

Shoulder Dystocia: Effective Management of an Obstetric Emergency

A Qualitative Study

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ATTESTATION OF AUTHORSHIP

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been for the award of any other degree or diploma of a university or other institute of learning.

Signature.....

Date.....

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ABSTRACT

Shoulder dystocia is an obstetric emergency which can result in significant maternal and neonatal morbidity, and in some cases perinatal death. It is an unpredictable event which causes stress and trauma for all concerned. Widely accepted and current management of shoulder dystocia involves performing a set of manoeuvres described in the HELPERR mnemonic, which are taught in emergency obstetric training sessions.

This qualitative interpretive study presents a descriptive and hermeneutic analysis of the narratives of five clinicians who have significant experience in the management of shoulder dystocia. The qualitative descriptive approach is informed by the work of Sandelowski and it incorporates a hermeneutic 'hue' influenced by the work of Heidegger. This approach allowed themes to be identified from straight description. The data was then further analysed using the hermeneutic approach, to bring forth the richness and meaning of the participants' experiences. This research approach facilitated a comprehensive analysis of the data.

The findings of this research are that the management of shoulder dystocia has been influenced by HELPERR, so that practitioners most commonly follow the sequence of the mnemonic, despite the fact that some of the manoeuvres are difficult to perform or remember. Alongside this, the research shows that through their experiences, practitioners have discovered by 'accident' the manoeuvre of axillary traction. They find this manoeuvre not only more effective, but easier to perform in any circumstance.

Another important finding of this research is that there are improved neonatal outcomes when axillary traction is the method of choice for resolving shoulder dystocia. In addition, the research highlights that practitioners who are involved with shoulder dystocia, particularly when the outcome is poor, are at risk of suffering post-traumatic stress and psychological damage, which can result in loss of the practitioner from the profession.

In these ways, this research has contributed to the body of knowledge of shoulder dystocia, and more importantly, provides an alternative and effective strategy for managing shoulder dystocia.