Guideline for the Management of Shoulder Dystocia

Specialty:	Maternity
Approval Body:	Clinical Guideline Group
Approval Date:	23rd September 2024
Date for Review:	September 2027

Definition
Shoulder dystocia is the impaction of the anterior shoulder against the maternal symphysis pubis after the fetal head has been delivered[1]. Delivery requires additional obstetric manoeuvres to release the shoulders after routine traction in an axial direction has failed.

Incidence
0.58-0.70%.

Complications
Increased incidence of 3rd degree tear (3.8%) and post partum haemorrhage (11%)[4].
Increased incidence of neonatal morbidity and mortality.

- Brachial plexus injury
- Neonatal fractures
- Hypoxia & Stillbirth

Recognition

- Difficulty delivering head and chin
- Head tightly applied to vulva or retracting (turtle neck)
- Failure of restitution
- Failure of shoulders to descend

Factors Associated with Shoulder Dystocia

- Previous shoulder dystocia (1 in 10 recurrence rate)
- Maternal body mass index >30kg/m^2
- Diabetes Mellitus (2-4 fold increased risk)
- Fetal macrosomia >4.5kg
- Induction of labour/oxytocin augmentation
- Prolonged first or second stage of labour
- Assisted vaginal delivery

NB. 48% of shoulder dystocia's occur in babies below 4kg

Management

Risk of shoulder dystocia suspected
Patients should be reviewed by registrar or consultant and written plan documented in notes. On-call anaesthetist should be informed. Obstetric registrar present on labour ward once pushing commences.

Shoulder dystocia confirmed

- Call for help immediately after recognition. Discourage pushing
- Declare "this is shoulder dystocia" to incoming help
- Manage systematically according to PROMPT flowchart (appendix 1 or 2 depending on environment) and PROMPT documentation proforma (appendix 3) flow charts

AVOID:

- Fundal pressure
- Excessive and/or downward traction
- Twisting or bending of the neck

For pool births, as soon as there is delay with birth of the shoulders the woman should be asked to exit the pool to confirm shoulder dystocia, and so that standard release manoeuvres can be performed safely and efficiently.

It is recommended that manoeuvres are not performed in the pool, or with the woman standing up, or on the edge of the pool.

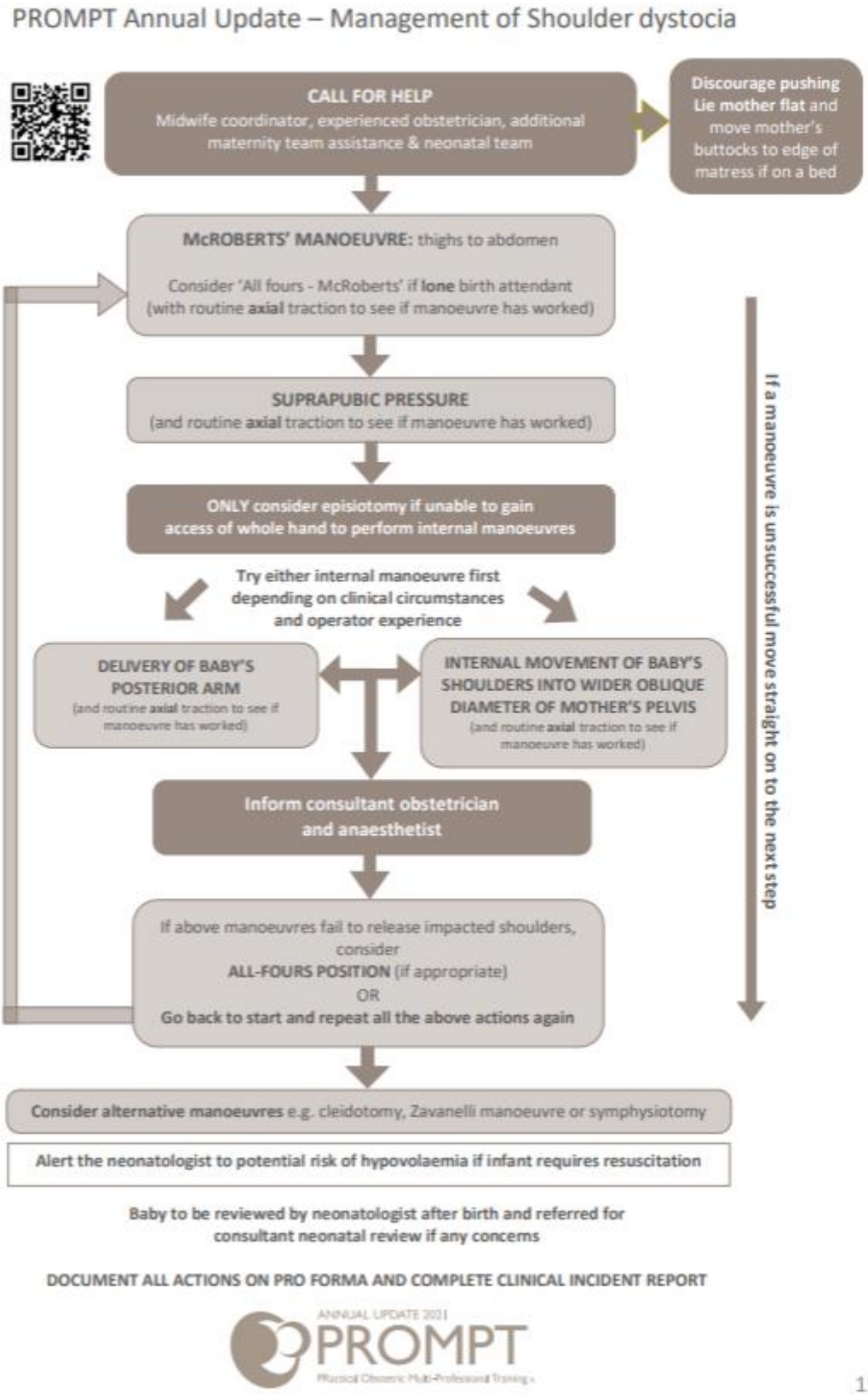
Ensure clinical notes and shoulder dystocia proforma (appendix 3) are completed. Ensure case is Datix reported as a trigger for clinical incident.

