Are you ready to deliver the baby?

Maria E. Moreira, MD, FACEP
Medical Director of CE & Simulation
Denver Health & Hospital Office of Education
Director of Professional Development & Wellbeing
Denver Health & Hospital Dept of Emergency Medicine
Associate Professor of Emergency Medicine
University of CO School of Medicine
NO DISCLOSURES
OBJECTIVES

Describe maneuvers for successful management of difficult deliveries
DELIVERY
DELIVERY TIME

WHAT’S YOUR JOB?

PROVIDE SUPPORT

ANTICIPATE COMPLICATIONS
Incidence
0.2-3 %

SHOULDER DYSTOCIA
MCROBERTS MANEUVER

- Hyperflexing mother’s legs to her abdomen
- Apply pressure on the lower abdomen
- Helps to facilitate release of fetal shoulder in shoulder dystocia
RUBIN MANEUVER

- Insert dominant hand into vagina
- Place fingers against posterior aspect of the anterior fetal shoulder
- Rotate counterclockwise to 10 o’clock position
- Diminishes size of fetal shoulder girdle
WOOD’S CORKSCREW MANEUVER

- Place fingers of hand against anterior aspect of posterior fetal shoulder
- Rotate posterior shoulder 180 degrees

Reichman EF. Emergency Medicine Procedures 2013
POSTERIOR ARM DELIVERY

- Place fingers of hand against posterior fetal humerus
- Sweep fetal arm across chest
- Palpate and grasp fetal hand
- Gently pull hand along the side of the face
- Apply downward traction on fetal head and arm as assistant applies suprapubic pressure

ZAVANELLI MANEUVER

Rotation and delivery of anterior shoulder
3%-4% TERM PREGNANCIES
Mauriceau-Smellie-Viet Maneuver

- Rest infant body on dominant arm
- Index and middle finger of dominant hand on fetal maxilla
- Apply pressure on maxilla to maintain head in flexion
- Non-dominant hand on posterior aspect of fetal neck and shoulders
- Elevate fetal body from horizontal plane
Head is entrapped?

Place in McRoberts position

Uterine Relaxation:

Nitroglycerin 50 to 200 mcg IV
Terbutaline 250 mcg SQ
DORSAL POSITION VS UPRIGHT POSITION

269 VAGINAL DELIVERIES

229 UPRIGHT POSITION  40 DORSAL POSITION

FEWER DELIVERY MANEUVERS
FEWER NEONATAL BIRTH INJURIES
DECREASED SERIOUS PERINEAL LACERATIONS
C-SECTION RATE DECREASED
SECOND STAGE 42% SHORTER ON AVERAGE

NUCHAL CORD

- Reduce cord over head
- Reduce cord over shoulder
- Somersault maneuver
- Clamp & Cut cord
SOMERSAULT MANEUVER
INCIDENCE ABOUT
0.2%
CONCERNS?

COMPRESSION

SPASM

FETAL HYPOXIA & BRADYCARDIA

FETAL DEATH OR PERMANENT DISABILITY
Apply moist, sterile dressing to cord

Elevate presenting part

https://blog.gentlebirth.com/home/cord-prolapse
KNEE-CHEST POSITION

EXAGGERATED SIMS POSITION

TRENDELENBURG POSITION

RETROFILL BLADDER (500-700CC)

https://teachmeobgyn.com/labour/emergencies/cord-prolapse/

https://nursekey.com/life-threatening-emergencies/
Apply moist, sterile dressing to cord
Elevate presenting part
Gently push infant back into vagina
Mother pants with contractions
Terbutaline 0.25 mg SQ
CORD PROLAPSE

DIAGNOSIS

30 MIN

DELIVERY
SUMMARY

Be ready for delivery
Remember maneuvers
Keep calm