

Announcing the launch
of the Web's most
comprehensive and
authoritative site on

Shoulder Dystocia

The screenshot shows a website interface for 'Shoulder Dystocia'. On the left is a navigation menu with links for HOME, TEST, CONCLUSIONS, BIBLIOGRAPHY, RESOURCES, SHOULDER DYSTOCIA REGISTER, and CONTACT PAGE. The main content area is titled 'Shoulder Dystocia: Facts, Evidence, and Conclusions' and features an anatomical diagram of a fetus in the birth canal with labels for 'HEAD', 'NECK', 'SHOULDER', and 'BRAIN'. Below the diagram is a 'Table of Contents' with 15 numbered items:

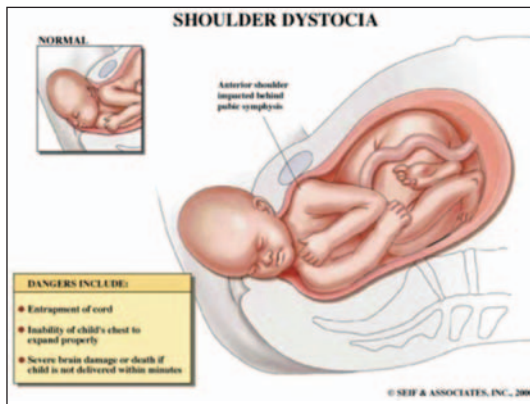
- 1. Introduction to Shoulder Dystocia
- 2. History of Shoulder Dystocia
- 3. What is Shoulder Dystocia?
- 4. Fetal Anatomy Related to Shoulder Dystocia
- 5. Incidence of Shoulder Dystocia
- 6. Neurologic Shoulder Dystocia
- 7. Fetal and Maternal Injuries Following Shoulder Dystocia
- 8. Can Shoulder Dystocia be Anticipated Accurately?
- 9. Can Shoulder Dystocia and Brachial Plexus Injury Be Prevented?
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- 11. Is All Brachial Plexus Injury Caused by Shoulder Dystocia?
- 12. Shoulder Dystocia Drill
- 13. Documentation
- 14. Conclusions
- 15. Bibliography

At www.shoulderdystociainfo.com,
you have convenient and immediate access
to literature-based information on all aspects
of shoulder dystocia, brachial plexus injury,
and Erbs palsy.

What Is Shoulder Dystocia?

Shoulder dystocia is an obstetrical complication that occurs in thousands of deliveries in the U.S. each year. It has the potential for causing significant, life-long injury to the newborns involved in such deliveries.

The most common type of injury following a shoulder dystocia delivery is damage to a baby's brachial plexus. This occurs when the nerves in a baby's neck and shoulder – the brachial plexus – are stretched and temporarily or permanently damaged. The nerves of the brachial plexus control the function of the arm and hand.



Although certain factors are known to contribute to shoulder dystocia, its occurrence in any given labor is unpredictable. When it does occur, it requires skilled, immediate intervention to decrease the risk of serious injury to the baby.

Shoulder dystocia occurs in approximately one half of one percent of all deliveries. Given that there are 4 million babies born every year in the U.S., this delivery complication will be experienced by roughly 20,000 women a year in the U.S. alone.

To date, there have been hundreds of published studies on shoulder dystocia. Still, many important questions remain controversial:

- Is shoulder dystocia predictable?
- Can it be prevented?
- When it does occur, can anything be done to decrease the risk of brachial plexus injury?
- If there is an injury, was it caused by mismanagement on the part of the physician while attempting to resolve the shoulder dystocia or was it an inevitable consequence of the shoulder dystocia?

Growing Medical-Legal Issues

Medical-legal issues increasingly affect the practice of medicine. As regards shoulder dystocia, it is often the case that when a brachial plexus injury occurs, an obstetrician will be charged with negligence.

Such claims are now so frequent that law suits related to shoulder dystocia deliveries constitute the second largest category of indemnity payments in obstetrics, exceeded only by birth asphyxia.

