

Midwifery Emergency Skills Program (MESP) Team Action Checklist

Shoulder Dystocia

→ Check each action performed by either 1st or 2nd attendant

Primary attendant: _____

2nd attendant: _____

Checked by: _____

- Notes time of birth of head + wait for next contraction.
- Identifies problem AFTER normal pushing efforts with next contraction after head
- Communicates with client & team that there is an issue with birthing the shoulders.
- Directs client to stop pushing/ breathe and follow instructions
- Delegates- Family call 911 on dX of SD **do NOT wait** for 2 manoeuvres.
- Delegates 2nd to call hospital = in Hospital: call bell, code to get RNs, PEDs, OBS
- Asks for time call-outs every minute and documenting.
- Communicates “stop pushing / Breathe” while maneuver implemented – then “push” while maneuver in place or during (i.e., woods)

Moves in Logical ORDER and should go quickly to next:

- Two most likely to succeed: hands and knees, posterior arm
 - McRoberts** – head down & knees to nipples **with Supra pubic or Rubins**
 - Wood’s Screw** – In one direction 180 degrees (keep fetal back to maternal belly)
 - Wood’s screw** - in reverse 180 degrees back (keep fetal back to maternal belly)
 - Hands + Knees / Running Start**
 - Posterior Arm** - easier in all fours
 - Posterior axillary sling / Shrug**
 - Move quickly - Repeat if < 5 min from birth of head**
- Considers episiotomy only if cannot “enter” to do maneuver
 - Notes time of 5 min to consider breaking humerus and clavicle
 - Describes Zafanelli
 - Prepares for PPH /. Active management 3rd stage is recommended
 - Prepares for Resuscitation – recommend intact cord resuscitation.
 - Full newborn exam to inspect bilateral Moro / clavicle/ humerus
 - Document & Debrief