1.0 Risk Factors

Level 1 (Declarative Knowledge)

1.1 The learner will be able to state the following most common risk factors for shoulder dystocia without references and with 100% accuracy:

- Previous shoulder dystocia
- Macrosomia
- Maternal obesity
- Advanced maternal age
- Protracted second-stage
- Diabetes
- Operative delivery (forceps or vacuum)
- Previous macrosomic infant

Level 2 (Simulated Performance)

1.2 The learner will be able recognize the listed risk factors for shoulder dystocia in a simulated context without prompting from others.

Level 3 (Clinical Performance)

1.3 The learner will be able recognize the listed risk factors for shoulder dystocia during applied patient care without prompting from others.
2.0 Complications

Level 1 (Declarative Knowledge)

2.1 The learner will be able to describe the following potential complications of shoulder dystocia without references and with 100% accuracy:

2.1.1 Maternal
- Postpartum hemorrhage
- 3rd/4th degree laceration
- Vaginal lacerations
- Pubic symphysis separation
- Uterine rupture

2.1.2 Fetal
- Fetal hypoxia
- Fetal metabolic acidosis
- Clavicular fracture
- Humerus fracture
- Erb’s Palsy
- Klumpke’s palsy
- Brachial plexus injury

Level 2 (Simulated Performance)

2.2 The learner will be able to recognize the occurrence of these complications in a simulated context without prompting from others, with 100% accuracy.

Level 3 (Clinical Performance)

2.3 The learner will be able to recognize the occurrence of these complications during applied patient care without prompting from others, with 100% accuracy.
3.0 Indications

Level 1 (Declarative Knowledge)

3.1 The learner will be able to describe the following components of a shoulder dystocia without references and with 100% accuracy:
   - Turtle sign
   - Inability to deliver anterior shoulder with appropriate traction and maternal expulsive efforts

Level 2 (Simulated Performance)

3.2 The learner will be able to recognize the following components of a shoulder dystocia in a simulated context without prompting from others, with 100% accuracy.

Level 3 (Clinical Performance)

3.3 The learner will be able to recognize the following components of a shoulder dystocia during applied patient care without prompting from others, with 100% accuracy.
4.0 Patient Management

Level 1 (Declarative Knowledge)

4.1.0 The learner will be able to describe how to communicate with the patient about the need for interventions for shoulder dystocia, without references or prompts from others, and with 100% accuracy, including the following:

- Use patient-friendly language
- Inform patient and partner why the procedure is necessary
- Explain the procedure that will take place
- Explain risks and benefits of procedure
- Ask if the patient/partner have any questions
- Respond to questions
- Reassure patient and partner

4.1.1 The learner will be able to describe how to communicate with the clinical team members about the need for interventions for shoulder dystocia, without references or prompts from others, and with 100% accuracy, including the following:

- Inform clinical team of the need for interventions for the shoulder dystocia
- Request the necessary equipment from support staff
- Assign responsibilities to assisting clinical team members
- Call for additional assistance (Pediatrics, Anesthesia, additional nursing if needed)

Level 2 (Simulated Performance)

4.2.1 The learner will be able to communicate with the simulated patient about the need for interventions to relieve the shoulder dystocia, without references or prompts from others, and with 100% accuracy,

Level 3 (Clinical Performance)

4.3.1 The learner will be able to communicate with the patient about the need for interventions for shoulder dystocia, without references or prompts from others, and with 100% accuracy.
5.0 “PROCEDURE”

Level 1 (Declarative Knowledge)

5.1.1 The learner will be able to state the relevant anatomic landmarks necessary to understand in order to relieve a shoulder dystocia without references and with 100% accuracy, including the following:

5.1.1.1 Maternal anatomic landmarks
- Suprapubic area
- Uterine fundus
- Perineum

5.1.1.2 Fetal anatomic landmarks
- Clavicles
- Posterior arm
- Anterior and posterior shoulder locations
- Location of fetal back

5.1.2 The learner will be able to state the potentially needed instruments required to relieve a shoulder dystocia, without references, and with 100% accuracy, including the following:
- Scissors
- Stool to assist with Suprapubic pressure

5.1.3 The learner will be able to state the following:
- When anesthesia will be required to assist with patient management for a Zavenelli maneuver

5.1.4 The learner will be able to describe how to perform maneuvers to relieve a shoulder dystocia, without references or prompts from others, and with 100% accuracy, including the following sequential specific tasks:
- McRoberts positioning - ventral rotation of the maternal hips, hyperflexion and abduction of the hips resulting in positioning the pelvic and outlet into a vertical alignment.
- Suprapubic pressure – applying downward pressure in the appropriate angle in an attempt to dislodge the fetal shoulder in a more oblique orientation.
- Wood’s screw maneuver – rotate the posterior shoulder counterclockwise by applying pressure on the anterior surface of the posterior shoulder to achieve rotation toward the fetal back.
• Rubin’s Maneuver – apply pressure on the posterior surface of the posterior shoulder to facilitate shoulder rotation around the fetal chest, allowing for delivery of the posterior arm.
• Posterior arm delivery – attempt to deliver the posterior arm by sweeping across the fetal chest and bringing it out of the vagina
• All-Fours maneuver (Gaskins maneuver) – have the patient move to a hands and knees position and attempt to deliver the baby
• Clavicular fracture – intentionally apply pressure to the fetal clavicle, breaking the clavicle in order to shorten the biacromial diameter.
• Zavanelli Maneuver - Reverse the cardinal movements of labor and then replace the fetal head into the pelvis and proceed with c/section.

