GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

Guideline for the Management of Shoulder Dystocia

Specialty:	Maternity
Approval Body:	Labour Ward Forum
Approval Date	September 2021
Date for Review:	September 2024

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%.

It is associated with a high risk of fetal morbidity and mortality and also an increased incidence of 3rd degree tear (3.8%) and post partum haemorrhage (11%)[4].

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
- Announce "this is shoulder dystocia" to incoming help
- Manage systematically according to PROMPT flowchart (appendix 1) and PROMPT documentation proforma (appendix 2) flow charts

AVOID-

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

Ensure clinical notes and shoulder dystocia proforma (appendix 2) are completed.

Ensure case is Datix reported as a trigger for clinical incident.

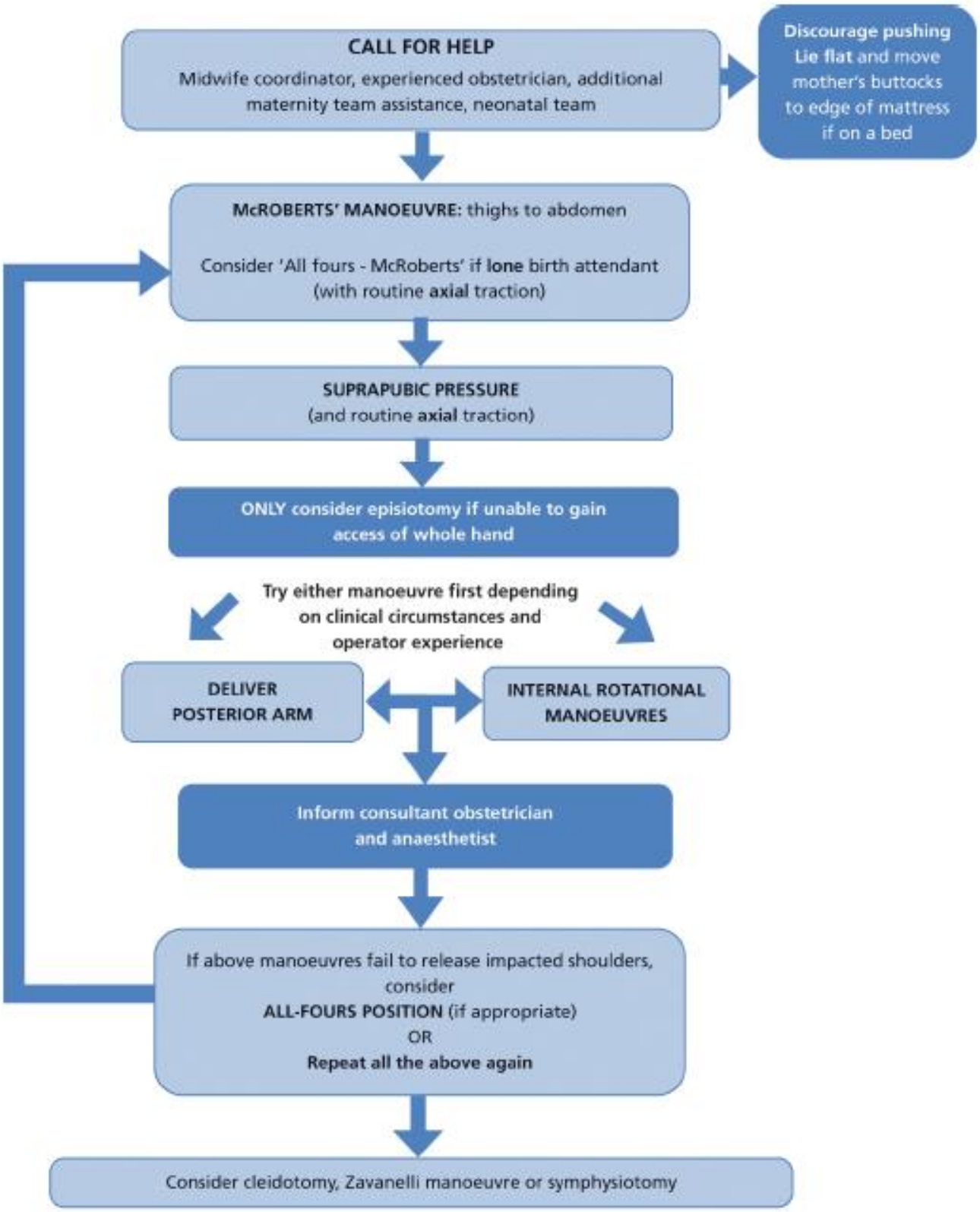
Debrief patient and partner and offer RCOG information leaflet on shoulder dystocia[5].

References

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

Appendix 1

Algorithm for the Management of shoulder dystocia



Baby to be reviewed by midwife/neonatologist after birth and referred for consultant neonatal review if any concerns

DOCUMENT ALL ACTIONS ON PRO FORMA AND COMPLETE CLINICAL INCIDENT REPORTING FORM

Appendix 2 - Shoulder Dystocia 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): Any sign of arm weakness?	Yes	No	**If yes to any of these questions, for review and follow up by Consultant neonatologist**
Any sign of potential bony fracture?	Yes	No	
Baby admitted to Neonatal Intensive Care Unit?	Yes	No	
Assessment by			

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 from previous policy
Details of persons included in consultation process:	Labour Ward Forum
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:	September 15th 2021
Next Review / Guideline Expiry:	September 2024
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	Z:\npt_fs2\Maternity Incidents Stats Etc\Policies\Ratified - Obs