	D05 - SHOULDER DYSTOCIA		
	Version date: 2025-04-10	Effective date: 2025-04-30 (07:00)	
PCP = PCP - ACP	ICP = ICP & ACP	ACP = ACP only	None = all providers

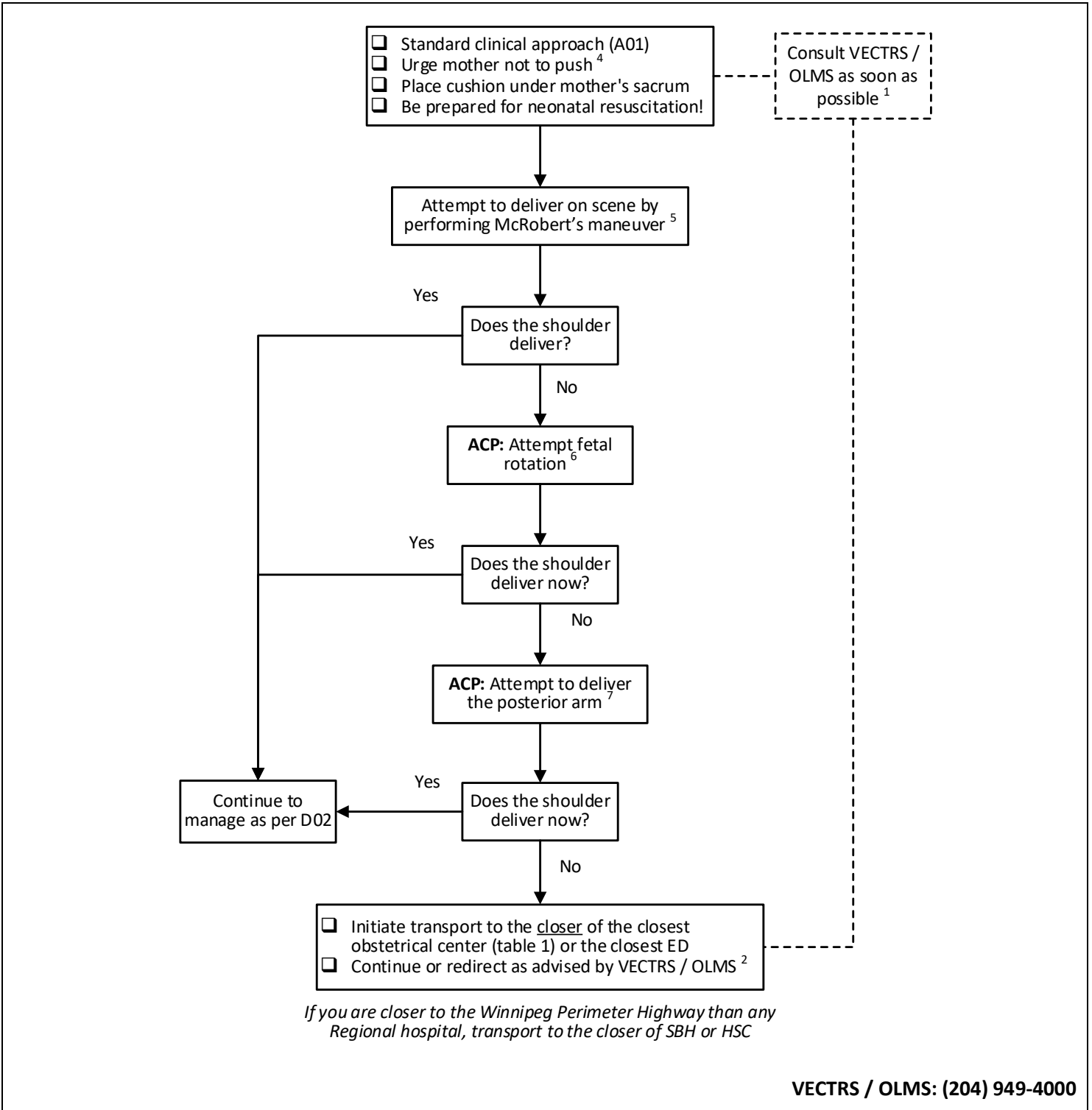


TABLE 1: OBSTETRICAL CENTERS & OBSTETRICS-CAPABLE FACILITIES IN OR NEAR MANITOBA

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|---|---|
| <ul style="list-style-type: none"> • Bethesda Regional Health Centre (Steinbach) • Boundary Trails Health Centre (Winkler) • Brandon Regional Hospital • Dauphin Regional Health Centre • Health Sciences Centre (Winnipeg) • Lake of the Woods District Hospital (Kenora, ON) * • Neepawa Health Centre | <ul style="list-style-type: none"> • Portage District General Hospital (Portage La Prairie) • Selkirk Regional Health Centre (Selkirk) • St. Anthony's General Hospital (The Pas) • St. Boniface Hospital (Winnipeg) • Thompson General Hospital • Yorkton Regional Health Centre (Yorkton, SK) * |
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() Where indicated call ahead to confirm that normal obstetrical services are currently available*

INDICATIONS

- Known or suspected shoulder dystocia

WARNINGS**ABSOLUTE CONTRAINDICATION:**

- The administration of an opioid analgesic to facilitate delivery may result in neonatal compromise

NOTES

1. Shoulder dystocia is an obstetrical emergency. Immediate recognition and delivery using an orderly sequence of maneuvers is essential to prevent fetal asphyxia and death.
Scene time should be kept to a minimum. Call the Virtual Emergency Care & Transport Resource Service (VECTRS) and consult on-line medical support (OMS) as soon as possible for clinical and destination decision support. VECTRS / OLMS can access the on-call transport obstetrician and the Child Health Transport Team (CHTT) if necessary.
2. Depending on your location, transport time, and resources available at the closest destination, VECTRS / OLMS may direct you to an alternative destination so it is imperative to call as soon as you can.
