

Shoulder Dystocia

Objectives

- Definition and Incidence
- Significance
- Risk Factors
- Diagnosis
- Management

Definition

- impaction of anterior shoulder above symphysis
- inability to deliver 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

Risk factors are present in
< 50% of cases

Diagnosis

- head recoils against perineum, 'turtle' sign
- spontaneous restitution does not occur
- failure to deliver with expulsive effort and usual gentle direction

Ask for help

Lift - the buttocks } McRobert's manoeuvre
 - the legs

Anterior disimpaction of shoulder
 - rotate to oblique
 - suprapubic pressure

Rotation of the posterior shoulder - Woods' manoeuvre

Manual removal of posterior arm

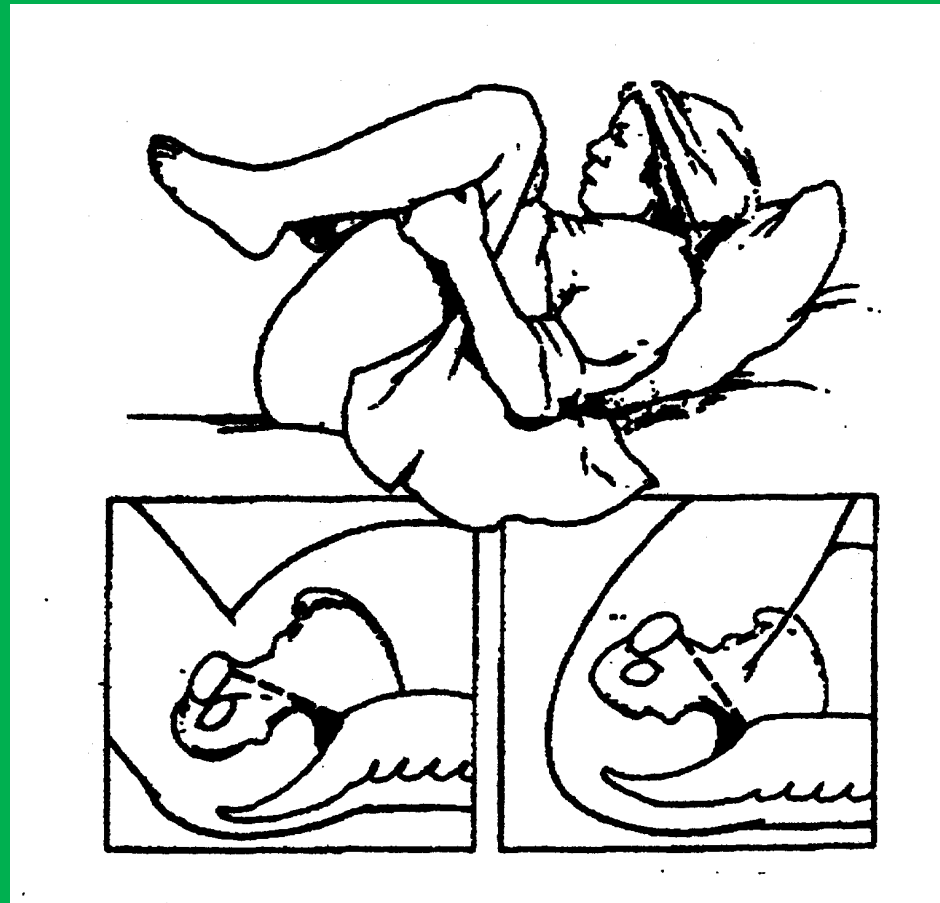
Avoid the P's

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

Ask for HELP

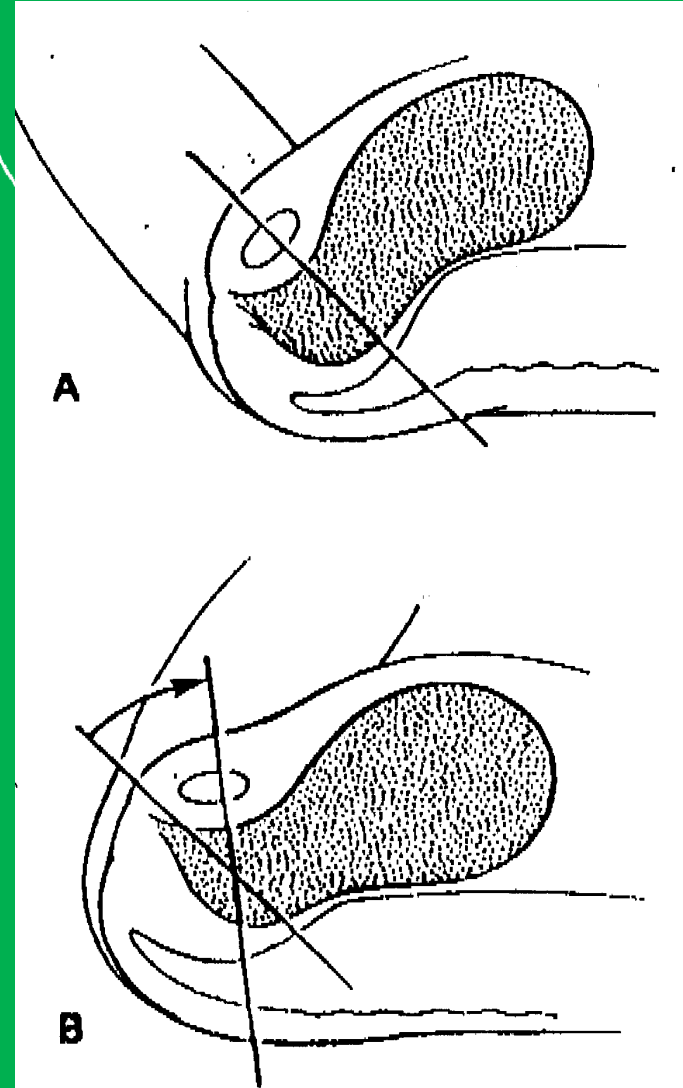
- get the mother on your side
- partner, coach
- nursing
- notify physician back up or
other appropriate personnel

Lift - McRobert's Manoeuvre



Lifting the legs and buttocks

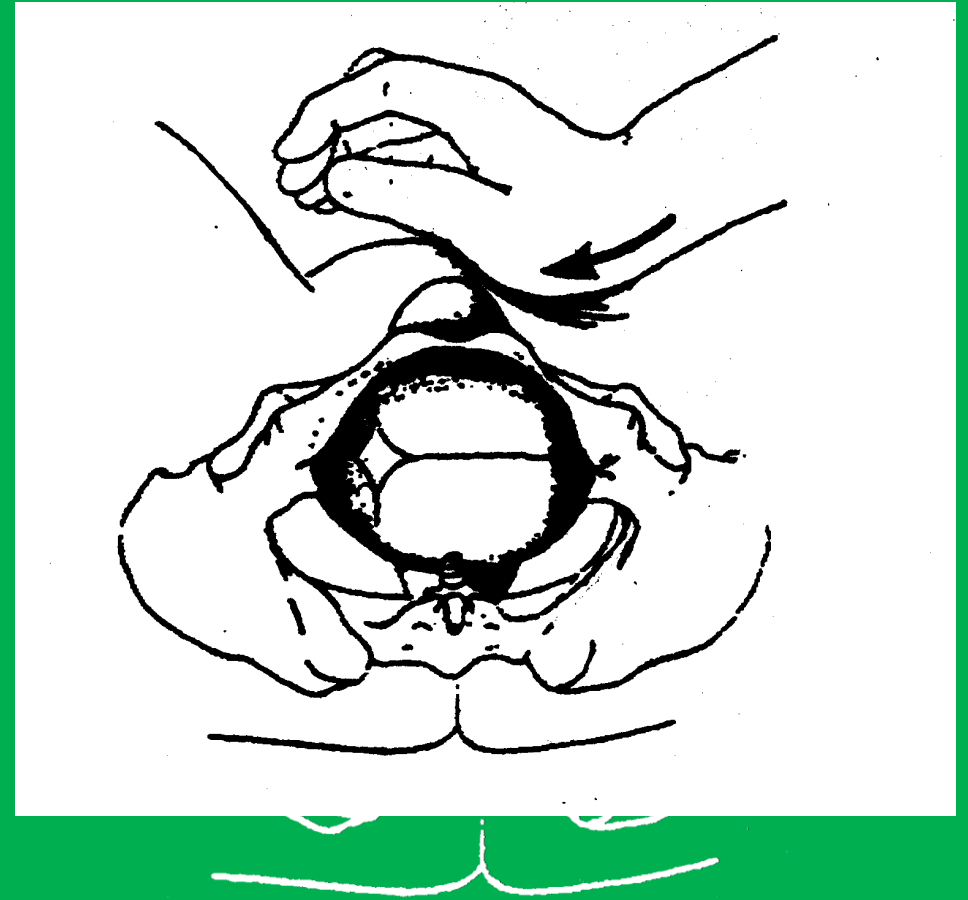
- McRobert's manoeuvre
- flexion of thighs on abdomen
- requires assistance
- 70% of cases are resolved with this manoeuvre alone



