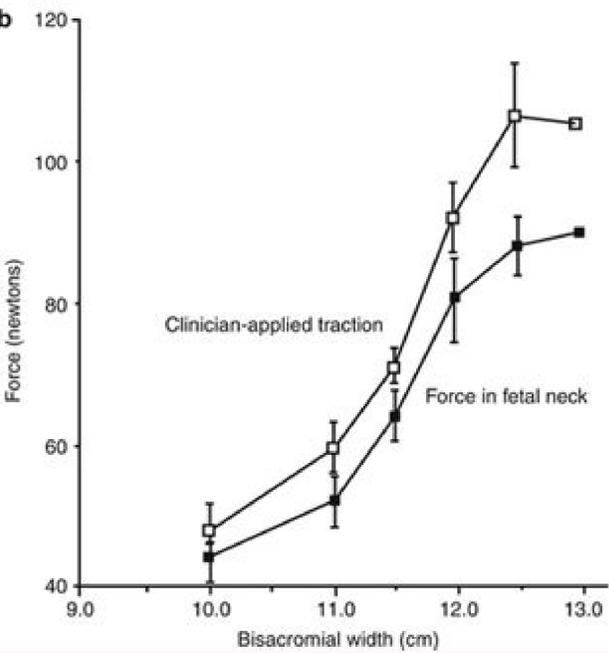
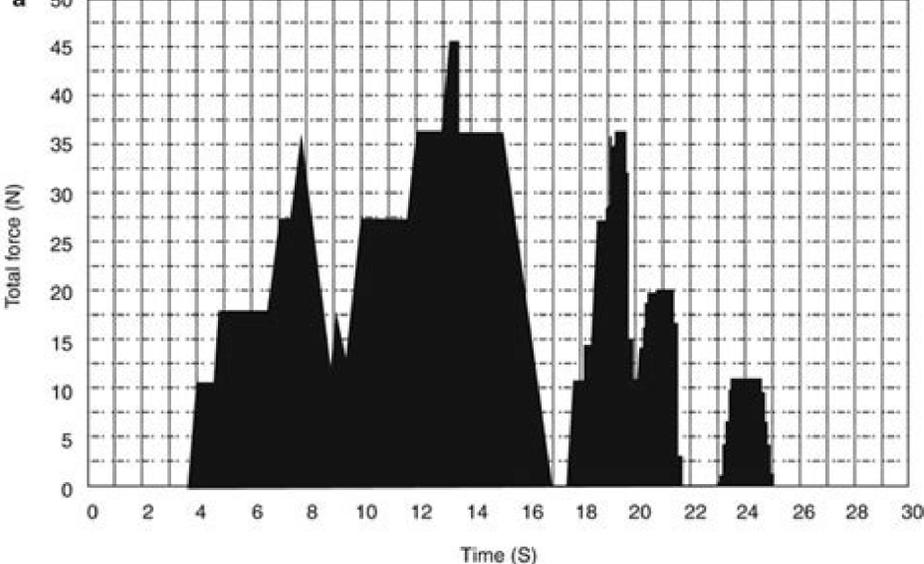


I'm not robot!



Parameter	Reference	Measurement	P-value
Total force	100-200 N	100-200 N	<0.001
Peak force	150 N	150 N	<0.001
Duration	10-15 s	10-15 s	<0.001
Time to peak	10-15 s	10-15 s	<0.001
Time to return	10-15 s	10-15 s	<0.001
Time to zero	10-15 s	10-15 s	<0.001

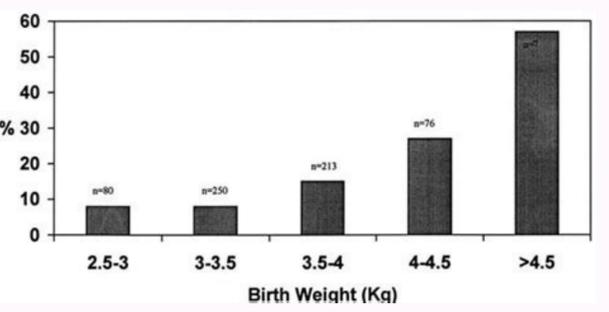
Shoulder dystocia: a review of the literature. This review discusses the epidemiology, pathogenesis, and management of shoulder dystocia. It highlights the importance of recognizing risk factors and the need for a structured approach to management. The review also discusses the role of ultrasound in the diagnosis and management of shoulder dystocia.

Shoulder dystocia is a complication of vaginal delivery that occurs when the fetal head is delivered but the shoulders are unable to pass through the maternal pelvis. It is a rare but potentially life-threatening condition for both the mother and the fetus. The incidence of shoulder dystocia is estimated to be between 0.1% and 1.0% of vaginal deliveries.

The pathogenesis of shoulder dystocia is multifactorial and involves a combination of fetal, maternal, and obstetric factors. Fetal factors include macrosomia, breech presentation, and abnormal fetal position. Maternal factors include a narrow pelvis, diabetes mellitus, and a history of shoulder dystocia. Obstetric factors include a prolonged second stage of labor, a high birth weight, and a history of shoulder dystocia.

The management of shoulder dystocia is a challenging task that requires a structured approach. The first step is to recognize the signs and symptoms of shoulder dystocia, which include a prolonged second stage of labor, a high birth weight, and a history of shoulder dystocia. Once shoulder dystocia is recognized, the obstetrician should attempt to deliver the fetus using a variety of techniques, including the McRoberts maneuver, the Woods screw maneuver, and the Zavanelli maneuver. If these techniques are unsuccessful, the obstetrician should consider a cesarean section.

The review also discusses the role of ultrasound in the diagnosis and management of shoulder dystocia. Ultrasound can be used to measure the fetal head circumference, the fetal biparietal diameter, and the fetal shoulder width. It can also be used to assess the fetal position and the maternal pelvis. Ultrasound is a valuable tool for the diagnosis and management of shoulder dystocia.



Shoulder dystocia nice guidelines.

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