Debrief patient and partner and offer RCOG information leaflet on shoulder dystocia[5].

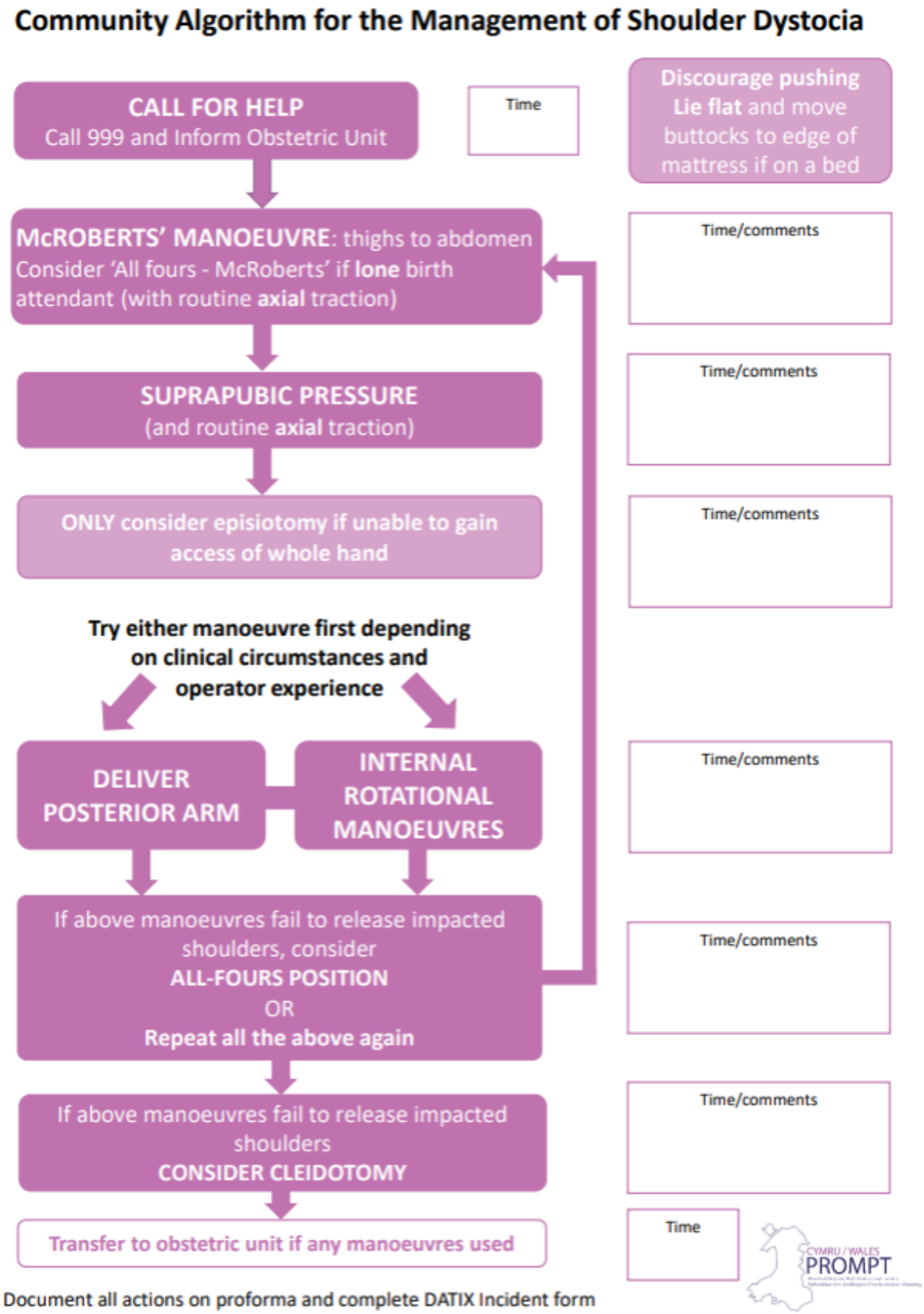
References

1. RCOG Green top Guideline (2012) Shoulder Dystocia
2. PROMPT
3. RCOG (2007) a difficult birth: What is shoulder dystocia?

Appendix 1 - Shoulder Dystocia Proforma **(**Hospital Management)



Appendix 2 - Shoulder Dystocia Proforma (Community Management)



Appendix 3 Documentation Proforma

PROMPT

SHOULDER DYSTOCIA DOCUMENTATION

Mother's Name _____
Date of birth _____
Hospital Number _____
Consultant _____

Date ..... **Time** .....
Person completing form .....
Designation .....
Signature .....

Called for help at:		**Emergency call via switchboard at:**		
Staff present at birth of head:		**Additional staff attending for birth of shoulders**		
Name	**Role**	**Name**	**Role**	**Time arrived**

Maternal position when shoulder dystocia occurred - please circle (i.e. prior to any procedures to assist)	Semi-recumbent	Lithotomy	Side-lying	All fours	Kneeling	Standing	Squatting	Other ....

Procedures used to assist birth	**By whom**	**Time**	**Order**	**Details**	**Reason if not performed**
McRoberts' position					
Suprapubic pressure				From maternal **left** / **right** (circle as appropriate)	
Episiotomy				Enough access / tear present /already performed (circle as appropriate)	
Delivery of posterior arm				**Right** / **left** arm (circle as appropriate)	
Internal rotational manoeuvre					

Description of rotation			
Description of traction	Routine (as for normal vaginal birth)	Other -	Reason if not routine
Other manoeuvres used			

Mode of birth of head	**Spontaneous**	**Instrumental – vacuum / forceps**
Time of birth of head	**Time of birth of baby**	**Head-to-body birth interval**
