# Cheap Nursing 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. Turtle sign where the fetal head retracts back into the birth canal
B. Prolonged delivery time for the fetal head
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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