

3-3 Shoulder dystocia v.1

Failure of routine traction to release the neonatal shoulders during a vaginal birth.

Presenting signs:

- ▶ Slow birth of face and chin
- ▶ Head tightly applied to vulva
- ▶ “Turtle-neck sign”: chin retracting and depressing perineum

START

- 1 Call for help** (obstetrician, midwife, anaesthetist, neonatal team)
 - ▶ Ask: “who will be the team leader?”
 - ▶ **Team leader assigns** checklist reader and scribe
- 2 Stop the woman pushing, lie her flat and move buttocks to the end of the bed**
- 3 Start continuous fetal monitoring -and- check actions to avoid (Box A)**
- 4 Try all subsequent manoeuvres, before moving on**
 - ▶ McRoberts’ manoeuvre – bring the woman’s knees to her chest + apply routine traction
 - ▶ Suprapubic pressure – apply *either* continuous *-or-* rocking pressure on the woman’s abdomen behind the fetal back + apply routine traction
- 5 If neonatal shoulders still stuck → start internal manoeuvres**
 - ▶ If whole hand cannot fit inside vagina → perform episiotomy
 - ▶ Deliver posterior arm
 - ▶ Internal rotational manoeuvres
- 6 If birth still not achieved →**
 - ▶ Position woman on all fours position *-or-* repeat all of above manoeuvres
 - ▶ After repeating manoeuvres, talk with team and agree when to proceed → **7**
- 7 Call for senior obstetric help**
- 8 If birth still not achieved → perform cleidotomy (Box B)**
- 9 If birth still not achieved → consider Zavanelli manoeuvre or symphysiotomy with appropriate anaesthesia (Box B)**
- 10 Following birth, check mother and baby → (Box C)**

Box A: Actions to avoid

Excessive force
Acute downward traction on the fetal neck
Fundal pressure

Box B: Other interventions

Cleidotomy: surgical division of the clavicles of the fetus

Zavanelli: the baby's head is first rotated into position and then flexed, pushing the head back into the vagina. Give tocolysis (terbutaline 0.25 mg SC *-or-* GTN spray sublingual) before starting attempt, to reduce risk of uterine rupture

Symphysiotomy: the cartilage of the pubic symphysis is divided to widen the pelvis

Box C: Post birth actions

Assess for post-partum haemorrhage
Check for signs of trauma to vagina and perineum
Neonatal examination of baby for signs of trauma
Offer explanation to woman
Arrange postnatal debrief for 6-12 weeks later
Complete incident report
Facilitate staff debrief