Shoulder Dystocia

Zachary Kuhlmann, DO
Taylor Bertschy, DO
Randall Morgan, MD

ACOG Practice Bulletin #40, Nov 2002
Objectives

- Define shoulder dystocia
- Understand clinical significance
- Identify early predictors and warning signs
- Learn intervention techniques
- Become proficient

ACOG Practice Bulletin #40, Nov 2002
Defined

- "delivery that requires additional obstetric maneuvers following failure of gentle downward traction on the fetal head to affect delivery of the shoulders"

- Incidence of up to 1.4% of deliveries

ACOG Practice Bulletin #40, Nov 2002
Maternal Complications

- Increased risk of postpartum hemorrhage
- Increased risk of 4th degree laceration
- Increased maternal morbidity with Zavanelli or symphysiotomy
Fetal Complications

- Brachial plexus injuries
- Clavicle fracture or humerus fractures
- HIE
- Death

ACOG Practice Bulletin #40, Nov 2002
Risk Factors

- Maternal obesity
- Gestational diabetes
- Macrosomia (hx of macrosomic infant)
- Hx of shoulder dystocia in previous pregnancy
- Post-term pregnancy
- Labor induction
- Epidural
- Assisted delivery
C-section for Fetal Macrosomia

- 5000 grams
  - Non diabetic mother
- 4500 grams
  - Diabetic mother

ACOG Practice Bulletin #40, Nov 2002
Maneuvers

- McRobert’s
- Suprapubic pressure
- Delivery of the posterior arm
- Rotational maneuvers
- Episiotomy
- Fracture of the clavicle
- Zavanelli
# Patient Safety Checklist

## Documenting Shoulder Dystocia

<table>
<thead>
<tr>
<th>Date</th>
<th>Patient</th>
<th>Date of birth</th>
<th>MR #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Physician or certified nurse-midwife:**

**Gestational/Parity:**

**Timing:**

- **Onset of active labor:**
- **Start of second stage:**
- **Delivery of head:**
- **Time shoulder dystocia recognized and help called:**
- **Delivery of posterior shoulder:**
- **Delivery of infant:**

**Antepartum documentation:**

1. Assessment of pelvis
   - History of prior cesarean delivery: Indication for cesarean delivery:
2. History of prior shoulder dystocia
3. History of gestational diabetes
4. Large prior newborn birth weight
5. Estimated and fetal weight
6. Cesarean delivery offered if estimated fetal weight greater than 4,500 g (if the patient has diabetes mellitus) or greater than 5,000 g (if patient does not have diabetes mellitus)

**Intrapartum documentation:**

- **Mode of delivery of vertex:**
  - Spontaneous
  - Operative delivery: Indication
  - Vacuum
  - Forceps
- **Anterior shoulder:**
  - Right
  - Left
- **Traction on vertex:**
  - None
  - Standard
  - No fundal pressure applied
- **Maneuvers utilized (1):**
  1. Hip flexion (McRoberts maneuver)
  2. Suprapubic pressure (stand on the side of the occiput)
  3. Delivery of posterior arm
  4. All fours (Gaskin maneuver)
  5. Posterior scapula (Woods maneuver)
  6. Anterior scapula (Rubin maneuver)
  7. Abdominal delivery
  8. Zavanelli maneuver
- **Episiotomy:**
  - None
  - Median
  - Mediolateral
  - Proctoepisiotomy
- **Extension of episiotomy:**
  - None
  - Third degree
  - Fourth degree
- **Laceration:**
  - None
  - Third degree
  - Fourth degree
- **Cord blood gas sent to the laboratory:**
  - Yes: Results:
  - No:

(continued)
Call for Help!!!!

- Document
- Document
- Document
- Document
- Document