



Shoulder Dystocia

HSE, Multidisciplinary Obstetric Emergency Training
Conference, Dublin Castle

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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

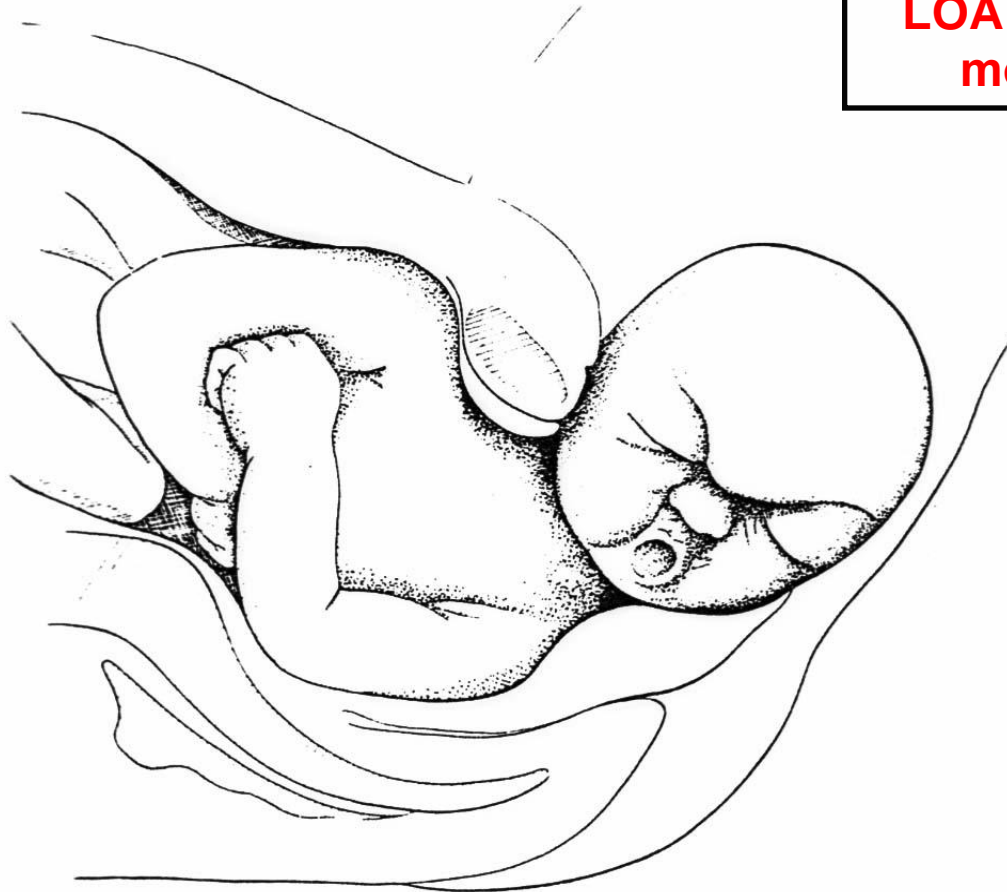
Neither of the above may apply but you are worried that SD may occur because of “turtling” or previous history or known large for dates

