



Shoulder Dystocia Information Form

Shoulder dystocia occurs when there is delayed delivery of the infant's shoulders after the delivery of the infant's head during a spontaneous or assisted vaginal delivery. It occurs because the infant's shoulders become impacted in the bony pelvis of the mother. Shoulder dystocia occurs in less than 1% of all births. Only a small subset of cases of shoulder dystocia involves neurologic injury to the fetus, a few of which are permanent.

Shoulder dystocia, when it occurs, is treated by a series of maneuvers performed by the physicians and nurses at the bedside with the patient's assistance. Most infants born in the setting of shoulder dystocia have no long-term problems. However, shoulder dystocia, even when treated appropriately with these maneuvers, increases the risk for injury to the infant, including neurologic injury (including temporary or permanent weakness of the arm), musculoskeletal injury (broken arm, collarbone, fractured ribs), and brain injury and even death. Shoulder dystocia also increases risk of damage to the maternal pelvis including lacerations of the vagina and perineum, resultant bleeding and separation of the pelvic bones.

Shoulder dystocia can occur during any vaginal birth. Shoulder dystocia cannot be reliably predicted until the head is delivered.

Shoulder dystocia can usually be prevented by performing a cesarean section. There are, however, reported cases of shoulder dystocia-related injury occurring even with cesarean section. If you are concerned regarding your risk for shoulder dystocia, you are advised to discuss this with your health care provider.

I have read and understand the information above, and I have had an opportunity to ask questions. I understand this information about shoulder dystocia in vaginal birth.

Date

Patient's Signature

Physician's Signature

Witness' Signature