

Shoulder Dystocia

Baby's shoulder jams under the pubic bone — use HELPERR steps, never push on the belly, document every minute.

THE ONE-LINE TRUTH

Birth emergency — baby's head comes out, but the front shoulder gets stuck behind the mother's pubic bone.

The chain — how it unfolds

1. The baby's head is delivered, but the body does not follow with the next push. — why: Normally the shoulders rotate and slide out right after the head, but in shoulder dystocia the front shoulder is jammed against the pubic bone, creating a mechanical block that stops all forward progress.
2. The baby's head retracts tightly against the mother's perineum (turtle sign). — why: Because the shoulder cannot move forward, gentle pulling on the head just pulls the stuck shoulder harder into the bone, and the head snaps back like a turtle pulling into its shell — this is the key visual sign that tells the team this is shoulder dystocia, not just a slow delivery.
3. The umbilical cord is compressed between the baby's body and the mother's pelvis. — why: The cord, which was loose and pulsing while the baby was fully inside, is now pinched in the narrow space where the shoulder is wedged — blood flow stops, oxygen stops, and the baby's heart rate starts to drop (fetal a slow heart rate (bradycardia)).
4. The clock starts: the team has 4 to 5 minutes to free the shoulder before brain damage begins. — why: The baby's brain uses oxygen faster than any other organ, and once the cord is compressed, the baby is not breathing yet (because the chest is still inside), so there is no backup — brain cells start dying after about 4 minutes without oxygen, leading to oxygen-starved (hypoxic)-blood-starved (ischemic) encephalopathy (permanent brain injury) or death.
5. Routine pulling or pushing makes things worse, not better. — why: Pulling hard on the head stretches the brachial plexus (the bundle of nerves that runs from the neck into the arm), causing Erb's palsy (permanent arm paralysis), and pushing on the belly (fundal pressure) drives the shoulder even tighter into the bone, increasing the chance of uterine rupture and making the jam worse.

6. The HELPERR maneuvers change the geometry of the pelvis and the baby's position to unlock the jam. — why: Each maneuver works by either increasing the space behind the pubic bone (McRoberts, hands-and-knees), pushing the shoulder away from the bone (suprapubic pressure), rotating the baby to bring a different shoulder forward (Rubin, Woods), or reducing the width of the shoulders by delivering one arm first (posterior arm removal) — these are the only proven ways to free the baby safely and fast.
7. If the maneuvers succeed, the baby is delivered and assessed immediately for breathing, heart rate, and arm movement. — why: Even with successful delivery, the baby may have low Apgar scores from the oxygen deprivation, may need resuscitation, and may have a brachial plexus injury (weak or floppy arm) or a fractured clavicle (collarbone) from the maneuvers — the pediatric team checks and treats these right away.
8. The mother is checked for tears, bleeding, and uterine rupture after delivery. — why: The maneuvers can cause fourth-degree perineal tears (tearing all the way through the rectum), postpartum bleeding (hemorrhage) from uterine atony (the uterus does not clamp down after the stress), or, rarely, uterine rupture if someone pushed on the belly — all of these need immediate treatment to prevent life-threatening bleeding.

Spot it — what you see, and why

- The baby's head comes out but the shoulders stay stuck inside: The front shoulder is jammed behind the mother's pubic bone (the hard bone at the front of the pelvis). The baby is too big or positioned in a way that the shoulder can't slip under the bone on its own.
- Turtle sign — the baby's head pops out then pulls back tight against the mother's body: The stuck shoulder yanks the head backward against the perineum (the tissue between the vagina and anus). It looks like a turtle pulling its head into its shell.
- The usual gentle downward pull on the baby's head does not bring the shoulders out: Normal delivery uses light traction (pulling) to guide the front shoulder under the pubic bone. When the shoulder is truly wedged, that gentle pull fails because bone is blocking bone.
- The delivery stops after the head is born — the body does not follow within about one minute: Normally the shoulders rotate and slide out right after the head with one or two pushes. A trapped shoulder halts all forward movement despite pushing and normal traction.
- The care team activates the shoulder-dystocia emergency protocol and calls for extra help: Shoulder dystocia is a time-critical emergency. The umbilical cord is compressed between the baby and the mother's pelvis, so the baby is not getting oxygen. Every minute counts, and standard maneuvers require extra hands.

- The baby may have a slower heart rate or poor color after birth: Cord compression cuts off oxygen (hypoxia) during the minutes the shoulders are stuck. The baby's heart slows and skin may look pale or dusky until the body is delivered and the baby can be resuscitated.

Red flags — act now

- 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.

Treat it — in this order

1. Call for help immediately — obstetrics attending, pediatrics or neonatology, anesthesia, and extra nurses → Gets the full team to the bedside so multiple people can do rescue maneuvers at the same time, someone can prepare to resuscitate the baby the instant it delivers, and anesthesia is ready if emergency surgery is needed. Every second counts because the baby's umbilical cord is being squeezed and oxygen is dropping.
2. McRoberts maneuver — flex the mother's hips and pull her knees up toward her chest as far as they will go → Opens up the pelvic space by tilting the mother's pelvis backward (rotating the pubic bone upward and the sacrum downward), which gives the front shoulder room to slide under the pubic bone. This works in about 40% of cases by itself.
3. Suprapubic pressure — push firmly above the mother's pubic bone (not on the belly) toward her spine, in a downward and lateral direction → Rotates the baby's front shoulder backward and downward, pushing it off the pubic bone and into the wider diagonal space of the pelvis so it can slip through. This is done at the same time as McRoberts and works in another 40% of cases when added to McRoberts.

4. Deliver the posterior (back) arm — reach inside the birth canal, find the baby's back arm, sweep it across the chest, and pull it out → Removes one shoulder from the equation, shrinking the total width of the baby's body so the stuck front shoulder now has enough room to fit through the pelvis. This works in most remaining cases.
5. Rubin or Woods screw maneuver — reach inside and push on the baby's shoulder or back to rotate the baby's body 180 degrees, like unscrewing a jar → Rotates the shoulders into the wider diagonal or side-to-side diameter of the pelvis, or turns the stuck front shoulder into the back position where there is more room, so the shoulder can slip past the pubic bone.

Your top priorities at the bedside

1. 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. — why: The baby's umbilical cord is compressed between the shoulder and the mother's pelvis, cutting off oxygen supply to the brain; permanent brain damage starts after 4 to 5 minutes without oxygen, so extra hands and expertise must arrive within 1 minute.
2. 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. — why: This position rotates the mother's pelvis backward and flattens her lower spine, which straightens the birth canal and increases the space between her pubic bone and sacrum (tailbone) by up to 2 centimeters, allowing the stuck shoulder to slip under the pubic bone.
3. 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. — why: This pressure pushes the baby's front shoulder down and inward toward the baby's chest (adduction means moving toward the midline), reducing the shoulder width by rotating the baby's shoulders from side-to-side position into a diagonal position that fits through the pelvis opening.