

Shoulder Dystocia

Rating Levels:

- 1 – Team meets all criteria
- 2 – Team meets criteria with minimal prompting
- 3 – Team requires retraining to meet criteria

Rating Team Competency Criteria:

OVERVIEW

The care team will:

- 1) Listen to the **initial scenario** presented by the group facilitator
- 2) Hold a **briefing** session to discuss risk factors and roles after the facilitator presents the **initial case** (limit to five minutes)
- 3) Simulate patient care management (**teamwork in action**). The facilitator intervenes as little as possible. (limit to 30 minutes)
- 4) Participate in a structured **debriefing** lead by the facilitator. (approximately one hour)

Videotape to playback sections during debriefing if possible.

INITIAL SCENARIO

"You are taking care of a 27 year old G3P2002 woman at 41 weeks two days by LMP consistent with eight week ultrasound that is in active labor. She has a history of a vacuum-assisted vaginal delivery of an eight pound infant complicated by shoulder dystocia, and a spontaneous delivery of a seven and a half pound infant without complications. Her prenatal course was unremarkable with a one hour GTT 124. At her last clinic visit yesterday, the estimate fetal weight (EFW) was 4000 gms. She was admitted at 5 cm with regular contractions six hours ago and received an epidural after admission. She was augmented with pitocin and is now 9 cm.

"Does this patient have any risk factors for a shoulder dystocia? What other risk factors would you look for in your patients?"

Brief: Identifies Risk Factors

- Maternal
 - Previous shoulder dystocia
 - Gestational diabetes – check prenatal records for GTT results
 - Post-dates pregnancy
 - Abnormal pelvic anatomy
 - Short stature
- Fetal
 - Suspected macrosomia (estimated fetal weight > 4000gms)
- Intrapartum

- Assisted vaginal deliveries (vacuum, forceps)
- Protracted active phase, first stage
- Protracted second stage

"Approximately how many shoulder dystocias occur in the presence of these identified risk factors?"

- 50 percent of shoulder dystocias occur **WITHOUT** risk factors!

"Name some actions you will take to prepare for a shoulder dystocia?"

_____ **Brief checklist: Team preparation**

- Who is on core team? Ensures adequate staffing for delivery (whenever feasible, have two nurses present for delivery)
- All members understand and agree upon goals?
- Roles and responsibilities understood?
- Plan of care?
 - Maintains bed in low position or have step stool available
 - Observes for "turtle sign"
- Staff availability?
- Workload?
- Available resources?

"After pushing 30 minutes, the patient is crowning. Because you identified risk factors, two nurses are at the bedside. Assist the patient with her delivery." (Facilitator note: If a pelvic model or manikin is used, demonstrate the turtle sign with the fetus and continue the cascade of persistent dystocia until all the steps are completed.)

Facilitator now observes the team in action to evaluate their performance.

Facilitator throws in challenges: significant other passes out or objects to needed intervention, step stool not available, bed unplugged, language barrier ...

_____ **Teamwork in action: Implementation of HELPER-R Mnemonic**

- H – Help!** Calls for additional assistance
- E – Evaluates** for episiotomy
- L – Legs** Demonstrates McRoberts Maneuver
- P – Pressure** Demonstrates Suprapubic Pressure (person on the side of the fetal back)
- E – Enters** the vagina
 - Demonstrates Rubin Maneuver
 - Demonstrates Woodscrew Maneuver
 - Demonstrates Reverse Woodscrew Maneuver
- R – Removes** the posterior arm
- R – Rolls** the patient
 - Demonstrates Gaskin Maneuver (hands and knees)

Teamwork in action: (check the tools the team used)

- Huddle** (for critical issues and emerging events)
- Situation Monitoring:** STEP (Status of patient; Team members; Environment; Progress towards goal)
- Shared Mental Model**
- SBAR** (Situation; Background; Assessment; Recommendation)
- Check back** (closed loop communication)

Teamwork in action teamwork: (check the tools the team used)

- Cross monitoring (monitoring actions of other team members)
- Feedback (Timely; Respectful; Specific; Directed toward improvement; Considerate)
- Advocacy and assertion (Advocate for patient; Assert corrective action in firm and respectful manner)
- Two-challenge rule for informational conflict; Anyone can “stop the line” after concern voiced twice
- CUS (I’m Concerned; I’m Uncomfortable; This is a Safety issue)
- DESC script for personal conflict (Describe; Express; Suggest; Consequences)
- I’M SAFE checklist (Illness; Medication; Stress; Alcohol and Drugs; Fatigue; Eating and elimination)
- Collaboration (Win/win; commitment to common mission)
- Call out (for critical information)

“Your patient is delivered and the neonate is stable, after requiring brief PPV and free-flow oxygen. What complications will you assess for in the mother and infant?”

Teamwork in action content: Assesses Possible Maternal Complications

- Third or fourth degree perineal laceration
- Postpartum hemorrhage

Teamwork in action content: Assesses Possible Neonatal Complications

- Brachial plexus injury (temporary or permanent)
- Clavicle fracture
- Hypoxic brain injury (Obtains cord blood gases)
- Death

“When and how will you discuss the emergency with the family?”

Discusses effective communication with patient and family members

“Tell me about what you will document and what forms are needed in your facility for adequate documentation (including applicable policies).”

Discusses adequate documentation

- Includes time spent on each maneuver
- Includes time from head out to full body delivery

“Is there a plan in your facility to debrief emergency situations? What can be learned and/or gained from the debriefing session?”

Debriefing

- What went well and why?
- What could have gone better and why?
- What would you do different next time?
- Communication clear?
- Roles and responsibilities understood?
- Situation awareness maintained?
- Workload distribution?
- Did we ask for or offer assistance?
- Were errors made or avoided?
- Did our team have a shared and understood plan of care?

Facilitator now discusses team performance during the drill, reviewing points of success and recommendations for improvement.

Date: _____

Observer: _____

Title: _____

Participants:

Summary of Training:

Competency Validated (circle one)

YES

NO

If no, discuss the areas of concern and repeat the scenario and document below

Competency Validated following remediation YES NO

If no, unit leaders must be informed so re-education and training can be addressed