Level 2 (Simulated Performance)

5.2.1 The learner will be able to demonstrate and recognize in a simulated case the relevant anatomic landmarks necessary to understand in order to relieve a shoulder dystocia without references and with 100% accuracy

Level 3 (Clinical Performance)

5.3.1 The learner will be able to demonstrate and recognize in a clinical case the relevant anatomic landmarks necessary to understand in order to relieve a shoulder dystocia without references and with 100% accuracy.
6.0 Teamwork

Level 1 (Declarative Knowledge)

6.1 The learner will be able to describe the physician’s role and expected communication strategies for working with assistants to perform maneuvers to relieve a shoulder dystocia, without external references and with 100% accuracy, including:

- Assume a leadership role for patient management
- Communicate planned course of operation to assistants
- Strategically use assistants to the best advantage
- Provide specific directions to assistants
  - Begin timer
  - Direction of suprapubic pressure
  - When to have the patient push and not push
  - Call for additional assistance
    - Nursing
    - Pediatrics
    - Anesthesia
- Request instruments by name
- Use closed-loop communication
- Respond to requests/questions from assistants promptly and professionally

Level 2 (Simulated Performance)

6.2 The learner will be able to perform the physician’s role and expected communication strategies for working with assistants to perform maneuvers to relieve a shoulder dystocia in a simulated context, without external references and with 100% accuracy

Level 3 (Clinical Performance)

6.3 The learner will be able to perform the physician’s role and expected communication strategies for working with assistants to perform maneuvers to relieve a shoulder dystocia during applied patient care, without external references and with 100%
7.0 Post-Delivery Patient Management

Level 1 (Declarative Knowledge)

7.1 The learner will be able to describe what should be communicated to a patient about the complication of a shoulder dystocia, without references or prompts from others, and with 100% accuracy, including the following:

7.1.1 Discuss with the patient

- Use patient-friendly language
- Inform the patient of
  - The complication that occurred and interventions taken to relieve the shoulder dystocia
  - Risk of recurrence
  - Status of the infant
  - Discuss any injuries that resulted from the delivery
- Ask if the patient/partner have any questions
- Respond to questions
- Inform patient/partner about next steps and follow-up care

7.1.2 Write delivery note that addresses the following:

- Date of delivery
- Time of delivery
- All providers present at delivery
- Classifies complication as shoulder dystocia
- Notes which shoulder was anterior
- Notes how long it took to deliver the shoulder
- Notes infant birthweight
- Notes Apgar scores
- Notes if cord gases sent
- Mentions that infant moving all extremities after delivery
- Notes pediatrician called for delivery
- Includes estimated blood loss
- Includes all maneuvers used
- Includes correct order of maneuvers used
- Notes patient had epidural anesthesia
- Mentions that have or will discuss and review note with other providers who were present at the delivery (nursing / pediatrics / anesthesia)
Level 2 (Simulated Performance)

7.2 After a simulated shoulder dystocia case the learner will be able to describe what should be communicated to a patient about the complication of a shoulder dystocia, without references or prompts from others, and with 100% accuracy, including the following:

7.1.1 Discuss with the patient

- Use patient-friendly language
- Inform the patient of
  - The complication that occurred and interventions taken to relieve the shoulder dystocia
  - Risk of recurrence
  - Status of the infant
  - Discuss any injuries that resulted from the delivery
- Ask if the patient/partner have any questions
- Respond to questions
- Inform patient/partner about next steps and follow-up care

7.1.2 Write delivery note that addresses the following:

- Date of delivery
- Time of delivery
- All providers present at delivery
- Classifies complication as shoulder dystocia
- Notes which shoulder was anterior
- Notes how long it took to deliver the shoulder
- Notes infant birthweight
- Notes Apgar scores
- Notes if cord gases sent
- Mentions that infant moving all extremities after delivery
- Notes pediatrician called for delivery
- Includes estimated blood loss
- Includes all maneuvers used
- Includes correct order of maneuvers used
- Notes patient had epidural anesthesia
- Mentions that have or will discuss and review note with other providers who were present at the delivery (nursing / pediatrics / anesthesia )
Level 3 (Clinical Performance)

7.3 The learner will be able to communicate with a patient after a clinical case of a shoulder dystocia about the complication of a shoulder dystocia, without references or prompts from others, and with 100% accuracy.