

Shoulder dystocia

Discussion points for Home birth in the presence of increased risk of shoulder dystocia. (severe difficulty with delivery of the baby's shoulders)

Date: _____

Time: _____

Shoulder dystocia occurs in about one in 150 (0.7%) vaginal births.	Initials
Shoulder dystocia usually occurs unexpectedly during childbirth and most of the time it is not possible to predict when it will happen.	
<p>There is an increased risk of shoulder dystocia when there is:</p> <ul style="list-style-type: none"> *Maternal diabetes. *A BMI of 30 or more * A previous shoulder dystocia (1:10 will have another shoulder dystocia) <p>Shoulder dystocia is more likely with large babies but nevertheless there is no difficulty delivering the shoulders in the majority of babies over 4.5kg (10 lb).</p> <p>Half of all instances of shoulder dystocia occur in babies weighing less than 4kg (about 9lb). Ultrasound scans are not good at telling whether you are likely to have a large baby and therefore they are not recommended for predicting shoulder dystocia, if you have no other risk factors.</p>	
<p>Wherever you give birth, your midwife is trained to deal with shoulder dystocia.</p> <p>If your baby is not born with the application of recommended measures or by rolling over onto all fours, your midwife will call an ambulance to transfer you to hospital. If your baby is born before the ambulance arrives, your midwife may still suggest taking you and your baby to hospital to be checked over.</p>	
<p>Vaginal tears are more common after shoulder dystocia and may extend to the back passage (see RCOG patient information: A Third- or Fourth-degree Tear During Childbirth). Heavier bleeding than normal after birth (postpartum haemorrhage) is also more common and you may require additional treatment and/or a blood transfusion. If a tear is thought to be 3rd or 4th degree transfer to hospital would be required for repair by medical staff.</p>	
<p>About one in ten (10%) babies who have shoulder dystocia will have some stretching of the nerves in the neck (see figure on page 1), called brachial plexus injury (BPI), which may cause loss of movement to the arm. The most common type of BPI is called Erb's palsy. It is usually temporary and movement will return within hours or days. Permanent damage is rare.</p>	

Even with the best care, in a very few cases, a baby can suffer brain damage if he or she did not get enough oxygen because the delivery was delayed by shoulder dystocia. Baby may require resuscitation; the community midwifery team carries only basic resuscitation equipment.	
In view of the complications that can arise from a shoulder dystocia it would be recommended that if you give birth within the hospital setting where there are plenty of staff to assist you in adopting positions to release the trapped shoulder, to resuscitate the baby and manage postnatal complications such as 3 rd or 4 th degree tear or PPH should any of these situations arise.	

RCOG (2012) [Shoulder Dystocia \(Green-top Guideline No. 42\) | RCOG](#)

RCOG (2013) [Shoulder dystocia patient information leaflet | RCOG](#)