Anterior Disimpaction -

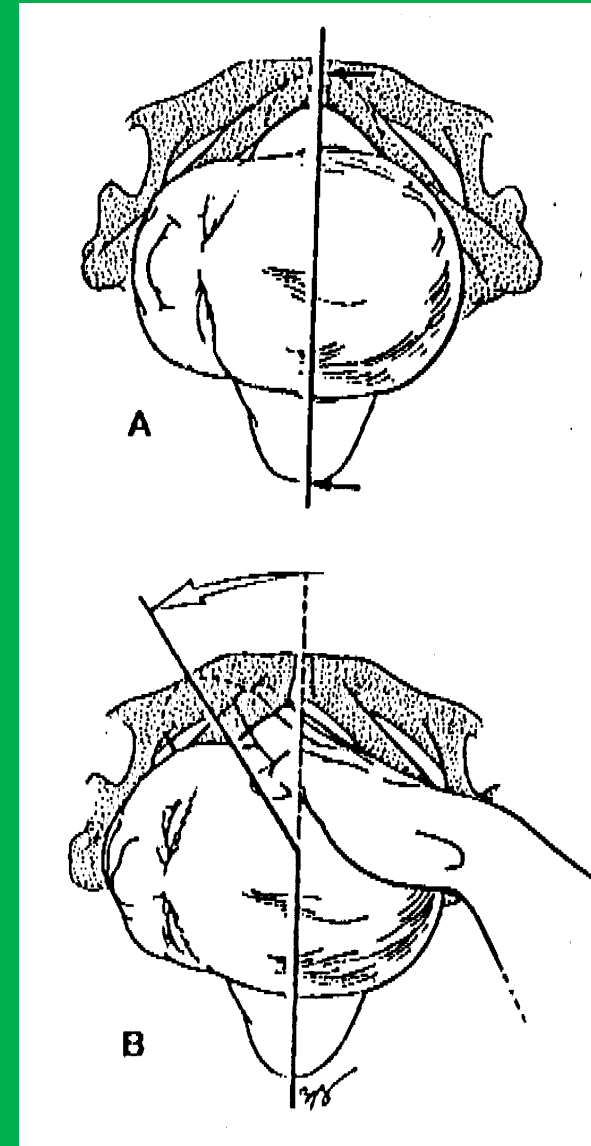
1) Suprapubic Pressure (Massanti Manoeuvre)

- NO fundal pressure
- Abdominal approach:
suprapubic pressure applied
with heel of clasped hand
from the posterior aspect of
the anterior shoulder to
dislodge it

