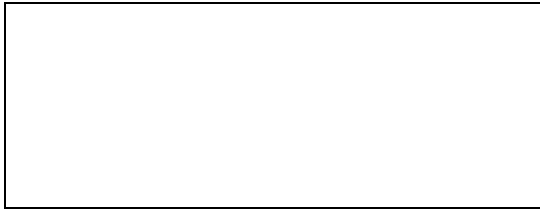




PORT HURON

1221 Pine Grove, Port Huron, MI 48060



Documentation of Delivery Complicated by Shoulder Dystocia

Labor and Delivery

Note time:

Date: _____

Onset active labor: _____

Start of second stage: _____

Delivery of head: _____:_____ (sec)

Delivery of posterior shoulder: _____:_____ (sec)

Delivery of infant: _____:_____ (sec)

When and how was the diagnosis of Shoulder Dystocia made?

Forceps used? Yes No

Vacuum used? Yes No

Indication: _____

Instrument used: _____

Station when applied: _____

Position of Fetal head: _____

Time forceps/vacuum applied: _____

Number of pulls to extract fetus: _____

Enter the time of day the following assistance was requested:

Additional obstetrician Name: _____ Arrived: _____

Anesthesia Name: _____ Arrived: _____

Pediatrician(s) Name: _____ Arrived: _____

Additional nurse(s) Name: _____ Arrived: _____

Others present: _____

Maneuvers (indicated if maneuver performed, order from first (1) to last, and result)

- _____ Extended episiotomy
- _____ Wood's corkscrew (posterior shoulder rotated in a corkscrew fashion)
- _____ Suprapubic pressure (Note: Fundal pressure should NOT be used)
- _____ Rubin (rocking fetal shoulders to decrease girth)
- _____ McRoberts (legs flexed back onto maternal abdomen)

- _____ Zavanelli (head pushed back in vagina)
- _____ Delivery of posterior arm
- _____ Fracture of anterior clavicle
- _____ Other (describe) _____

Signature of Delivering Physician

Date

Time

Neonatal Outcome

Apgar score: _____ 1 min _____ 5 min _____ If less than 7 include 10 min

Birth weight: _____ pounds _____ ounces or _____ grams

Umbilical Cord Gas results

Brachial Plexis Palsy present Yes No

_____ ERB's

_____ Klumpke's (include forearm and small muscles of the hand)

Horner's Facial Palsy present: Yes No

Fracture present: Yes No

Signature of Physician evaluating newborn

Date

Time

