# **Shoulder Dystocia**

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## 1. Background

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## 2. Purpose and scope

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## 3. Identification and assessment of evidence





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Shoulder dystocia should be managed systematically (see appendix 1).

Immediately after recognition of shoulder dystocia, additional help should be called.

The problem should be stated clearly as 'this is shoulder dystocia' to the arriving team.

Fundal pressure should not be used.

McRoberts' manoeuvre is a simple, rapid and effective intervention and should be performed first.

Suprapubic pressure should be used to improve the effectiveness of the McRoberts' manoeuvre.

An episiotomy is not always necessary.

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## 6.4 What is the optimal management of the woman and baby after shoulder dystocia?

### Birth attendants should be alert to the possibility of postpartum haemorrhage and severe perineal tears.



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The baby should be examined for injury by a neonatal clinician.



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An explanation of the delivery should be given to the parents (see section 9).



#### Risk management 7.

## 7.1 Training



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## **APPENDIX 2**

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