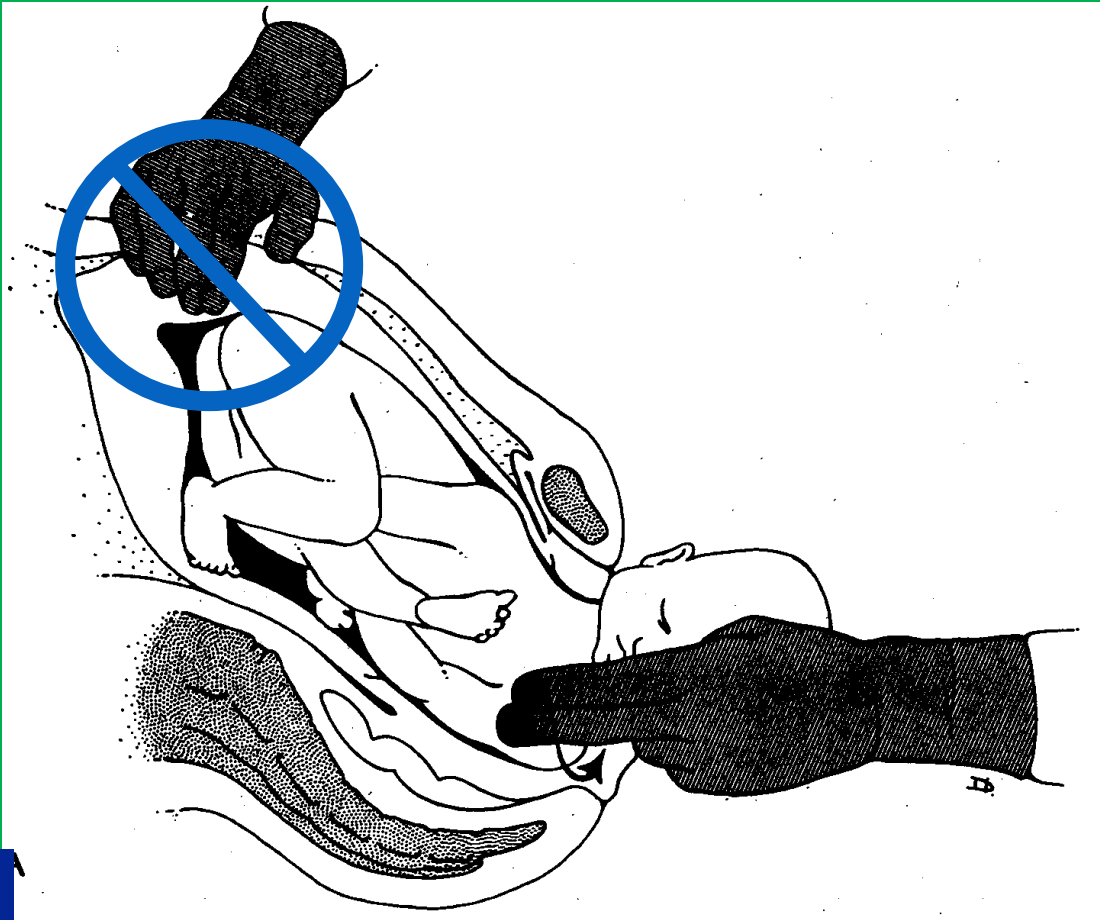


Anterior Disimpaction - 2) Rubin Manoeuvre

- vaginal approach
- adduction of anterior shoulder by pressure applied to the posterior aspect of the shoulder (the shoulder is pushed toward the chest)
- consider episiotomy
- NO fundal pressure

