CLINICAL SESSION: SHOULDER DYSTOCIA

Using the “HELPERS” MNEUMONIC

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
<th>Comments</th>
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<tbody>
<tr>
<td><strong>H</strong></td>
<td>Call for Help</td>
<td>Note time of the delivery of the fetal head.</td>
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<td>Recognise the emergency and take control of the situation.</td>
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<td>Pull emergency buzzer to summon assistance in unit / dial 999 if in community.</td>
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<td>Briefly inform woman of situation and ask for her co-operation.</td>
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<td>Ask woman to stop pushing – further pushing will further impact the anterior shoulder.</td>
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<td>Auscultate fetal heart if possible.</td>
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<tr>
<td><strong>E</strong></td>
<td>Evaluate for Episiotomy</td>
<td>Only really useful if performing internal manoeuvres; remember that this is a bony problem, not a soft tissue problem.</td>
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<tr>
<td><strong>L</strong></td>
<td>McRoberts Position – Legs</td>
<td>Lie woman flat with knees/legs extended, then legs bent and drawn up towards chest – <strong>McRoberts</strong> – rotates SP superiorly, elevates anterior shoulder, flexes fetal spine, straightens maternal lordosis and opens pelvic inlet/outlet – attempt normal traction for 30-60 secs.</td>
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<tr>
<td><strong>P</strong></td>
<td>Supra-Pubic Pressure</td>
<td>Continuous or rocking movement performed over the fetal back by a second midwife – reduces the bisacromial diameter and encourages the anterior shoulder into an oblique diameter (external Rubins/Rubins I). Can be used with all internal manoeuvres - if used with McRoberts is successful in 60-80% of cases. Once anterior shoulder is free, perform downward traction to deliver the baby.</td>
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Enter to perform internal manoeuvres

Perform an episiotomy if possible now.

Undertake internal manoeuvres – with the woman in McRoberts (with SP pressure) or in an ‘All Fours’ position - no specific order is recommended:

1. **Perform Woods manoeuvre:**
   - Insert two fingers into the vagina and locate the anterior surface of the posterior shoulder over the clavicle
   - The posterior shoulder is then rotated $180^\circ$ in the direction of the fetal back, with supra-pubic pressure, which then disimpacts the anterior shoulder and allows the posterior shoulder to enter the pelvic brim
   - The posterior shoulder, which is now the anterior shoulder, may now be delivered by normal manoeuvres

2. **Perform Rubins II Manoeuvre:**
   - The midwife’s hand is inserted into the vagina to locate the posterior aspect of the anterior shoulder
   - The shoulders are then pushed from behind into an oblique diameter - this adducts the shoulders and reduces the bisacromial diameter
   - The shoulders are then free of the symphysis pubis and delivery can be completed
   
   **NB:** Woods and Rubins II can be performed together, if possible.

If unsuccessful:

3. **Perform Reverse Woods Manoeuvre:**
   - The fingers that were behind the anterior shoulder are moved down to the posterior aspect of the posterior shoulder
   - Attempt to rotate fetus $180^\circ$ in the opposite direction to deliver the fetus
| R | Remove of the posterior arm | **Removal of the Posterior Arm:**  
- Insert the hand into the vagina, along the curve of the sacrum, and locate the posterior arm – antecubital pressure will flex the elbow  
- Sweep this arm across the chest and deliver it - the fetus should then deliver spontaneously with downward traction as diameters are reduced  
- Often considered before the other internal manoeuvres, especially if woman is in the ‘all fours’ position |
|---|---|---|
| R | Roll over onto “all-fours” | May be used before internal manoeuvres and it may be easier to perform internal manoeuvres with the woman in this position.  
Considered to be an upside-down McRoberts.  
Useful in minor cases, but supra-pubic pressure cannot be used as effectively.  
Consider a change of position in mobile women - >80% success rates – beware in women with epidural analgesia or who are tired or unco-operative, but may be useful in women with obesity. |
| S | Start all over again | Each procedure should be undertaken for 20-30 seconds before moving on to the next.  
If nothing works return to the beginning and start again.  
Other manoeuvres – fracture clavicle, symphysiotomy, Zavennelli’s manoeuvre. |
| **POST EVENT** | | Baby – be prepared to resuscitate and take cord gases. Mother - prepare for possible PPH and repair perineal trauma.  
Complete records and risk management form. Debrief parents. Seek support – SOM. |