

Objectives

- Definition and Incidence
- Significance
- Risk Factors
- Diagnosis
- Management

Definition

- impaction of anterior shoulder above symphysis
- inability to delivery shoulders by usual methods

Incidence

- 1 to 2 per 1000 deliveries
- 16 per 1000 deliveries of babies > 4000 g

Complications of Shoulder Dystocia

- Fetal/neonatal
 - death
 - asphyxia and sequelae
 - fractures clavicle, humerus
 - brachial plexus palsy
- Maternal
 - postpartum hemorrhage
 - uterine rupture

Risk Factors

- post-term pregnancy
- maternal obesity
- fetal macrosomia
- previous shoulder dystocia
- operative vaginal delivery
- prolonged labour
- poorly controlled diabetes

Risk factors are present in < 50% of cases

Diagnosis

- head recoils against perineum, 'turtle' sign
- spontaneous restitution does not occur
- failure to deliver with expulsive effort and usual gentle direction

Ask for help

- __ift the buttocks
 _ the legs } McRobert's manoeuver
- Anterior disimpaction of shoulder
 - rotate to oblique
 - suprapubic pressure

<u>Rotation of the posterior shoulder - Woods' manoeuver</u> <u>Manual removal of posterior arm</u>

Avoid the P's

- <u>P</u>anic
- <u>P</u>ulling (on the head)
- <u>P</u>ushing (on the fundus)
- <u>P</u>ivoting (sharply angulating the head, using the coccyx as a fulcrum)

Ask for HELP

- get the mother on your side
- partner, coach
- nursing
- notify physician back up or other appropriate personnel

Lift - McRobert's Manoeuver



Lifting the legs and buttocks

- McRobert's manoeuver
- flexion of thighs on abdomen
- requires assistance
- 70% of cases are resolved with this manoeuvre alone



Anterior Disimpaction -1) Suprapubic Pressure (Massanti Manoeuvre) • NO fundal pressure

> Abdominal approach: suprapubic pressure applied with heel of clasped hand from the posterior aspect of the anterior shoulder to dislodge it



<u>Anterior Disimpaction -</u> 2) Rubin Manoeuver

- vaginal approach
- adduction of anterior shoulder by pressure applied to the posterior aspect of the shoulder (the shoulder is pushed toward the chest)
- consider episiotomy
- <u>NO</u> fundal pressure



Rotation of Posterior Shoulder - Step 1



- pressure on anterior aspect of posterior shoulder
- may be combined with anterior disimpaction manoeuvers
- <u>NO</u> fundal pressure

Rotation of Posterior Shoulder - Step 2



Wood's screw manoeuvre • can be done aneously with mterior dissimpaction

Rotation of Posterior Shoulder - Step 3



 may be repeated if delivery not accomplished by Steps 1 & 2

<u>R</u>otation of Posterior Shoulder - Step 4



<u>Manual removal of</u> posterior arm

- flex arm at elbow
- (pressure in antecubital fossa to flex arm)
- sweep arm over chest
- grasp wrist/forearm or handdeliver arm



Manual removal of the posterior arm



Episiotomy

- may facilitate Wood's Manoeuver or allow room for delivery of the posterior arm
- roll over to knee chest: May allow easier access to posterior shoulder

As a last resort • clavicular fracture • cephalic replacement (Zavenelli manoeuvre) • symphysiotomy

Afterwards

- be prepared for PPH
- inspect for maternal lacerations and trauma
- examine the baby for evidence of injury
- explain the delivery and manoeuvers
- chart what was done

Conclusions

- anticipate and be prepared (most are unpredictable)
- remember the mnemonic "ALARMER"
- stay calm, don't panic, pull, push or pivot

Ask for help Lift - the buttocks McRobert's Manoeuver - the legs Anterior disimpaction - rotate to oblique - suprapubic pressure Rotate the posterior shoulder - Woods' manoeuver Manual removal of the posterior arm Episiotomy - consider Roll over