

# Successful External Cephalic Version Outcomes in Hospital Universiti Sains Malaysia: A Retrospective Observational Study

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## ABSTRACT

**Introduction:** Breech presentation is present in about 3-4% of term pregnancies. Modes of delivery for breech are either caesarean section or vaginal delivery. External Cephalic Version (ECV) is a simple procedure which can be offered to mothers who has no contraindication for vaginal delivery. With successful ECV, patients would have the chance to avoid morbidities associated with caesarean section and vaginal breech delivery. **Objectives:** This study aims to determine the outcomes of ECV, factors contributing to the successful ECV and identifying any perinatal complications associated with successful ECV. **Method:** This is a retrospective study which involves pregnant mothers who delivered at HUSM from 1st January 2012 until 31st December 2017 with breech presentation at term that fulfil the criteria. We reviewed the case folders of patients after tracing via HSIAPPS computer system. **Result:** There were 150 patients in this study who had gone through ECV. Out of the 150 mothers, 91 (60.7%) of them had successful ECV. Of the 91 patients, 80 (87.9%) patients delivered via spontaneous vaginal delivery, five (5.5%) patients delivered with assisted instrumental vaginal delivery, and six (6.6%) patients delivered via caesarean section. Commendably no perinatal complications were seen with successful ECV. Two patients had primary postpartum haemorrhage secondary to uterine atony. Placenta site, types of breech and liquor volume did not significantly affect the success rate of the ECV. **Conclusion:** ECV is a simple and safe procedure with high success rate. Successful ECV patients have high chance to deliver vaginally. There is no significant association between placenta site, types of breech and liquor volume with the success rate of ECV.

# Vasa Previa, when its Detection Means Life and Death: A Case Series

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## ABSTRACT

**Introduction:** Vasa previa is a rare condition which occurs when foetal blood vessels that are unprotected by the umbilical cord or placenta run through the amniotic membranes and traverse the cervix near the internal os. Its detection is crucial and a timely decision for caesarean section is inevitably important. **Methods:** We would like to present two cases of vasa previa that occurred at our centre (Hospital Raja Perempuan Zainab II) which were detected only after delivery via caesarean section through the inspection of the placenta. Both cases shared similar presentation which was painless leaking pervaginally associated with fresh blood however ended up with different outcomes, stillbirth and alive new born respectively. **Objectives:** This case series will further discuss on its antenatal diagnosis, earlier detection, ultimate management based on literature reviews and what can be done in future to improve the outcomes of the foetus hence reducing the perinatal mortality rates. **Results:** The gold standard diagnosis of vasa previa is via sonography and it is confirmed if an arterial vessel is visualized over the cervix, either directly overlying the internal os or in close proximity to it, and colour Doppler demonstrates a rate consistent with the foetal heart rate. **Conclusions:** In a case of undiagnosed vasa previa whereby there is a vaginal bleeding or leaking liquor that is inconsistent with the foetal heart rate pattern (bradycardia), vasa previa should be suspected and imminent delivery should be taken.