Shoulder Dystocia
Shoulder Dystocia

Objectives

• Definition and Incidence
• Significance
• Risk Factors
• Diagnosis
• Management
**Definition**

- impaction of anterior shoulder above symphysis
- inability to delivery shoulders by usual methods

**Incidence**

- 1 to 2 per 1000 deliveries
- 16 per 1000 deliveries of babies > 4000 g
Complications of Shoulder Dystocia

• Fetal/neonatal
  - death
  - asphyxia and sequelae
  - fractures - clavicle, humerus
  - brachial plexus palsy

• Maternal
  - postpartum hemorrhage
  - uterine rupture
Risk Factors

- post-term pregnancy
- maternal obesity
- fetal macrosomia
- previous shoulder dystocia
- operative vaginal delivery
- prolonged labour
- poorly controlled diabetes
Shoulder Dystocia

Risk factors are present in < 50% of cases
Diagnosis

- head recoils against perineum, ‘turtle’ sign
- failure to deliver with expulsive effort and usual gentle downward pressure
Shoulder Dystocia

Avoid the P’s

- Panic
- Pulling (on the head)
- Pushing (on the fundus)
- Pivoting (sharply angulating the head, using the coccyx as a fulcrum)
Shoulder Dystocia

A - Ask for help
L - Lift - the buttocks
    - the legs
A - Anterior disimpaction
    - rotate to oblique
    - suprapubic pressure
R - Rotate the posterior shoulder - Woods’ manoeuver
M - Manual removal of the posterior arm
Ask for HELP

• get the mother on your side
• partner, coach
• nursing
• anaesthesia
• pediatrician
• colleague
Lift - McRobert’s Manoeuver
Lifting the legs and buttocks

- McRobert’s manoeuver
- flexion of thighs on abdomen
- requires assistance
Anterior Disimpaction - 1) Suprapubic Pressure

- CPR type motion
- directed from side of fetal back
- NO fundal pressure
Anterior Disimpaction -
2) Rubin Manoeuver

- rotate anterior shoulder into the oblique
- NO fundal pressure
- consider episiotomy
Rotation of Posterior Shoulder - Step 1

- pressure on anterior aspect of posterior shoulder
- may be combined with anterior disimpaction manoeuvres
- **NO** fundal pressure
Rotation of Posterior Shoulder - Step 2
**Manual removal of the posterior arm**

- splint humerus
- pressure in antecubital fossa to flex arm
- sweep arm over chest
- grasp wrist/forearm
- deliver arm
**Episiotomy**

- may facilitate Wood’s Manoeuver or allow room for delivery of the posterior arm
Roll over

• roll patient onto all fours
Shoulder Dystocia

As a last resort

- clavicular fracture
- cephalic replacement
- symphysiotomy
Shoulder Dystocia

Afterwards

• be prepared for PPH
• do cord gases (as always)
• examine the baby for evidence of injury
• explain the delivery and manoeuvres
• chart what was done
Conclusions

- anticipate and be prepared (most are unpredictable)
- remember the mnemonic
- stay calm, don’t panic, pull, push or pivot