3. Shoulder dystocia is a clinical diagnosis that should be suspected when any of the following occurs:
 - a. The fetal body fails to deliver within 60 seconds of the head delivering (normally this takes under 30 seconds).
 - b. The fetal head is expelled during a contraction, but then retracts into the perineum between compressions (turtle sign).
 - c. The usual gentle downward traction on the fetal head fails to accomplish delivery of the shoulders.
4. Delivery will not occur until the anterior shoulder is released from behind the pubic symphysis. Pushing by the mother, excessive traction on the fetus, or fundal pressure may worsen dystocia by wedging the fetal shoulder against the maternal pelvis.
5. All paramedics should initially attempt to deliver on scene using the McRoberts maneuver with suprapubic (NOT FUNDAL) pressure. Placing several folded towels under the mother's sacrum will increase the pelvic tilt.

6. If unable to deliver on scene, paramedics with the basic (EMR), primary (PCP) or intermediate (ICP) work scopes will immediately initiate transport. Paramedics with advanced (ACP) work scope should attempt internal fetal rotation.
7. If the rotational maneuver is also unsuccessful, paramedics with the ACP work scope should promptly attempt to deliver the arm closest to the mother's sacrum (posterior arm). Clavicular or humeral fractures can occur (20%) but generally heal without compromise in function. Brachial plexus injury can also result with excessive traction.

LINKS

- A01 - Standard Clinical Approach
- D03 - Newborn Care & Neonatal Resuscitation
- P03.3 - McRoberts Maneuver
- P03.4 - Delivery of the Posterior Arm
- P03.5 - Rotational Maneuver for Shoulder Dystocia

APPROVED BY



EMS Medical Director



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VERSION CHANGES (refer to X04 for change tracking)

- Addition of advanced work scope
- Revised notes for greater clarification regarding consulting VECTRS / OLMS, transport, and best destination