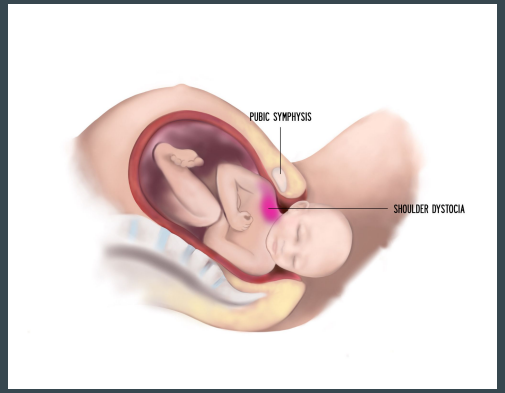


Shoulder Dystocia

Katie Cole, Leah Eick, Madison Pribble
NURS 325

Patient Situation

You have been working in L&D with a client at term who has become 10 cm dilated and 100% effaced. Your client begins to push and after approximately 45 minutes of pushing begins to deliver. The head is delivered successfully but then the MD is unable to deliver the shoulders and asks for assistance. What actions will you take?

What is shoulder dystocia?

- Medical emergency in which one or both of the baby's shoulders gets stuck inside the pelvis during a vaginal delivery
- The head is born, but the anterior shoulder cannot pass under the pubic arch
- There are no signs or ways to prevent this.
- Typically diagnosed after birth of the head
- Risk Factors:
  - LGA baby (also seen in smaller babies) → Fetopelvic disproportion related to excessive fetal size
  - Small pelvis or pelvic opening → Fetopelvic disproportion related to excessive fetal size
  - Fetal position
  - Mothers position
  - Preexisting or gestational diabetes mellitus
  - History of shoulder dystocia in a previous birth
  - Anomalies
  - Prolonged second stage of labor
  - Postterm pregnancy

(Cleveland Clinic, 2022) (Hill et al., 2020)

Recognize

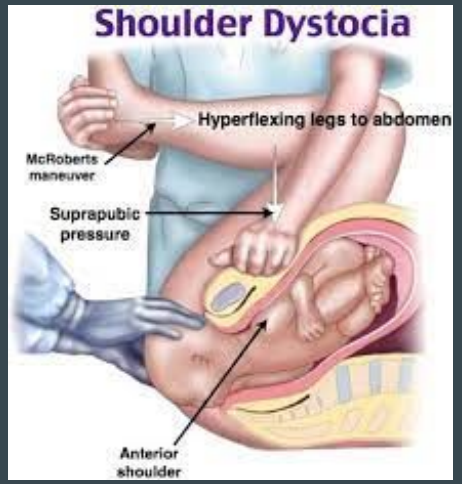
- Turtle Sign
  - Retraction of the fetal head against the perineum immediately following its emergence
- Body does not emerge with next push
- Other Signs:
  - Slowing of the progress of the second stage of labor
  - Formation of a caput succedaneum that increases in size
  - External rotation does not occur

