontaneous reversion rates after a successful ECV.

Results
The caesarean section rate was 27% during this period, with caesarean section for breech presentation being an indication in 16%. A total of 325 women attended for a trial of ECV. The average age was 31.9. The mean gestation at time of ECV was 37+4 in nulliparae and 37+3 in multiparae. Overall success rate was 50%. The reversion rate following successful ECV was 6%. There was a direct correlation between success rates and parity, with a 34% (61/177) success rate in nulliparae compared to 68% (149/325) in multiparae (58% for Para 1, 80% for Para 2 and 77% for Para 3+). There was no correlation between BMI and success rates. 78% of cases were performed by consultants. One individual performed 105, another 44, with success rates of 63% and 70% respectively. In regards to tocolytic administration 46% had terbutaline 250mcg intravenously compared to 51% subcutaneously. 3% did not receive a tocolytic. The success rate of IV terbutaline was 58% compared to 45% in the SC group and 20% in those who did not receive terbutaline. There was a significant difference (p=0.02) between intravenous compared to subcutaneous administration.

Conclusion
A logistic regression model with three variables including administration of terbutaline, parity and those consultants doing >20 ECV shows that all are associated with success but the strongest predictor is multiparity. ECV is a safe procedure and should be offered to all women with breech presentation at term. A dedicated ECV-Service is recommended and referral from smaller hospitals, who do not offer such a service should be considered.