**SHOULDER DYSTOIA IS RECOGNIZED - CALL FOR HELP**

- Instruct patient to STOP pushing - continued pushing may worsen the impaction
- Consider an episiotomy – will not relieve the obstruction, but can make access for maneuvers easier

**McRobert's Maneuver**
(knees to nipples)
Success rate of 90% & even higher when combined with Suprapubic Pressure

**Suprapubic Pressure**
With routine *axial* traction [keeping fetal head in align with fetal spine] avoiding lateral and downward traction

**Try either maneuver first depending on clinical circumstances and operator experience**

**Call consultant Obstetrician**

DELIVER POSTERIOR ARM (swimmers move with fetal arm flexed across fetal chest)

SHOULDER SHRUG MANEUVER by looping fingers around posterior shoulder and 'shrug' this shoulder

INTERNAL ROTATION MANEUVERS
-Rotate the posterior shoulder (always towards the fetal nose)
-Rotate the anterior shoulder (towards the fetal nose)

If appropriate:
-ALL FOURS POSITION (Gaskin's maneuver)
-RUNNING START (maternal foot forward by hand from the all fours position)

Repeat all maneuvers starting at the top.
Consider the episiotomy if not already performed

**Extreme Maneuvers**
-Fetal clavicular fracture
-Symphysiotomy
-Zavanelli (returning fetal head into the pelvis for cesarean delivery)

**Post Delivery:**
-Actively manage third stage (due to increased PPH risk)
-Debrief the delivery person and birth partner
-Have neonate examined for brachial plexus injury

**DOCUMENT**

# Maternal 911 in Action

HELP! A shoulder dystocia is occurring! Following are maneuvers to assist in resolution of a shoulder dystocia.

**Call for help & STOP maternal pushing**

Call for help so others can assist with tasks to resolve the shoulder dystocia. If a surgery team is not readily available at your facility, call them to arrive ASAP. Further maternal pushing may worsen the impaction.

**1** **Flex the hips (McRoberts maneuver)**
Flexing the hips onto the abdomen can shift the pelvis and allow the fetal shoulder to dis-impact. Hips typically remain flexed with each maneuver.

**2** **Delivery of the poster arm**
This can release an impacted anterior fetal shoulder. Often called the swimmer's move. To deliver, the arm should be abducted across the fetal abdomen. If time allows, a Foley catheter could be fed under the fetal axilla, then with gentle traction across the fetal chest to deliver this posterior arm.

**3** **Suprapubic pressure**
Pushing at the suprapubic area, towards the fetal nose, can help rotate the fetal shoulders and release the impacted fetal shoulder. This can be repeated with each maneuver.

**4** **Evaluate for an episiotomy**
The episiotomy alone would not resolve the impaction, but if more room is needed to perform the maneuvers it may be warranted.

**5** **Rotate the posterior shoulder**
Applying pressure to the posterior fetal shoulder, caving in the shoulder girth, can rotate the fetus enough to dis-impact the anterior fetal shoulder

**6** **Rotate the anterior shoulder**
The anterior fetal shoulder can have pressure applied to help rotate it out from under the pubic symphysis. Typically rotating towards the fetal nose has the best results, but the opposite pressure has also helped, just not as common. During this emergency, if one doesn't work, try the other.

**7** **Shoulder shrug maneuver**
The shoulder shrug technique involves shrugging the posterior shoulder and rotating the head-shoulder unit 180 degrees to resolve the shoulder dystocia.

**8** **All fours (Gaskin's maneuver)**
Moving the mother into all fours position may shift the pelvis and fetus allowing the shoulder dystocia to be resolved and the delivery to be accomplished.

**9** **Running start maneuver**
From the all fours position, move the maternal foot that is along the 'back' of the fetus to the maternal hand; much like runner's do on a track to start a race.

**10** **Extreme maneuvers** that are very rarely used

- Cleidotomy; fracture of the fetal clavicle
- Symphysiotomy; cutting the pubic symphysis
- Zavanelli; placing the fetal head back into the pelvis and performing an immediate emergency cesarean delivery.