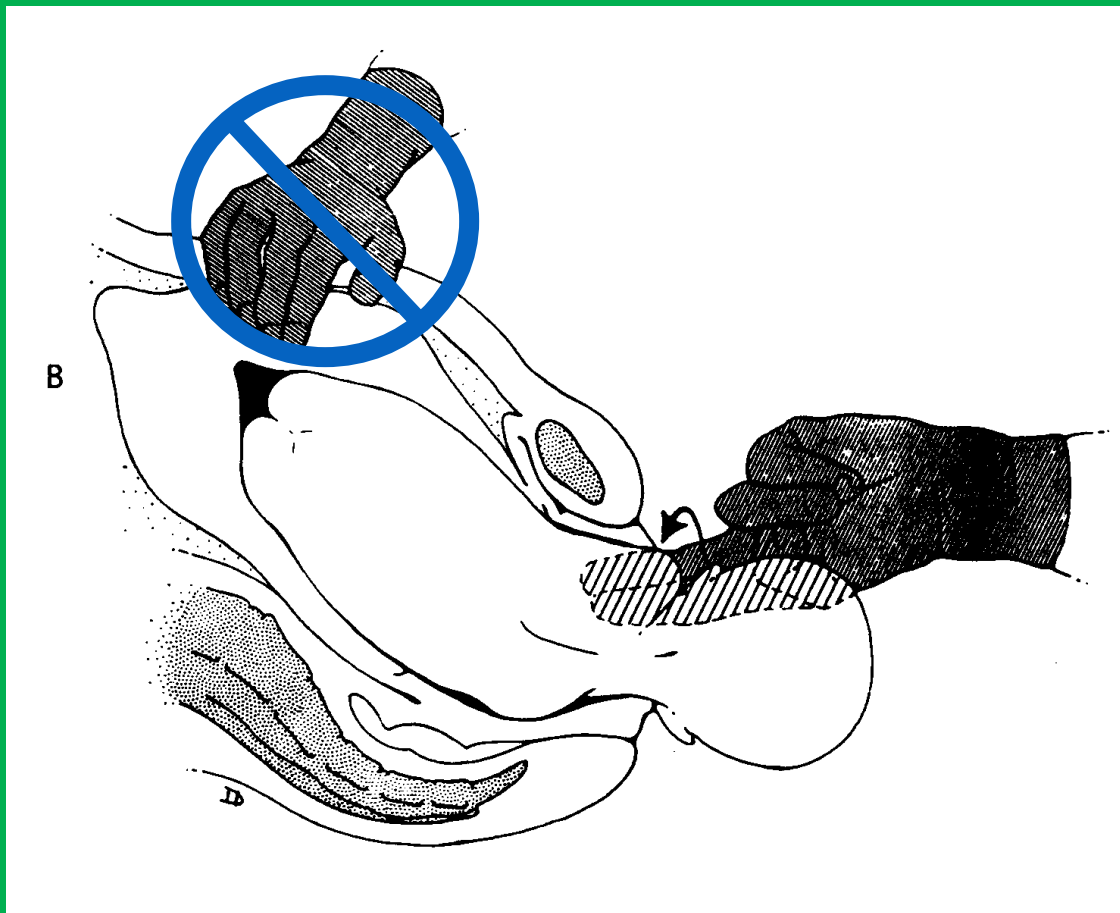


Rotation of Posterior Shoulder - Step 1



- pressure on anterior aspect of posterior shoulder
- may be combined with anterior disimpaction manoeuvres
- NO fundal pressure

