Shoulder Dystocia

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Shoulder dystocia

Safety first (baby, mother and staff)

Simplicity second (diagnosis, training, documentation, organisation, audit and clinical governance)
Key thoughts

Don’t panic

Rotation rather than traction

Working together
Shoulder Dystocia
- Diagnosis / Definition

Difficult delivery of the shoulders in single cephalic vaginal deliveries
Shoulder Dystocia
- Diagnosis / Definition

Recommendation

X1 failed attempt in downward traction

Delivered at first attempt but was difficult

Neither of the above may apply but you are worried that SD may occur because of “turtling” or previous history or known large for dates
Shoulder Dystocia
- Training

Manoeuvres
Shoulder Dystocia

LOA baby facing to mother’s right
McRobert’s Position
McRobert’s Position

LOA baby
Shoulder Dystocia – suprapubic pressure

Pressure is exerted suprapubically to try to dislodge the anterior shoulder in the direction that the baby is facing.

- ROA baby
- LOA baby
Shoulder Dystocia
- manipulation to rotate the shoulders

Delivery of LOA baby. **Right** hand sweeping over the top and **left** hand sweeping underneath

Should be left hand sweeping underneath
Shoulder Dystocia
- manipulation to rotate the shoulders

Delivery of LOA baby. Right hand sweeping over the top and left hand sweeping underneath

Should be left hand sweeping underneath
Shoulder Dystocia
- delivery of posterior arm

Delivery of left posterior shoulder with left hand
Shoulder Dystocia
- delivery of posterior arm

Delivery of right posterior shoulder with right hand
Shoulder Dystocia
- Training

Two handed approach to manipulation of shoulders and delivery of posterior shoulder

LOA baby facing to mother’s right
Right hand sweeping across top (right to left)
Left hand sweeping underneath (right to left)

ROA baby facing to mother’s left
Left hand sweeping across top (left to right)
Right hand sweeping underneath (left to right)
Shoulder Dystocia - Training

Recommendation

ROA baby facing to mother’s left
- Left hand sweeping across top (left to right)
- Right hand sweeping underneath (left to right)

LOA baby facing to mother’s right
- Right hand sweeping across top (right to left)
- Left hand sweeping underneath (right to left)
Shoulder Dystocia
- Training

Remember shoulder dystocia should be delivered by rotation not traction
Shoulder Dystocia
- Training

Working together
Shoulder Dystocia
- Training

Two scenarios for occurrence of shoulder dystocia

Clinician has been at the delivery from the beginning

Clinician arrives after delivery of the head
Shoulder Dystocia
- Training

Times are crucial
Influences what you do and when you do it
Shoulder Dystocia - Training

If not present from delivery

Find out about timings and number of downward tractions as soon as possible after arriving
Shoulder Dystocia
- Training

Recommendation

All vaginal deliveries should immediately be noted in minutes and seconds by the midwife/obstetrician as a matter of routine
Timeline of a vaginal delivery
Timeline of a vaginal delivery

Delivery of head

0 minute  1 minute  2 minutes  3 minutes  4 minutes
Timeline of a vaginal delivery

- **Delivery of head**
  - (0-1 minute)
    - Record delivery time of head in minutes and seconds
    - Think which way the baby is facing and wait for restitution
    - Wait for next contraction

- 0 minute
- 1 minute
- 2 minutes
- 3 minutes
- 4 minutes
Timeline of a vaginal delivery

- **Delivery of head** (0-1 minute)
  - Record delivery time of head in minutes and seconds
  - Think which way the baby is facing and wait for restitution
  - Wait for next contraction

- **First contraction**
Timeline of a vaginal delivery

**Delivery of head**

- (0-1 minute)
  - Record delivery time of head in minutes and seconds
  - Think which way the baby is facing and wait for restitution
  - Wait for next contraction

**First contraction**

- (1-2 minutes)
  - Attempt first normal downward traction (with McRoberts and suprapubic pressure if concerned)
  - If no success await next contraction
  - Call for help

**DECLARE SHOULDER DYSTOCIA**

- 0 minute
- 1 minute
- 2 minutes
- 3 minutes
- 4 minutes
Timeline of a vaginal delivery

0 minute

Delivery of head
(0-1 minute)
Record delivery time of head in minutes and seconds
Think which way the baby is facing and wait for restitution
Wait for next contraction

1 minute
First contraction
(1-2 minutes)
Attempt first normal downward traction (with McRoberts and suprapubic pressure if concerned)
If no success, await next contraction

2 minutes
Second contraction
Call for help
DECLARE SHOULDER DYSTOCIA

3 minutes
4 minutes
Timeline of a vaginal delivery

**Delivery of head**
- (0-1 minute)
  - Record delivery time of head in minutes and seconds
  - Think which way the baby is facing and wait for restitution
  - Wait for next contraction

