

Shoulder Dystocia

A plain-English guide for you and your family

WHAT IS HAPPENING

Shoulder dystocia is a birth emergency that happens after the baby's head comes out but before the rest of the body follows. Normally, once the head is born, the front shoulder slides smoothly under the mother's pubic bone (the hard bone at the front of the pelvis), then the back shoulder comes out, and the rest of the body follows. In shoulder dystocia, the front shoulder gets stuck behind that pubic bone — picture a big box trying to wedge through a narrow doorway. The baby's head retracts back against the mother's body (called the turtle sign, because the head looks like it's pulling into a shell) and gentle pulling doesn't help. This is dangerous because the umbilical cord is squeezed or kinked, cutting off oxygen to the baby, and the clock starts ticking — brain damage can happen in minutes. The delivery team uses a step-by-step set of moves called HELPERR to free the shoulder without hurting the baby or mother: they call for help, check the episiotomy (a small cut to make more room), lift the mother's legs up toward her chest (McRoberts maneuver), apply pressure just above the pubic bone (not on the belly, which can make it worse), try different positions, reach inside to rotate the baby's shoulder, and remove the back arm. Time is written down for every step because the baby needs to be born within 4 to 5 minutes to stay safe. Risk factors include a big baby (especially from gestational diabetes or going past the due date), a mother with diabetes, past shoulder dystocia, or a long pushing stage, but shoulder dystocia can also happen with no warning. Once it's recognized, the team works fast and follows the proven steps — panic and hard pulling cause injury, but the HELPERR method works.

What you might feel

- The baby's head comes out but the shoulders stay stuck inside
- Turtle sign — the baby's head pops out then pulls back tight against the mother's body
- The usual gentle downward pull on the baby's head does not bring the shoulders out
- The delivery stops after the head is born — the body does not follow within about one minute
- The care team activates the shoulder-dystocia emergency protocol and calls for extra help
- The baby may have a slower heart rate or poor color after birth

- The mother's perineum may tear more than usual
- After delivery, the baby's arm on the stuck-shoulder side may hang limp

Call the doctor right away if...

- The baby is not breathing well or has a very slow heart rate after the body is finally delivered — this means oxygen was cut off too long and the baby needs immediate resuscitation.
- One of the baby's arms is completely limp or the hand stays curled and won't open — this suggests the nerves to that arm were injured during delivery.
- The mother has heavy bleeding that does not slow down after the placenta is out — the extra maneuvers and tissue tears can damage blood vessels or prevent the uterus from clamping down properly.
- The baby's collarbone feels or looks crooked, or the baby cries and won't move that arm — the clavicle (collarbone) may have broken during the maneuvers to free the shoulder.
- The mother reports sudden, severe pain in her pelvis or hip during or right after delivery — rarely, the pubic bone can separate or a pelvic joint can be injured by the forces used to deliver the baby.

What the care team will do

- Activate the shoulder dystocia emergency team immediately using overhead page or emergency button to bring obstetrics attending physician, pediatrics or neonatal team, anesthesia provider, and extra nurses to the bedside right now.
- Help position the mother into McRoberts maneuver by flexing both of her hips and pulling her knees up toward her chest and out to the sides while she stays flat on her back.
- Apply steady suprapubic pressure by placing your hand just above the mother's pubic bone and pushing downward toward her spine at an angle, using the heel of your hand in a rocking or continuous motion.
- Document the exact time the baby's head delivered, every maneuver attempted, who performed each step, and the time each action occurred on the flowsheet or emergency record form.
- Prepare neonatal resuscitation equipment including warmed radiant warmer, suction, bag-mask with correct size mask, oxygen source, and intubation supplies within arm's reach before the baby delivers.
- Watch for and report any traction (pulling) on the baby's head toward the floor or to the side, immediately speaking up if you see pulling, and remind the team that only gentle downward pressure during contractions is safe.

- Assess the mother for signs of postpartum bleeding (hemorrhage) by measuring blood loss, monitoring vital signs every 5 minutes for the first hour, and checking uterine firmness every 15 minutes.
- Examine and document the newborn for brachial plexus injury by checking whether both arms move equally, the baby can bend both elbows, and both hands can grasp, reporting any weakness or asymmetry to pediatrics immediately.

Medicines you may be given — and why

Call for help

Use these moves: bend mom's legs high up, push above the pubic bone, turn the baby, deliver the back arm, mom gets on hands and knees. Last try: push head back and do surgery, break the breastbone, or break the collarbone. NO pushing on the belly. Get ready for bad bleeding and tears. Write down times, moves used, doctors, baby's health, and cord blood test. Each medicine on this list does a body job. Name the job before naming the drug. The medicine is the tool, the broken step is the target. Avoid the reflex of one-symptom-one-drug. Match each agent to big baby from diabetes or past due date, pelvis shape, which way baby faces and the patients individual physiology.

Where this information comes from

- ACOG Practice Bulletin No. 178: Shoulder Dystocia, 2017 (reaffirmed 2023)
- American Academy of Family Physicians (AAFP) shoulder dystocia guidelines
- Royal College of Obstetricians and Gynaecologists (RCOG) Green-top Guideline No. 42, 2012

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