

Shoulder Dystocia



fernandez

Built for Birthing



What is shoulder dystocia?

Shoulder Dystocia is a condition in which the baby's head is born but one of the shoulders gets stuck behind the mother's pubic bone, thereby delaying the birth of the baby's body. Extra help is then needed to release the baby's shoulder. This occurs in about one in 150 vaginal births.

Shoulder Dystocia is an emergency condition that occurs unexpectedly during childbirth and is difficult to predict most of the time. But, it is more likely to occur if:

1. You have had shoulder dystocia before
2. You have diabetes
3. Your BMI is 30 and above
4. You had a prolonged labour
5. You had an assisted vaginal delivery

Although Shoulder Dystocia occurs more often with large babies, sometimes there is no difficulty in delivering shoulders with weight > 4 kg. Almost half of the Shoulder Dystocia occur in normal weight babies (< 4 kg). Ultrasound cannot give exact weight, as it has a 15% margin of error in calculating estimated baby weight.

Shoulder Dystocia cannot be prevented because it cannot be predicted. Early induction of labour in large for gestation age baby is not known to prevent shoulder dystocia.



What happens if shoulder dystocia occurs?

Shoulder dystocia is an emergency situation, and it is important to release the shoulder so that the baby is born and can start breathing. Manoeuvres that facilitate the release of shoulders have to be performed to allow the baby birth. These manoeuvres are done in a standard recommended protocol.

The doctor will usually:

- Ask you to stop pushing
- Ask you to change your position
- Press on your abdomen just above the pubic bone to try to release your baby's shoulder
- Consider making a cut (episiotomy) to enlarge vaginal opening
- Your baby's shoulder can be released by doctor introducing hand into the vagina and gentle helping to remove baby's shoulder



What could shoulder dystocia mean for me and my baby?

For you – vaginal tears, third and fourth-degree perineal tears are more common after Shoulder Dystocia. Bleeding can be heavier and you may require additional sutures and additional treatment for bleeding.

For the baby – about one in ten babies who had Shoulder Dystocia will have some stretching of the nerves in the neck, called Brachial Plexus Injury (BPI), which may cause

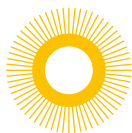
loss of movement to the arm. Common BPI, also known as Erb's Palsy, is usually temporary and movement will return within days or hours. Permanent damage is rare.

Sometimes shoulder dystocia can cause other injuries such as fracture of the baby's arm or shoulder. In majority of the cases, these heal well. In very few cases, even in best hands, a baby can suffer brain damage because the delivery was delayed due to shoulder dystocia.



What is the risk of recurrence in future deliveries?

Around one in 10 women have shoulder dystocia in future pregnancies.



Sources and acknowledgements

This information is based on RCOG guideline for Shoulder Dystocia - <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg42/>