**Shoulder Dystocia**

Study Group Module

**Learning Objectives**

Review the following Learning Objectives as an organized beginning to your study of this module. As you read the Learning Objectives, note key words which will aid you in finding the information in the texts. When you complete the module, revisit this list and check for areas that require further investigation.

* Define shoulder dystocia and the degree of severity.
* Understand the physical relationship between baby and pelvis which create opportunity for shoulder dystocia.
* Identify risk factors for shoulder dystocia.
* Identify the occurrence of shoulder dystocia, with and without risk factors.
* Identify second stage warning signs of shoulder dystocia.
* Demonstrate hand skills for resolving shoulder dystocia, using models.
* Identify additional complications of birth that may accompany shoulder dystocia.
* Identify brachial plexus injuries in the newborn.
* Identify signs of a broken clavicle in the newborn.
* Identify the Zavenelli maneuver and rational for its application.
* Review the application of Vitamin K for newborns.
* Identify your own techniques for remaining calm.
* Review Newborn Resuscitation and Newborn Apnea, Hypoxia and RDS module.
* Review Hemorrhage module.
* Review Physical Assessment module (newborn exam).
* Demonstrate your hand skills and plan of action for responding to a shoulder dystocia.
* Draft practice guidelines for responding to shoulder dystocia and the possible sequela, including newborn resuscitation, maternal hemorrhage, brachial plexus and clavicle injuries.

**Study Sources**

The following texts are recommended for completion of this module. Use them to cross reference and build a more comprehensive understanding.

Using key words from the Learning Objectives, search the index. Read those pages listed, and read the chapter in which they are found. Establish a context for the information so that you understand how other topics are related. In addition, read the chapter headings in the Table of Contents, and flip through each text to familiarize yourself with the content of chapters. As you work through Study Group modules, you will eventually read each text in its entirety.

Oral Tradition and Living Knowledge are critical to understanding the pushing phase of labor and its accompanying variations, and key to the integration of supporting and facilitating descent and birth. Attend peer review, meet midwives and listen to discussions of second stage approaches. If you are unable to casually participate in such discussions, request interviews with midwives or organize guest speakers at community Study Group. Come prepared with questions.

* Human Labor and Birth, Oxorne and Foote
* Heart and Hands, Davis
* Varney’s Midwifery
* Myles Textbook for Midwives
* Assessment and Care of the Well Newborn, Thureen, Deacon, O’Neill, Hernandez
* Holistic Midwifery, Vol. III, Frye

**Related Topics**

* First and Second Stage Labor
* Gestational Diabetes
* Large for gestational age
* Post Dates Management and Post Maturity
* Nutrition
* Newborn Resuscitation
* Hemorrhage
* Suturing

**Shoulder Dystocia Questions**

1. Define shoulder dystocia.
2. What risk factors have been identified for increased incidence of shoulder dystocia?
3. What is the occurrence of shoulder dystocia?
4. What is the difference between snug shoulders and a shoulder dystocia?
5. What things are likely to be observed during a labor and birth that could alert you to the possibility of shoulder dystocia?
6. Describe what you feel with your hands as you assess for and diagnose that you are indeed faced with a shoulder dystocia.
7. What things must you not do in response to a shoulder dystocia?
8. What can your assistant do to help you during a shoulder dystocia?
9. How long do you continue to attempt to get the baby unstuck?
10. As you are getting the baby unstuck, what additional complications are you preparing for?
11. Describe what you observe with newborn brachial plexus injuries.
12. Describe what you observe/palpate with a newborn clavicle injury?
13. What is the appropriate response to newborn brachial plexus or clavicle injuries?
14. Briefly describe the Zavenelli maneuver.

**Essay**

1. Describe what you do to remain calm in a critical situation.
2. What do you think about the commentary offered by Varney regarding the use of hands and knees position to resolve shoulder dystocia?
3. Your client has been pushing for two hours. For the past 30 minutes or so she has been moving toward crowning. She is semi-reclining. Now the baby’s head crowns slowly, the head is born and before restitution can happen, the baby’s chin is pulling back, pressing against her perineum. What are you going to do? List steps, in order, that you would perform to get this baby born.
4. Take me through to your last resort. What would you change if she was squatting and a shoulder dystocia occurred?
5. Project (send completed projects with the rest of your course work for this module)
6. Draft practice guidelines for responding to shoulder dystocia in your own practice. Include reference to your assistant’s role, preparing for related post partum sequela including newborn resuscitation, maternal hemorrhage, brachial plexus and clavicle injuries, pediatric consultation and charting. Submit this draft and include it later in your Practice Guidelines projects (in the Charting and Practice Guidelines Module.)
7. works for me
8. I watched videos of unobstructed waterbirth and births of large aquatic mammals (dolphins and Orca whales). I observed the way the newborns continued to rotate, spinning slightly as they emerged fully into water. I imagined myself responding to a shoulder dystocia. As I moved my hands to effect the rotation of the baby’s shoulders, I thought of it as “restoring the spin.”
9. When I was later faced with shoulder dystocias, I remembered this vividly. I persevered in my determination not to be stuck, reminding myself that our bodies are extremely fluid and elastic. Even with the eleven pound, four oz baby, this vision stayed with me throughout. And the moms did not tear. So then I had a little saying for myself: Stay Calm and Spin Out.

**Skills**

Following are excerpts from the NMI forms for assessment of midwifery skills, which include all skills identified and required by NARM. Review the following skills and consider how they each relate to the content of this module. If you are currently working with a preceptor, take this opportunity to focus on these areas. During Supervised Primary Care you will formally evaluate these skills together using the NMI form Preceptor Evaluation/Student Self-Assessment of Midwifery Skills.

2. General Health care Skills:

L. Refers for performance of ultrasounds

4. Labor, Birth and Immediate Postpartum

C. Demonstrates the ability to evaluate and support a laboring woman during the second stage of labor by:

11. Demonstrating the ability to recognize and respond to labor and birth complications such as:

6)Shoulder dystocia: a)repositioning shoulder to oblique diameter, b)repositioning the mother to:

i)hands and knees (Gaskin maneuver,

ii)McRobert’s position,

iii)end of bed,

iv)squat,

c)flexing the shoulders of the newborn, then corkscrewing,

d)extracting posterior arm,

e)applying supra-pubic pressure,

f)applying gentle traction while encouraging pushing,

g)sweeping arm across newborn’s face,

h)performing and episiotomy to allow the midwife to insert hand,

i)perfoming pelvic press,

j)fracturing the newborn’s clavical