

# Care CEUs

## Shoulder Dystocia

### 1. What primarily defines shoulder dystocia during delivery?

- A. The failure of the fetal head to emerge from the pelvis
  - B. The inability of the fetal shoulders to pass through the pelvic inlet within sixty seconds
  - C. The trapping of the posterior shoulder under the pelvic outlet
  - D. The fetal head retracting back into the birth canal against the perineum
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### 2. Which fetal factor contributes to the risk of shoulder dystocia?

- A. A transverse fetal lie
  - B. An abnormal shape of the fetal head
  - C. A prolonged first stage of labor
  - D. Fetal macrosomia or large birth weight
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### 3. Which clinical sign is often seen in shoulder dystocia but is not definitive due to other potential causes?

- A. Prolonged delivery time for the fetal head
  - B. Turtle sign where the fetal head retracts back into the birth canal
  - C. Excessive head molding
  - D. Prior cesarean section scar pain
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### 4. In shoulder dystocia, which of the following is a first-line maneuver used to increase pelvic outlet space?

- A. Attempting the Woods screw maneuver
  - B. Applying suprapubic pressure
  - C. Performing an immediate episiotomy
  - D. Delivering the posterior arm
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### 5. For a patient with diabetes, at what estimated fetal weight is cesarean delivery recommended to prevent shoulder dystocia?

- A. 4,000 grams
  - B. 5,000 grams
  - C. 5,500 grams
  - D. 4,500 grams
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**6. What is the primary purpose of heroic measures in the management of shoulder dystocia?**

- A. To minimize maternal discomfort during delivery
  - B. To perform maneuvers associated with low fetal and maternal morbidity
  - C. To safely resolve shoulder dystocia when other interventions have failed
  - D. To expedite the delivery process regardless of potential risks
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**7. Which of the following risk factors are most closely associated with the occurrence of shoulder dystocia?**

- A. A maternal history of hypertension and preterm labor
  - B. Male fetus, gestational diabetes, and fetal macrosomia
  - C. Advanced maternal age and low fetal weight
  - D. Multiparity and increased cervical dilation
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**8. What is one reason why fundal pressure should be avoided during shoulder dystocia?**

- A. It can exacerbate shoulder impaction and risk uterine rupture
  - B. It may improve oxygen supply to the fetus
  - C. It often results in successful delivery of the fetus
  - D. It helps in maneuvering the fetal shoulders easily
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**9. Which of the following is a potential neonatal complication associated with shoulder dystocia?**

- A. Transient femoral neuropathy
  - B. Pubic symphysis diastasis
  - C. Postpartum hemorrhage
  - D. Clavicle and humerus fractures
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**10. Why is effective communication crucial during the management of shoulder dystocia?**

- A. To ensure each maneuver is performed for at least five minutes
  - B. To allow for unnecessary interventions
  - C. To share clear orders and manage time effectively to prevent severe complications
  - D. To guarantee that all team members convey subjective opinions
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