

# Are you ready to deliver the baby?

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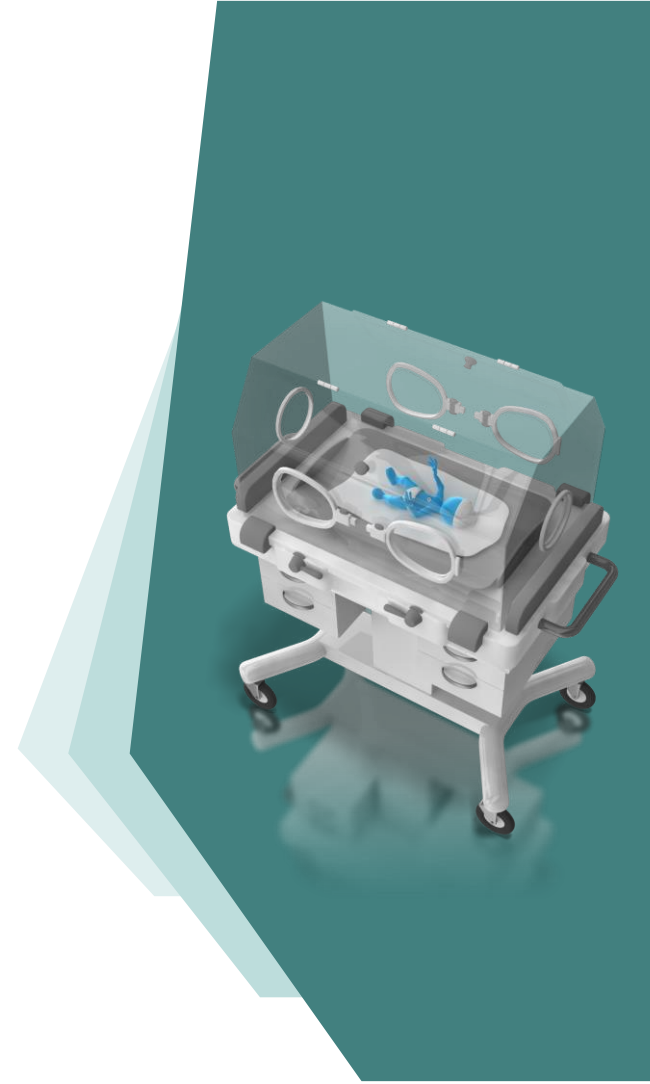
**NO DISCLOSURES**





