

SHOULDER DYSTOCIA = HELPER AB

- H** Send for **Help**
- EI** Elevate the legs (McRoberts Manoeuvre)
- P** Supra**P**ubic **P**ressure
- E** Episiotomy
- R** **R**otate the shoulders
- A** Bring down the posterior **A**rm
- B** **B**eware/**B**e prepared for **B**leeding PPH

H is for **Help**

Get extra help

- Another TWO people e.g. midwife/doctor
- Someone to care for the baby

EI is for **Elevate the legs**

This is called McRoberts Manoeuvre

Ask your assistants to push the patient's legs up to her chest

Wait for a contraction (but no longer than 60 sec)

With the patient bearing down and your hands on either side of the baby's head exert strong downward pressure

Be aware that this has the potential to cause a brachial plexus (Erb's) palsy in the baby

This manoeuvre alone will solve 80 – 90% of shoulder dystocias

P is for **Suprapubic Pressure**

Repeat the McRoberts manoeuvre with one assistant applying two-handed suprapubic pressure (a bit like cardiac massage)

E is for Episiotomy

Cut a large episiotomy

There is usually no time for anaesthesia

You will next need to get a hand into the vagina and you need some room to do this

R is for Rotation of the Shoulders

The shoulders are stuck above the level of the pelvic inlet

This inlet is usually ovoid and wider from side to side

Apply two-finger pressure in front of or behind the shoulders to rotate them

A is for Delivery of the Posterior Arm

There is space in the hollow of the sacrum

Pass your whole hand here and follow up until you find the baby's posterior arm

Pull down the posterior arm either at the wrist or by grasping it above the elbow

Be aware that this may cause a fracture of the humerus or the clavicle

B is for Beware/Be Prepared for Bleeding (PPH)

Active management of the third stage

- Provide an oxytocic agent within 2 minutes
- Deliver the placenta by controlled cord traction

Rub up a contraction and...

Consider the use of 20-40 IU Syntocinon per Litre for a few hours