



VERSION

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DEFINITION

- Version is the turning out of fetus from one presentation to another and may be done either externally or internally by the physician.
- If the aim is to make the head the presenting part is called cephalic version and if the breech will be the presenting part it is called podalic version.

TYPES OF VERSION

- According to the methods employed.
 1. External cephalic version
 2. Internal podalic version
 3. Bipolar version

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External cephalic version

- It is a procedure used to turn a fetus from a breech position or transverse position into a cephalic pole of the uterus

Indication

- Breech presentation
- Transverse lie/ oblique lie

PRELIMINARIES

- The patient is asked to empty bladder.
- She is to lie on her back with the shoulders slightly raised and the thighs slightly flexed.
- abdomen is fully exposed and FHR is auscultated.
- The most commonly used tocolytic medication (terbutaline-0.25mg sc.) Because of uterus is relaxed.

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FLOW CHART OF ECV:-

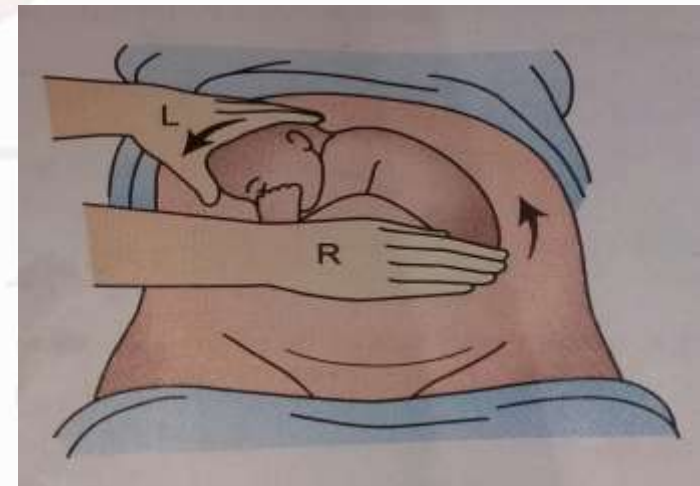
- Confirm breech presentation at >36 completed weeks of gestation
 - ↓↓
- Review contra indication obtain inform concern
 - ↓↓
- Consider tocolytic for nulliparous patient
 - ↓↓
 - Assess NST .
 - ↓↓
 - cephalic version attempt
 - ↙ Successful
 - ↘ unsuccessful

PROCEDURE

- Step-1. The breech mobilized using both hands On the surface of the abdomen one by the fetus 'head and the other by the buttocks
- the fetus is turned and rolled to the vertex position.

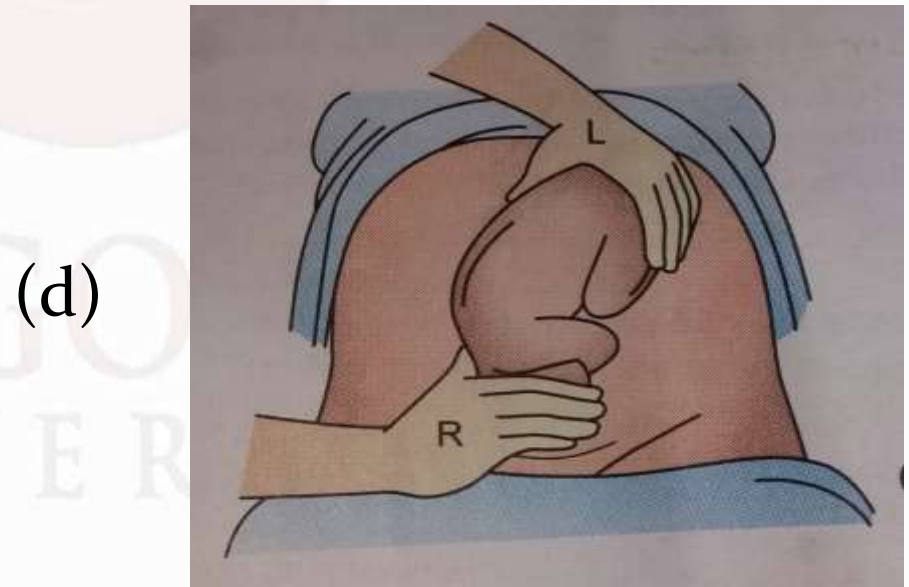
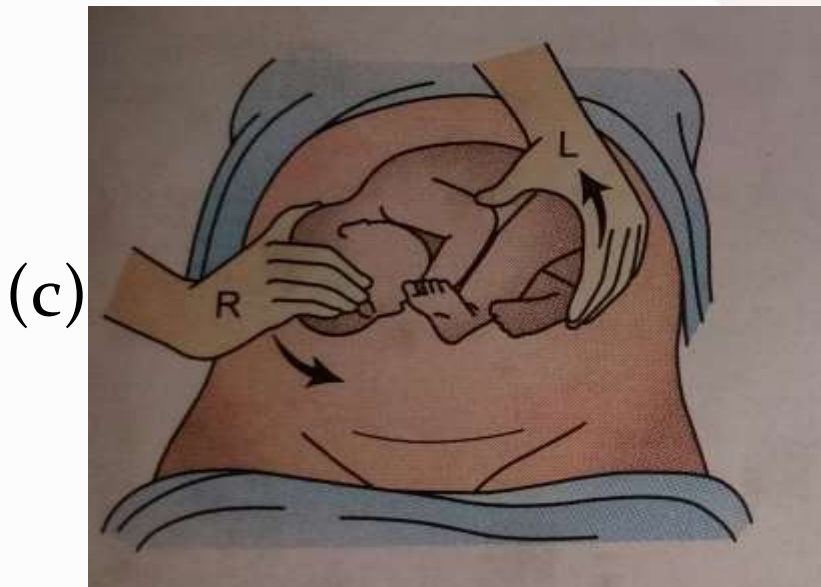


Step-2. Generally podalic pole is grasped by right hand and head is grasped by left hand till the lie becomes transverse



CONTINUE:

Step-3. The hand is now changed one after the other hold the fetal poles to prevent crossing of the hand.



