Table IV. Other Maneuvers to Resolve Shoulder Dystocia

While other maneuvers to resolve shoulder dystocia are described, they are rarely employed, either because of their high rate of complications or the difficulty of performing them.

Gaskin maneuver	Utilized primarily by midwives, the Gaskin maneuver involves having a mother moved from whatever position she is in onto her hands and knees once a shoulder dystocia has been diagnosed. While this maneuver might be suitable for highly-motivated women who have not opted for conduction anesthesia, there are many patients whom this profile does not fit. This, and the maternal fatigue most mothers feel after hours of pushing, make the rapid mobility required for the Gaskin maneuver impractical in many shoulder dystocia emergency situations.
Fracturing clavicle	Although clavicles are occasionally fractured accidentally during attempts at shoulder dystocia delivery, to deliberately fracture a clavicle without injuring other vital neonatal structures is not a straightforward or easy procedure. Clavicles in term infants are substantial structures requiring considerable force to fracture. Moreover they are located near multiple vital structures which could easily be damaged: bracho-cephalic and carotid arteries, jugular vein, lungs, and multiple significant nerve trunks. Fracturing a clavicle to relieve a shoulder dystocia is rarely performed or reported.
Zavanelli maneuver	This is a last-ditch maneuver used only in circumstances where all other attempts to relieve a shoulder dystocia have failed. It involves flexing the fetal head and attempting to reinsert it back into the maternal pelvis, then performing an emergency cesarean section as quickly as possible to deliver the baby. The outcomes of Zavanelli maneuvers are generally dismal. There are multiple reports of severed spinal cords, fetal deaths, and central neurologic damage. Even if the neonatal head is successfully reinserted, a cesarean section must still be organized and performed under emergency conditions. The time it takes for all this to transpire is almost always so long that the fetal brain becomes asphyxic with resulting hypoxic ischemic encephalopathy.
Symphysiotomy	This procedure is utilized almost exclusively in remote rural districts of the Third World where access to cesarean sections does not exist. It is an extremely traumatic procedure which involves slicing through the ligament joining the two halves of the maternal symphysis pubis. When successful, it increases the diameter of the pelvic outlet by 3 cm--often enough to allow a stuck neonate to be delivered.

	However, the procedure often results in significant injury to the mother: Laceration of the bladder, transection of the urethra, and weeks' long total instability of the maternal pelvis requiring absolute bed rest. Moreover, obstetricians rarely have training in this procedure and would have to perform it based on descriptions in the literature.