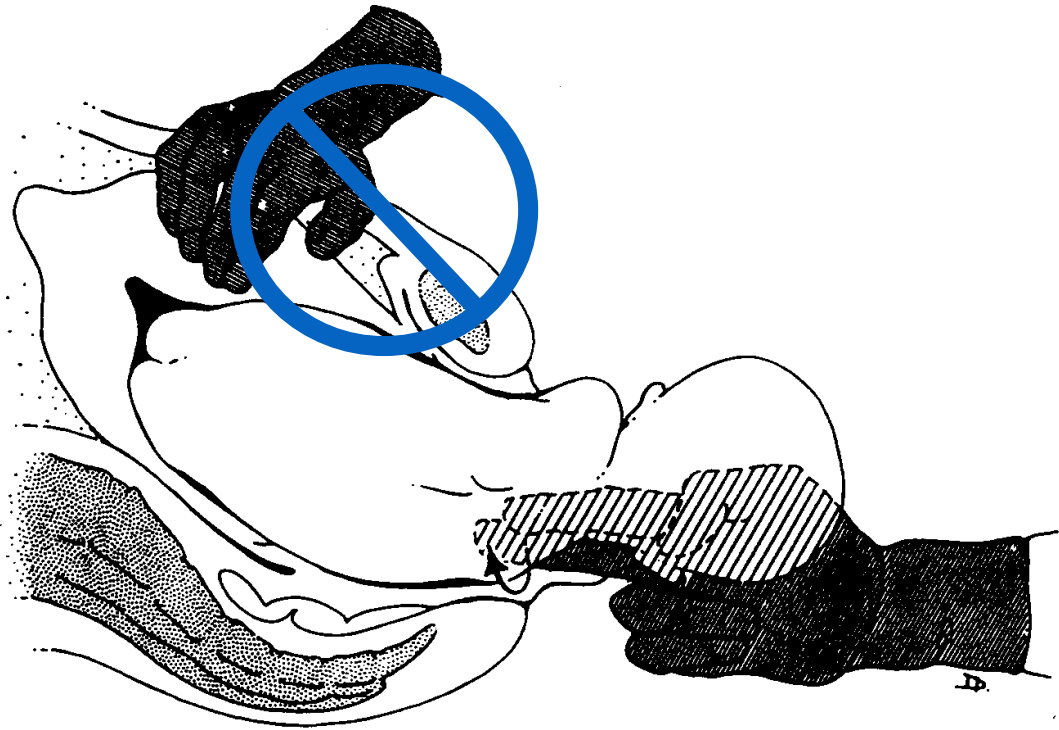
Rotation of Posterior Shoulder - Step 2



Wood's screw
manoeuvre

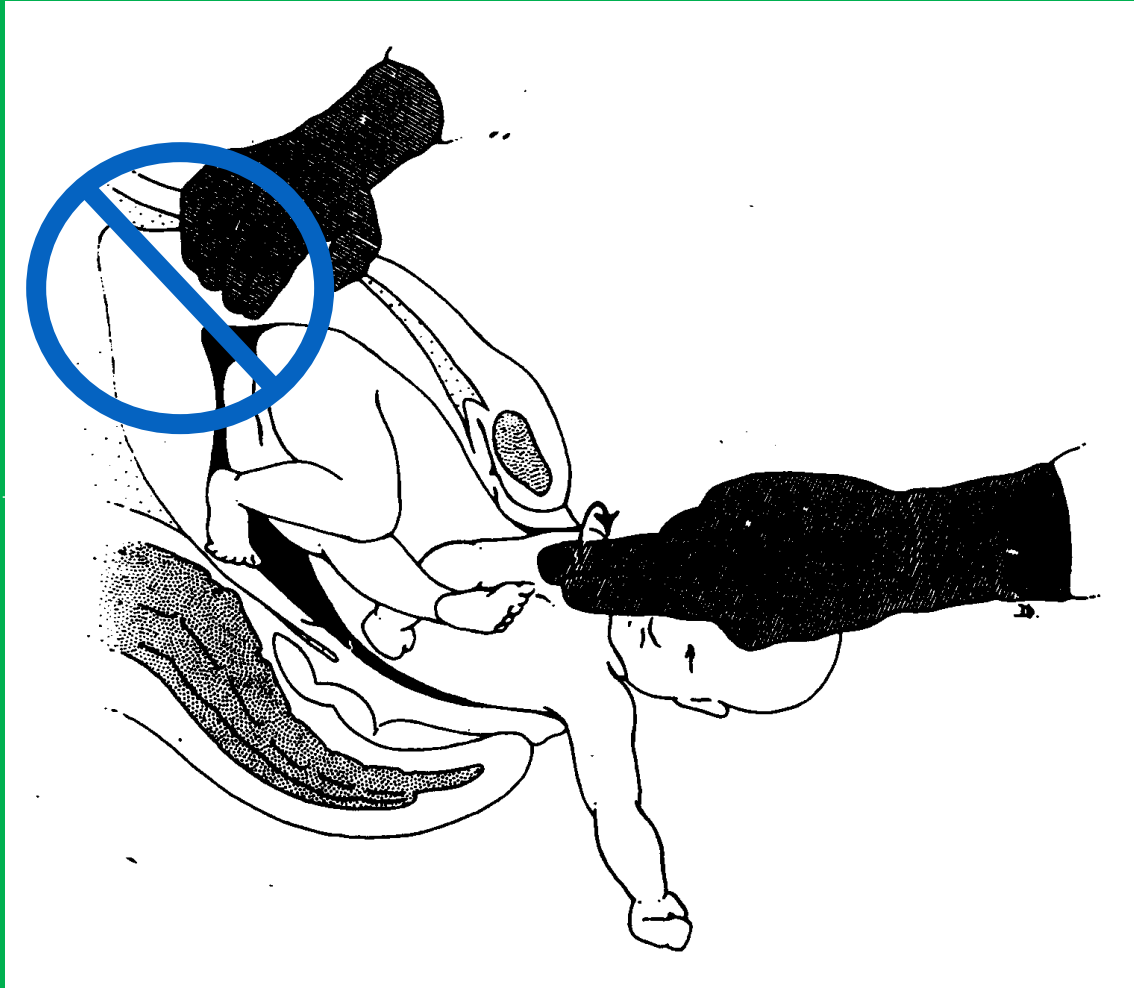
- can be done
maneuvers with
anterior disimpaction

