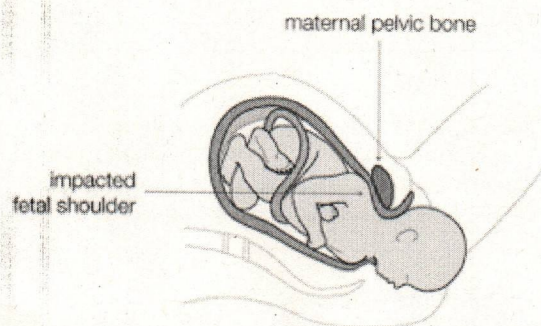


## Appendix 1 Patient Information Leaflet

# Shoulder Dystocia

### What is shoulder dystocia?

Shoulder dystocia is when, during a vaginal delivery, the baby's head is delivered, and the body cannot be delivered by gentle traction because the baby's shoulder has become stuck behind the pelvic bone. If this were to occur the maternity team of midwives may change your position or perform manoeuvres to ensure the baby is delivered safely.



### Why does shoulder dystocia happen?

Shoulder dystocia can happen in any pregnancy and cannot always be predicted. Risks factors:

- Macrosomic (large) baby (Estimated Fetal Weight more 4kgs)
- BMI more than 30
- Diabetes in pregnancy
- Induced labour
- Prolonged labour
- Instrumental delivery

50% (1 in 2) of babies affected by shoulder dystocia will have an estimated fetal weight of less than 4kg, 50% will have estimated fetal weight above 4kg.

### How often does shoulder dystocia happen?

Overall shoulder dystocia happens 1 in 150. The risk of shoulder dystocia does increase by weight and is also increased by diabetes.

### Risk without diabetes

Estimated Fetal Weight	Risk
Less than 4000g	1-11/1000
4000-4499g	1-10/100
More than 4500g	3-23/100

### Risk with diabetes

Estimated Fetal Weight	Risk
Less than 4000g	6-37/1000
4000-4499g	5-23/100
More than 4500g	2-5/10

If my baby is affected by shoulder dystocia what are the risks? Of the babies affected by shoulder dystocia, 95/100 babies affected by shoulder dystocia have no complications or long term effects. There is a minority that do these include:

Complication	Risk
Clavicle Fracture	2-10/100
Humerus Fracture	1-40/1000
Permanent Brachial Plexus Injury	5-16/1000
Hypoxic- Ischaemic Encephalopathy	3/1000
Death	3/1000

For example:

In a woman who does not have diabetes and she is found to have a large baby but with an estimated weight less than 4kgs the risk of her suffering shoulder dystocia with long term complication of a brachial plexus injury is 16 babies out of 100,000, the risk of brain damage would be 3 babies out of 100,000.

### What will happen if I am high risk for shoulder dystocia?

If you are identified to be at high risk for shoulder dystocia one of the obstetric doctors will have a detailed conversation with you about this. Most women who are high risk for shoulder dystocia will still go on to have a normal delivery with no complications. The options of care offered will be:

- Aim for normal spontaneous vaginal delivery
- Consider induction of labour
- Consider caesarean section

Any intervention offered will be associated with risks, and this will be discussed with you in detail before a plan of care is made.

### What will happen if I suffer from shoulder dystocia?

Shoulder dystocia is managed as an emergency so that we are able to deliver your baby quickly. In the unlikely event it does occur you will find lots of members of staff (midwives and doctors) will attend your room to help. There are several steps in management that may be required including changing your position to lie you flat, pressure on the abdomen, episiotomy.