Shoulder Dystocia - Training

Manoeuvres

Shoulder Dystocia

**LOA baby facing to
mother's right**

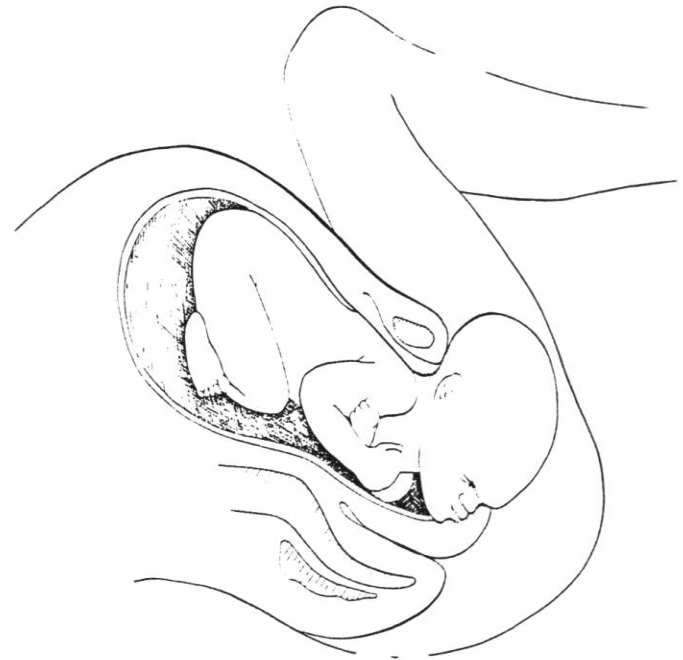


McRobert's Position



McRobert's Position

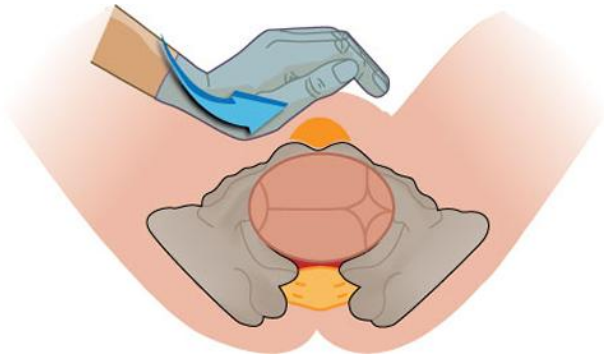
LOA baby



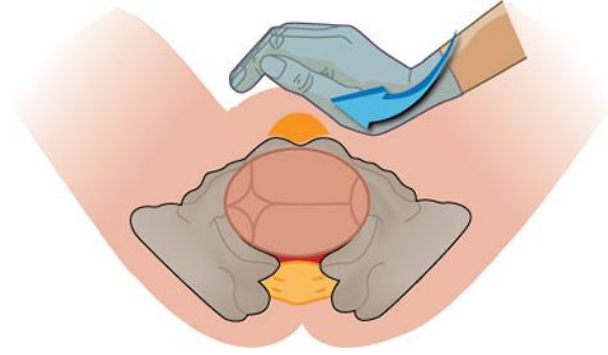
Shoulder Dystocia

– suprapubic pressure

ROA baby



LOA baby

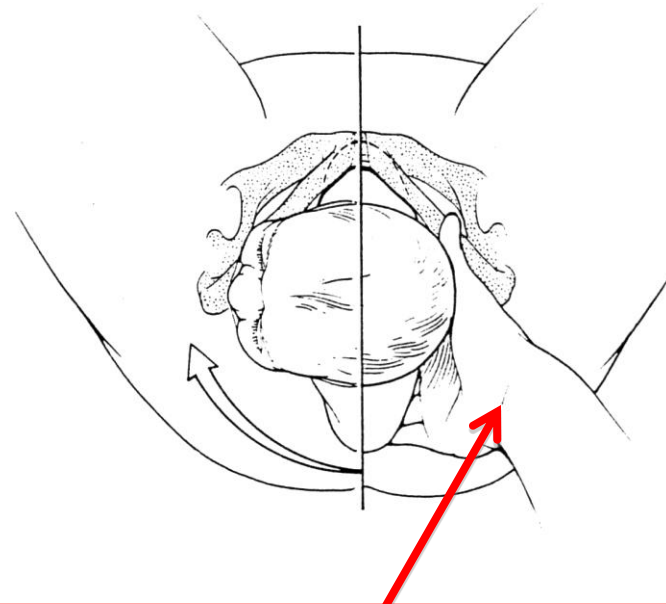
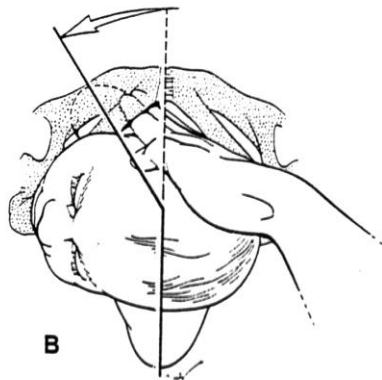
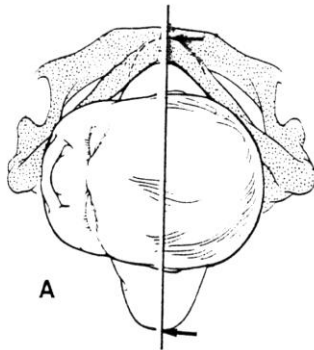


Pressure is exerted suprapubically to try to dislodge the anterior shoulder in the direction that the baby is facing

Shoulder Dystocia

- manipulation to rotate the shoulders

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

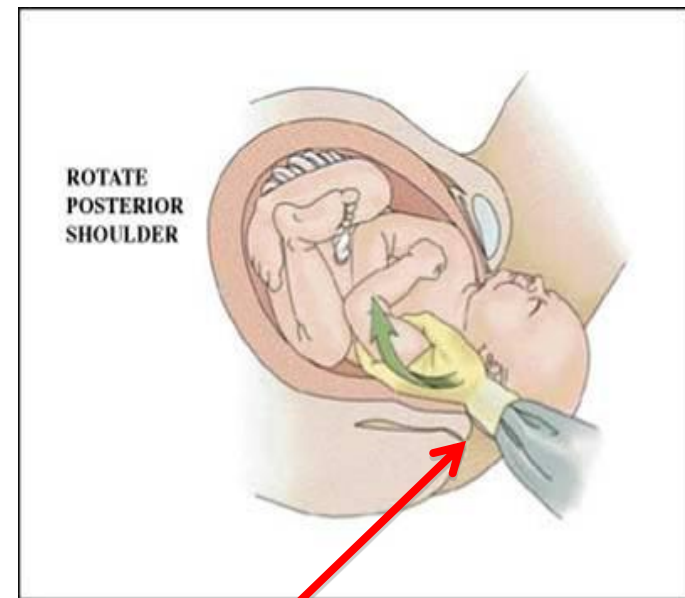
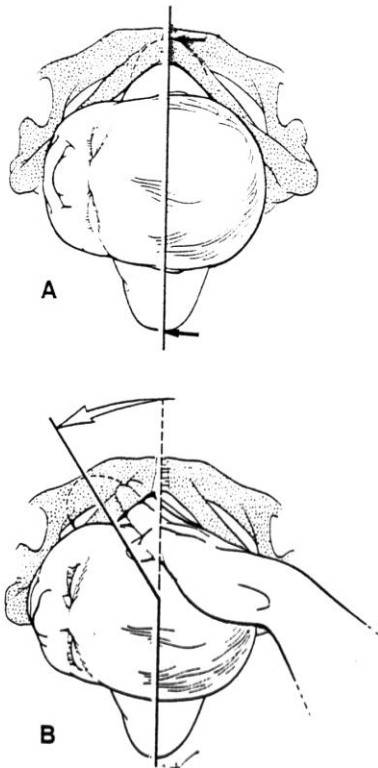


Should be left hand sweeping underneath

Shoulder Dystocia

- manipulation to rotate the shoulders

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

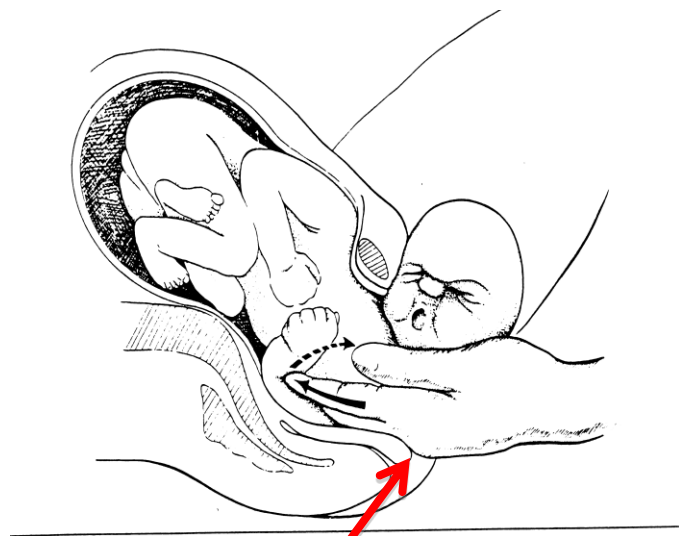
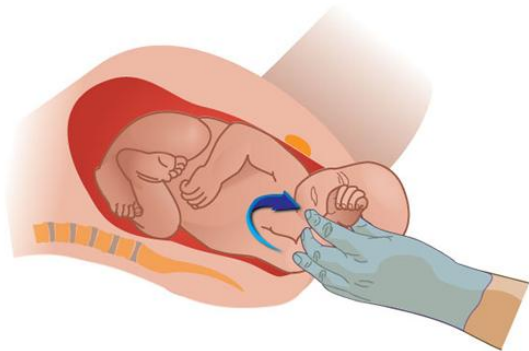


Should be left hand sweeping underneath

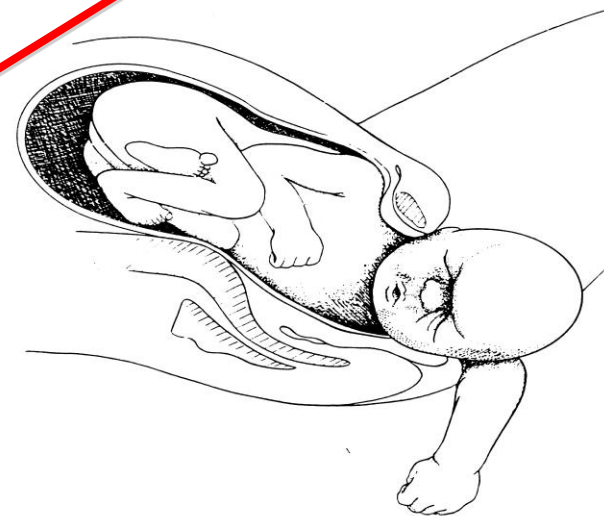
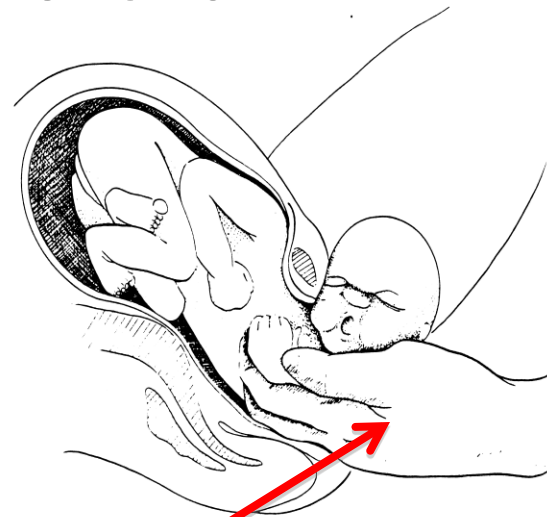
LOA baby