Rotation of Posterior Shoulder - Step 3



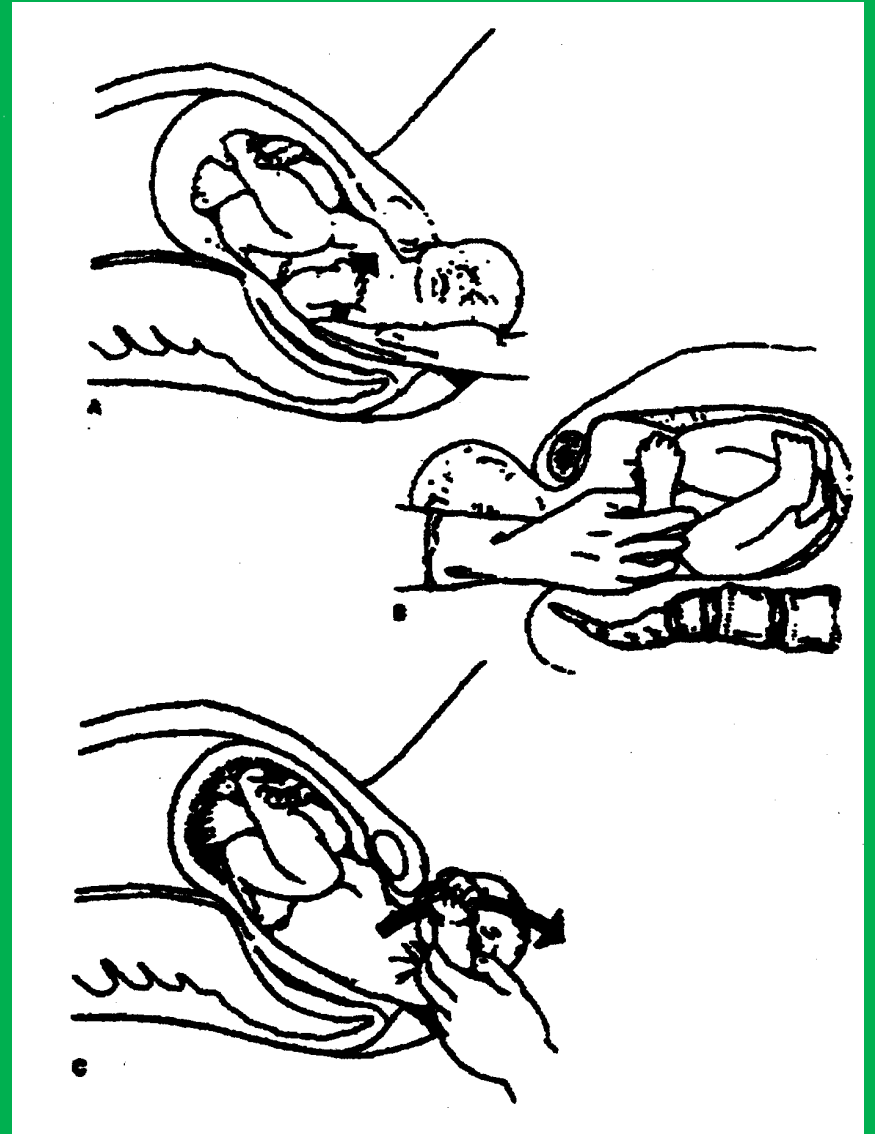
- may be repeated if delivery not accomplished by Steps 1 & 2

