Sample Shoulder Dystocia Guidelines

Purpose

Use this tool as an example when developing standardized care protocols.

Overview

This tool contains protocols for management of shoulder dystocia that were developed by a U.S. Air Force Medical Corps task force.

Notes and Considerations

- The U.S. Air Force Medical Corps developed this protocol after it identified management and documentation of shoulder dystocia as one of its top 10 high-priority obstetric practices targeted for standardization.

- The task force started with a centrally developed sample protocol that they then modified as members deemed necessary.

- After the task force reached consensus on the protocol, it was implemented in all U.S. Air Force medical facilities.

- The protocols are meant to be seen as the default protocol for providers to follow when presented with a shoulder dystocia case. However, providers are not required to follow it if an alternative approach is in the patient’s best interest. Deviations from the standard protocol are subject to peer review.

Source: Fausett MB, et al., "How to Develop an Effective Obstetric Checklist," Uniformed Services University of the Health Sciences, Paper 30 (2011), http://digitalcommons.unl.edu/usuhs/32; Crimson Continuum of Care interviews and analysis...
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Air Force Medical Operations Agency

Management of Shoulder Dystocia

This document is intended as a guideline. It should be used as the default mode of practice for this procedure in the absence of a specific provider order to the contrary. Clinical situations exist in which alternative approaches to care are in the patient’s best interest.

When shoulder dystocia is recognized:
1. Activate emergency system to get additional help.
2. Avoid at all times the exertion of more force or traction on the fetal head than the gentle force that would be applied with a normal delivery.
3. Any fundal pressure is contraindicated prior to release of the shoulders.
4. The mother should be instructed to stop pushing unless specifically requested to do so.
5. Maneuvers for release of shoulder dystocia should be undertaken in the following order. Additional gentle traction may be undertaken during or following each maneuver to judge its effectiveness in releasing the shoulder:
   a. McRoberts maneuver
   b. Suprapubic pressure
   c. Episiotomy or episiotomy extension if the thickness of the perineal body is judged to be contributing to the dystocia
   d. Woods’ screw maneuver
   e. Rubin’s maneuver
   f. Attempt posterior arm release
   g. Gaskin maneuver
   h. Attempt clavicular fracture
   i. Attempt Zavonelli’s maneuver
   j. Abdominal rescue
6. Maneuvers should be documented on the shoulder dystocia delivery addendum form—electronic or written form.