

External cephalic version – a review of clinical practice guidelines and clinical consensus statements in order to standardise recommendations and identify gaps for further research

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Introduction:

- ECV procedures vary widely among practitioners, as an apprenticeship-style training model is commonly used for teaching
- We sought clinical practice guidelines (CPGs) and consensus statements (CCSs) on external cephalic version to assess methodology and extent to which content agreed or conflicted
- Our study provides a comprehensive approach to illustrating discordant advice for future audits to optimise patient and clinician outcomes

Methodology:



- CPGs/CCSs sought manually through search engines and grey literature data bases
- Appraised with AGREE-II tool by 2 appraisers

Results and discussion:

High quality guideline characteristics (42%):

- High-grade evidence (RCT, double-blinded studies)
- Resource implications and economic impact

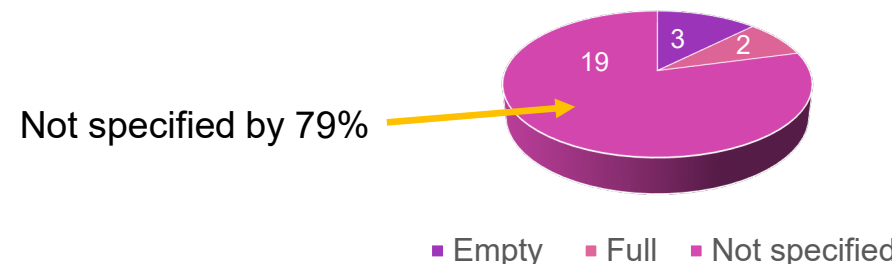
Low-moderate quality guideline characteristics (58%):

- Largely low-grade expert opinion-based evidence
- Scarce mention of auditable outcomes (21%)

Procedural consent



■ Written ■ Verbal ■ Not specified **Maternal urinary bladder advice**



■ Empty ■ Full ■ Not specified

Key points:

Consistent recommendations:

- **Setting** – birth suite with operating theatre access preferred by 83%
- **Tocolysis** – recommended by 79%
- **Gestational age** – 36-37 weeks recommended by 92%

Missing and inconsistent recommendations:

- **Training** – not specified by over 50%
- **Maternal analgesia** – not specified by 75%
- **Lubricant** – not specified by 83%
- **Maternal bladder emptying** – recommended by 13%, full bladder recommended by 8%
- **Maternal positioning** – not specified by 67%

Scope for further research:

- **Prospective audits** – to promote maintenance of core outcomes to optimise patient success
- **RCTs** – for evidence-based recommendations, such as consent procedures
 - Wedge-stepped RCT mitigates patient feelings of missing out (no double/triple blinding required)
- **Economic resource analysis** – to determine financial impact of pre-procedural testing and choose wisely