Management of Shoulder Dystocia

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The turtle sign

- Call for help and quickly explain to patient and relatives the nature of the emergency
- Discourage maternal pushing
- Lie the mother flat and remove any pillows from behind her head
- Ask someone to time what you are doing
- Ask someone to document time of delivery of the head, time help was called for, manouvres used and in sequence used, condition of the baby at birth, apgars and arterial cord gases at delivery
- Pain relief if the mother does not have an epidural on board at least give her gas to breathe on
- Call for the paediatrician

McRoberts manouvre

Flexion and abduction of the maternal hips

- This straightens the lumbosacral angle
- Rotates the maternal pelvis towards the mother's head thereby increasing the relative AP diameter of the pelvis

Suprapubic pressure

- Reduces the fetal bisacromial diameter and rotates the anterior shoulder into the wider oblique pelvic diameter
- Ideally applied by an assistant from the side of the fetal back in a downward and lateral direction just above the maternal symphysis pubis
- This pushes the anterior fetal shoulder towards the fetuses chest

An episiotomy will not relieve the bony obstruction of the shoulder however it may give more space to facilitate internal vaginal manouvres

The choice is then to go on all fours position or to consider internal manipulation measures.

Rubins II

Insert the hand into the vagina posteriorly and sweep 2 fingers up to the posterior aspect of the anterior shoulder and push it into the oblique diameter of the pelvis - this pushes the anterior shoulder towards the chest

Woods screw manouvre and reverse woodscrew

While performing the Rubins II, with your other hand apply pressure with two fingers to the anterior aspect of the posterior shoulder to attempt to rotate the fetus

If this fails alter the pressure points to rotate in the opposite direction

Delivery of the posterior arm - traditional method

Insert the hand along the maternal sacral curve and locate the posterior arm or elbow

Flex the elbow in front of the body and bring the arm up in a sweeping motion over the head

Care needs to be taken to not grasp and pull directly on the arm as it may fracture the humerus

More recently it has been suggested that a rubber catheter can be placed under the axilla to aid with traction.

Manouvres - Oh **** I wish I wasn't here!,

Last resort manouvres

- Deliberate fracture of the fetal clavicle
- Symphisiotomy
- Zavanelli manouvre remembering to ask the midwife to give a tocolytic