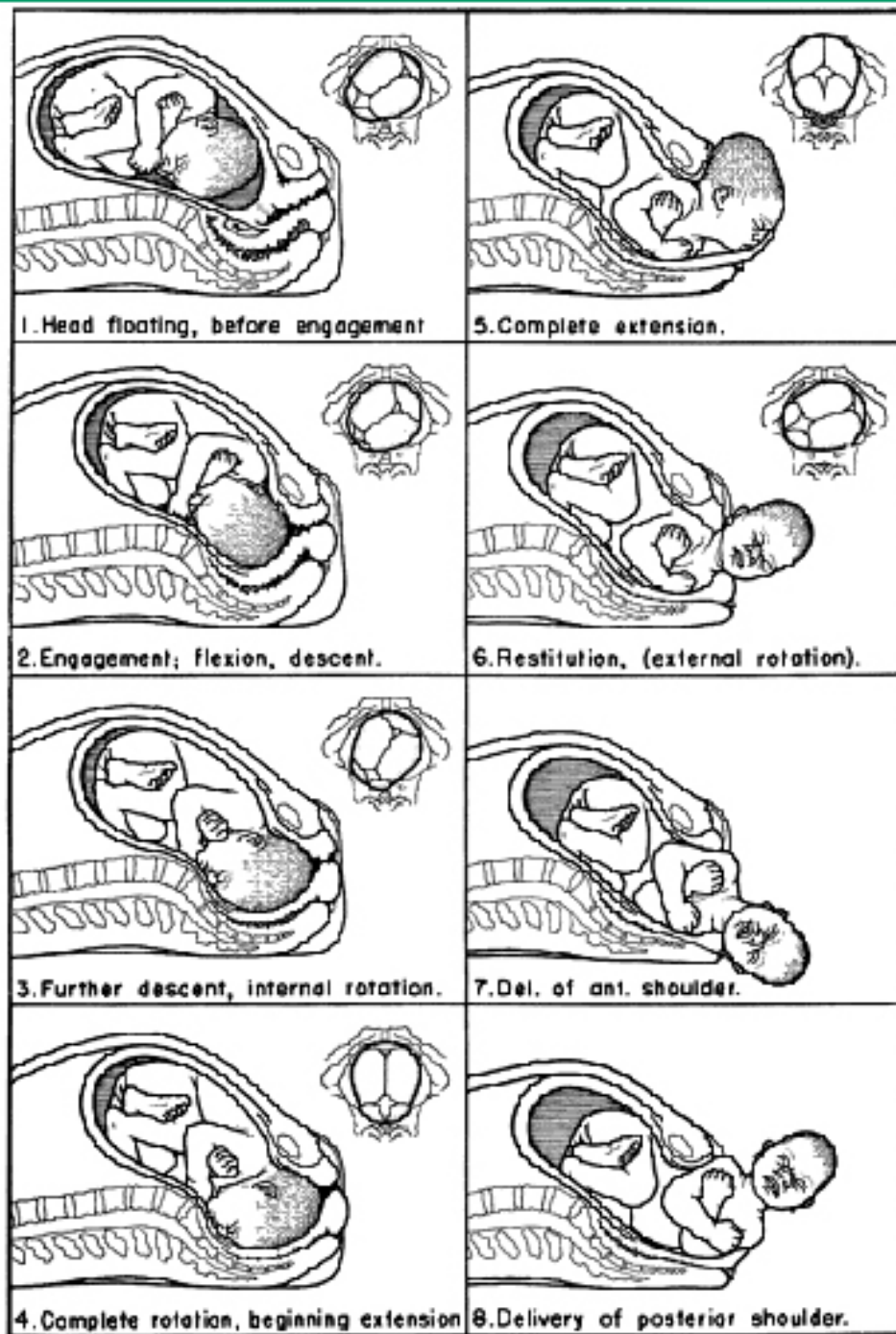


## Principal movements in the mechanism of labor and delivery, left occiput anterior position

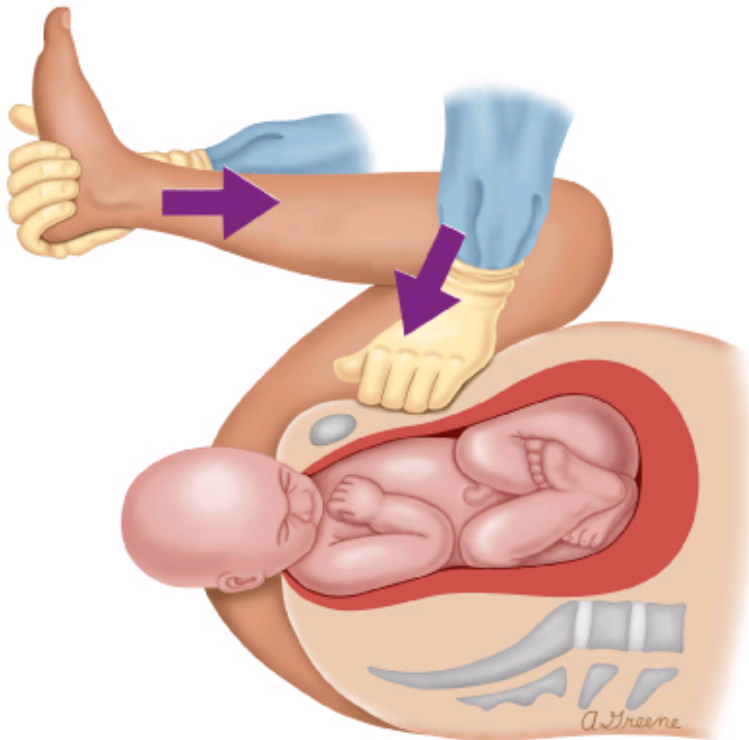


Reproduced with permission from: Pritchard JA, MacDonald PC. *Williams Obstetrics*, 16<sup>th</sup> ed, Appleton-Century-Crofts, New York 1980. p. 397.  
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## McRoberts maneuver and suprapubic pressure

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An assistant applies pressure suprapubically with the palm or fist, directing the