Rotation of Posterior Shoulder - Step 4

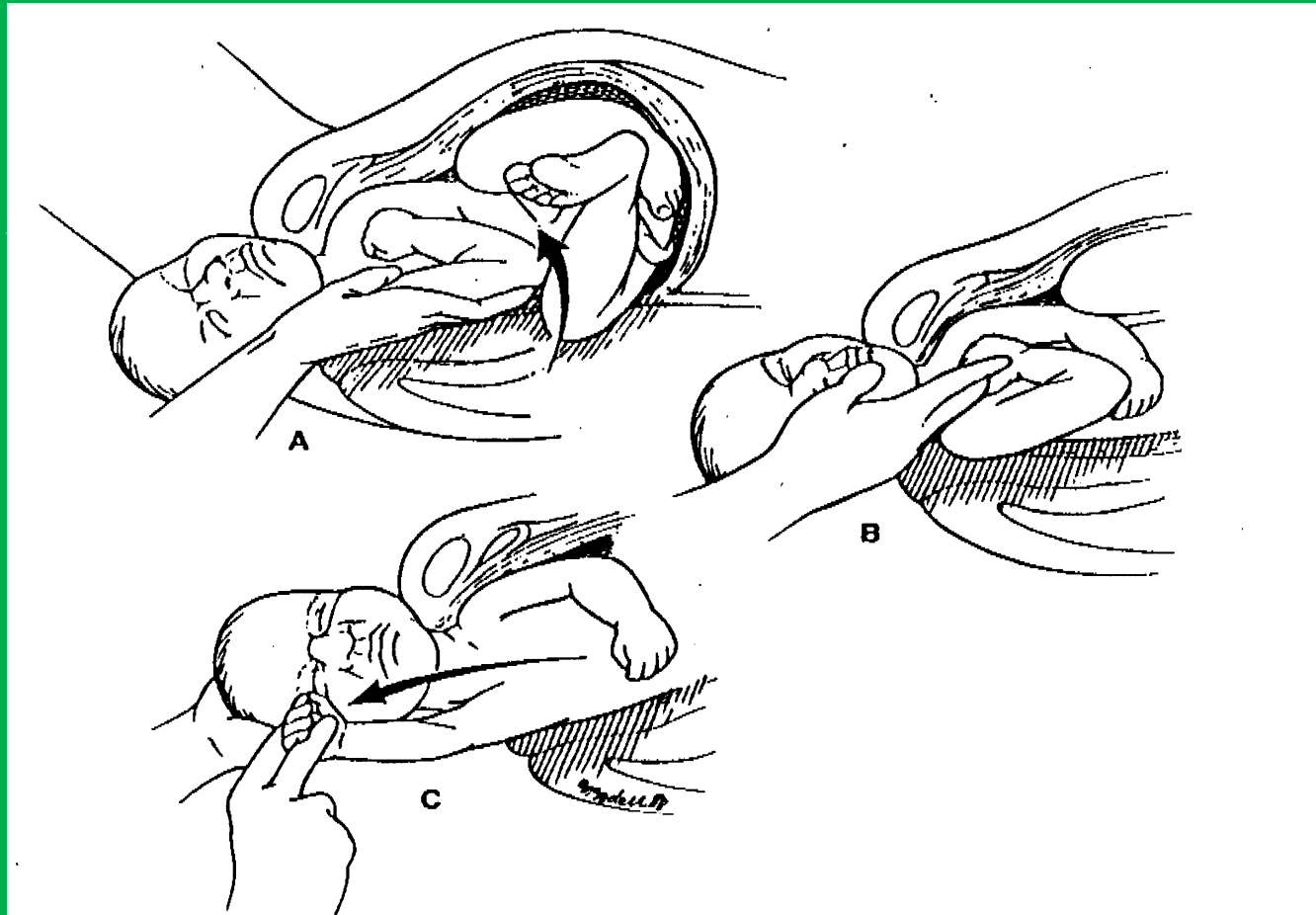


Manual removal of posterior arm

- flex arm at elbow
- (pressure in antecubital fossa to flex arm)
- sweep arm over chest
- grasp wrist/forearm or hand
- deliver arm



Manual removal of the posterior arm



Episiotomy

- may facilitate Wood's Manoeuvre or allow room for delivery of the posterior arm
- roll over to knee chest: May allow easier access to posterior shoulder

As a last resort

- clavicular fracture
- cephalic replacement (Zavenelli manoeuvre)
- symphysiotomy

Afterwards

- be prepared for PPH
- inspect for maternal lacerations and trauma
- 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 “ALARMER”
- stay calm, don’t panic, pull, push or pivot

Ask for help

Lift - the buttocks
- the legs } McRobert's Manoeuvre

Anterior disimpaction
- rotate to oblique
- suprapubic pressure

Rotate the posterior shoulder - Woods' manoeuvre

Manual removal of the posterior arm

Episiotomy - consider

Roll over

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