

Protocol 6-4

SECTION: Obstetrical/Gynecological Emergencies

PROTOCOL TITLE: OB/GYN – Pregnancy Related Emergencies
(*Delivery – Shoulder Dystocia*)

REVISED: 06/2017

DELIVERY - SHOULDER / DYSTOCIA

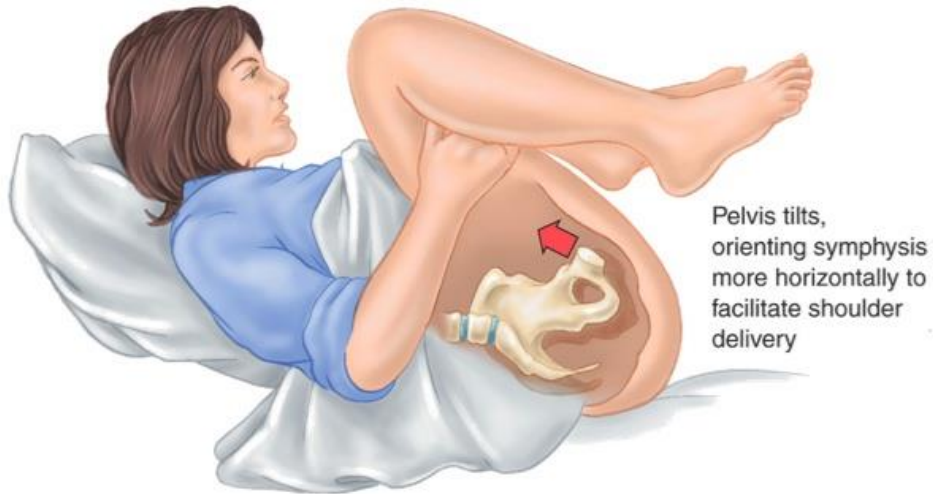
OVERVIEW:

Shoulder dystocia is a labor complication caused by difficulty delivering the fetal shoulders. After delivery of the head, the fetus seems to try to withdraw back into the birth canal (Turtle Sign). Further birth of the infant is prevented by impaction of the fetal shoulders within the maternal pelvis. Digital exam reveals that the anterior shoulder is stuck behind the pubic symphysis. In more severe cases, the posterior shoulder may be stuck at the level of the sacral promontory. Although this is more common among women with gestational diabetes and those with very large fetuses, it can occur with babies of any size. Unfortunately, it cannot be predicted or prevented. Improperly relieving the dystocia can result in unilateral or bilateral clavicular fractures.

HPI	Signs and Symptoms	Considerations
<ul style="list-style-type: none"> • Due date • Time contractions started • Duration and time between contractions • Time, amount of any vaginal bleeding • Sensation of fetal activity • Past medical and delivery history • Medications • Trauma • Recent infection • Drug use and/ or smoking 	<ul style="list-style-type: none"> • “Turtle sign” of infants head protruding and withdrawing into the birth canal 	<ul style="list-style-type: none"> • Breech delivery • Spontaneous abortion

	EMR	EMT	A	I	P
1. Perform patient assessment.	•	•	•	•	•
2. Administer Oxygen to maintain <u>SPO₂</u> 94 - 99%.	•	•	•	•	•
3. Assess for presence of nuchal cord (around the baby's neck). If present, remove by slipping over the neck or by cutting and clamping.	•	•	•	•	•
4. Keep the patient's knees pushed back to her abdomen / chest.	•	•	•	•	•
5. Do not apply excessive downward traction on the head. Initially apply gently downward traction on the chest and back to try and free the shoulder. If this has no effect, do not exert increasing pressure.		•	•	•	•

	EMR	EMT	A	I	P
6. Place the mother in MacRobert's position and apply gently downward traction on the baby again.				•	•
7. If MacRobert's maneuver fails, have an assistant apply downward, suprapubic pressure to drive the fetal shoulder downward and clear the pubic bone. Apply coordinated, gentle downward traction on the baby.				•	•
8. If pressure straight down is ineffective, have assistant apply it in a more lateral direction. This should nudge the shoulder into a better position.				•	•
9. If newborn continues not to progress, transport immediately to closed appropriate facility.		•	•	•	•



PEARLS:

1. Applying fundal pressure, in coordination with the other maneuvers, may be helpful. Fundal pressure, applied alone, may aggravate the problem by further impacting the shoulder against the pubic symphysis.