

Please complete or Affix Patient Label

Unit No:

NHS No:

Surname:

Forenames:



University Hospitals Sussex
NHS Foundation Trust

Proforma completed by:

Name of Lead Clinician:

Date of delivery:/...../.....	SHOULDER DYSTOCIA Proforma
Emergency bell time: :	
2222 Obstetric Emergency call time: :	
2222 Neonatal Emergency call time: :	

Procedures used to assist delivery	By whom (initials)	Time	Details	Reason if not performed
Lie flat	 :		
McRoberts'	 :		
Suprapubic pressure	 :	From maternal left / right (Circle as appropriate)	
Episiotomy	 :	Enough access / tear already present / already performed (circle as appropriate)	



Internal manoeuvres (can be performed in any order dependent on situation)				
Delivery of posterior arm	 :	Right / Left (circle as appropriate)	
Move baby's shoulders into oblique position	 :		



If unsuccessful at this stage inform Consultant Obstetrician & Anaesthetist				
Consultant informed	 :		
Anaesthetist informed	 :		



If shoulders still impacted. Consider:				
All-Fours position OR	 :		
Repeating all actions again	 :		



Alternative manoeuvres: Cleidotomy, Zavanelli manoeuvres or symphysiotomy	
Notes:	

OASI care bundle used:	Yes / No (circle as appropriate)	If MPP not performed, why not:
Name of professional who performed MPP at time of manoeuvres:	

*** Scan into Maternity BadgerNet once both sides are completed ***

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Paediatrician called	Yes / No	Arrived:..... :	Name:
If paediatrician not called or didn't arrive, give reason:.....			

Mode of delivery of head	Spontaneous		Ventouse / Forceps	
Time head delivered: :	Time of baby delivery: :		Head to body interval: :	
Fetal position during dystocia	Head facing maternal left Left fetal shoulder anterior		Head facing maternal right Right fetal shoulder anterior	
Birth weight: g	Apgar	1 min:	5 min:	10 min:
Cord gases	Art pH:	Art BE:	Venous pH:	Venous BE:
Explanation to parents	Yes		By:	

Baby assessment after birth by paediatrician

Any sign of arm weakness?	Yes / No Details: If yes to any of these, the baby must be reviewed by a Consultant Paediatrician
Any sign of potential bony fracture?	
Baby admitted to NNU?	
Baby assessment by:	Date and time:/...../..... at :

Staff attendance at birth

Name	Role	Already present (✓)	Time arrived
		 :
		 :
		 :
		 :
		 :
		 :
		 :
		 :
		 :
		 :
		 :

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