INTRAPARTUM SHOULDER PRESENTATION IN MODERN OBSTETRICS

By

S. CHHABRA, SANGITA SOOD AND P. NAYAR

SUMMARY

The aim of obstetrics is to have culmination of every pregnancy into a healthy mother and healthy baby. But in our country institutions continue to have obstetric emergency with neglected shoulder presentation in modern day obstetrics. In our institution the incidence of intrapartum shoulder presentation is around. 0.00% of all births. In the present study of 50 cases, 39 cases were emergency intrapartum admissions. 24 were primigravidae, 16 were below 20 years of age, 33 women came with hand prolapse, and 3 had to undergo a hysterectomy. There were 25 perinatal deaths.

Introduction

The aim of Obstetrics is to have culmination of every pregnancy into a healthy mother and a healthy baby. This can only be achieved by avoiding various unfavourable conditions responsible for maternal-foetal morbidity and mortality. However in our country institutions continue to have obstetric emergencies with neglected transverse lie. Major factors responsible for this are thought to be multiparity and lack of prenatal care. In addition the nearest well equipped hospital is several miles away from villages and the means of transport are very poor. These factors create immense problems for rural population. Present article from our rural medical institution deals with study of 50 cases of intrapartum shoulder presentation.

From: Mahatma Gandhi Institute of Medical Sciences, Sevagram, Wardha, Maharashtra, India
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Material

The present article is an analysis of cases of shoulder presentation which were admitted in the department of Obstetrics and Gynaecology of Mahatma Gandhi Institute of Medical Sciences Sevagram, Eastern Maharashtra, India. This being the only equipped hospital in this area, most of the obstetric emergencies of near by villages are pooled here. The incidence of transverse lie was 0.99% of all births. The delivery rate is around 1300/year. Present study deals with 50 cases of intrapartum transverse lie.

Observations

In the present series 39 cases were emergency admission in labour accounting for 78% of the total cases. The other interesting observations about the emergency admission was that about 80%

were admitted after 11.00 p.m. and 8.00 a.m. the next morning. Only 5% were admitted between the usual working hours of 8.00 a.m. to 2.00 p.m. Only 25.08% of these emergency cases had an occassional antenatal examination. About a third of the emergency admission came from rural primary health centres. In all 86% of all the patients review came from a rural background Primigravidae accounted for 48% of the patients, 16 of the patients were under the age of 20 years accounting of 32% of the cases, the general hospital statistics reveal that 45% of all deliveries occur in primigravidae but only 11% are aged under 20 years, this shows that very young primigravidae are at increased risk having an abnormal presentation. The other characteristics of the patients reviewed showed that 40% of these patients had previous caesarean sections, 25% had one and 12% had two previous caesareans.

Hand prolapse was present in 66% of the patients at the time of admission. Impending rupture was observed in 19 cases accounting for 38% of the cases.

Review of the mode of delivery showed that in 8% of cases the baby delivered by doubled-up mechanism. In 40% a C. section was performed with tubal ligation. In 10% of cases a rupture uterus was detected at laparotomy, 3 of these ended up with a hysterectomy.

The perinatal outcome showed that 50% of the babies died; 40% were still born and 10% neonatal deaths occurred; The babies having birth weight below 2.2 kgs accounted for 40% of cases. There were no maternal deaths.

The mode of delivery management is shown in Table II (Table II). 6% cases ended up in hysterectomy. In 40% of cases caesarean section with sterilization was done. 8% delivered by doubled up mechanism (Table IV). Perinatal loss was 50% (70% still births 10% neonatal deaths). Only 25 (50%) mothers were

TABLE I
Age of Patients

	<20	20-29	30-35	>35
No.	16	20	10	4
%	32	40	20	8

TABLE II
Parity of Patients

	Primi	G2G3	G4G5	>G5
No.	24	10	15	2
%	46	40	30	4

TABLE III
Clinical and Surgical Presentation at Admission

	Emergency		Booked	
	No.	%	No.	%
Labour pains	4	10.25	—	—
Pains with leaking	1	2.56	—	—
Hard prolapse	21	53.84	—	—
Previous one caesarean section	7	17.94	6	54.54
Previous two caesarean section	2	5.12	3	27.27
Impending rupture of uterus	19	48.71	—	—
Rupture uterus (complete)	3	7.69	—	—
Rupture uterus (in complete)	2	5.12	—	—
Elective admission for transverse lie	—	—	2	18.18

discharged with babies. 40% babies were below 2.5 Kg (Table V). There was no maternal loss.

TABLE IV
Surgery Done and/or Mode of Delivery

	No.	%
Sub total hystrectomy	6	12
Repair of rupture uterus	5	10
Caesarian section	37	74
Internal podalic version	03	06
Doubled up delivery	04	08

poor that it is very difficult for these woman to get quick transport (81% of our patients came at night after 11.00 P.M.). The time wasted in reaching the hospital increases problems to not only baby but the mother also as surgical problems increase and so also sepsis. Many a times there is difficulty in extraction of the baby by low transverse incision (Pritchard *et al*, 1980). Fortunately in our series in all the 37 cases we could give transverse incision in the lower segment without problems. Unfortunate thing is occurrenc of rupture in these

TABLE V
Baby Weight and Perinatal Loss

	<1.5 kg		1.'-1.9 kg.		2 to 2.4 kg.		2.5-2.9 kg		⩾ 3 kg.	
	No.	%	No.	%	No.	%	No.	%	No.	%
Still birth	2	4	2	4	5	10	10	20	1	2
Neonatal death	2	4	2	4	1	02	00	00	0	0
Live baby	0	—	1	2	4	08	16	32	4	8
Total	4	8	5	10	10	20	26	52	5	10

Discussion

Lack of proper antenatal supervision continues to be a problem in rural areas of developing countries. On one side newer sophisticated modalities are being developed to have better perinatal salvage. On the other side our rural women are deprived of basic aspects of antenatal care. This leads to persistence of emergency obstetric admissions like hand prolapse and rupture uterus. The incidence of transverse lie reported is 1 : 150 to 1 : 500 (Masani *et al*, 1986; Raju 1983). Though multiparity is thought to be the major factor (Kowethekar *et al*, 1973) we had 46% primigravidas. Proper antenatal supervision seems to be the solution. We lost 50% of babies. The means of transport from villages are so patients. 6% of our patients ended up in hysterectomy. Surprisingly 46% patients were primigravida, similar to general confinement order over here. But 32% patients were below 20 years (nearly 11% in general confinments) showing a very high statisticaly signification difference ($P < .01$).

Summary and Conclusions

Clinical study of 50 cases of shoulder presentation is presented. Hand prolapse continuous to be a common obstetric emergency. 48% patients were primigravida and 32% were below 20 years of age. 10% women and rupture uterus. In 6% hysterectomy had to be done. Perinatal loss was 50%. This reflects

poor obstetric care in rural areas in present day obstetric practice.

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