*“...this delivery complication will be experienced
by roughly 20,000 women a year...”*

A Comprehensive, Unbiased Resource

Despite the increase in interest in shoulder dystocia, up until now there has not been a reliable and comprehensive single source dealing with this issue.

To serve this need, **www.shoulderdystociainfo.com** was created. It is now the leading medical web site devoted to shoulder dystocia and complications associated with it.

Dr. Henry Lerner, MD, a Boston, MA obstetrician, is the author of this site. Having thoroughly reviewed the published literature on shoulder dystocia from 1965 to the present, Dr. Lerner presents authoritative, literature-based answers to the major questions surrounding this area of obstetrics. There is simply no other online resource that so thoroughly – or objectively – covers the topic of shoulder dystocia.

Written in a clear, straightforward style and illustrated with copious, detailed, full-color graphics, **www.shoulderdystociainfo.com** discusses all the key aspects of shoulder dystocia: etiology, incidence, relevant anatomy, potential injuries, risk factors, delivery techniques, and medical-legal issues.

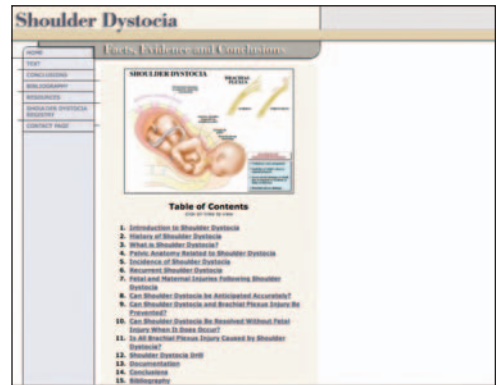
The site's massive bibliography – 285 references – provides documentation for the information presented and the conclusions reached. In addition, there is a resource list that includes 15 other web sites, 6 different textbooks, and 15 key articles.

The information available on **www.shoulderdystociainfo.com** will be of benefit to obstetricians, family practice physicians, midwives, attorneys involved in medico-legal issues, medical liability insurers, and anyone else who is either affected by or interested in shoulder dystocia.

“... leading medical web site devoted to this obstetrical delivery complication.”

Table of Contents

The web site's Table of Contents, reproduced below, is indicative of the breadth and depth of information available.



The screenshot shows a web page titled "Shoulder Dystocia" with a navigation menu on the left and a main content area. The main content area features a diagram of a fetus in the birth canal and a "Table of Contents" list. The list includes 17 items, such as "Introduction to Shoulder Dystocia", "History of Shoulder Dystocia", "Pelvic Anatomy Related to Shoulder Dystocia", and "Shoulder Dystocia Registry".

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2. History of Shoulder Dystocia
3. What is Shoulder Dystocia?
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5. Incidence of Shoulder Dystocia
6. Recurrent Shoulder Dystocia
7. Fetal and Maternal Injuries Following Shoulder Dystocia
8. Can Shoulder Dystocia be Anticipated Accurately?
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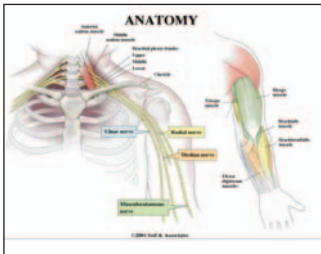
Excerpts from the Web Site

Incidence of shoulder dystocia

The incidence of shoulder dystocia is generally reported to be between 0.5 % and 1.5% with scattered reports listing values both higher and lower. Those studies involving the largest number of deliveries have usually found the rate of shoulder dystocia in a general population to be 0.5% - 0.6%. The “true” incidence of shoulder dystocia, however, is very much dependent upon how it is defined, how it is reported, and the characteristics of the population being measured.

Fetal injuries following shoulder dystocia

Following shoulder dystocia deliveries, 20% of babies will suffer some sort of injury, either temporary or permanent. The most common of these injuries are damage to the brachial plexus nerves, fractured clavicles, fractured humeri, contusions and lacerations, and birth asphyxia.



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The mother, too, is at some risk when shoulder dystocia occurs. The most common complications she may suffer are excessive blood loss and vaginal and vulvar lacerations.