Shoulder Dystocia

- delivery of posterior arm



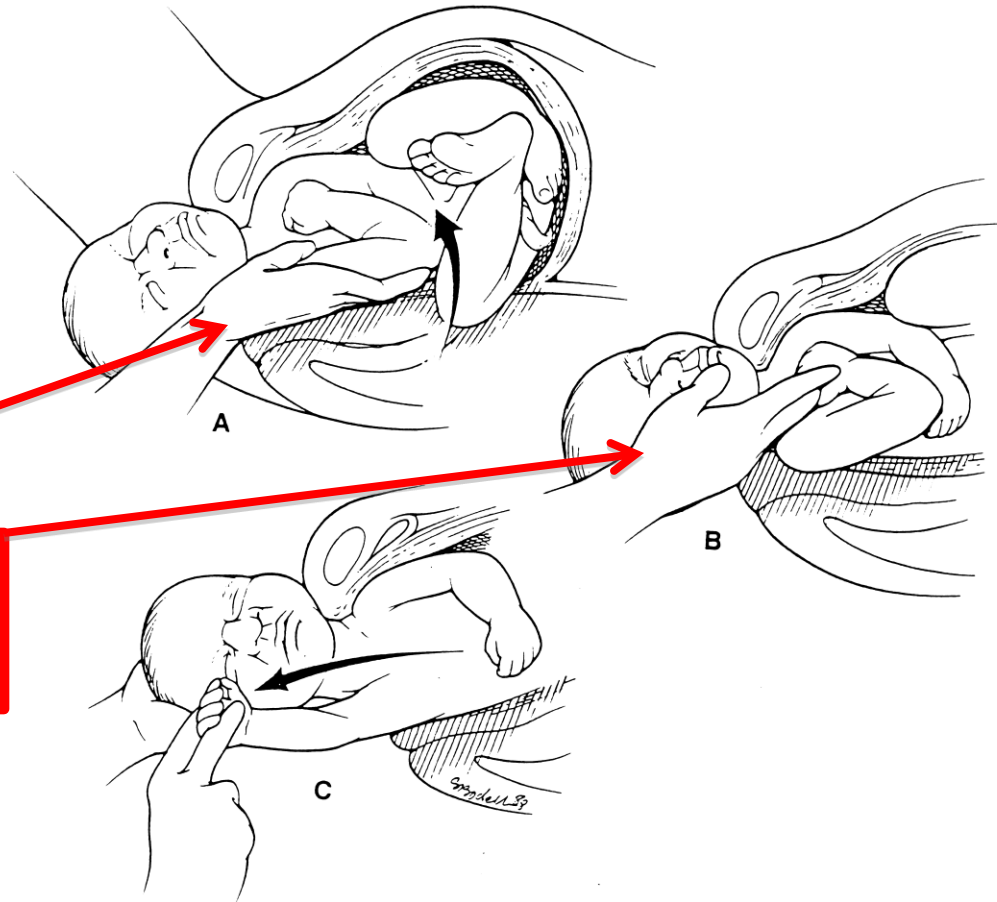
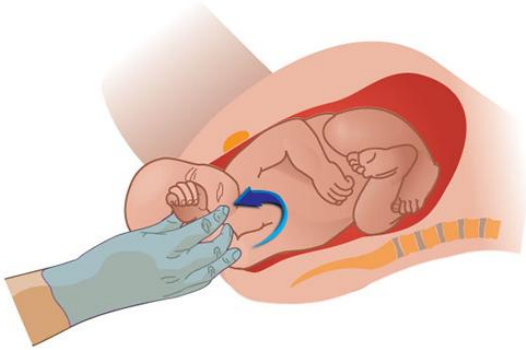
Delivery of **left** posterior
shoulder with **left** hand



Shoulder Dystocia

- delivery of posterior arm

ROA baby



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)

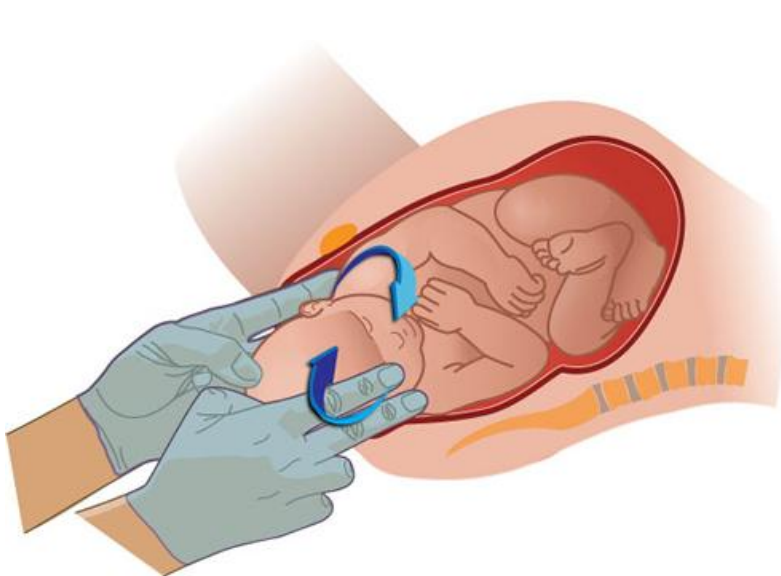
Right hand sweeping underneath (left to right)