INSTRUCTIONS

- The patient is advised for follow up to check the corrected position.
- To report to the physician if there is vaginal bleeding or liquor amnii.
- Rh-negative non immunised women must be protected by intramuscular administration of 100.mug anti-D gamma globulin.

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CONTRAINDICATION

- Fetal distress.
- The amniotic sac has ruptured.
- A mother has a condition (such as a heart problem).
- A caesarean delivery is needed, such as when there is placenta praevia or abruptio placentae.

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Advantages of ECV

1. Reduces the number of caesarean delivery.
2. Reduces maternal morbidity due to caesarean or vaginal breech delivery .
3. Reduces the fetal hazards of vaginal breech delivery.

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INTERNAL PODALIC VERSION

- Internal version is always a podalic version and is almost always completed with the extraction of the uterus.

PRELIMINARIES

1. Lithotomy position.
2. Empty bladder.
3. Given general anesthesia.
4. Antiseptic cleaning draping and catheterization are done.
5. Wearing gloves.

INDICATION

Its only indication being the transverse lie in case of the second baby of twins.

However, it may be employed in singleton pregnancy to expedite delivery in adverse condition where the caesarean section facilities are lacking. Such conditions are:

1. Transverse lie with cervix fully dilated.
2. Cord prolapse with cervix fully dilated with transverse lie or head high up and the baby is alive.

PROCEDURES

Step-1: If the podalic pole of the fetus is on left side of the mother, the right hand is to be introduced and vice versa.

Step-2: The identification of the foot is done by palpation of the heel.

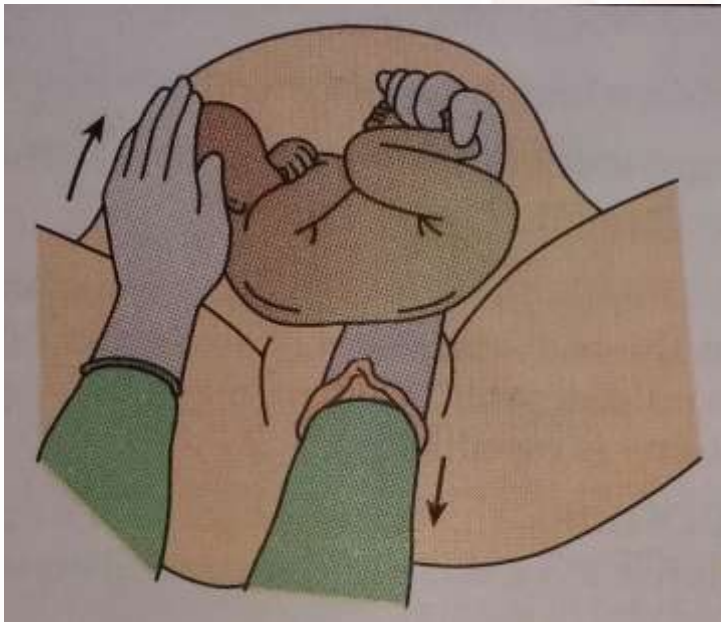
Step-3: While the leg is brought down by a steady traction the cephalic pole is pushed up using the external hand.

Step-4: After one leg is brought down, there is no difficulty to deliver the other leg.

CONTINUE

Step-5: Routine exploration of the utero-vaginal canal to exclude rupture of the uterus or any other injury.

(a)



(b)



CONTRAINDICATION

1. Obstructed labour.
2. Tonically contracted uterus.
3. Restricted fetal mobility.

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COMPLICATIONS

- ❑ Maternal risk include -
 1. Placental abruption.
 2. Rupture of the uterus.
- ❑ Fetal risk include -
 1. Asphyxia.
 2. Cord prolapse.
 3. Intra cranial hemorrhage.

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BIPOLAR VERSION

It also known as braxton-hicks. The conversation is done introducing one or two finger through the cervix and the other hand on the abdomen.

INDICATION

Correction of a transverse lie in a dead or premature fetus

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PROCEDURE

- Under the pulled through general anesthesia.
- At least two finger are passed through the partially dilated cervix, the foot is grasped as in internal podalic version pulled through the cervix while the other hand is assisting the version externally .



BIBLIOGRAPHY

BOOK REFFERANCE

1. Annama Jocab, text book of comprehensive text book of 'MIDWIFY and GYNECOLOGY nursing' JAYPEE publication 3rd edition page no.285-287.
2. D.C. DUTTA text book of obsterical including perinatory and contraception central publication 7th edition page no. 583-585.

3. NET REFFERANCE

www.wikipedia.com

www.pubmad.com