

SHOULDER DYSTOCIA PROMPT CARD

Identify shoulder dystocia	
CALL FOR HELP	<div>senior MW, Registrar, paediatrician</div> <div>prepare for neonatal resuscitation</div> <div>communicate and reassure parents</div> <div>communicate and reassure parents</div>
MCROBERTS	<div>lie flat</div> <div>elevate legs</div> <div>attempt to deliver baby</div>
SUPRA PUBIC PRESSURE	<div>30 seconds continuous</div> <div>OR</div> <div>30 seconds rocking pressure</div> <div>attempt to deliver baby</div>
Evaluate for episiotomy	
INTERNAL MANOEUVRES	<div>1. pressure on posterior aspect of anterior shoulder</div> <div>adduct shoulders & push baby into oblique (attempt to deliver baby)</div>
	<div>2. pressure on posterior aspect of anterior shoulder & anterior aspect of posterior shoulder</div> <div>rotate 180 ° (attempt to deliver baby)</div>
	<div>3. pressure on posterior aspect of posterior shoulder</div> <div>rotate 180° in other direction (attempt to deliver baby)</div>
	OR
INTERNAL MANOEUVRES	<div>remove posterior arm</div> <div>attempt to deliver baby</div>
	OR
	<div>roll onto all 4's</div> <div>change position of mother</div> <div>attempt to delivery baby</div>
IF UNSUCCESSFUL CONSIDER	<div>Repeat all manoeuvres</div> <div>Cleidotomy or Zavenelli manoeuvre or symphysiotomy</div> <div>CONSULTANT OBSTETRICIAN TO BE CONTACTED AND INFORMED</div>

NEVER APPLY EXCESSIVE TRACTION OR FLEXION TO FETAL HEAD

The order in which these manoeuvres are done depends on the individual case & clinical judgement, however McRoberts and Suprapubic pressure are recommended as first line management