

Relias Shoulder Dystocia Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. What immediate action should be taken if shoulder dystocia occurs during delivery?**
 - A. Reassure the mother and wait**
 - B. Contact additional staff for assistance**
 - C. Implement emergency maneuvers**
 - D. Document the incident**
- 2. What should the nurse do after the primary and secondary maneuvers are unsuccessful in delivering the infant?**
 - A. Communicate with the team to ready the operating room for an emergency**
 - B. Ensure the patient is in lithotomy position**
 - C. Anticipate possible maternal resuscitation efforts**
 - D. Prepare to move the patient emergently if abdominal rescue is decided**
- 3. Which of the following is a common cause of obstetric hemorrhage following shoulder dystocia delivery?**
 - A. Vaginal and perineal lacerations**
 - B. Disseminated intravascular coagulation**
 - C. Placental retention**
 - D. Uterine atony**
- 4. Which is the correct sequence of maneuvers to resolve shoulder dystocia?**
 - A. Suprapubic pressure, McRoberts, posterior arm release, Rubin**
 - B. McRoberts, posterior arm release, Rubin, suprapubic**
 - C. There is not a required sequence**
 - D. McRoberts, suprapubic, posterior arm release, Rubin**
- 5. Which of the following is NOT a risk factor for shoulder dystocia?**
 - A. Large fetal size (macrosomia)**
 - B. Maternal diabetes**
 - C. High maternal age**
 - D. A previous history of shoulder dystocia**

- 6. Which maternal position has been shown to potentially decrease the likelihood of shoulder dystocia?**
- A. Lying supine**
 - B. Sitting upright**
 - C. Squatting or being on all fours**
 - D. Standing upright**
- 7. Why is a standard objective definition of shoulder dystocia important?**
- A. To accurately predict shoulder dystocia.**
 - B. To provide uniformity in recognition, diagnosis amongst all care providers.**
 - C. To promote timely response by all team members.**
 - D. All of the above.**
- 8. Which responsibility falls to the nurse during a shoulder dystocia event?**
- A. Alerting the team in the room of the shoulder dystocia**
 - B. Appointing a "timekeeper" to announce the passage of time**
 - C. Directing team members on when to begin the McRoberts maneuver**
 - D. Supporting the patient and asking for her active cooperation**
- 9. What should a nurse do to ensure congruence with a physician during charting after a shoulder dystocia delivery?**
- A. Gather the care team for a debrief session**
 - B. Ask the physician what he wrote and copy it**
 - C. Chart exactly what she remembers**
 - D. Only chart if there is an adverse event**
- 10. During a vaginal birth, what does the "turtle sign" indicate?**
- A. Birth is imminent**
 - B. The baby's anterior shoulder is caught on the mother's pubic bone**
 - C. There is a possible shoulder dystocia**
 - D. The baby's posterior shoulder is caught on the mother's sacrum**

Answers

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1. C
2. A
3. A
4. D
5. C
6. C
7. D
8. B
9. A
10. C

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Explanations

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1. What immediate action should be taken if shoulder dystocia occurs during delivery?

- A. Reassure the mother and wait**
- B. Contact additional staff for assistance**
- C. Implement emergency maneuvers**
- D. Document the incident**

In the event of shoulder dystocia during delivery, implementing emergency maneuvers is the most critical immediate action. Shoulder dystocia occurs when the baby's shoulder becomes lodged behind the mother's pubic bone, potentially leading to serious complications for both the mother and the baby if not resolved quickly. Emergency maneuvers, such as the McRoberts maneuver, suprapubic pressure, or a combination of positions, are designed to relieve the obstruction effectively and swiftly, minimizing the risk of injury to the baby, such as brachial plexus injury, and reducing complications for the mother. Timely intervention with these techniques is crucial because the longer the baby remains impacted, the higher the chance of adverse outcomes. Therefore, knowing and executing the proper maneuvers allows healthcare providers to act decisively and improve the likelihood of a positive resolution during this critical situation.

2. What should the nurse do after the primary and secondary maneuvers are unsuccessful in delivering the infant?

- A. Communicate with the team to ready the operating room for an emergency**
- B. Ensure the patient is in lithotomy position**
- C. Anticipate possible maternal resuscitation efforts**
- D. Prepare to move the patient emergently if abdominal rescue is decided**

The correct action after the primary and secondary maneuvers have failed to deliver an infant during a shoulder dystocia situation is to communicate with the team to ready the operating room for an emergency. This response emphasizes the importance of swift and coordinated action in urgent obstetric scenarios. In situations where traditional delivery maneuvers are unsuccessful, the risk of complications increases significantly, potentially necessitating an emergency cesarean section to ensure the safety of both the mother and the infant. Communication is crucial in these moments to ensure that all team members are prepared and that the operating room is ready for immediate intervention if necessary. This not only includes securing the physical space but also having the necessary staff and equipment available to respond effectively to the situation. While other options may seem relevant in the context of maternal care during a crisis, the priority must be on securing an emergency response to address the potential life-threatening complications that can arise from a prolonged shoulder dystocia event. Swift readiness for surgical intervention can significantly impact the outcomes for both the mother and child in these critical scenarios.