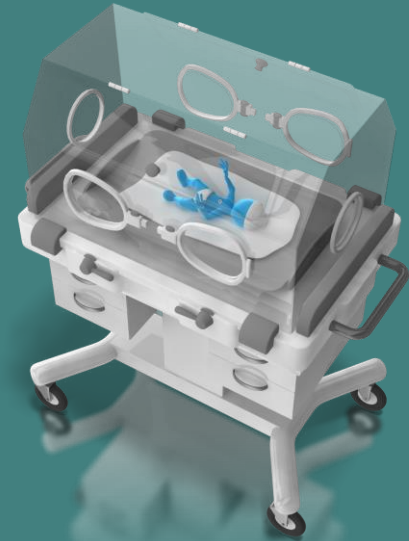
# OBJECTIVES

Describe maneuvers for successful management of difficult deliveries





# DELIVERY

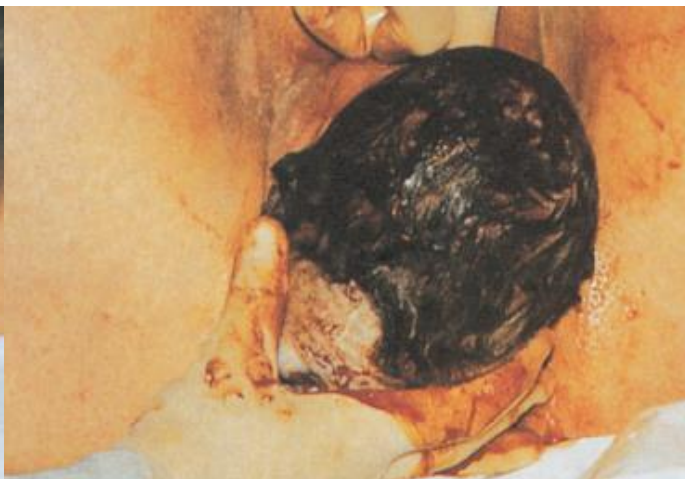


**DELIVERY TIME**

**WHAT'S YOUR JOB?**

**PROVIDE SUPPORT  
ANTICIPATE COMPLICATIONS**





## NORMAL DELIVERY



Incidence

0.2-3 %

# SHOULDER DYSTOCIA



# MCROBERTS MANEUVER

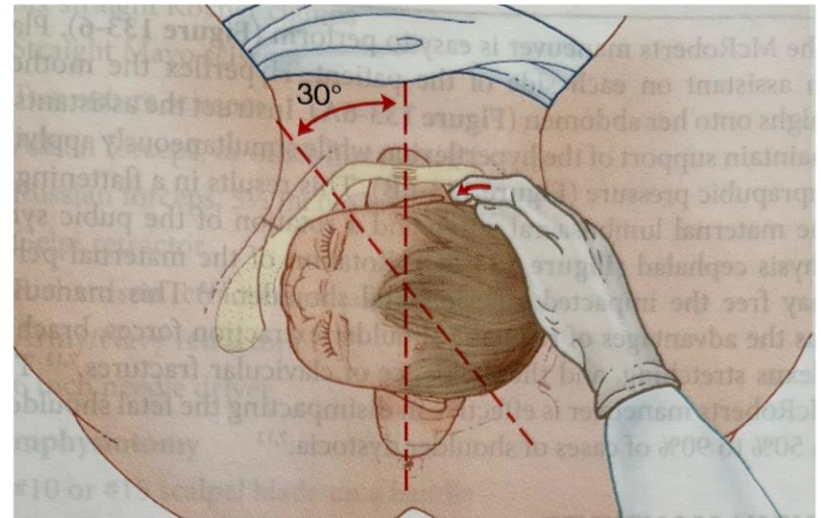
- Hyperflexing mother's legs to her abdomen
- Apply pressure on the lower abdomen
- Helps to facilitate release of fetal shoulder in shoulder dystocia