pressure on the anterior shoulder both downward (to below the pubic bone) and laterally (toward the baby's face or sternum), and in conjunction with the McRoberts maneuver. Suprapubic pressure is supposed to adduct the shoulders or bring them into an oblique plane, since the oblique diameter is the widest diameter of the maternal pelvis. It is most useful in mild cases and those caused by an impacted anterior shoulder.

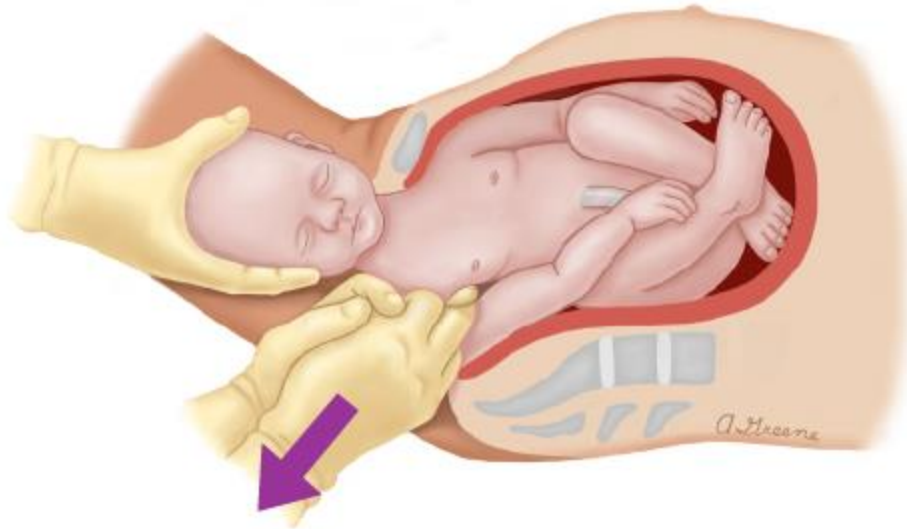
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Figure 1. The McRoberts' manoeuvre (from the SaFE study)

