

**McLaren Print System Order**

**Order No: 72913 Reprint Previous Order No: 72912**  
**Order Date: 2022-10-10**  
**User: Graphics Dept**  
**Phone: 810-342-1066**

**Ship Location: McLaren Health Plan (for MDWsie)**  
**G-3245 Beecher Road**  
**Flint, MI 48532**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 17805**  
**Dept Name: McLaren Health Plan**  
**Company Number: 480**

**Order Total Price: 59.00**

**Item Number: PHH-3279**  
**Item Description: Documentation of Delivery Complicated by Shoulder Dystocia**  
**Revision Date: 01/2015**  
**Print: 1 sided black and white**  
**Paper: 2 Part (White, Yellow)**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: None**  
**Misc Info:**

**McLaren**  
PORT HURON  
1221 Pine Grove, Port Huron, MI 48060

**Documentation of Delivery Complicated by Shoulder Dystocia**

**Labor and Delivery**      *Write 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

Induction: \_\_\_\_\_      Instrument used: \_\_\_\_\_  
 Status 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: \_\_\_\_\_      Attended: \_\_\_\_\_  
 Anesthetist Name: \_\_\_\_\_      Attended: \_\_\_\_\_  
 Pediatrician(s) Name: \_\_\_\_\_      Attended: \_\_\_\_\_  
 Additional nurse(s) Name: \_\_\_\_\_      Attended: \_\_\_\_\_  
 Others present: \_\_\_\_\_

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

_____ Extended obstetrical	_____ Zavanelli (head pushed back in vagina)
_____ Wood's (rotational) posterior shoulder rotation in a coronal fashion	_____ Delivery of posterior arm
_____ Symphysial pressure (Pelle, Fuster pressure above 10" or used)	_____ Fracture of anterior (inside)
_____ Rubin (pressing low shoulder to decrease girth)	_____ Other (describe): _____
_____ McRoberts (legs flexed back onto maternal abdomen)	_____

\_\_\_\_\_  
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

Unilateral Cord Gas results \_\_\_\_\_

Oral Feeds Policy present  Yes  No

\_\_\_\_\_ ERB's \_\_\_\_\_  
 \_\_\_\_\_ Klumpke's (include forearms and small muscles of the hand)

Humer's Fracture Policy present  Yes  No  
 Fracture present:  Yes  No

\_\_\_\_\_  
Signature of Physician evaluating newborn      Date      Time

**Labor and Delivery Record**      Distribution: Original to Mom's Chart  
 U.S. #1, Rev. 8/2014, No. 1-19      Copy 2 to Baby's Chart