SCENARIO

Shoulder Dystocia

LEARNING OBJECTIVES

Recognition of the risk factors for shoulder dystocia
Able to diagnose shoulder dystocia
Be aware of the signs of a potential shoulder dystocia
Communication of emergency with team and patient/partner
Use of SBAR Handover
Appropriate use of manoeuvres
Aware of complications of shoulder dystocia
Appropriate documentation and debrief

EQUIPMENT LIST

PROMPT Pelvis/Noelle/SimMom mannequin
Baby
Monitor/CTG

PERSONNEL	FACULTY
MINIMUM: 1	MINIMUM: 1
Trainee	Facilitator
Midwife	
Paediatrician	
Partner	

TIME REQUIRMENTS
TOTAL 30mins

Set up:	5 mins	Simulation:	10mins
Pre Brief:	5 mins	Debrief:	10mins

INFORMATION TO CANDIDATE

PATIENT DETAILS

Name: Mrs Joan Marsh
Age: 32yrs
Weight/BMI: 39

Phx: Gestational Diabetes- diet
Allergies: Nil
Meds: Aspirin

SCENARIO BACKGROUND

Location: Labour Ward

Situation:
Joan is in spontaneous labour at 38 weeks. There was a delay in progress of first stage at 6cm and she required oxytocin augmentation. The CTG has been reassuring CTG and liquor is clear. She has a well working epidural. At 0640 after 11 hours of labour she has a spontaneous delivery of the head.

Task:
You are the ST4 on labour ward you are just writing up your notes from an instrumental delivery earlier in the night when the emergency buzzer goes off in room 5.

You enter the room and receive the above SBAR handover from midwife. She has attempted to complete delivery with one contraction and has diagnosed a shoulder dystocia.

RCOG CURRICULUM MAPPING

Module 11 Management of Delivery
Shoulder Dystocia

INFORMATION FOR ROLEPLAYERS

BACKGROUND

You are Mrs Joan Marsh 32yrs and this is your first pregnancy. You have been diagnosed with diet controlled gestational diabetes. You are overweight with a BMI 39. You take Aspirin, and have no allergies. A few years ago you had your gallbladder out. You went into labour yesterday at 38 weeks. The labour has been long and you have had an epidural. You have needed a hormone to increase the contractions. The baby has been coping well. At 0640 after one hour of pushing you have delivered your baby's head. The midwife has asked for help and mentioned something about the shoulders.

INFORMATION TO FACILITATOR

SCENARIO DIRECTION

Trainee should briefly introduce self to patient/partner and explain emergency of situation.
Help should be sort: Obstetric Emergency 2222 (Anaesthetics/Obstetrics/Paediatricians/Coordinator/Consultant/OT team)
Delegate a scribe/shoulder dystocia Performa- Time keeper for manoeuvres

Position of mother into McRoberts (flat bed, abduction of thighs flexion of hips, buttocks at end of bed with removal of bottom of bed)

Assessment of side of fetal back- maternal left- documentation of anterior shoulder –Right

Assessment of who is to carry our the manoeuvres (trainee/midwife)
Suprapubic pressure 30seconds with axial traction of head- there is no signs of delivery

Assessment for episiotomy
Either internal manoeuvres or delivery of posterior arm
Enter in sacral hollow pressure on posterior aspect of posterior shoulder or posterior aspect of anterior shoulder

Baby is delivered with internal manoeuvres and given to paediatricians
Complete third stage with CCT, inspection of perineum for trauma
Predict PPH
Team/patient/family debrief
Documentation

SCENARIO DEBRIEF

TOPICS TO DISCUSS

What other management options are there if internal manoeuvres don't deliver the baby?

What are the complications of shoulder dystocia?

What are the advantages of having a prompt and systematic approach to the management of shoulder dystocia?

REFERENCES

Shoulder Dystocia Green top Guideline No. 42 RCOG March 2012

Baxley EG, Gobbo RW. Shoulder dystocia. *Am Fam Physician* 2004;69:1707–14.

StratOG Module Obstetric Emergencies – Shoulder Dystocia