

External cephalic version in breech, acceptance and effectiveness

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Abstract

External Cephalic Version (ECV) is recommended at term breech presentation by most professional organization in an effort to reduce the prospect of cesarean deliveries, also added benefits to the population of improved quality adjusted life years. Breech presentation is encountered in 3 to 4% of term pregnancies and has a significant driver of the increased rate of cesarean deliveries over the last 4 decades. Based on many national and international literatures and studies such Raynes-Greenow in Australia, Yogev in Israel in 2014 and Dutch study in 2010; two main barriers for ECV Implementation are identified 1) lack of patient's knowledge about ECV, risks and consequences 2) the attitude and knowledge of the OBG team towards ECV. Persistent changes such as develop an implementation strategy targeted on patient counseling and information of healthcare providers, implementation of (ECV guidelines: such the combined use of a tocolytic and regional anesthesia) and evaluate the cost effectiveness in aim to improve the implementation of ECV; resulting in the need for emergency cesarean delivery are seen only in 0.3% of cases of successful ECV and the saving of a better implementation of ECV reduced the costs with 2 to 3 million euros per year for direct medical costs only. The reported success rates for ECV in US have ranged from 35 to 86% as all pregnant women with breech presentation been informed and counseled for ECV by expert midwives and gynecologists. Another articles published in 2000 by Minerva Ginecologica; shared the significant decrease in complications after modify, implement and evaluate a standardized protocol for an ECV consultation with consideration of the following variables: amount of amniotic fluid, gestational age, kind of tocolysis, placental location, foetal back position, parity, breech variety and foetal adnexial complication at birth.

Results: ECV succeeded in 77.6% of cases. No maternal of foetal complications.

CONCLUSIONS: The results obtained suggest that ECV is felt safe procedure and may be a good therapeutic approach for decreasing the percentage of breech presentation at delivery and decreasing the cesarean deliveries, all pregnant women with breech presentation must be informed and counseled for ECV by expert midwives and gynecologists, all maternal health care providers must be aware and adherent to the ECV protocols.



Biography:

Eman has completed her Master's Degree in Science of healthcare Administration at the age of 40 years from University of Atlanta, USA. And she certified as a registered Midwife since 1998 from Jordan. She is the Nurse Manager of Maternity and woman health in maternal child hospital, a Senior Clinical Educator for Midwifery. She is a speaker in many International conferences of Nursing and Midwifery since 2015. She also contributed in many quality projects and studies in Obstetric.

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