3. Which of the following is a common cause of obstetric hemorrhage following shoulder dystocia delivery?

- A. Vaginal and perineal lacerations**
- B. Disseminated intravascular coagulation**
- C. Placental retention**
- D. Uterine atony**

Vaginal and perineal lacerations are a common cause of obstetric hemorrhage following shoulder dystocia delivery due to the trauma inflicted during the delivery process. Shoulder dystocia can lead to increased tension and stress on the vaginal and perineal tissues as the healthcare provider works to resolve the situation and safely deliver the baby. This stress frequently results in lacerations, which can vary in severity but ultimately compromise the integrity of the vascular structures in that area, leading to significant bleeding. In contrast, while the other options—such as disseminated intravascular coagulation, placental retention, and uterine atony—can indeed result in obstetric hemorrhage, they are not directly associated with the mechanical complications and trauma specifically linked to shoulder dystocia. Each of these factors has a different set of mechanisms and causes behind them, and they may occur in different clinical scenarios, but they are not typically the immediate result of a shoulder dystocia situation. Understanding the dynamics of delivery complications helps identify the most probable causes of hemorrhage in those specific circumstances.

4. Which is the correct sequence of maneuvers to resolve shoulder dystocia?

- A. Suprapubic pressure, McRoberts, posterior arm release, Rubin**
- B. McRoberts, posterior arm release, Rubin, suprapubic**
- C. There is not a required sequence**
- D. McRoberts, suprapubic, posterior arm release, Rubin**

The correct sequence of maneuvers to resolve shoulder dystocia begins with McRoberts maneuver, followed by suprapubic pressure, posterior arm release, and finally Rubin maneuver. Starting with the McRoberts maneuver, which involves the mother flexing her knees to her abdomen, is a crucial first step because it helps to reposition the pelvis and often opens up the birth canal, effectively reducing the angle of the pelvis. This can relieve pressure on the fetal shoulders. Following this, the application of suprapubic pressure involves pushing down just above the pubic bone to help dislodge the impacted shoulder. This direct maneuver works in conjunction with the positioning from the McRoberts maneuver to facilitate the descent of the shoulder. If these two maneuvers do not resolve the situation, the posterior arm release may be necessary. This involves reaching into the vagina to pull the fetal arm across the chest, which can help create more space for the shoulder to pass. Lastly, if the previous maneuvers still don't achieve the desired outcome, the Rubin maneuver is employed. This technique involves an attempt to apply pressure on the fetal shoulder to rotate the shoulder into a more favorable position for delivery. Understanding the correct sequence helps in effectively managing shoulder dystocia, minimizing

5. Which of the following is NOT a risk factor for shoulder dystocia?

- A. Large fetal size (macrosomia)**
- B. Maternal diabetes**
- C. High maternal age**
- D. A previous history of shoulder dystocia**

High maternal age is not typically recognized as a direct risk factor for shoulder dystocia. The other factors listed have been shown to significantly increase the likelihood of experiencing shoulder dystocia during delivery. Large fetal size, or macrosomia, is a well-established risk factor because larger infants are more likely to encounter difficulties during birth due to the increased chances of the shoulders becoming trapped behind the pubic bone. Maternal diabetes is also a notable risk factor since it often correlates with fetal macrosomia, leading to complications during delivery. Similarly, a previous history of shoulder dystocia is an important risk factor, as it indicates a higher chance of encountering the same situation in subsequent pregnancies due to structural or physiological changes that may predispose to reoccurrence. In contrast, while maternal age can influence pregnancy outcomes, it doesn't have the same direct correlation with the incidence of shoulder dystocia as the other factors.

6. Which maternal position has been shown to potentially decrease the likelihood of shoulder dystocia?

- A. Lying supine**
- B. Sitting upright**
- C. Squatting or being on all fours**
- D. Standing upright**

The choice of squatting or being on all fours is supported by evidence that these positions can help increase the available space in the pelvis and encourage optimal fetal positioning during labor and delivery. When a pregnant woman assumes a squatting position or kneels on all fours, the pelvic outlet expands, which may reduce the risk of shoulder dystocia. These positions can aid in repositioning the fetus and facilitate smoother delivery by allowing better gravitational assistance, thereby potentially minimizing complications like shoulder dystocia. In contrast, lying supine can constrict the pelvic space and may hinder the progression of labor, increasing the risk of complications. Sitting upright can provide some benefits but does not enhance the pelvic dimensions as much as squatting or all-fours. Standing upright may offer advantages for certain stages of labor but lacks the specific biomechanical benefits that squatting or being on all fours provides in relation to reducing shoulder dystocia risk.

