The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Patient Safety Checklist ✓

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DOCUMENTING SHOULDER DYSTOCIA

Date_____ Patient _____ Date of birth _____ MR # _____

Physician or certified nurse–midwife _____ Gravidity/Parity_____

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)

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- ❑ Status of neonate prior to leaving delivery room or operating room:
  - Apgar scores _____
  - Evidence of injury_____
  - Birth weight (if available)_____
- ❑ Staff present _____
- ❑ Family members present_____
- ❑ Patient and family counseled ❑ Debriefing with appropriate personnel

Postpartum/neonatal documentation:

- ❑ Delivery discussed with family ❑ Perineal assessment if third or fourth degree laceration
- ❑ Monitored for postpartum hemorrhage:
  - ❑ Yes: Results: _____
  - ❑ No
- ❑ Communication with pediatrics department if there is evidence of injury or asphyxia
- ❑ Coordination of follow-up care for mother and baby
- ❑ Monitored for postpartum depression:
  - ❑ Yes: Results: _____
  - ❑ No

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 (eg, 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

1. Shoulder dystocia. ACOG Practice Bulletin No. 40. American College of Obstetricians and Gynecologists. Obstet Gynecol 2002;100:1045–50. [PubMed] [*Obstetrics & Gynecology*] ⇦

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.

Documenting shoulder dystocia. Patient Safety Checklist No. 6. American College of Obstetricians and Gynecologists. Obstet Gynecol 2012;120:430–1.