Recommendation

Shoulder Dystocia - Training

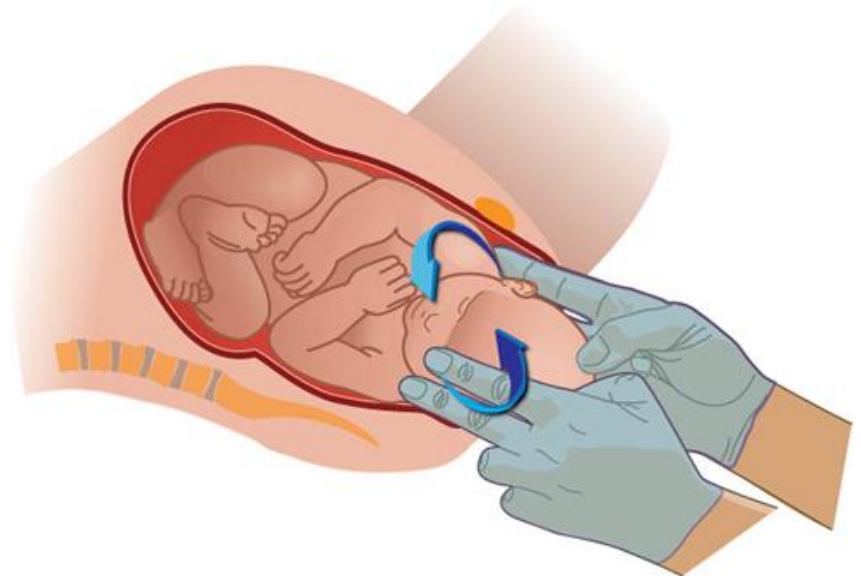
ROA baby facing to mother's left

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

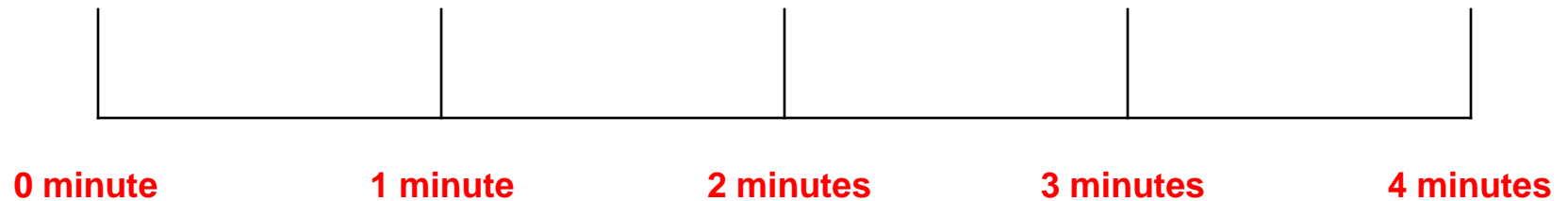
Find out about timings and number of downward tractions as soon as possible after arriving