Assess

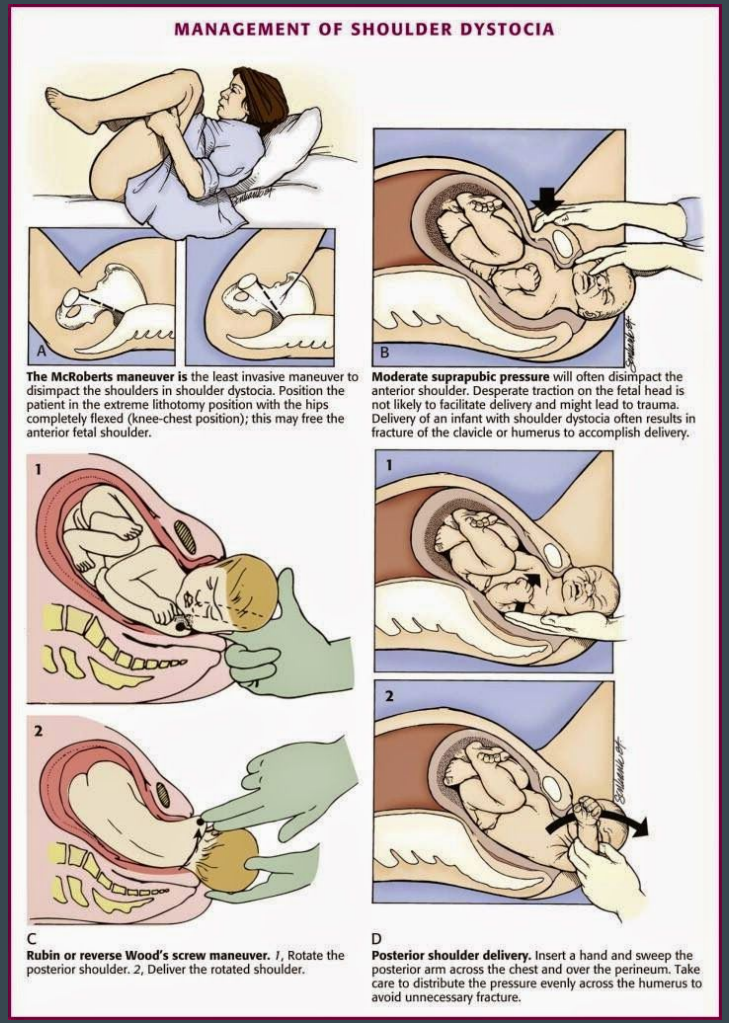
- Remain calm and immediately call for assistance
- Advice mother to stop pushing
- Mother's position
- Baby's position
- Fetal heart rate
- Identify necessary procedure and techniques

Resolve

- First line Interventions:
  - **McRoberts procedure**
    - Supine position
    - Hyperflexion of legs on abdomen
  - **Strong suprapubic pressure**
    - Applied over the anterior shoulder in an attempt to dislodge shoulder
- Gaskin Maneuver
  - Hands and Knees position
  - May be difficult to accomplish if woman has loss of motor function due to regional anesthesia
- Episiotomy
- Manual manipulation of shoulder
- Posterior arm or shoulder delivery
- Internal rotation maneuvers (Corkscrew maneuver)
- If unsuccessful, additional maneuvers such as intentional clavicular fracture or cephalic replacement may be necessary

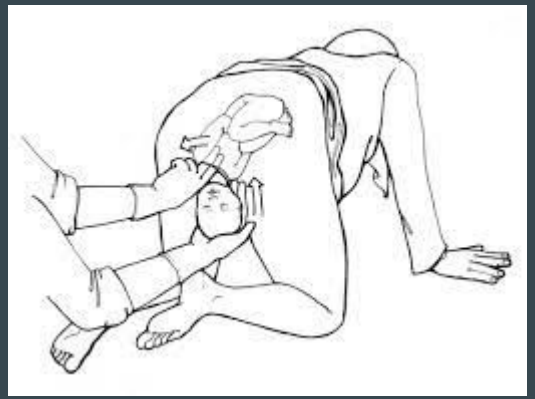


(Hill et al., 2020)

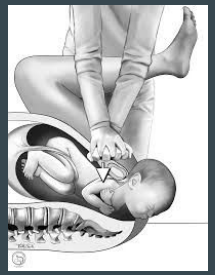


McRoberts and Suprapubic Pressure

Gaskin Maneuver



Nurses Responsibility:



- Stay calm
- Call for assistance (nurses, anesthesia care provider, neonatal resuscitation team)
- Helps the woman assume the position or positions that may facilitate birth of the shoulders
- Assists the provider with the maneuvers and techniques during birth, including applying suprapubic pressure
- Documents the maneuvers and the time it took to resolve the shoulder dystocia
- Provides support and encouragement to reduce the anxiety of the woman and her partner