**First contraction**
- (1-2 minutes)
  - Attempt first normal downward traction (with McRoberts and suprapubic pressure if concerned)
  - If no success await next contraction
  - Call for help
    - DECLARE SHOULDER DYSTOCIA

**Second contraction**
- (2-3 minutes)
  - Decide whether to attempt 2nd downward traction or go straight to a manipulative procedure.
  - After 2nd downward traction
    - no more downward traction

0 minute 1 minute 2 minutes 3 minutes 4 minutes
Timeline of a vaginal delivery

0 minute
Delivery of head
(0-1 minute)
Record delivery time of head in minutes and seconds
Think which way the baby is facing and wait for restitution
Wait for next contraction

1 minute
First contraction
(1-2 minutes)
Attempt first normal downward traction (with McRoberts and suprapubic pressure if concerned)
If no success, await next contraction
Call for help DECLARE SHOULDER DYSTOCIA

2 minutes
Second contraction
(2 -3 minutes)
Decide whether to attempt 2nd downward traction or go straight to a manipulative procedure.
After 2nd downward traction no more downward traction

3 minutes
Decline of shoulder dystocia
Proceed to use other rotational procedures or delivery of posterior arm.
Think which hand you should use

4 minutes
Timeline of a vaginal delivery

**Delivery of head**
- (0-1 minute)
  - Record delivery time of head in minutes and seconds
  - Think which way the baby is facing and wait for restitution
  - Wait for next contraction

**First contraction**
- (1-2 minutes)
  - Attempt first normal downward traction (with McRoberts and suprapubic pressure if concerned)
  - If no success await next contraction
  - Call for help DECLARE SHOULDER DYSTOCIA

**Second contraction**
- (2-3 minutes)
  - Decide whether to attempt 2nd downward traction or go straight to a manipulative procedure.
  - After 2nd downward traction no more downward traction

**Delivery of body should have taken place**
- (2-4 minutes)
  - Proceed to use other rotational procedures or delivery of posterior arm.
  - Think which hand you should use
Arrival after the baby’s head is delivered

When was delivery of head
When was delivery of head
Which way is the baby facing
Which way is the baby facing
How many attempts have been made to deliver
How many attempts have been made to deliver
body with downward traction
body with downward traction

Times are crucial

Focuses your mind and influences what
Focuses your mind and influences what
you do and when you do it
you do and when you do it

Wait for next contraction
Wait for next contraction
If no success
If no success
await next
await next
contraction.
contraction.
Call for help
Call for help
DECLARE
DECLARE
SHOULDER
SHOULDER
DYSTOCIA
DYSTOCIA

After 2-3
After 2-3
use
downward
downward
traction
traction
no more
downward
traction
traction

0 minute 1 minute 2 minutes 3 minutes 4 minutes
Shoulder Dystocia
- Training

Other practical points

Episiotomy

Removal of end of bed

Delivery on all fours

Symphysiotomy and Zavenelli manoeuvre
Shoulder Dystocia
- Training

Documentation
Shoulder Dystocia - Documentation

Combining

Routine notes

Audit

Teaching/education/research
Recommendation

Shoulder Dystocia

Shoulder dystocia is when the anterior shoulder is not delivered on the first attempt of downward traction.

Date of Delivery

Delivery of head: SPONTANEOUS OR INSTRUMENTAL

Were the shoulders delivered at the first attempt?  Yes  No

1st Attempt  Time  Hour  Mins  Secs  By whom

2nd Attempt  Time  Hour  Mins  Secs  By whom

Senior Midwife called  Time arrived:  Hrs  Mins  Secs
Registrar/consultant called  Time arrived:  Hrs  Mins  Secs
Paediatrician called  Time arrived:  Hrs  Mins  Secs

Episiotomy performed  YES / NO  TIME

MC Robert's Position Adopted

Supra Pubic Pressure

TIME  Hour  Mins  Secs

The purpose of this form is to record accurately the date, time, personnel and the number of attempts in total, of downward traction as well as any other manoeuvres used to achieve delivery of the shoulders.
Shoulder Dystocia
- Audit and Clinical Governance

Recommendation

Routine verification of Shoulder Dystocia documentation by independent senior clinician

Multidisciplinary discussion of cases

Disciplined follow-up and debriefing of cases

Brachial plexus injuries at birth and at 6 months

Annual formal clinical report
Shoulder Dystocia
- Summary and key points

Always expect shoulder dystocia, but never panic

Everybody must know what to do but somebody must be decisive and lead

When was delivery of head, which way is the baby facing and how many attempts have been made to deliver with downward traction?

Notes must be organised, immediate and checked

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