Shoulder Dystocia - Training

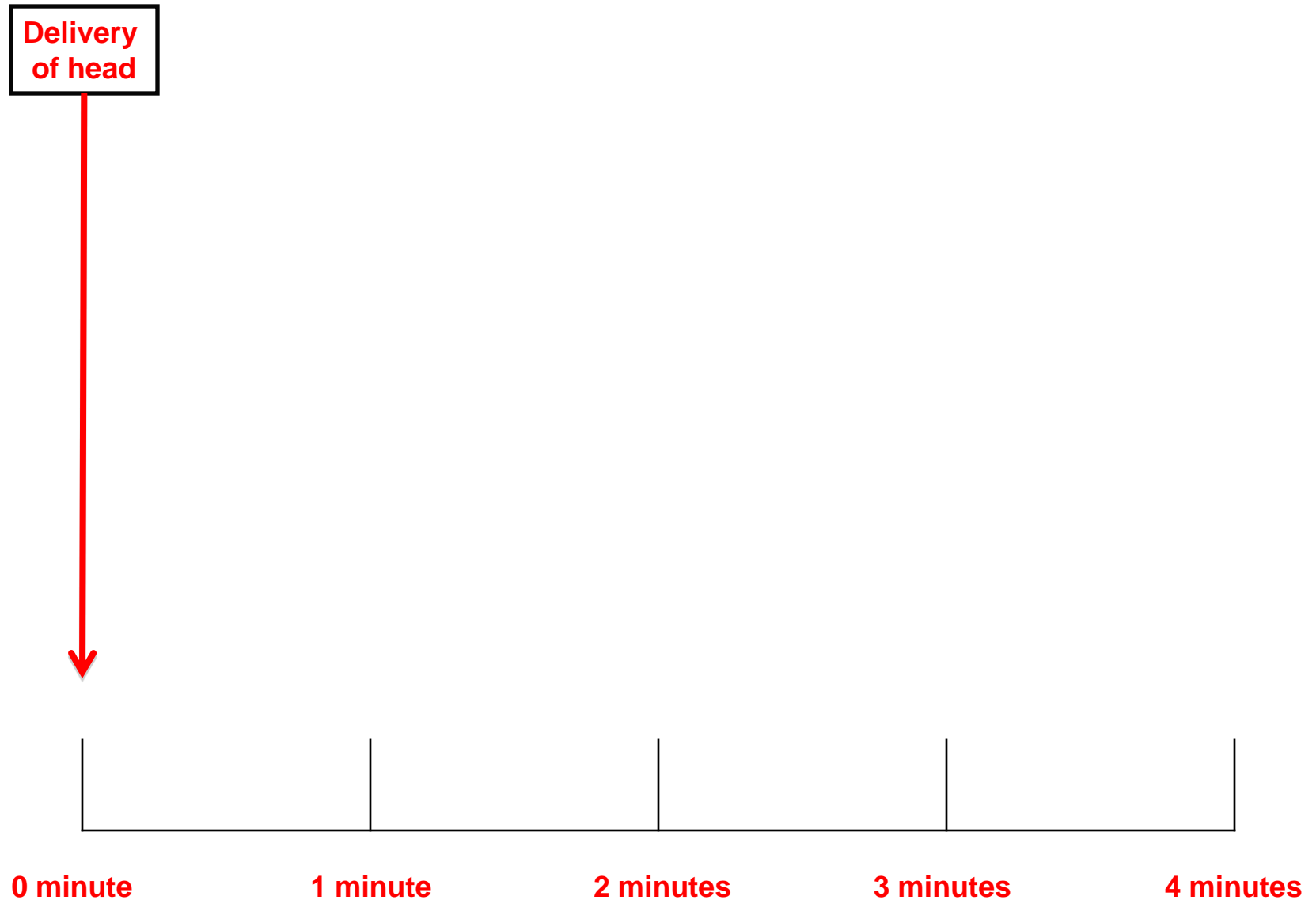
Recommendation

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

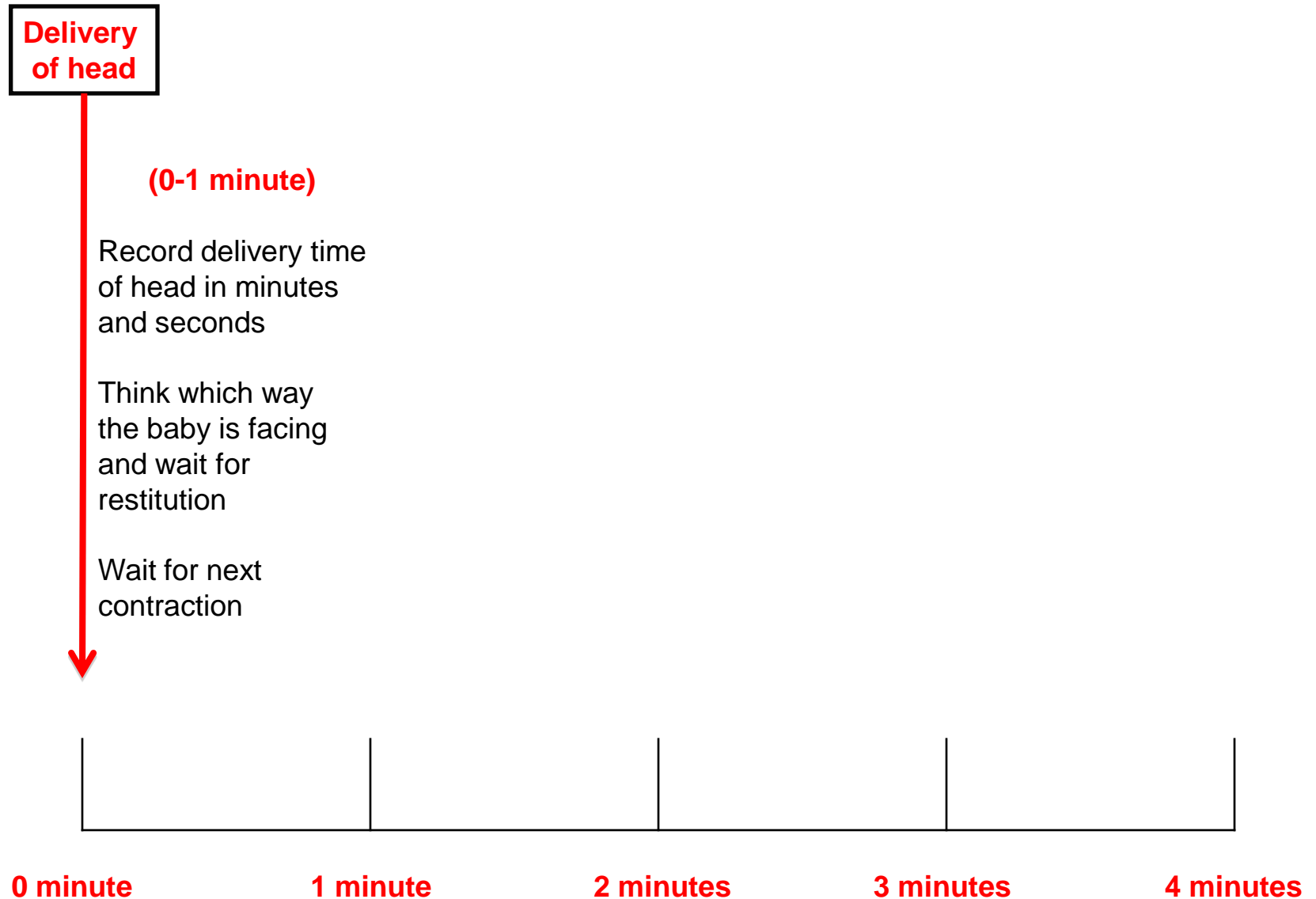
Timeline of a vaginal delivery



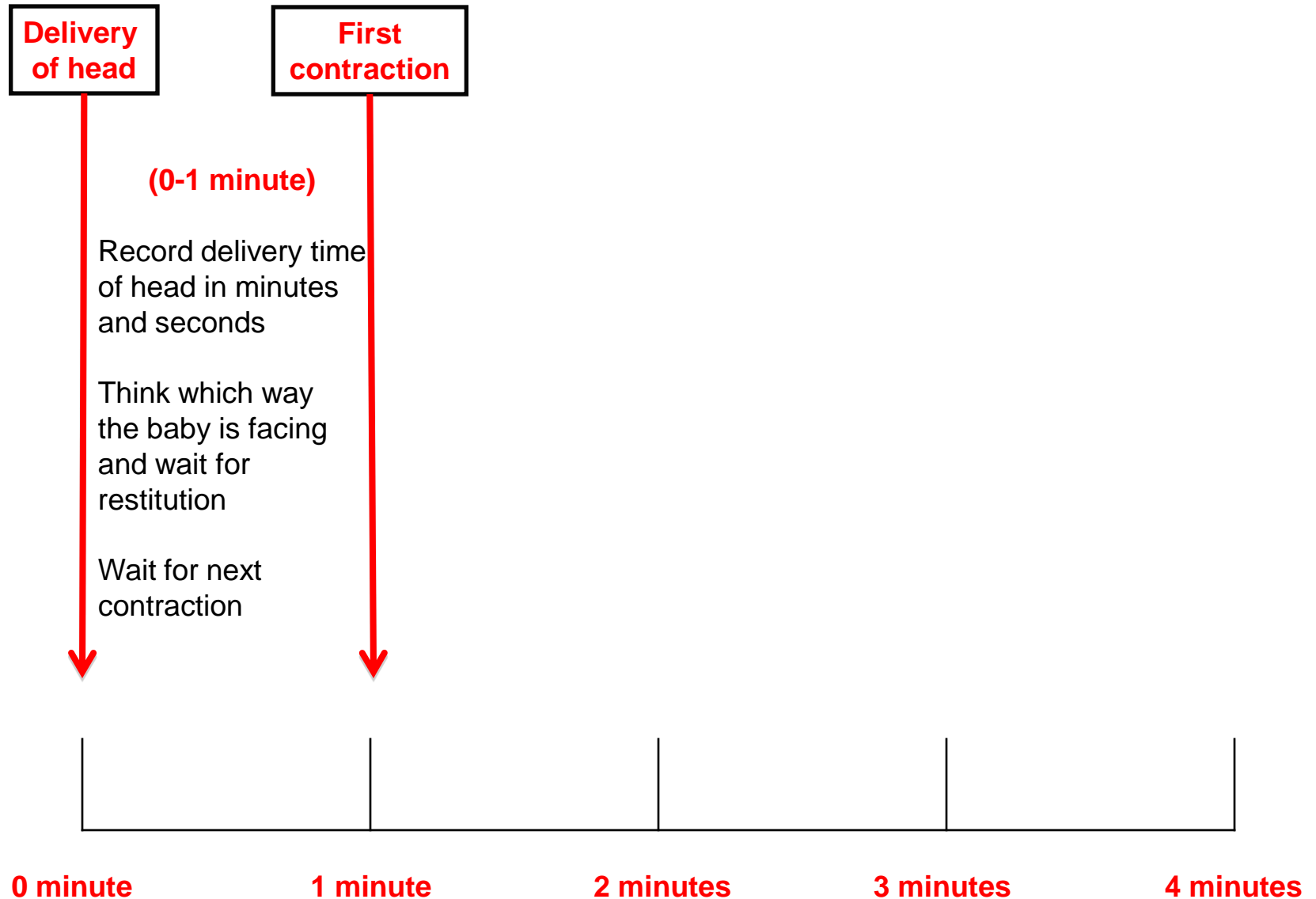
Timeline of a vaginal delivery



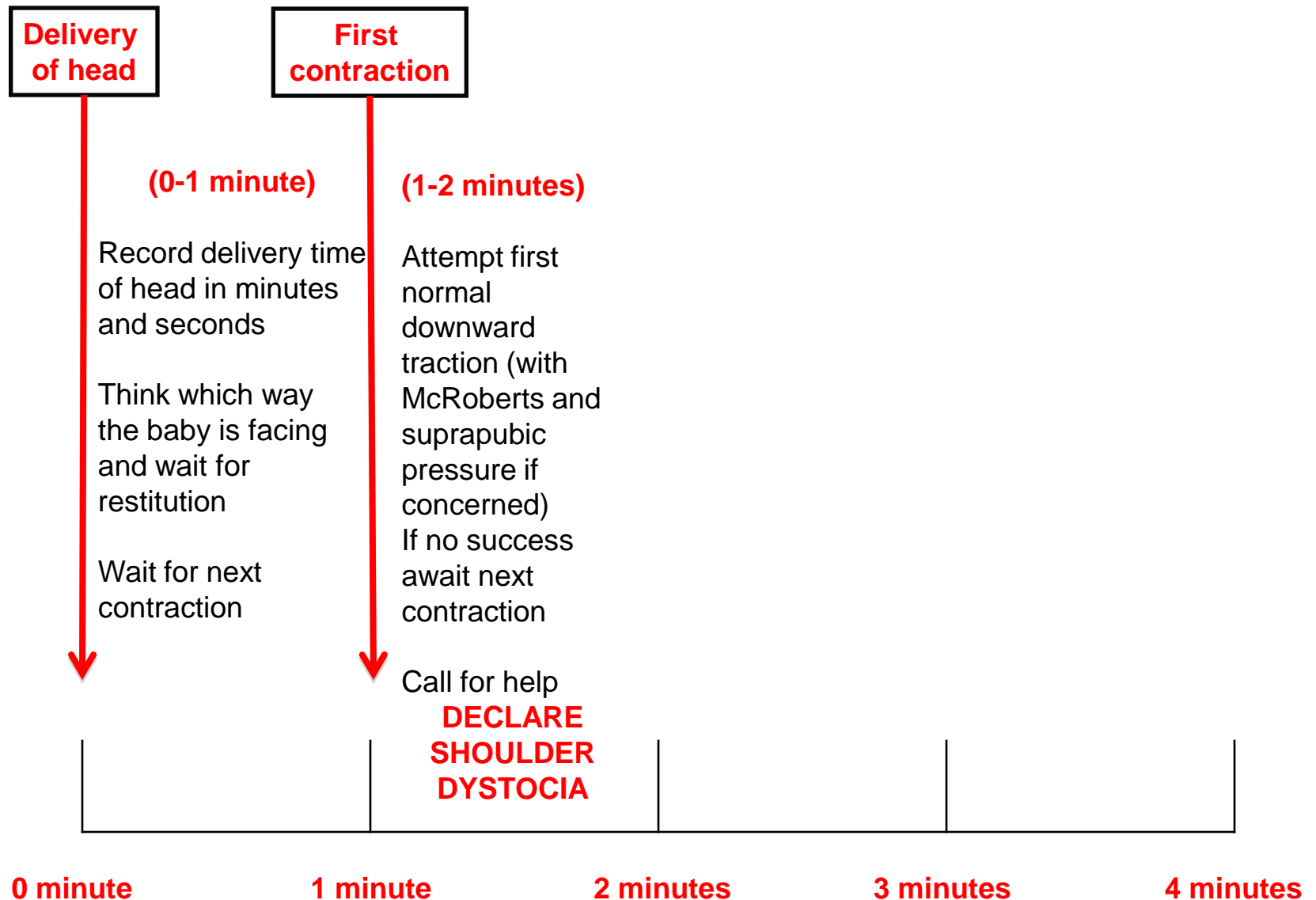
Timeline of a vaginal delivery



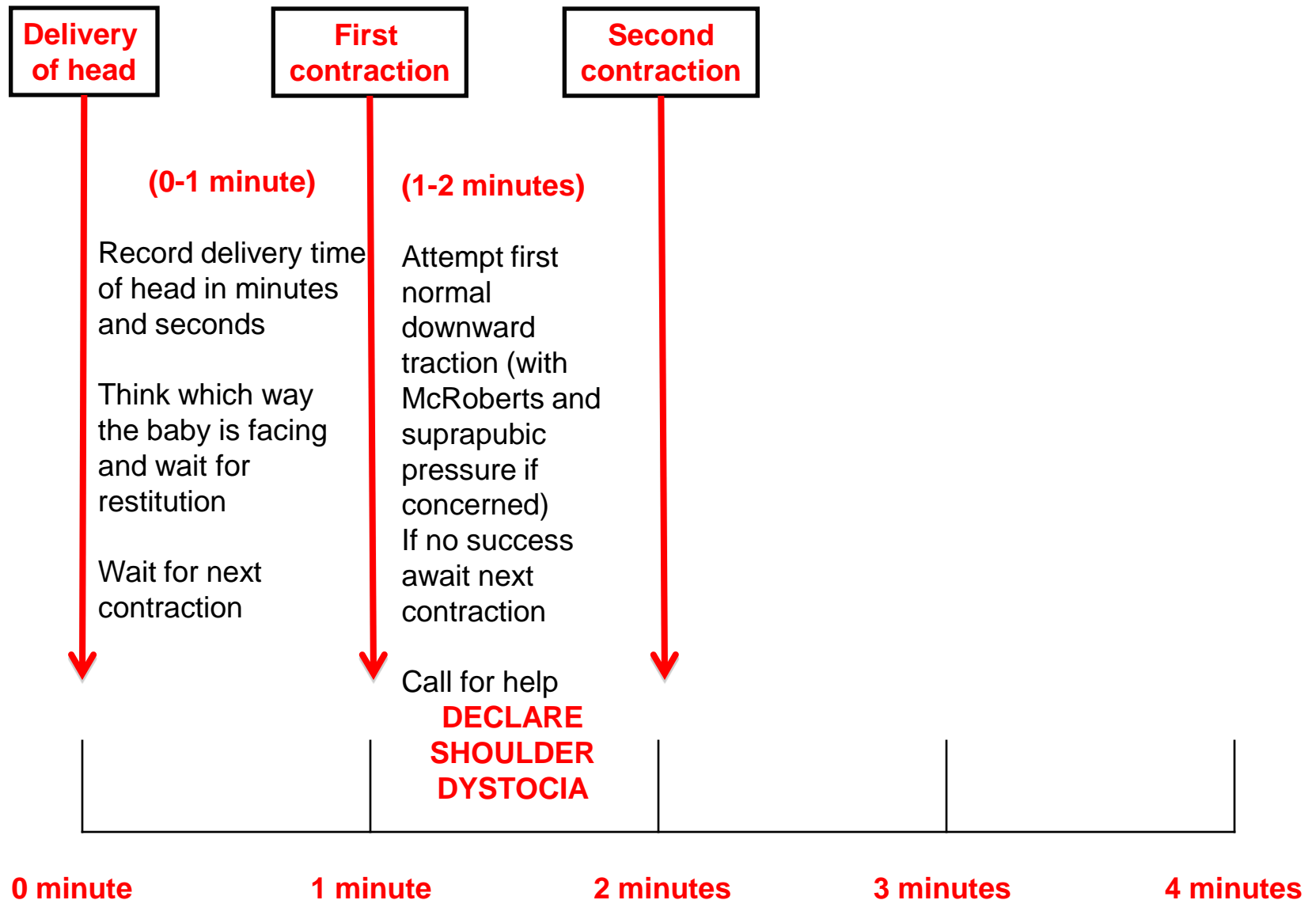
Timeline of a vaginal delivery



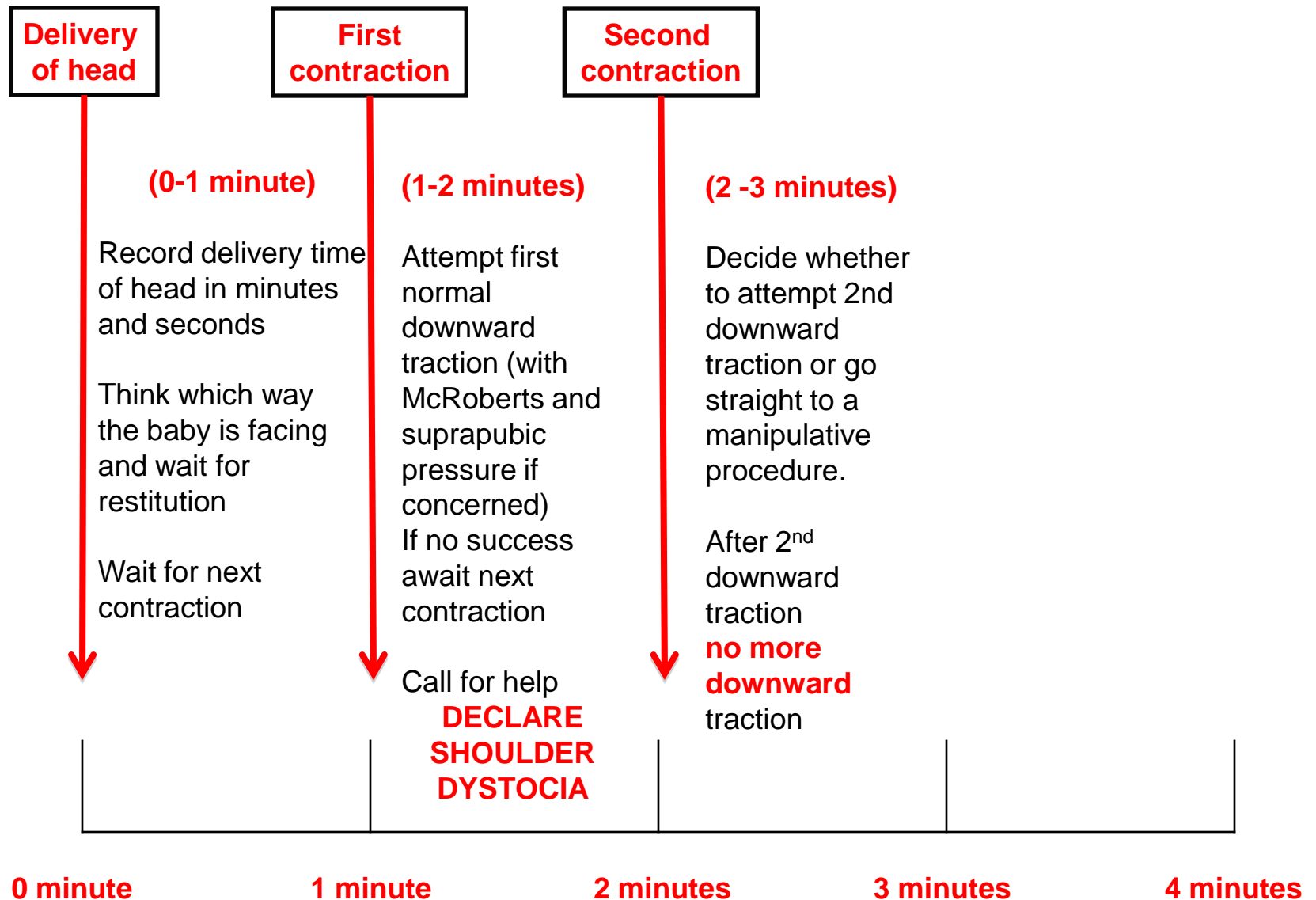
Timeline of a vaginal delivery



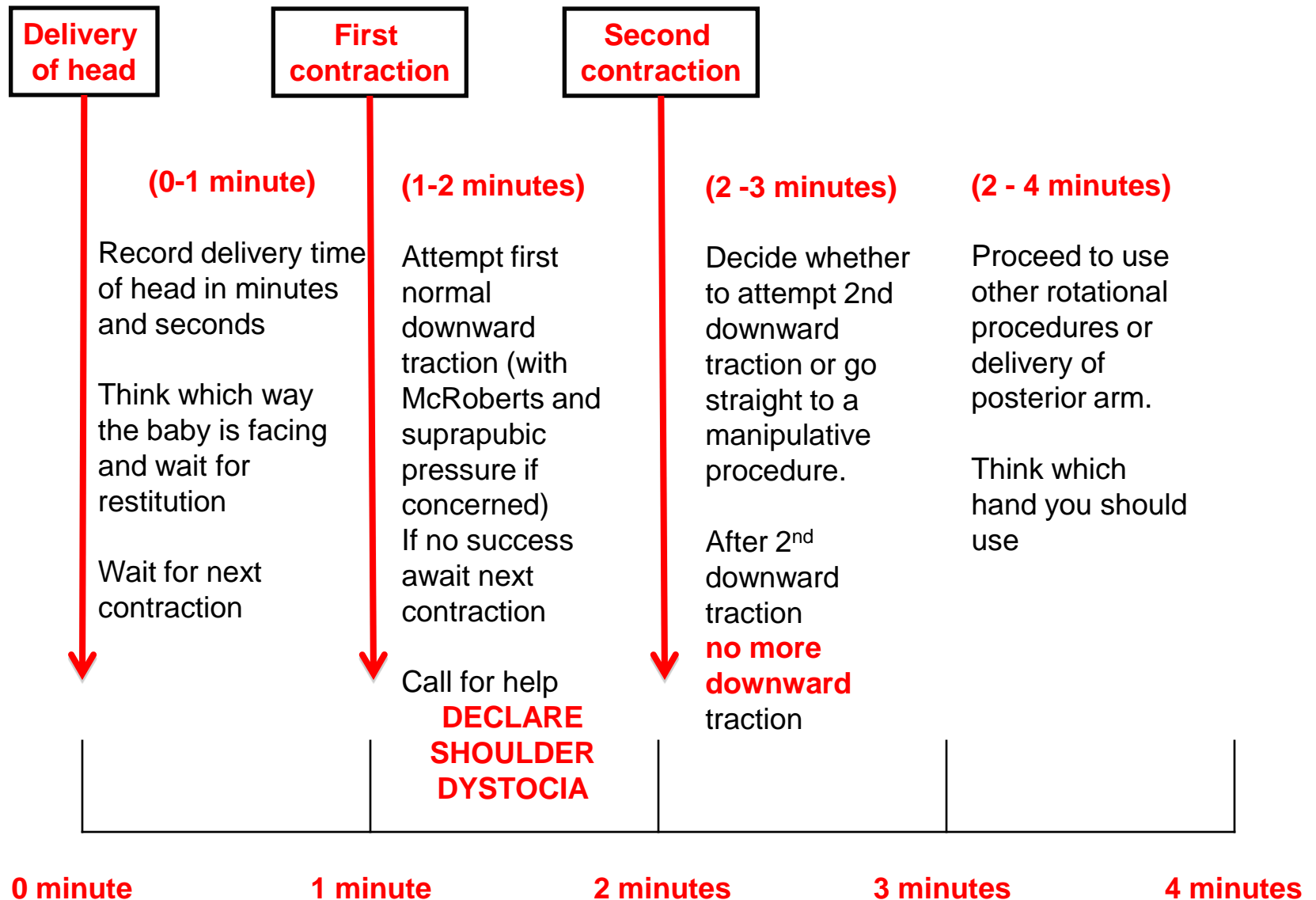
Timeline of a vaginal delivery



