ARROWHEAD REGIONAL MEDICAL CENTER
DEPARTMENT OF NURSING
LABOR AND DELIVERY POLICIES AND PROCEDURES

SECTION: **PATIENT CARE**

SUBJECT: **SHOULDER DYSTOCIA, MANAGEMENT OF**

APPROVED BY: _____
Nurse Manager

POLICY

A coordinated planned team approach is needed when patients with, or at risk for, shoulder dystocia are going to deliver. Specific interventions for shoulder dystocia are performed by a Registered Nurse upon the request of the Practitioner and/or upon the identification of the signs of shoulder dystocia.

PROCEDURES

I. Identification of Risk Factors

A. Identify patients at risk for shoulder dystocia during admission and ongoing assessment during labor.
B. Major risk factors:
   1. Diabetes (pre-gestational or gestational)
   2. Estimated fetal weight equal to or greater than 4250 grams.
   3. History of shoulder dystocia with prior delivery
   4. Excessive maternal weight gain during pregnancy
   5. Obesity Body mass index greater than 40
   6. Precipitous or prolonged second stage of labor
   7. Post term pregnancy
   8. Operative vaginal delivery
   9. Maternal short stature (5 feet or less)
C. Notify Practitioner of positive risk factors

II. Prepare for Delivery

A. Attending to consider delivery in L&D operating room.
B. Two Labor and Delivery (L&D) Registered Nurses (RN) at the bedside (at a minimum)
C. Notify L&D Attending
D. Place step stool in patient room
E. Assess bladder filling and obtain order to catheterize, if needed
F. Notify Anesthesia and the Neonatal Intensive Care Unit

III. Shoulder Dystocia Identified

A. Ensure L&D Attending is at bedside.
B. Practitioner identifies and verbalizes shoulder dystocia present.
C. RN notes time shoulder dystocia called.
D. An RN will call-out time intervals every 60 seconds.

E. An RN lowers the head of the bed and places the patient in a semi-fowler position
F. RN calls for additional staff support.

IV. Management-

A. Primary Interventions
1. McRoberts maneuver- Flex maternal knees and hips towards her abdomen

2. Suprapubic pressure- Perform upon request from Practitioner. Apply pressure over the anterior shoulder, directed obliquely in the direction that the baby's face is looking.
3. If secondary interventions are going to be attempted
   a. The nurse should stop suprapubic pressure.
   b. Instruct the patient not to push unless instructed to do so by the Practitioner.

B. Secondary Interventions are done by the Practitioner. See Attachment A.

REFERENCES:

Rodis, J. (2021) Shoulder Dystocia: Intrapartum diagnosis, management, and outcome. In Lockwood, C. (ED.), *UpToDate.* Retrieved May 1, 2023 from https://www.Shoulder dystocia: Intrapartum diagnosis, management, and outcome - UpToDate
Cunningham, G., Leveno, K., Bloom, S., et al. (2018) Williams Obstetrics (25th ed.) New York: McGraw Hill Education
American College of Obstetrics and Gynecology. Shoulder Dystocia. (Practice Bulletin No. 178) Washington, D.C. May, 2017
Simpson, K., Creehan, P., O'Brien-Abel, N., et al. (2020) AWHONN Perinatal Nursing (5th ed.) Philadelphia: Wolters Kluwer Health/Lippincott Williams Wilkins

DEFINITIONS: **Shoulder dystocia- Failure to deliver the fetal shoulders with gentle downward traction of the fetal head**

ATTACHMENTS: **Attachment A – Examples of Practitioner Maneuvers**

APPROVAL DATE:	**N/A**	**Policy, Procedure and Standards Committee**
	6/14/2023	**Women's Health Committee** Applicable Administrator, Hospital or Medical Committee
	7/25/2023	**Nursing Standards Committee** Applicable Administrator, Hospital or Medical Committee
	7/26/2023	**Patient Safety and Quality Committee** Applicable Administrator, Hospital or Medical Committee
	10/05/2023	**Quality Management Committee** Applicable Administrator, Hospital or Medical Committee
	10/26/2023	**Medical Executive Committee** Applicable Administrator, Hospital or Medical Committee
		Board of Supervisors Approved by the Governing Body

