



Presenter: Jasmine Clifton

Session & Time: Poster II

Room/Time: GLH / 2:30-3:30

Discipline: Nursing

Faculty Mentor: Olivia Catolico

Digital Portfolio URL:

Title: Managing Shoulder Dystocia: Evaluating First-Line Maneuvers and Neonatal Outcomes

Abstract:

Shoulder dystocia is a rare, obstetric emergency that can occur without risk factors and prolongs delivery of the fetus. Clinicians must know how to recognize it and when interventions need to be initiated. Shoulder dystocia is associated with neonatal morbidity. Management requires rapid, application of maneuvers, typically beginning with external maneuvers then to internal, invasive maneuvers when initial efforts are unsuccessful. Previous studies have examined success rates of individual maneuvers, yet a critical gap still exists in understanding what defines the “most effective” first-line maneuver when evaluated by neonatal outcomes instead of success of the maneuver alone.

Current evidence suggests that improved neonatal outcomes are associated with fewer maneuvers and shorter time to delivery. However, this relationship can be confounded by the severity of shoulder dystocia since cases requiring multiple maneuvers may reflect more severe fetal impaction rather than inefficiencies in

management. Also, existing retrospective design studies limit the ability to accurately capture the timing, sequence, and clinical decision-making processes that are critical components of effective management.

In this study, using a prospective observational cohort design will make real-time data available to collect in shoulder dystocia cases. This includes initial maneuver performed, sequence and timing of next interventions, total number of maneuvers performed, and neonatal outcomes. The purpose of this study is to evaluate the effectiveness of first-line maneuvers in reducing neonatal morbidity by examining their ability to achieve delivery with the minimal addition of maneuvers and reduced time to resolution.

This study is significant because it reframes effectiveness of interventions to patient-centered outcomes while considering the clinical management process. Gathering real-time data will address the limitations of prior research, allowing for a more accurate evaluation of how first-line maneuvers influence neonatal morbidity.