



ECV Tracking Sheet

Date: _____
 Woman's Name: _____
 PHN: _____ MRN: _____
 Referred by: _____
 OB Name: _____
 Assist Name: _____

Abandoned before onset: Patient not a good candidate Patient cephalic at presentation Patient changed mind

Ultrasound Information:

GA at time of version: _____ Estimated fetal weight: _____

Fetal Position on U/S: footling frank complete incomplete

Placental location: anterior posterior Other: _____

Parity: Primip Multip # of births: _____ # of C/S: _____

ECV Information:

Start Time: _____ Finish time: _____ Total Minutes: _____

of version attempts (circle): 1 2 3 Nitro used: yes no

IV: yes no Please state reason: _____

This ECV was: **SUCCESSFUL** **UNSUCCESSFUL**

Maternal Factors for Failure: Placenta Location: _____ Sacrum Location: _____ High BMI: _____ Uterine Anomaly Maternal Discomfort

Hypertension Other (please describe): _____

Fetal Factors for Failure: Engaged Breech Macrosomia Fetal Heart Fetal Position: _____

Oligohydramnios Other (please describe): _____