

Osteopathic Manipulative Medicine as a Potential Adjunct to External Cephalic Version: A Review of the Evidence and Future Directions

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OBJECTIVE

To review factors associated with ECV success and evaluate the existing evidence for OMM as a potential adjunct to ECV in term breech presentation.

INTRODUCTION

Breech presentation occurs in 3-4% of term singleton pregnancies and is associated with a high rate of cesarean delivery¹. External cephalic version (ECV) is an established intervention for converting a breech fetus to cephalic presentation and can increase the likelihood of vaginal birth². However, ECV is unsuccessful in a substantial proportion of patients and remains underutilized³. ACOG currently describes ECV as successful in more than half attempts and notes that successful ECV improves the chance of vaginal birth⁴. Osteopathic manipulative medicine (OMM) may theoretically address maternal musculoskeletal and myofascial restrictions that could influence fetal mobility.

METHODS

A structured narrative review was conducted. Searches were performed using EBSCO, PubMed, and Google Scholar within the date range of 08/13/2026 to 08/27/2026. English-language literature addressing term singleton breech presentation, ECV outcomes, predictors of ECV success, and osteopathic manipulative treatment in pregnancy were included. Search terms included "External cephalic version", "Term breech presentation", and "Osteopathic Manipulative Medicine". Studies involving multifetal gestations were excluded. No publication-date restriction was applied.

RESULTS

ECV Results

- ECV is shown to have a 49-72% success rate in resolving breech presentation².
- Success is affected by maternal, fetal, and procedural factors^{5,6}.
- ECV remains underutilized⁷.

OMM Results

- OMM has been investigated for selected pregnancy-related musculoskeletal complaints⁸.
- No studies directly evaluating OMM immediately before ECV or its effect on ECV success were identified.
- Therefore, no conclusion regarding efficacy can currently be made.

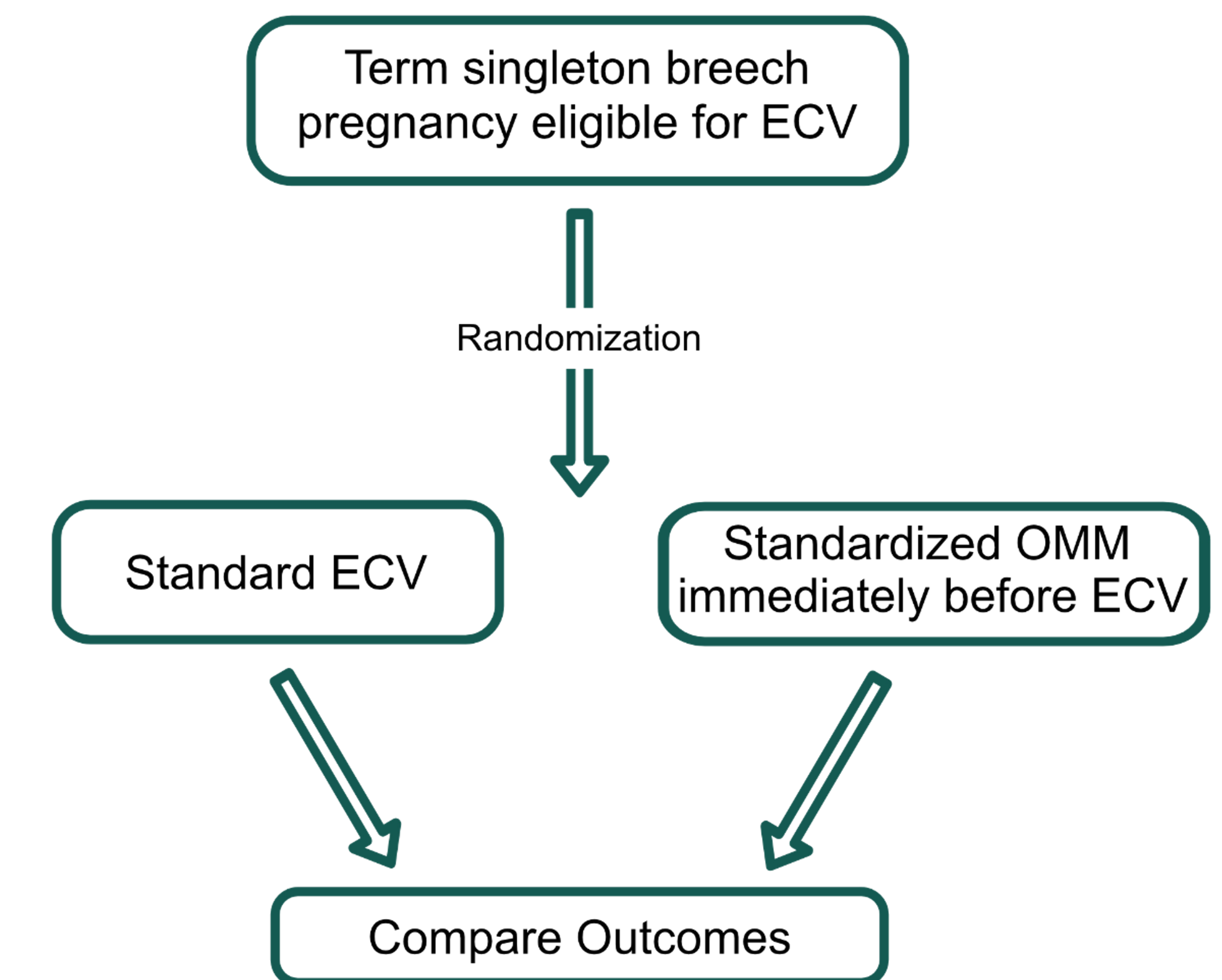
DISCUSSION

Osteopathic techniques directed at thoracic, lumbar, sacral, pelvic and associated myofascial dysfunction could theoretically optimize maternal biomechanics and reduce somatic restriction before ECV. However, this proposed mechanism remains hypothetical, and no evidence currently demonstrates that OMM improves ECV success.

KEY TAKEAWAY

No published studies directly evaluating OMM as an adjunct to ECV were identified, highlighting a clinically relevant opportunity for prospective investigation.

PROPOSED FUTURE INVESTIGATION



Primary Outcome: Successful conversion to cephalic presentation

Secondary Outcomes: Maternal pain/discomfort, procedure duration, vaginal delivery or cesarean delivery, fetal/maternal adverse event, maternal satisfaction

CONCLUSION

There is currently insufficient evidence to determine whether OMM could improve ECV success. **No studies directly evaluating OMM as an adjunct to ECV were identified in this review.** Nevertheless, the biomechanical rationale, clinical importance of successful ECV, and osteopathic emphasis on structure-function relationships support prospective investigation of standardized OMM protocol before ECV

SCAN FOR REFERENCES

