

INTERDISCIPLINARY GUIDELINE

B-00-07-10038 – Shoulder Dystocia

Shoulder Dystocia Guideline

Related Documents and Resources:

1. Intrapartum Fetal Monitoring (EFM) in the maternity centre [procedure](#) and [protocol](#)
2. [B-00-12-10036](#) - Cord Blood Gases after Delivery: Obtaining, procedure
3. Code Pink

Skill Level:

- o Maternity Centre RNs
- o Maternity Centre Orientated LPN's – assist within scope (see [Roles and Responsibilities](#) Maternity)
- o Registered Midwives (RM)
- o Physicians (Family Practice, Obstetricians)
- o Pediatricians
- o Unit Coordinators

Need to Know

Shoulder Dystocia should be considered at every delivery

Definition: Shoulder dystocia is the inability of the fetal shoulders to deliver spontaneously (SOGC)

Physiology: Impaction of the anterior shoulder on the symphysis pubis in the anteroposterior diameter in such a way that the remainder of the body cannot be delivered by usual methods (SOGC)

Risk Factors:

Previous shoulder Dystocia
Post-term pregnancy
Gestational diabetes
Increased maternal BMI
Operative vaginal delivery
Prolonged labour and/or second stage
Fetal macrosomia

Management Options and Maneuvers

- Immediate initiation of shoulder dystocia maneuvers ([Appendix A](#))
- STAT OB presence and consultation

PRACTICE GUIDELINE

Equipment & Supplies:

Delivery Equipment and Supplies

- Stabilette
- Delivery cart
- Straight Foley catheter
- Stirrups/footpads
- Lighting
- Foot stool
- OB Emergency cart
- Epidural cart

Additional Equipment as per Physician:

- Forceps
- Pudendal kit
- Suture tray

Procedures/Assessment/Interventions:

When Shoulder dystocia is identified initiate the

- Shoulder dystocia Flowchart ([Appendix A](#))
- Shoulder dystocia Roles and Responsibilities Chart ([Appendix B](#))

Roles and Responsibilities of Health Care Team Members

Primary RN

- Rings emergency staff call bell and states “shoulder dystocia”
- Does not leave the room
- Is the “point person” focusing on patient care.
- Provides patient history including:
 - Gestation
 - Gravida/parity
 - Liquor (clear/mecomium)
 - Risk factors

Unit Coordinator

- Informs CNL/CN
- Pages Obstetrician, Pediatrician and Anesthesiology, inserts 911 at the end of the page.
- Confirms estimated time of arrival of team members
- Communicates with Primary RN outcomes of pages and estimated time of arrivals
- Informs NICU of possible admission
- Calls Lab to process group and screen
- Remains at the nursing station

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Obstetrician/Primary Care Provider

- Identifies Shoulder Dystocia
- Initiates indicated maneuvers ([Appendix A](#))
- Identifies need for additional staff as applicable.
- Clearly communicates maneuvers with team
- Identifies additional equipment, medications and supplies needed
- Identifies further course of action
- Reassesses patient status

Assisting Nurse

Assists in room and delegate's tasks as needed.

- Documentation
- Additional equipment
- Runner

Pediatrician

- Identifies additional equipment, medications and supplies needed
- Assesses newborn status
- Identifies further course of action
- Arranges transfer of newborn (if applicable)

Patient Education:

Review with patient and support person:

- The roles of the interdisciplinary team members and need for Obstetrical consultation
- The role of equipment and supplies related to monitoring FHR and labour
- The need for interventions and maneuvers, providing direct and simple instructions

Documentation:

1. Consultation form (Obstetrician/Pediatrician)
2. Interdisciplinary Progress Notes
3. B.C. Labour Partogram
4. Shoulder dystocia documentation guide PHC OB122([Appendix C](#))
5. B.C. Labour and Birth Summary Record – complete all appropriate parts
6. B.C. Newborn Record Part I- complete all appropriate parts

References:

Society of Obstetricians and Gynaecologists of Canada (SOGC) Advances in labour and risk management ALARM Course syllabus (16th edition) 2010.

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Persons/Groups Consulted:

OB/GYN (SPH)
Chief Resident (SPH)
St. Paul's Hospital Obstetrics Emergencies Committee
Maternal Safety Quality Committee (SPH)
Perinatal Directions (SPH)

Developed By:

