External cephalic version: 4-years-experience in four University Tertiary Care Hospitals

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Objective. This study aimed to assess the success rate of External Cephalic Version (ECV) and identify predictive factors for success to create a scoring system. We also evaluated complications and mode of delivery following successful ECV.

Materials and Methods. A multicentre retrospective study was conducted from 2020 to 2023 across four university tertiary care hospitals in the north of Italy. ECV was performed according to the same standardised protocol.

Results. A total of 679 patients were included. Slightly more than half were nulliparous, with an average age of 33.5 years. ECV was performed at an average gestational age of 37 weeks. The overall success rate of ECV was 51.6%.

We included in the scoring system maternal age > 40 years, deepest vertical pocket of amniotic fluid > 2 cm, posterior placental position and foetal weight that were independent predictors of ECV success in a multiple logistic regression analysis. Among the successful ECV cases, 74.2% had a spontaneous vaginal delivery, 8.4% underwent vacuum-assisted delivery, and 16.5% delivered by caesarean section.

Complications of ECV were rare: only 1.8% of cases experienced a transient alteration of the foetal heartbeat. A single case of umbilical cord prolapse was observed with excellent maternal and foetal outcomes following an emergency caesarean section. No cases of placental abruption or intrauterine fetal death were reported.

Conclusions. The study highlights that ECV is a safe and effective option to reduce breech presentation at term. The developed scoring system tool may be useful to counsel those patients with relative contraindications to ECV.