

Table III

Other Purported Risk Factors for Shoulder Dystocia

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| Maternal obesity | Not an independent risk factor. Maternal obesity's relationship with shoulder dystocia is solely due to its correlation with fetal macrosomia. |
| Maternal age | Not an independent risk factor. Older mothers are, on average, heavier than younger mothers and are more likely to develop - or have a history of - gestational diabetes, both of which increase the risk of fetal macrosomia. |
| Abnormal pelvis | There is no evidence showing a correlation between clinically or radiologically assessed pelvic size and shoulder dystocia. |
| Shoulder/chest/abdominal ratios | While formulas purporting this have been published, these are mainly "one-off" studies; the predictive power of such formulas in predicting shoulder dystocia has not been confirmed. |
| Maternal weight gain | This is not an independent risk factor. Any risk from maternal weight gain is related to the fact that heavier mothers have heavier babies. |
| Fetal sex | Male babies - being on average larger than female babies - do have a slightly greater incidence of shoulder dystocia than do female babies. However, this difference is trivial and is not useful clinically. |
| Post-datism: | This is a risk factor for shoulder dystocia only to the extent that post-dates babies are, on average, larger than babies born at or just prior to term. |
| Labor abnormalities | When confounding factors are separated out, prolonged first and/or second stages of labor are merely markers for fetal size. Larger babies, on average, have longer labor courses, especially in the second stage of labor. |