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The medical concern involves trying to find ways of preventing shoulder dystocia related injuries. The best way to do this, of course, would be to prevent shoulder dystocia from occurring.

Preconceptual risk factors for shoulder dystocia

- Previous shoulder dystocia significantly increases the risk of repeat shoulder dystocia
- Shoulder dystocia is seen more commonly with increased maternal age, obesity, and multiparity – but in reality these are only markers for the increased risk of more primary risk factors
- There is no evidence linking the “abnormal pelvis” to shoulder dystocia.

Antepartum risk factors for shoulder dystocia

Macrosomia is far and away the most significant risk factor for shoulder dystocia. ...The definition of macrosomia has varied both through the years and according to the

author writing about it. The various cutoff points used to define macrosomia have been 4000 g, 4500 g, and 5000 g.

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Next to macrosomia, the factor most closely associated with shoulder dystocia is maternal diabetes in pregnancy.

Can shoulder dystocia be reliably predicted?

Both the short and the long answer are: “No”. ... While macrosomia, diabetes, prolonged second stage of labor, instrumental delivery, and other factors do indicate a statistically increased risk of having a shoulder dystocia, their low positive predictive value and high false positive rate make them clinically useless as tools for predicting – and hence trying to prevent – shoulder dystocia.

Can shoulder dystocia and brachial plexus injury be prevented?

...One can suspect shoulder dystocia all one wants. But is there some combination of factors that predicts shoulder dystocia with an accuracy great enough to make doing cesarean sections, performing early inductions, or making other changes in management a reasonable course of action? The answer to this appears to be “No.”

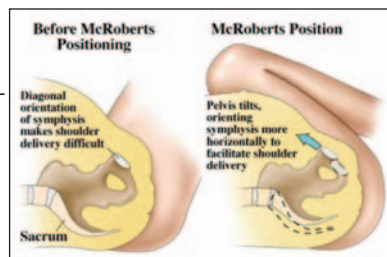
What to do when a shoulder dystocia occurs

Several things should be done as soon as a shoulder dystocia is recognized. The obstetrician should ask to have a second obstetrician called and should ask the nurses to make sure that extra personnel are available... Pediatric or neonatal assistance should be called so as to be available to evaluate and potentially resuscitate the baby after delivery.

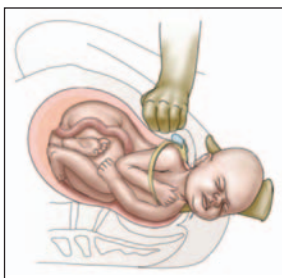
The Maneuvers

Once a shoulder dystocia is recognized, there are several specific obstetrical maneuvers that have been proven to be of benefit in assisting in the resolution of the dystocia. The first two maneuvers generally attempted in order to resolve a shoulder dystocia are (1) McRoberts maneuver and (2) suprapubic pressure.

Although McRoberts maneuver and suprapubic pressure are generally safe, it is possible to cause maternal injury by performing them...



However neither McRoberts maneuver nor suprapubic pressure involves direct manipulation of the fetus, making it unlikely that either of these procedures will injure a baby.



Shoulder dystocia drill

A shoulder dystocia drill is a practice run-through by a labor and delivery unit of a mock shoulder dystocia delivery. It has been suggested both as a practice protocol and as a teaching technique for all members of the obstetrical team.

Documentation

Experience has shown that the best defense in a medical liability action, whether involving shoulder dystocia or any other situation, is thoughtful, articulate, timely documentation of each decision made in the course of treatment.

Conclusions

Having studied and reviewed all of the published literature on the topic of shoulder dystocia, the author then puts forth his conclusions about the factors that contribute to shoulder dystocia, whether it is accurately predictable or not, and the incidence of brachial plexus injuries as they relate to shoulder dystocia.

For anyone interested in shoulder dystocia, from obstetricians to expectant mothers to the legal community – this web site is the most comprehensive resource available on the Internet. It is particularly easy to use. The extensive Table of Contents is hyperlinked to the site's text, making site navigation straightforward and comfortable for the visitor.

Further Information

For more information, please visit
www.shoulderdystociainfo.com
or contact the site's author:

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