Fetal position during dystocia	Head facing maternal **left** **Left** fetal shoulder anterior	Head facing maternal **right** **Right** fetal shoulder anterior

Birth weight kg	**Apgar**	**1 min :**	**5 mins :**	**10 mins :**
Cord gases	**Art pH :**	**Art BE:**	**Venous pH :**	**Venous BE :**
Explanation to parents	Yes	By	**Risk Incident form completed if clinical concerns**	Yes / N/A

Neonatologist called: Yes / No **Time arrived:** ..... **Neonatologists name:** .....

Baby assessment at birth (maybe done by M/W):			**If yes to any of these questions, for review and follow up by Consultant neonatologist**
Any sign of arm weakness?	Yes	No	
Any sign of potential bony fracture?	Yes	No	
Baby admitted to Neonatal Intensive Care Unit?	Yes	No	
Assessment by			

Version 4.2

Maternity Services

Checklist for Clinical Guidelines being Submitted for Approval

Title of Guideline:	Guideline for the Management of Shoulder Dystocia
Name(s) of Author:	Labour Ward Forum
Chair of Group or Committee approving submission:	Labour Ward Forum
Brief outline giving reasons for document being submitted for ratification	Update of previous policy
Details of persons included in consultation process:	Clinical Guideline Group
Name of Pharmacist (mandatory if drugs involved):	N/A
Issue / Version No:	4
Please list any policies/guidelines this document will supercede:	Guideline for Management of Shoulder Dystocia
Date approved by Group:	23rd September 2024
Next Review / Guideline Expiry:	September 2027
Please indicate key words you wish to be linked to document	Shoulder, Dystocia, Obstetric Emergency
File Name: Used to locate where file is stores on hard drive	ABM Group (Z:)\Maternity\policies and guidelines\Obs\2020 onwards