REPLACES: **N/A**

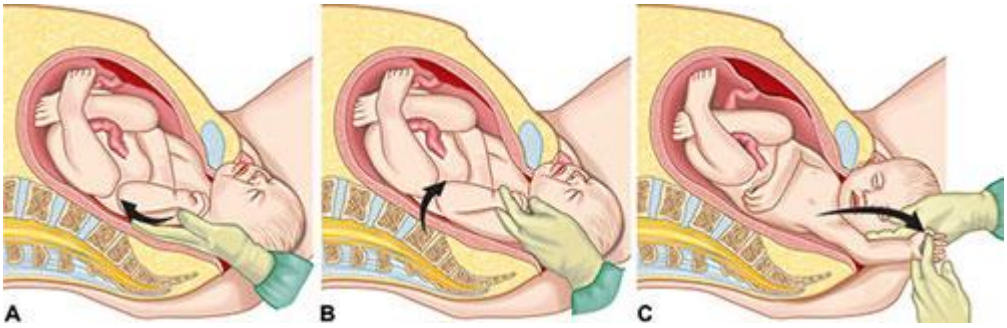
EFFECTIVE: **10/26/2023**

REVISED: **N/A**

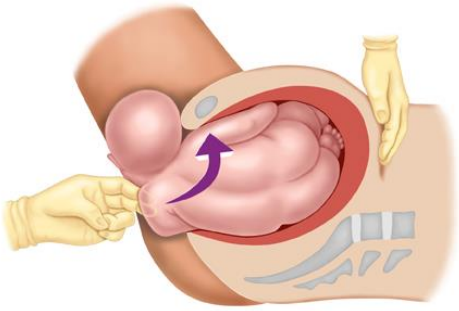
REVIEWED: **N/A**

Examples of Practitioner Maneuvers
May include but not limited to:

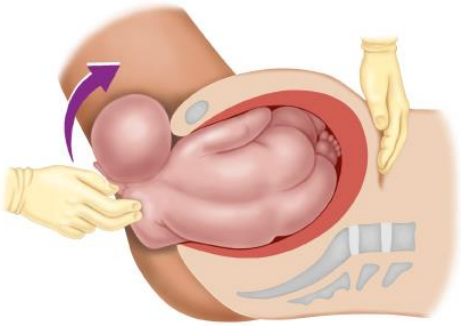
1. Posterior arm delivery- The Practitioner sweeps the posterior arm of the fetus across its chest, followed by delivery of the arm.



2. Woodscrew maneuver- The Practitioner rotates the fetus by exerting pressure on the anterior, clavicular surface of the posterior shoulder to turn the fetus until the anterior shoulder emerges from behind the maternal symphysis.



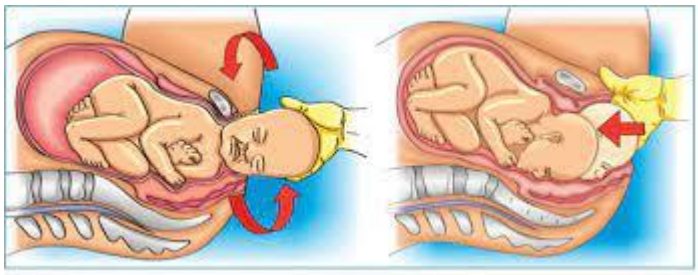
3. Rubin maneuver- Practitioner places a hand in the vagina and on the back surface of the posterior fetal shoulder, then rotates it anteriorly towards the fetal face.



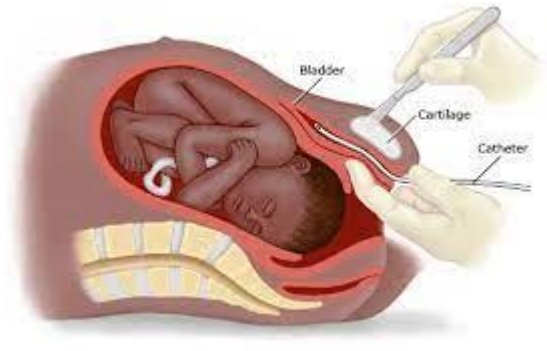
4. Gaskin maneuver- The patient is placed on her hands and knees and delivery is effected by gentle downward traction on the posterior shoulder. Use with caution if patient has epidural anesthesia.

C. Operative Interventions

1. Used in the event all the above maneuvers have failed to facilitate delivery.
2. Preparations should be made for emergent transfer to the operating room, after three minutes, if all attempts have failed.
   a. Zavanelli maneuver- Replacement of the fetal head into the pelvis followed by cesarean delivery.



   b. Intentional fracture of the fetal clavicle- Can be attempted by using the thumb to press the clavicle toward and against the pubic ramus.
   c. Pubic symphysiotomy- Cutting the intervening symphyseal cartilage and much of its supporting ligaments to widen the symphysis pubis.



   d. Abdominal rescue- A laparotomy and possible hysterotomy are performed, facilitating manual dislodgement of the anterior shoulder. A vaginal delivery is then completed.