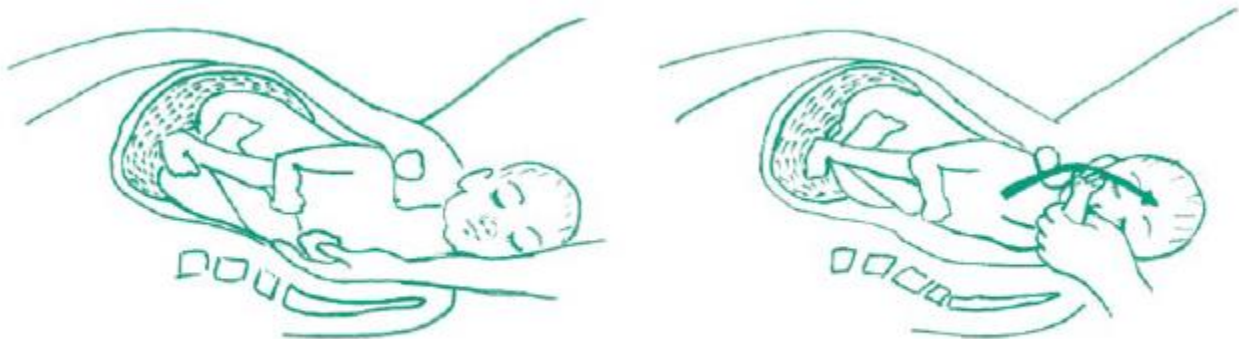
## Menticoglou maneuver

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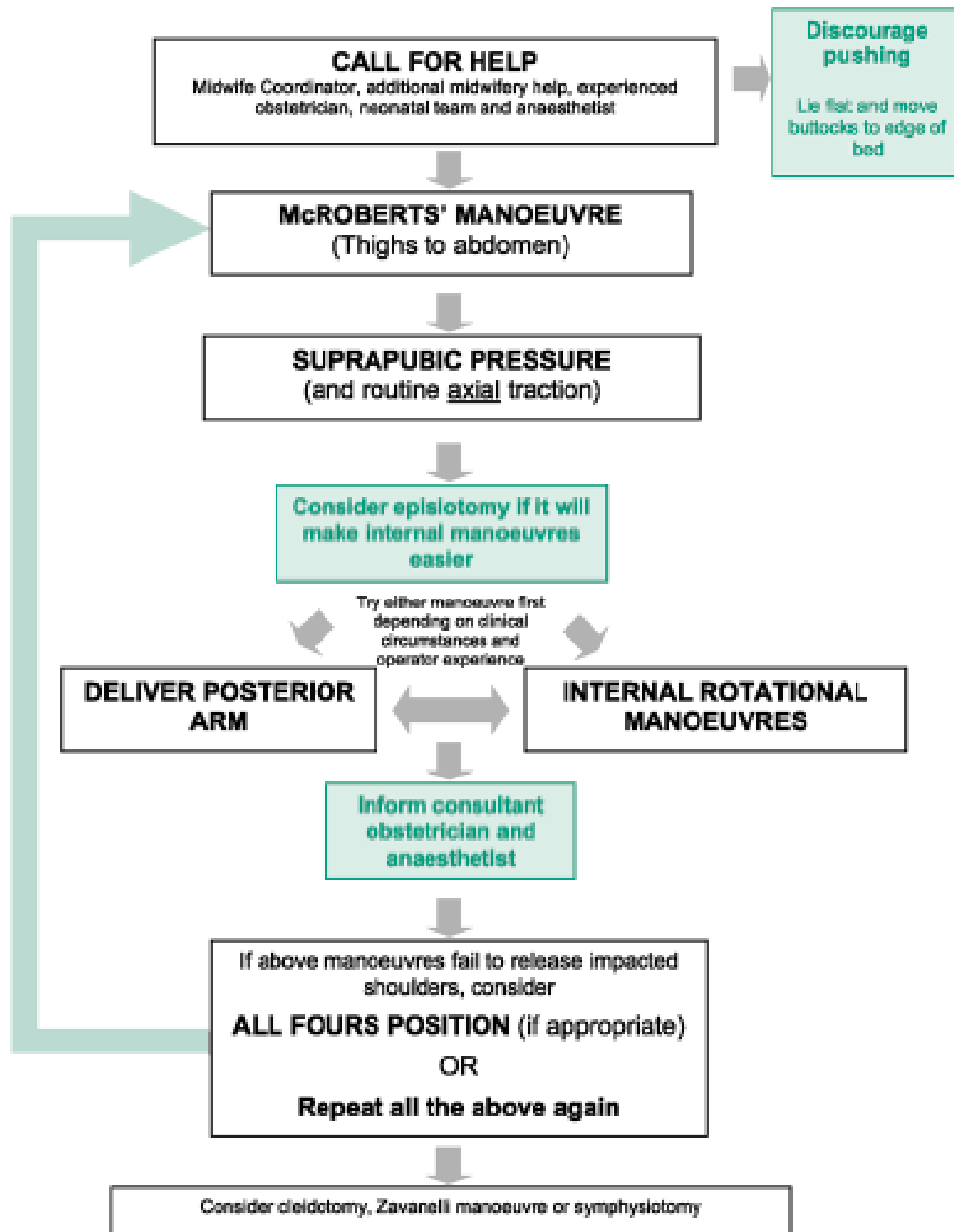
After an assistant gently flexes the fetal head toward the anterior shoulder, the obstetrician places his/her right middle finger into the fetus' posterior axilla from the left side of the pelvis and the left middle finger into the posterior axilla from the right side of the pelvis. The two middle fingers in the axilla are then used to pull the posterior shoulder downward along the curve of the sacrum. Once the shoulder has been brought down sufficiently, the posterior arm can be grasped and delivered.

*Modified from: Menticoglou SM. A modified technique to deliver the posterior arm in severe shoulder dystocia. Obstet Gynecol 2006; 108:755.*



**Figure 3** Delivery of the posterior arm (from the SaFE study)

## Algorithm for the management of Shoulder Dystocia



Baby to be reviewed by neonatologist after birth and referred for Consultant Neonatal review if any concerns

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