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POLICY	Manual: Department	Section: Maternal Child	Code No.: MC E006	Old Code No.: E2- POL, MC E06
Title: External Cephalic Version			Original Effective Date: Dec 01, 1991	
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Cross Index:	Authoring Committee/Program/Dept: OB/Gyn Committee		Approved By: AMC	

External cephalic versions will be managed as follows:

1. External cephalic versions (ECV) will be performed by an Obstetrician in the Birthing Unit.
2. ECVs must be booked by the Obstetrician in advance with the Birthing Unit staff.
3. The Obstetrician is responsible to discuss the risks and alternatives with the patient and document the discussion on the hospital record.
4. Evening and weekend ECVs are acceptable if the Anesthesiologist concurs.
5. The attending physician will ensure the Anesthesiologist on-call is aware of the version and available if necessary. Availability of the Anesthesiologist is defined as being in the hospital and able to attend a Caesarean Section in a timely fashion but not necessarily present on the Birthing Unit.
6. At least one operating room on the Birthing Unit has to be available during the ECV attempt.
7. The Obstetrician is responsible to instruct the patient to eat breakfast on the day of the procedure and to remain NPO thereafter.
8. The patient will have vital signs, complete blood count (CBC) and type and screen on admission.
9. A non stress test (NST) will be completed prior to and after the procedure. Longer monitoring is at the discretion of the obstetrician.
10. The portable ultrasound machine will be available at the bedside.
11. The nurse will obtain an order from the physician to initiate an intravenous or saline lock after non-vertex position has been confirmed.
12. The patient will be offered the use of tocolysis (nifedipine) at the discretion of the obstetrician.
13. If the patient is Rh negative, the physician will order Rh immune globulin (Rhig). The RN will administer it to the patient.

NOTE: As with any elective procedure, if the Birthing Unit is judged by the charge nurse and the attending physician to be too busy, the procedure will be rescheduled.

References:

- Edmonton Women's Health Zone Clinical Department Executive Committee (2012, January). Edmonton Zone Women's Health Program Clinical Practice Guidelines.

- Fung Kee Fung, K. and Eason, E. (2003, September). Prevention of RH Alloimmunization. *SOGC Clinical Practice Guideline, 133, 2*.
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- American Society of Anesthesiologists (2014, November). An updated report by the American society of Anesthesiologists committee on Standards and Practice Parameters. Practice Guidelines for Preoperative Fasting and the Use of Pharmacologic Agents to Reduce the Risk of Pulmonary Asspiration: application to Healthy Patients Undergoing Elective Procedures. *Anesthesiology* 2011; 114:495-511.

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