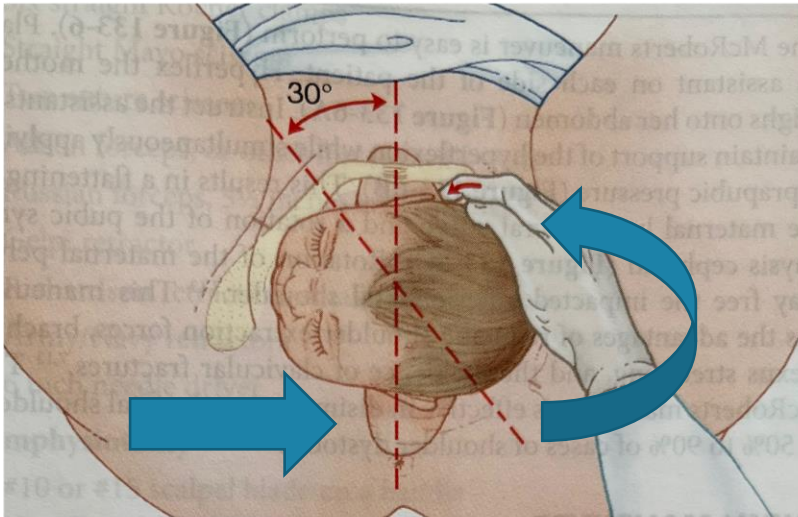
# RUBIN MANEUVER

- 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



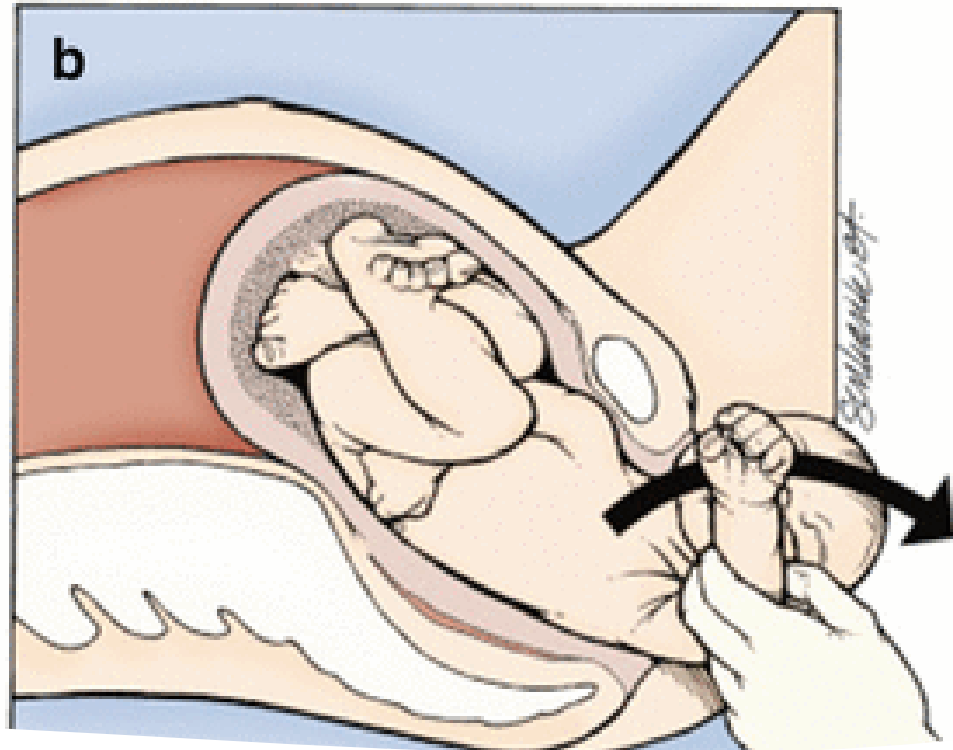
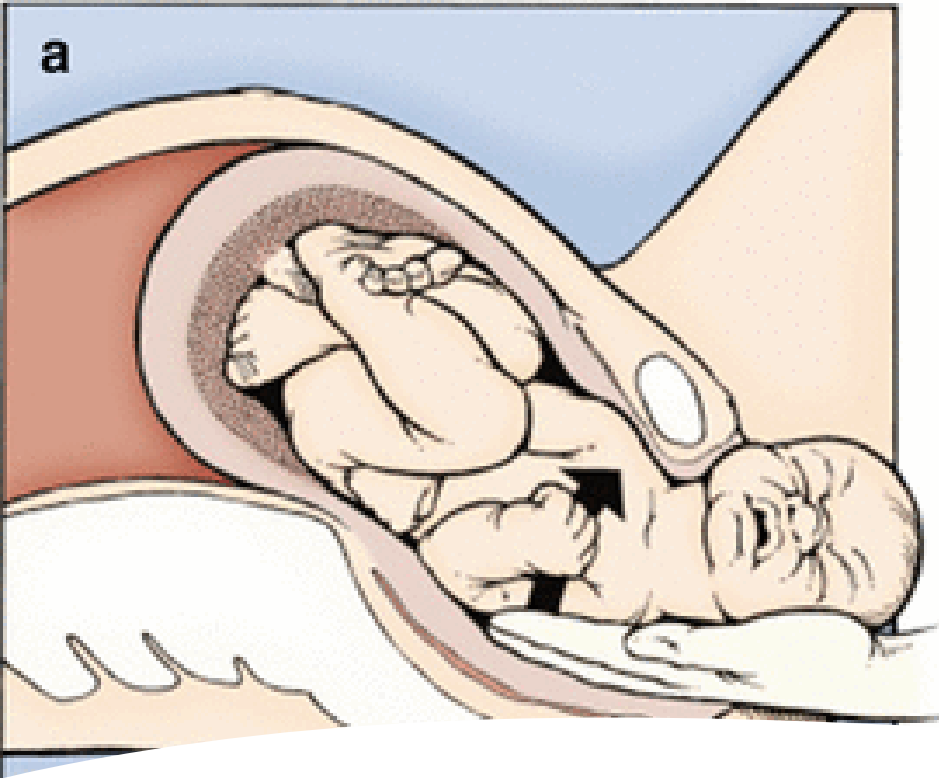
# WOOD'S CORKSCREW MANEUVER

- 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

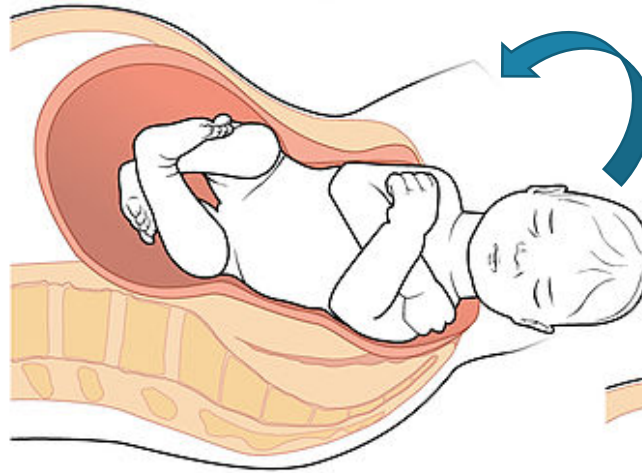
- Place fingers of hand against posterior fetal humerus
- Sweep fetal arm across chest
- Palpate and grasp fetal hand
- Gently pull hand along the side of the face
- Apply downward traction on fetal head and arm as assistant applies suprapubic pressure