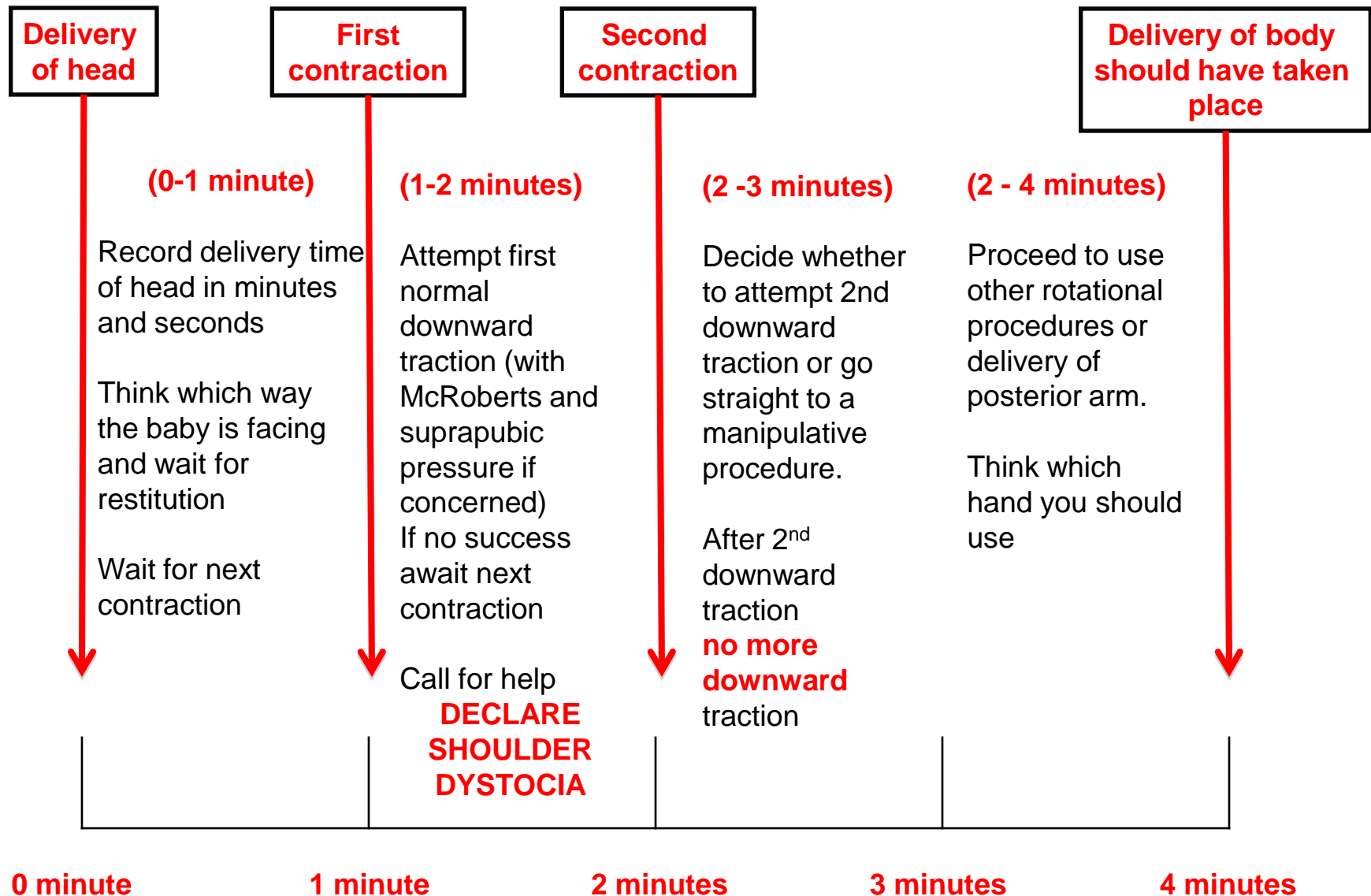
Timeline of a vaginal delivery



Timeline of a vaginal delivery



Timeline of a vaginal delivery

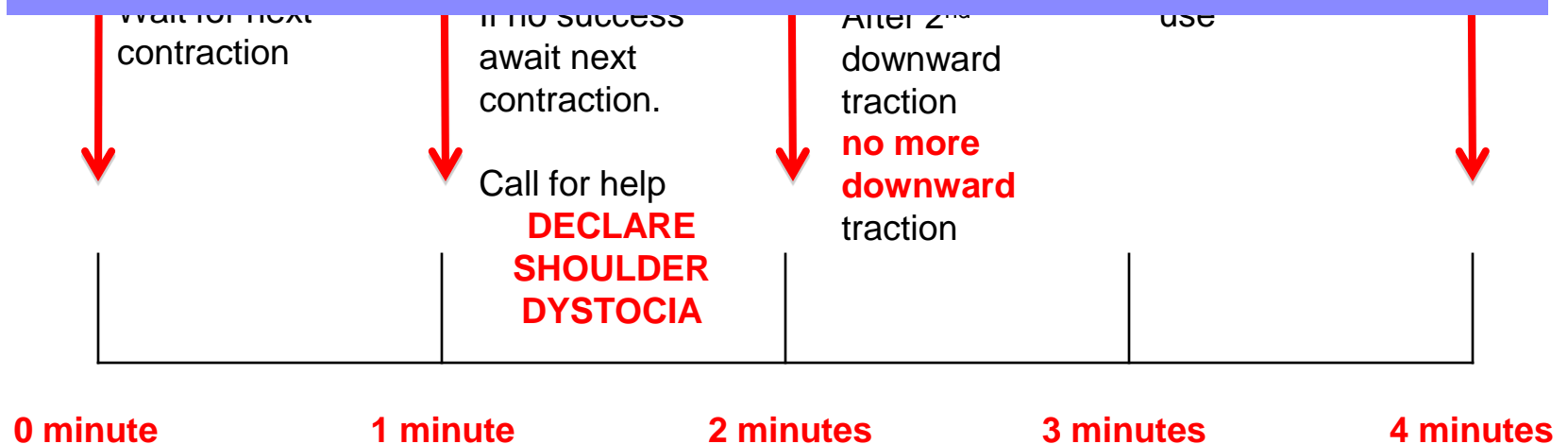


Arrival after the baby's head is delivered

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

Times are crucial

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



Shoulder Dystocia - Training

Other practical points

Episiotomy

Removal of end of bed

Delivery on all fours

Symphysiotomy and Zavenelli manouvre

Shoulder Dystocia - Training

Documentation

Shoulder Dystocia - Documentation