Operations Leader, Maternity Services and Neonatal ICU

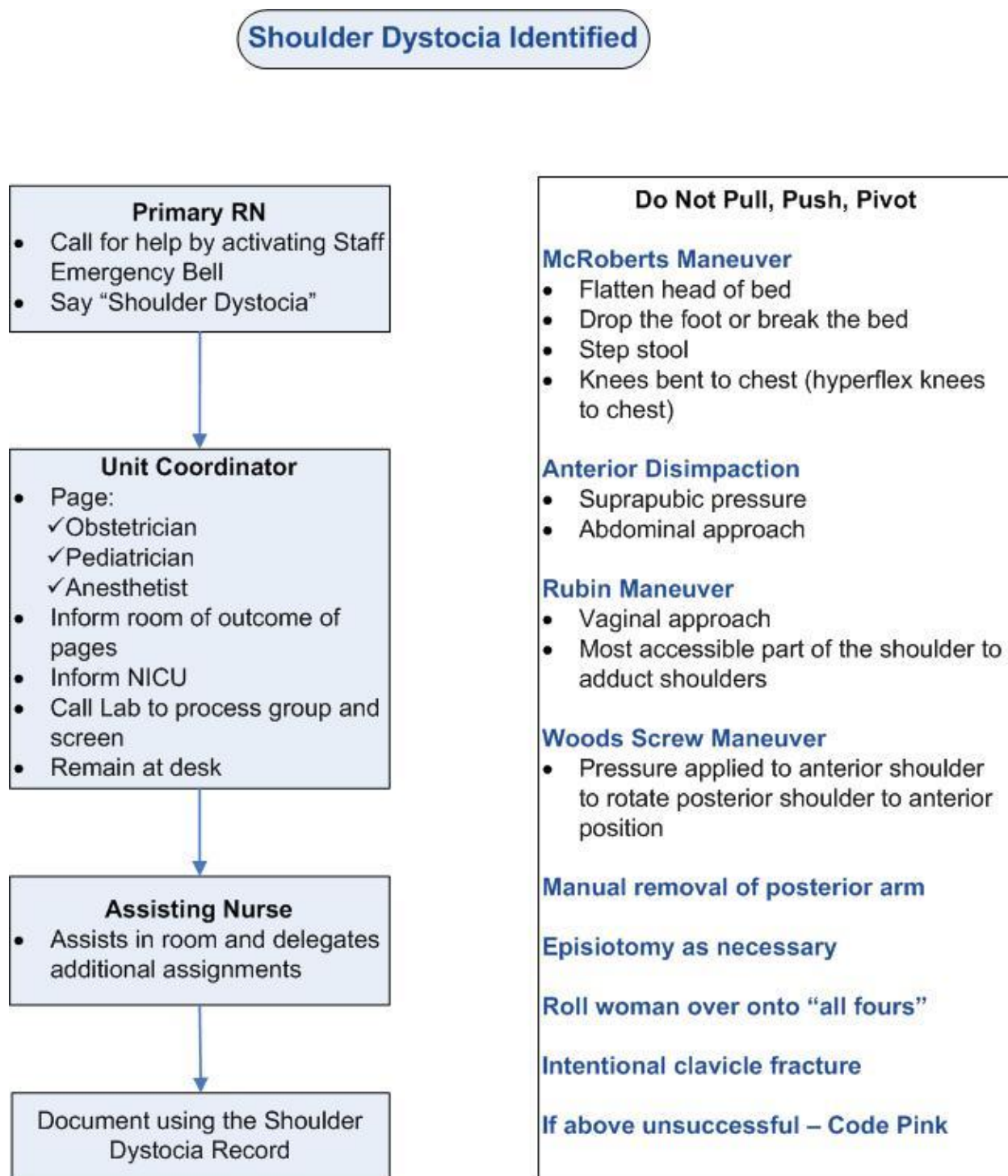
Date of Creation/Review/Revision:

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Appendix A: - Shoulder Dystocia Flowchart



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Appendix B:

Shoulder Dystocia Roles and Responsibilities

Primary Nurse	Unit Clerk/Designated Front Desk Person	Obstetrician	Pediatrician
<ul style="list-style-type: none"> Rings emergency call bell to identify need for assistance Identifies health care team members needed Does not leave the room Is the “Point Person” focusing on patient care. Provides patient history including: <ul style="list-style-type: none"> -Gestation -Gravida/parity -Liquor (clear/meconium) -Risk factors <p>Assisting Nurse</p> <ul style="list-style-type: none"> Assists in room & delegates tasks <ul style="list-style-type: none"> -Documentation -Additional equipment -Runner 	<ul style="list-style-type: none"> Informs CNL/CN Pages health care team members Confirms ETA of team members Communicates with Primary RN outcomes of pages and ETA’s Informs NICU of possible admission Calls lab to process Group and Screen Remains at the nursing station 	<ul style="list-style-type: none"> Confirms Shoulder Dystocia Identifies intervention to be started Identifies additional staff needed Clearly Communicates maneuver Identifies additional equipment, medications and supplies needed Identifies further course of action Reassesses patient status 	<ul style="list-style-type: none"> Identifies additional equipment, medications and supplies needed Assesses newborn status Identifies further course of action Arranges transfer of newborn (if applicable)

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Appendix C:



MATERNITY CENTRE SHOULDER DYSTOCIA DOCUMENTATION RECORD

Date: _____

Procedure	Time	Comment	Fetal HR
When shoulder Dystocia was identified			
Direction the head was facing or position after restitution (e.g. LOA ROT)			
Call for help			
Staff in attendance		Printed name	
Charge Nurse			
OB			
Resident			
Pediatrician			
Family Physician			
Midwife			
Anesthetist			
NICU Nurse			
Maneuver (May not be done in this sequence)		30 seconds prompt. All maneuvers should not exceed 4 minutes	Fetal HR
<input type="checkbox"/> McRoberts			
<input type="checkbox"/> Anterior Disimpaction (Suprapubic Pressure)			
<input type="checkbox"/> Rubin			
<input type="checkbox"/> Woods' screw			
<input type="checkbox"/> Manual removal of posterior arm			
<input type="checkbox"/> All fours			
<input type="checkbox"/> Fracture of clavicle			
Episiotomy, if performed			
Analgesia			
Bladder catheterization, if performed			
Delivery of infant			
The condition of the newborn (NRP required, APGAR scores)			
The condition of the mother			
Results of cord blood gases			
Additional comments: _____			

RECORDED BY:

Signature: _____ Printed name: _____