



**CHARLAE CHARLEAD: Dual Mnemonics for Optimizing Shoulder
Dystocia Management in Obstetric Emergencies**

Dr. Saima Najam (NS) *

***Correspondence to:** Dr. Saima Najam (NS), BSC, MBBS, FCPS, PG Certification in Medical Education (Dundee), Health Care Buissness School Program, HBS, UCL, Diploma in Reproductive Medicine and Surgery, Brimingham-Dirmas, OBGYN Consultant, Dr. Sulaiman Al Habib Hosptital, Sweidi, Riyadh, Saudi Arabia.

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Dear Editor,

Shoulder dystocia continues to represent one of the most challenging and time critical obstetrical emergencies encountered in the modern obstetric practice. I have been involved in medical teaching for 18 years and was actively involved in teaching obstetrics emergencies as an advanced life support in obstetric (ALSO) instructor for the last couple of years. I have identified a cognitive gap that many learners experience as they memorize and practice the classic HELPERR framework for the management of the shoulder dystocia. This old mnemonic is very helpful in recalling the different maneuvers, but it lacks the important pre and post maneuver principles emphasized in the modern guidelines from the organizations like RCOG (Royal college of Obstetricians and gynecologist) [1] and ACOG (American college of Obstetricians and gynecologist).[2]

Traditional mnemonics are excellent for the emergency recalls, but contemporary shoulder dystocia management now includes anticipation and communication, stopping harmful traction, understanding pelvic biomechanics, team preparations, maternal positioning nuances, sequential escalation and documentation and debriefing after wards. If these steps are not embedded into the learner's mental model, students may incorrectly assume that the HELPERR mnemonic alone presents the complete management algorithm.

The idea of creating a broader mnemonic like CHARLAE CHARLEAD is very strong from an educational psychology perspective because a narrative of the human – name mnemonic is easier to retain, it can accommodate chronology and it allows inclusion of the concepts before, during and after the shoulder dystocia management in the real time situation.

It's my profound pleasure to share this important learning that I have acquired in obstetrics which targets optimizing the care for shoulder dystocia in obstetric emergencies with a better streamlined and structured approach. This is intended not merely as a replacement of the existing HELPERR framework but as a more comprehensive and cognitive scaffold aligned with current evidence and biomechanics.

Medical Breakdown of the CHARLAE Mnemonic:

Top Section:

C → Call out loud: Alerting the entire team to the emergency for immediate action.

H → Help: Notification of the need for additional support and expertise.

A → Ask the patient to stop pushing: Allowing time for intervention and to prevent further compaction

R → reposition: It refers to straightening of the bed in order to straighten the maternal spine and providing more room to the shoulder to rotate

L → Look for: cord, shoulder, and back: look for cord around the neck, look to find which shoulder is impacted, right or left and look for the back if it is on right or left side of the mother.

A → Assign roles: Clear allocation of the roles to all the team members

E → Evaluate for episiotomy: Considering the need for an episiotomy to create more space for the maneuvers, if need be

Middle Section:

C → Check for arrival of help: Ensuring all necessary personnel are present.

H → Hyperflex legs: The McRoberts maneuver to widen the pelvic outlet.

A → Apply suprapubic pressure: Applying pressure to dislodge the anterior shoulder.

R → realign the team :and make the decision to start internal maneuvers

L → Lift posterior arm : Lifting the posterior arm to free the shoulder.

E → Enter maneuver (Rubin, Wood screw, Reverse Wood screw): Rotating the shoulders to relieve the obstruction.

A → All fours: Asking the mother to assume the hands-and-knees position to utilize gravity.

D → Debriefing, Documentation, and Disclosure:

The idea is straightforward, and it includes all the steps needed for the management of the shoulder dystocia as per the RCOG guidelines,¹ but this tool could be more useful to improve recall time, team communication and optimize procedural performance as compared to the existing tool.

This mnemonic represents the contemporary educational framework for shoulder dystocia management that complements and extends the traditional mnemonic based teaching. By integrating guideline- supported recommendations with bio mechanic principles and structured emergency response elements the mnemonic may provide the more comprehensive cognitive aid for modern obstetrics training.

However, further educational validation studies may help evaluate its effectiveness in simulation based learning and clinical recall during obstetric emergencies.

References

1. Royal college of obstetricians and gynecologists. Shoulder dystocia, London, RCOG;2012.(Green top Guidelines no. 42).
2. Advanced life support in obstetrics (ALSO) Provider Manual. 10th ed. Leawood (KS). American Academy of the Family Physicians;2022:144-55.