# ZAVANELLI MANEUVER



Rotation and delivery  
of anterior shoulder





## Variations of the breech presentation



Complete  
breech



Incomplete  
breech



Frank  
breech

 ADAM.





3%-4%  
TERM PREGNANCIES







# Mauriceau-Smellie-Viet Maneuver

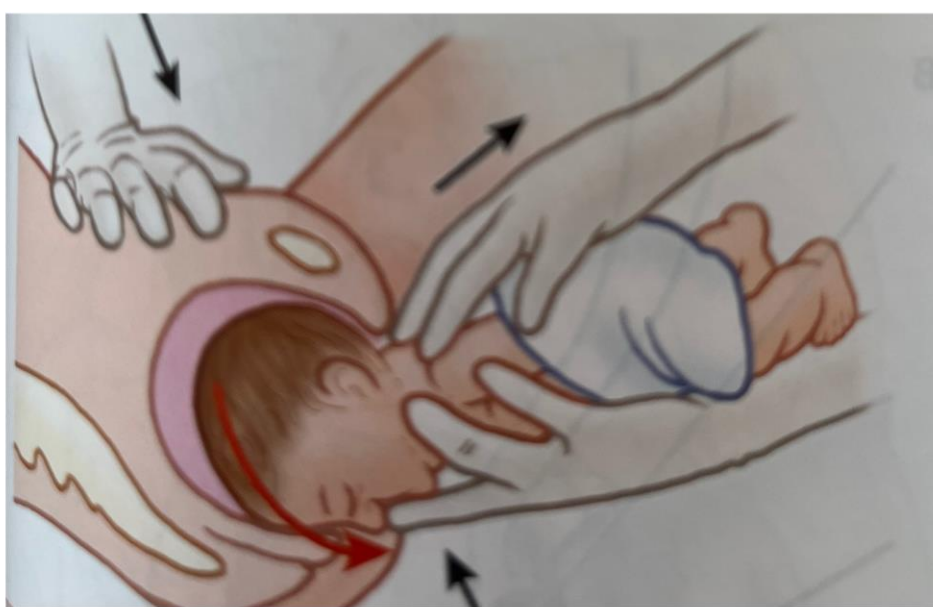
Rest infant body on dominant arm

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



Reichman EF. Emergency Medicine Procedures 2013



# 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

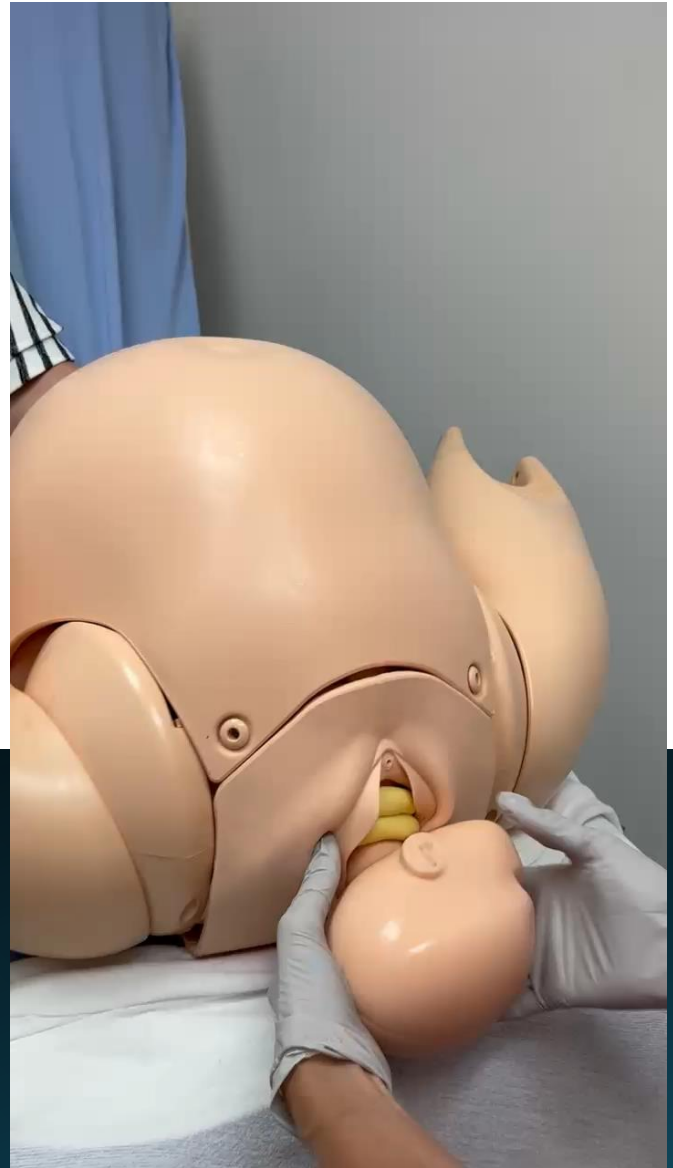
# NUCHAL CORD

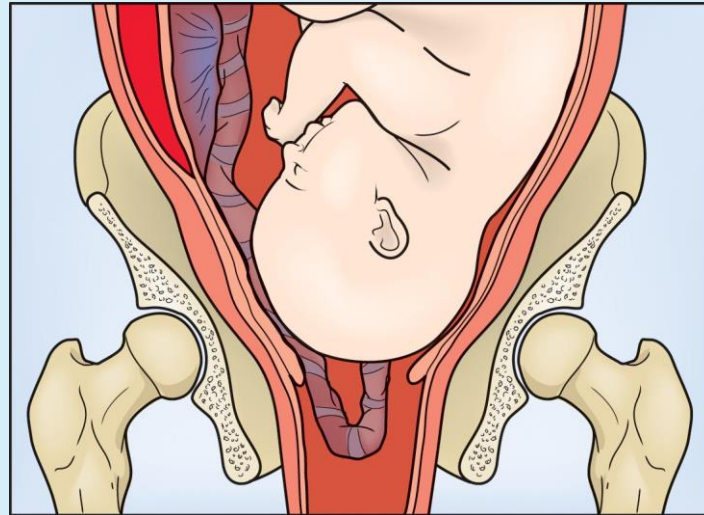
- Reduce cord over head
- Reduce cord over shoulder
- Somersault maneuver
- Clamp & Cut cord





# SOMERSAULT MANEUVER





INCIDENCE ABOUT  