Combining

Routine notes

Audit

Teaching/education/research

Recommendation

Patient label

Shoulder Dystocia

ROA
(Left shoulder anterior)

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

TIME Hour Mins Secs



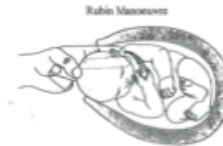
SUPRA PUBIC PRESSURE

TIME Hour Mins Secs

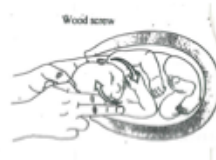


The purpose of this form is to record accurately the date, time, personnel and the number of attempts in total, of downward traction as well as any other manoeuvres used to achieve delivery of the shoulders

Left shoulder anterior



TIME Hour Mins Secs



TIME Hour Mins Secs

Delivery of the
posterior shoulder



TIME Hour Mins Secs

How many attempts in total were made with downward traction to deliver the the anterior shoulder?

Time of delivery of head: HOUR Mins Secs

Confirm which shoulder was anterior

Time of delivery Hour Mins Secs

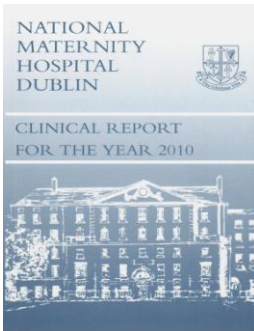
Fetal weight: Apgar 1min 5min

Cord ph Arterial Venous

Signed Print Name

Version 1 November 2012

ROA
Left shoulder anterior



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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