

PERINEAL TRAUMA REDUCTION

FOR PROVIDERS ONLY

Shoulder Dystocia

When encountering a shoulder dystocia, obstetric providers are taught that the McRobert's Maneuver (abduction and flexion of the maternal thighs) can help dislodge the fetal shoulder from behind the maternal symphysis. This might suggest that shoulder dystocia would be increased if the legs are not flexed more than 90 degrees at delivery. Consider, though, how a tense perineum might drive a fetal shoulder girdle anteriorly, actually increasing the likelihood of shoulder entrapment behind the maternal symphysis, thus actually increasing the risk of shoulder dystocia. In fact, the literature does not show an increase in the rate of shoulder dystocia when delivery of the fetal head occurs between contractions or when the maternal thighs are less flexed at the time of delivery.

If a shoulder dystocia is encountered, however, the McRobert's position is certainly an appropriate maneuver. While moving the mother into the McRobert's position, it is critical to avoid simultaneous traction on the fetal head. Traction on the fetal head at the same time the symphysis is being rotated away from the fetal head can cause acute stretching on the fetal nerve roots and increases the risk of causing an Erb's Palsy.