SHOULDER DYSTOCIA

Definition: The anterior shoulder of the baby is stuck against mom's pubic symphysis. This is not a soft tissue problem (i.e. not cured by episiotomy).

Signs:

- Prolonged 2nd stage
- Turtle sign: head descends with push and moves back up when not pushing (similar to a turtle pulling its head into the shell)
- Anterior shoulder cannot be delivered in usual fashion

Risk Factors include (although can occur when no risk factor present):

- Maternal: Abnormal pelvic anatomy, GDM, postdates, previous shoulder dystocia, short stature
- Fetal: Suspected macrosomia
- Labor related: Assisted delivery (vacuum or forceps), protracted 1st or 2nd stage of labor

Complications include:

- Maternal: pp hemorrhage, separation of pubic symphysis, 3 or 4th degree perineal tear, uterine rupture
- Fetal: Brachial plexus injury, clavicle or humeral fracture, fetal hypoxia, fetal death.

MAJOR RECOMMENDATIONS

The following recommendations are based on limited or inconsistent scientific evidence (Level B):

- Shoulder dystocia cannot be predicted or prevented because accurate methods for identifying which fetuses will experience this complication do not exist.
- Elective induction of labor or elective cesarean delivery for all women suspected of carrying a fetus with macrosomia is not appropriate.

The following recommendations are based primarily on consensus and expert opinion (Level C):

- In patients with a history of shoulder dystocia, estimated fetal weight, gestational age, maternal glucose intolerance, and the severity of the prior neonatal injury should be evaluated and the risks and benefits of cesarean delivery discussed with the patient.
- Planned cesarean delivery to prevent shoulder dystocia may be considered for suspected fetal macrosomia with estimated fetal weights exceeding 5,000 g in women without diabetes and 4,500 g in women with diabetes.
- There is no evidence that any one maneuver is superior to another in releasing an impacted shoulder or reducing the chance of injury. However, performance of the McRobert's maneuver is a reasonable initial approach.

HELPERRR pneumonic from ALSO course (can try in any order):

H: Ask for **HELP!** Get additional nurses and call NBICU. Appoint timekeeper.

E: Consider **EPISIOTOMY (if you need extra room to maneuver).**

L: LEGS back, McRobert's Maneuver, flex and abduct maternal hips.

P: Suprapubic **PRESSURE,** push towards the way head is facing.

E: ENTER: use Woods Screw or reverse woods Screw Maneuver to rotate shoulders while mom pushes.

R: ROLL patient onto hands and knees.

R: REMOVE posterior arm.

R: RESTORE: give patient terbutaline; push head back in and go to c-section!

Try each maneuver for no more than 30 seconds.

Document in note: Shoulder dystocia lasting _____minutes. Relieved with _____maneuvers.

REFERENCES:

ACOG Practice Bulletin, Novemeber 2002.

AAFP ALSO Course