

Analysing 17000 deliveries, cesarean section for large babies reduced shoulder dystocia

Mr.Hashem Elhossamy

The Dudley group NHS trust, Dudley, United Kingdom

Objective

To identify if performing cesarean sections for large for gestational age babies identified by scanning, reduced the risk of shoulder dystocia in our unit.

Method

I looked into deliveries in Dudley group NHS trust with an annual birth rate of around 4200 deliveries per year. I got in touch with audit department as well as medical information department and we got the data for yearly incidence of shoulder dystocia, I then went manually through electronic daily diary for booking cesarean sections in our unit which states the indication of every cesarean section. I then filtered the cases that had cesarean sections for large for gestational age babies diagnosed by scanning at our local unit and the scanning was done for national indications and not for the purpose of this analysis.

Discussion

Shoulder dystocia is defined as a vaginal cephalic delivery that requires additional obstetric manoeuvres to deliver the fetus after the head has delivered. Incidence of shoulder dystocia is between 0.58% and 0.70%.

Maternal morbidity is increased. Brachial plexus injury (BPI) complicates 2.3% to 16% of deliveries.

There is evidence to suggest that where shoulder dystocia occurs, larger infants are more likely to suffer a permanent BPI after shoulder dystocia and cesarean sections can reduce all these risks but we have to be mindful of its potential short and long term complications and counsel patients appropriately.

Design

This was a retrospective analysis of cases, calculating cases of shoulder dystocia every year in relation to number of cesarean sections in our unit performed with an indication of large for gestational age baby.

Results

In 2019: 19 cases of cesarean sections with indication of LGA and 33 cases of shoulder dystocia.

In 2020: 30 cases of cesarean sections with indication of LGA and 24 cases of shoulder dystocia.

In 2021: 40 cases of cesarean sections with indication of LGA and 23 cases of shoulder dystocia.

In 2022: 45 cases of cesarean sections with indication of LGA and 21 cases of shoulder dystocia.

Conclusion

- As seen in results, every year we did more cesarean sections for large babies we reduced our incidence of shoulder dystocia with all it's devastating consequences but we need to look more into the effect of increasing cesarean section rates on both patients and service, with more sections we will later face more incidence of cesareans and its complications like ruptured uterus or abnormal placentation .