**Patient Safety Checklist**  
Number 6 • August 2012

### DOCUMENTING SHOULDER DYSTOCIA

<table>
<thead>
<tr>
<th>Date</th>
<th>Patient</th>
<th>Date of birth</th>
<th>MR #</th>
<th>Physician or certified nurse–midwife</th>
<th>Gravidity/Parity</th>
</tr>
</thead>
</table>

**Timing:**

- Onset of active labor
- Start of second stage
- Delivery of head
- Time shoulder dystocia recognized and help called
- Delivery of posterior shoulder
- Delivery of infant

**Antepartum documentation:**

- [ ] Assessment of pelvis
- [ ] History of prior cesarean delivery: Indication for cesarean delivery: ____________________________
- [ ] History of prior shoulder dystocia
- [ ] History of gestational diabetes
- [ ] Largest prior newborn birth weight
- [ ] Estimated fetal weight
- [ ] Cesarean delivery offered if estimated fetal weight greater than 4,500 g (if the patient has diabetes mellitus) or greater than 5,000 g (if patient does not have diabetes mellitus)

**Intrapartum documentation:**

- [ ] Mode of delivery of vertex:
  - [ ] Spontaneous
  - [ ] Operative delivery: Indication: ____________________________
    - [ ] Vacuum
    - [ ] Forceps
- [ ] Anterior shoulder:
  - [ ] Right
  - [ ] Left
- [ ] Traction on vertex:
  - [ ] None
  - [ ] Standard
- [ ] No fundal pressure applied
- [ ] Maneuvers utilized (1):
  - [ ] Hip flexion (McRoberts maneuver)
  - [ ] Delivery of posterior arm
  - [ ] Posterior scapula (Woods maneuver)
  - [ ] Abdominal delivery
  - [ ] Suprapubic pressure (stand on the side of the occiput)
  - [ ] All fours (Gaskin maneuver)
  - [ ] Anterior scapula (Rubin maneuver)
  - [ ] Zavanelli maneuver
- [ ] Episiotomy:
  - [ ] None
  - [ ] Median
  - [ ] Mediolateral
  - [ ] Proctoepisiotomy
- [ ] Extension of episiotomy:
  - [ ] None
  - [ ] Third degree
  - [ ] Fourth degree
- [ ] Laceration:
  - [ ] Third degree
  - [ ] Fourth degree
- [ ] Cord blood gases sent to the laboratory:
  - [ ] Yes: Results: ____________________________
  - [ ] No

(continued)
Procedural Elements for Shoulder Dystocia
The following steps should be taken when managing shoulder dystocia:

1. Call for help from pediatrics, anesthesia, and neonatal intensive care unit staff, and assign a timekeeper
2. Initiate maneuver (e.g., McRoberts maneuver)
3. Re-evaluate course of actions, including using other maneuvers or repeating maneuvers if unsuccessful
4. Consider abdominal delivery
5. Document event—move to documentation checklist

Reference

Standardization of health care processes and reduced variation has been shown to improve outcomes and quality of care. The American College of Obstetricians and Gynecologists has developed a series of Patient Safety Checklists to help facilitate the standardization process. This checklist reflects emerging clinical, scientific and patient safety advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Although the components of a particular checklist may be adapted to local resources, standardization of checklists within an institution is strongly encouraged.

How to Use This Checklist
The Patient Safety Checklist on Documenting Shoulder Dystocia should be used to guide the documentation process if a patient has experienced shoulder dystocia.

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