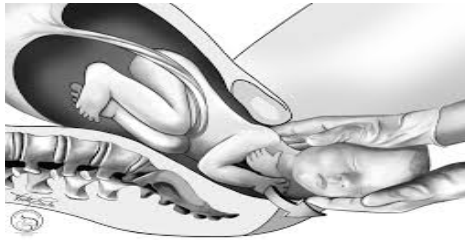


EP.0926 Review of shoulder dystocia over 2 years in a teaching hospital in London – pitfalls & recommendations

Dr. Jyoti Singh



There can be significant perinatal morbidity and mortality associated with the condition, even when it is managed appropriately.

Maternal morbidity is increased, particularly the incidence of postpartum haemorrhage (11%) as well as third and fourth-degree perineal tears (3.8%).

Brachial plexus injury (BPI) is one of the most important fetal complications of shoulder dystocia, complicating 2.3% to 16% of such deliveries.

AIM

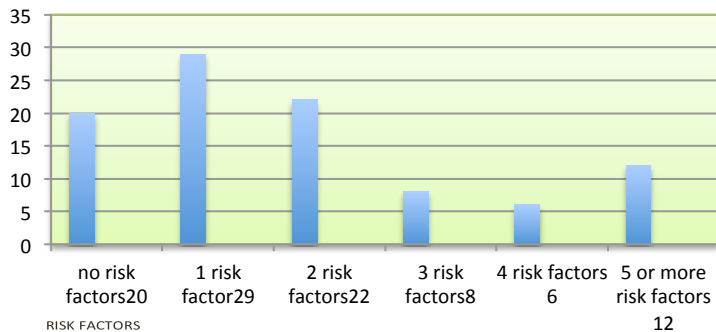
To determine the incidence of shoulder dystocia happening in our set up

Has there been any improvement from the year before, through training in terms of recognition, ability to manage & prevention of maternal and neonatal morbidities.

Maneuvers performed – timing and sequence

Maternal complications

Neonatal attendance at delivery and neonatal Apgars & outcomes



RISK FACTORS

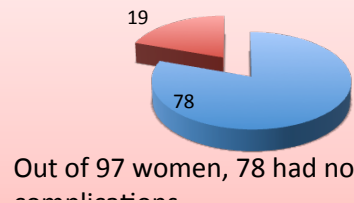
We considered the following known risk factors

- Previous shoulder dystocia
- Maternal BMI > 30
- Prolonged labour
- Induction of labour
- Assisted delivery
- Use of epidural
- Use of oxytocin

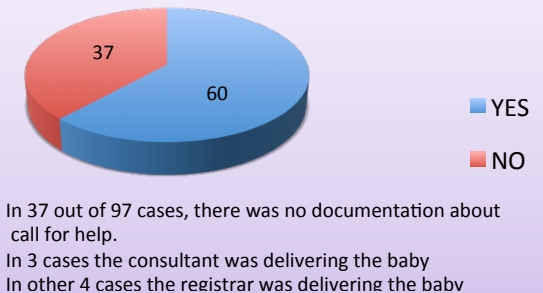
APGAR scores at 1 min



10 - 42
9 - 41
8 - 5
< 7 - 4
n/a - 5

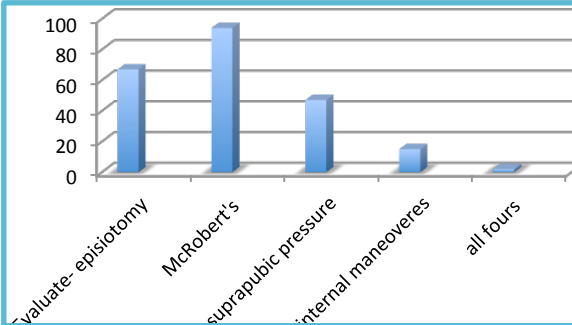


Out of 97 women, 78 had no complications



In 37 out of 97 cases, there was no documentation about call for help.

In 3 cases the consultant was delivering the baby
In other 4 cases the registrar was delivering the baby



McRobert's position was done in most of the cases ie 94 cases, but appears from

the notes that it was done for other 3 as well, but not clearly mentioned. Suprapubic pressure in 47 cases Evaluation for Episiotomy was done in 67 cases – the ones not done were mostly Multiparous.

Internal maneuvers done in 15 cases Only 2 cases went for all fours position.

CONCLUSION

About 20% of the women had no risk factor

About 80% of the women had at least 1 risk factor

The management of shoulder dystocia seems to be good as > 98% of the women were delivered within the safe bracket of 5 min

14% of the women who had SD had PPH, which is slightly higher than the national figure of 11%

5.1 % of the women who had SD had 3rd OR 4th degree perineal tear, again higher than the national figure of 3.8 %

About 38% of the cases had no 'call for help', or not documented, for a serious obstetric emergency

Neonatal outcomes were particularly good, as would be expected from most of the babies successfully delivered in time

Documentation in the cerner proforma and documentation of Datix, was not up to the mark