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Shoulder Dystocia | ACOG

Number 40, November 2002. (Replaces practice pattern number 7, October 1997) ACOG practice bulletin: Shoulder dystocia. Number 40, November 2002.

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Intrapartum Fetal Heart Rate Monitoring: Nomenclature, Interpretation, and General Management Principles

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e128 Practice Bulletin Shoulder DystociaOBSTETRICS & GYNECOLOGY least amount of force to effect delivery and resulted in the lowest amount of brachial plexus stretch (65). The use of these maneuvers will relieve 95% of cases of shoulder dystocia within 4 minutes (61).

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ACOG Practice Bulletin No. 40: Shoulder Dystocia. Obstetrics & Gynecology: November 2002 - Volume 100 - Issue 5 - p 1045-50. Free; This document has been withdrawn or is no longer available. Please contact the Resource Center at the American College of Obstetricians and Gynecologists (resources@acog.org; 202-863-2518) for further information. The current “ Committee Opinion List of Titles ...

~~ACOG Practice Bulletin No. 40: Shoulder Dystocia ...~~

Practice Bulletin No 178: Shoulder Dystocia Obstet Gynecol. 2017 May;129(5):e123-e133. doi: 10.1097/AOG.0000000000002043. Author Committee on Practice Bulletins—Obstetrics. Collaborators Committee on Practice Bulletins—Obstetrics: Robert B ...

~~Practice Bulletin No 178: Shoulder Dystocia~~

Abstract Shoulder dystocia is an unpredictable and unpreventable obstetric emergency that places the pregnant woman and fetus at risk of injury. Studies have shown that prepregnancy, antepartum, and intrapartum risk factors have extremely poor predictive value for shoulder dystocia.

~~Practice Bulletin No 178: Shoulder Dystocia : Obstetrics ...~~

Abstract Suspected macrosomia is encountered commonly in obstetric practice. As birth weight increases, the likelihood of labor abnormalities, shoulder dystocia, birth trauma, and permanent injury to the newborn increases.

~~Macrosomia: ACOG Practice Bulletin, Number 216~~

The Committee on Practice Bulletins—Obstetrics of the American College of Obstetricians and Gynecologists (ACOG) has issued new clinical management guidelines on fetal macrosomia. ACOG Practice...

~~ACOG Issues Guidelines on Fetal Macrosomia—Practice ...~~

Abstract Suspected macrosomia is encountered commonly in obstetric practice. As birth weight increases, the likelihood of labor abnormalities, shoulder dystocia, birth trauma, and permanent injury to the newborn increases.

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Our objective was to compare national guidelines regarding shoulder dystocia. Along with the American College of Obstetricians and Gynecologists (ACOG) practice bulletin on shoulder dystocia, guidelines from

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England, Canada, Australia, and New Zealand were reviewed.

~~Shoulder dystocia: comparison of the ACOG practice ...~~

ACOG practice bulletin clinical management guidelines for obstetrician-gynecologists. Number 40, November 2002 *Obstet Gynecol.* 2002 Nov;100(5 Pt 1):1045-50. doi: 10.1016/s0029-7844(02)02513-9. Author ACOG Committee on Practice Bulletins-Gynecology, The American College of Obstetrician and Gynecologists ...

~~ACOG practice bulletin clinical management guidelines for ...~~

Procedural Elements for Shoulder Dystocia The following steps should be taken when managing shoulder dystocia: 1. Call for help from pediatrics, anesthesia, and neonatal intensive care unit staff, and assign a timekeeper 2. Initiate maneuver (eg, McRoberts maneuver) 3.

~~Patient Safety Checklist, Number 6, August 2012~~

Our objective was to compare national guidelines regarding shoulder dystocia. Along with the American College of Obstetricians and Gynecologists (ACOG) practice bulletin on shoulder dystocia, guidelines from England, Canada, Australia, and New Zealand were reviewed.

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Abstract Suspected macrosomia is encountered commonly in obstetric practice. As birth weight increases, the likelihood of labor abnormalities, shoulder dystocia, birth trauma, and permanent injury to the newborn increases.

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