

Standard:	External Cephalic Version
Reference #:	STCMO_C09252013
Approved by:	Council
Date Approved:	May 28, 2014
Date to be Reviewed:	July 2016
Rescinded:	June 1, 2018
Effective date:	July 1, 2014
Attachments:	none



EXTERNAL CEPHALIC VERSION

Purpose

The purpose of this Standard is to describe the requirements for midwives who perform external cephalic versions.

Midwifery standards of practice refer to the minimum standard of professional behaviour and clinical practice expected of midwives in Ontario.

Definition

External cephalic version (ECV) refers to the procedure of applying external pressure to the maternal abdomen (along the fetal head and back) in a clockwise or counterclockwise motion to change the presentation from breech (or other malpresentation) to cephalic.

Background

The College of Midwives recognizes that some clients facing the possibility of breech birth (or cesarean birth due to breech or other malpresentation) may choose to attempt ECV by a midwife or a physician. Midwives who have acquired the appropriate knowledge, skill and judgment are permitted to perform external cephalic version.

Standard

Midwives who perform ECV for their clients must have the knowledge and skills of theoretical and practical aspects of ECV, and maintain competency. The College may request demonstration of this acquired knowledge and skill from midwives.

ECV must only be performed in settings where the appropriate fetal surveillance capabilities exist.

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In the performance of ECV, a midwife must always act in accordance with midwifery standards of practice, the Midwifery Act, the Regulated Health Professions Act, and the regulations under either of those acts.

As part of an informed choice discussion, midwives must clearly inform their clients, and document the discussion, regarding their experience and training in ECV, the conditions which must be met prior to performing the procedure, and the risks and benefits of the procedure (including a discussion of the risks and benefits of performing ECV in both hospital and out-of-hospital settings).

Midwives who perform ECV must develop a practice protocol, including procedures for initial training and ensuring continuing competency.¹ They should also work with their hospital colleagues to develop and maintain appropriate policies and procedures.

The College of Midwives requires the following framework, at a minimum, for midwives to acquire and maintain the appropriate knowledge, skill and judgment to perform ECV:

Knowledge of all of the following:

1. Risks and contraindications of ECV.
2. Recognition of, response to, and management of potential immediate complications of ECV, including:
 - Abnormal fetal heart rate
 - Severe maternal discomfort
 - Prelabour rupture of membranes
3. Community standards and hospital protocols with respect to ECV.

Demonstration of all of the following:

1. Appropriate preliminary investigations to determine client's candidacy for the procedure, including:
 - a. Informed choice discussion.

¹ Midwives must be in compliance with the CMO Practice Protocol Standard as of January 1st 2015.

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- b. Ultrasound for the purposes of ruling out contraindications to ECV.
 - c. Non-stress test.
 - d. Access to timely obstetric backup.
2. Provision of appropriate client care and monitoring before, during and after ECV.
3. Appropriate documentation according to CMO Standards.
4. Ability to identify obstetrical emergencies and implement appropriate interventions.
5. Knowledge of indications to transfer care to the physician.

Continuing Competency

The process for ensuring continued competency should consider the number of ECVs managed by the midwife in the previous 24 months, and include a case-review, a review of relevant continuing education, and a review of relevant hospital policies and practice protocols.

RESCINDED