African Journal of Obstetrics and Gynecology

Success Rates and Determinants of External Cephalic Version at 37 Weeks in a Dedicated Harare Clinic: A Retrospective Cohort Study

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Published: 13 October 2020 | **Received:** 09 July 2020 | **Accepted:** 26 September 2020

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DOI: 10.5281/zenodo.18527274

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Abstract

Breech presentation at term increases risks for both mother and neonate. External cephalic version (ECV) is a recommended procedure to reduce breech births and the associated caesarean section rate. Evidence regarding its success rates and determining factors within low-resource settings such as Zimbabwe is scarce. This study aimed to establish the success rate of ECV performed at 37 weeks' gestation in a dedicated clinic in Harare, and to identify maternal and fetal factors associated with a successful procedure. A retrospective cohort study was conducted using clinical records from a dedicated ECV clinic at a central hospital in Harare. The study included all women with a singleton breech pregnancy at 36+0 to 36+6 weeks' gestation who underwent an ECV attempt at 37 weeks. Data on maternal demographics, obstetric history, and procedure details were collected. Analysis employed descriptive statistics and logistic regression. The overall ECV success rate was 58.2% (95% CI 52.1–64.1). Multiparity (adjusted odds ratio [aOR] 2.34, 95% CI 1.41–3.89) and an anterior placental location (aOR 1.92, 95% CI 1.15–3.21) were significant independent predictors of a successful version. Maternal body mass index, amniotic fluid index, and type of breech were not significantly associated with success in the final model. ECV success rates in this Zimbabwean setting are comparable to international reports. Parity and placental location are key determinants of a successful outcome. ECV services should be promoted and expanded within the region. Service delivery could be optimised by identifying women most likely to benefit, particularly multiparous women. Further prospective studies are warranted. external cephalic version, breech presentation, success rate, determinants, Zimbabwe, low-resource setting. This study provides crucial local evidence on ECV success rates and predictors in a low-resource setting, informing clinical practice and service planning within the region.

Keywords: *External cephalic version, Breech presentation, Caesarean section, Maternal health, Sub-Saharan Africa, Retrospective cohort study, Term gestation*

ABSTRACT-ONLY PUBLICATION

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