7. Why is a standard objective definition of shoulder dystocia important?

- A. To accurately predict shoulder dystocia.**
- B. To provide uniformity in recognition, diagnosis amongst all care providers.**
- C. To promote timely response by all team members.**
- D. All of the above.**

A standard objective definition of shoulder dystocia is crucial because it serves multiple key purposes in clinical practice. Firstly, having a clear and uniform definition ensures that all healthcare professionals are on the same page regarding what constitutes shoulder dystocia. This uniformity in recognition and diagnosis among all care providers enhances communication, minimizes misunderstandings, and ensures that appropriate interventions are carried out in a timely manner. Moreover, an established definition allows for better assessment and response strategies. When care teams have a consistent understanding of shoulder dystocia, they can develop and implement standardized protocols for management. This is particularly important in high-pressure situations where rapid intervention is required. Additionally, a standard definition contributes to research and education efforts, enabling better data collection and analysis concerning shoulder dystocia occurrences. This can lead to improved guidelines and practices over time, ultimately enhancing maternal and neonatal safety. In summary, the importance of a standard objective definition of shoulder dystocia lies in its ability to provide clarity and consistency in recognition, facilitate timely team responses, and promote better outcomes due to standardization in care.

8. Which responsibility falls to the nurse during a shoulder dystocia event?

- A. Alerting the team in the room of the shoulder dystocia**
- B. Appointing a "timekeeper" to announce the passage of time**
- C. Directing team members on when to begin the McRoberts maneuver**
- D. Supporting the patient and asking for her active cooperation**

The responsibility that truly aligns with the role of the nurse during a shoulder dystocia event is related to ensuring the optimal response of the medical team. One crucial aspect of managing a shoulder dystocia situation is effective communication and teamwork. While the nurse's awareness of the situation is critical, appointing a "timekeeper" serves to facilitate awareness of elapsed time during critical interventions and ensures that the team remains focused on time-sensitive actions. Monitoring the time during the event can help the healthcare team maintain urgency in their response and verify that appropriate measures are implemented promptly. This responsibility also helps ensure that the care provided aligns with guidelines that aim to minimize risks for both the mother and the newborn, emphasizing the need for timely intervention in situations like shoulder dystocia. The other roles, while also important in patient care during such an emergency, do not place the same emphasis on the necessity of time management and team communication, which are vital for effective resolution of shoulder dystocia.

9. What should a nurse do to ensure congruence with a physician during charting after a shoulder dystocia delivery?

- A. Gather the care team for a debrief session**
- B. Ask the physician what he wrote and copy it**
- C. Chart exactly what she remembers**
- D. Only chart if there is an adverse event**

In the context of ensuring congruence with a physician during charting after a shoulder dystocia delivery, gathering the care team for a debrief session is essential because it fosters open communication and collaboration among all members involved in the care. This collective discussion allows for a comprehensive review of the events surrounding the delivery, ensuring that everyone's observations and perspectives are considered and accurately reflected in the medical record. This collaborative approach helps to ensure that all details are consistent and clarified, ultimately leading to a more thorough and accurate documentation process. It also reduces the chance of misinterpretation or discrepancies that might arise if the nurse were to try to chart independently without input from others who were present during the incident. By involving the entire care team, the nurse can enhance the quality of patient care documentation and promote a unified understanding of the events that took place.

10. During a vaginal birth, what does the "turtle sign" indicate?

- A. Birth is imminent**
- B. The baby's anterior shoulder is caught on the mother's pubic bone**
- C. There is a possible shoulder dystocia**
- D. The baby's posterior shoulder is caught on the mother's sacrum**

The "turtle sign" is a clinical indication that suggests the possibility of shoulder dystocia during a vaginal delivery. This sign is characterized by the baby's head emerging during delivery and then retracting back towards the maternal perineum after the initial emergence. This retraction occurs because the anterior shoulder becomes entrapped behind the mother's pubic symphysis, which is a key feature of shoulder dystocia. Recognizing the turtle sign is crucial for healthcare providers, as it serves as a warning to anticipate complications and take appropriate measures to manage the situation effectively. It highlights the need for immediate intervention to avoid injury to both the baby and the mother. Understanding this sign allows practitioners to prepare for more advanced maneuvers if needed to resolve the dystocia and facilitate a safe delivery.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://reliasshoulderdstocia.examzify.com>

We wish you the very best on your exam journey. You've got this!

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