

## Axillary Traction: an effective method of resolving Shoulder Dystocia.

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### Background

Current management of shoulder dystocia involves the use of various manoeuvres described in HELPERR.

At Counties Manukau Health, NZ, Axillary Traction became the preferred method for managing shoulder dystocia following the qualitative study of Ansell, McCara- Couper & Smythe (2012).

### Objectives

The purpose was to compare the effectiveness of the following three internal manoeuvres used when shoulder dystocia occurs:

- Axillary traction
- Posterior arm delivery
- Rotational manoeuvres

### Conclusion

Axillary traction has a statistically significant higher success rate and should be recommended as the first internal manoeuvre used when shoulder dystocia occurs

### References

Ansell (Irving) , L., McCara-Couper, J., & Smythe, E. Shoulder Dystocia: A qualitative exploration of what works, Midwifery (2012); **28**(4): 461-468

### Methods

Retrospective review of clinical records of women and babies who experienced shoulder dystocia over an 8 year period.

Inclusion criteria:

- Singleton fetus
- >34 weeks gestation
- Vaginal birth with shoulder dystocia

Excluded:

- Fetal death before labour
- Major fetal abnormality

The manoeuvres used to resolve the dystocia and the order in which the manoeuvres were employed was collected.

Three main groups of internal manoeuvres:

- Axillary traction - manoeuvres documented as axillary traction or delivery of the posterior shoulder
- Posterior arm delivery – documented as such
- Internal rotational manoeuvres - Woodscrew, reverse Woodscrew and/or internal rotation

### Results

The success rate of axillary traction was significantly greater than that for rotational manoeuvres ( $p < 0.001$ ) and posterior arm delivery ( $p 0.025$ )

#### Success rate of internal manoeuvres