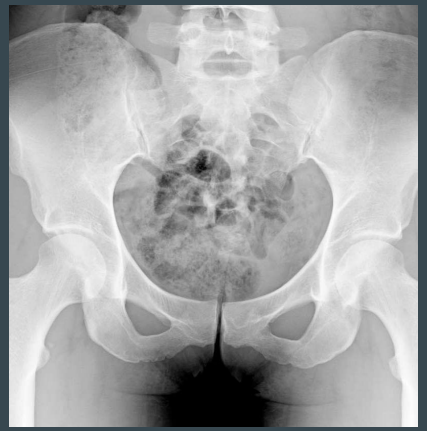
Management of shoulder dystocia (BE CALM)	
B	Breathe; do not push
E	Elevate hips against abdomen (**McRoberts position**)
C	Call for help
A	Apply **suprapubic pressure**
L	EnLarge vaginal opening with episiotomy
M	Maneuvers: • Deliver posterior arm • Rotate 180 degrees (Woods corkscrew) • Collapse anterior shoulder (Rubin maneuver) • Replace fetal head into pelvis for cesarean delivery (Zavanelli maneuver)

Nursing Diagnosis 1: Increased Risk for Maternal Injury

Rational: The risk of maternal injury is related to increased and forceful pressure exerted internally and externally on the mother, resulting in fractures and tears

- Risks to mother:
  - Maternal trauma
    - Damage to bladder, anal sphincter, and rectum
    - Postpartum hemorrhage
    - Broken Pelvis
- Assessment
  - Early detection of hemorrhage
  - Trauma to vagina, perineum, and rectum

(Hill et al., 2020)

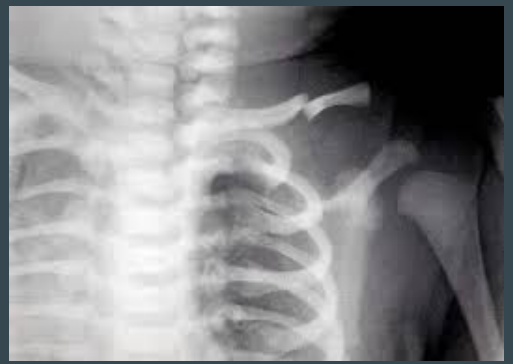


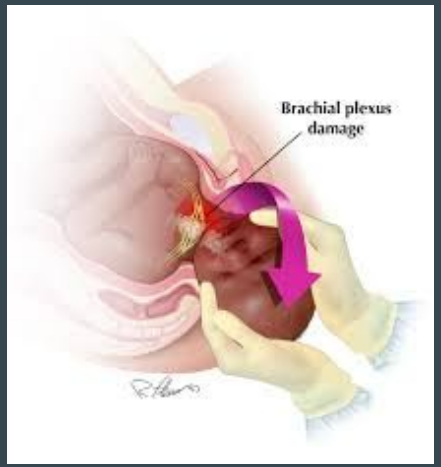
Nursing Diagnosis 2: Increased Risk for Fetal Injury

Rational: The risk of fetal injury is due to the pressure exerted on the shoulder and manipulation of the fetus through the pelvis and vaginal cavity.

- Risks to fetus:
  - Unilateral neonatal brachial plexus injuries
  - Hypoxia/ Asphyxia
  - Fracture of the clavicle or humerus
- Assessment:
  - Examination for fracture of clavicle or humerus
  - Brachial plexus injuries
  - Asphyxia

(Hill et al., 2020)





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Cleveland Clinic. (2022, January 23). *Shoulder dystocia: Signs, causes, prevention & complications*. https://my.clevelandclinic.org/health/diseases/22311-shoulder-dystocia

Hill, D., Lense, J., & Roepcke, F. (2020). Shoulder dystocia: Managing an obstetric emergency. *American Family Physician, 102*(2), 84-90.