0.2%





CONCERNS?

COMPRESSION

SPASM



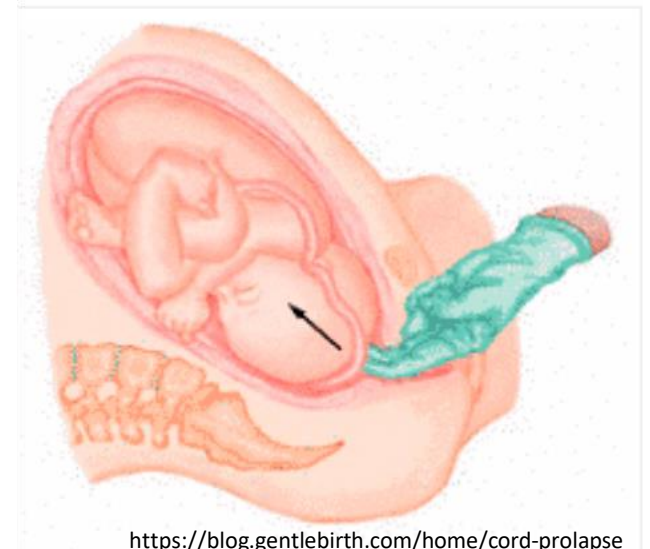
FETAL HYPOXIA & BRADYCARDIA

FETAL DEATH OR PERMANENT  
DISABILITY



Apply moist, sterile dressing to cord

Elevate presenting part



## KNEE-CHEST POSITION



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

## EXAGGERATED SIMS POSITION



<https://nursekey.com/life-threatening-emergencies/>

## TRENDELENBURG POSITION

## RETROFILL BLADDER (500-700CC)



Apply moist, sterile dressing to cord

Elevate presenting part

Gently push infant back into vagina

Mother pants with contractions

Terbutaline 0.25 mg SQ



DIAGNOSIS



30 MIN

DELIVERY



**CORD  
PROLAPSE**



# SUMMARY

Be ready for delivery  
Remember maneuvers  
Keep calm