

## EDITORIAL

# Gaskin maneuver “all fours” for coping the obstetric nightmare “shoulder dystocia”

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*Editor in Chief*

Shoulder dystocia (SD) is one of the most serious intrapartum complications. It is also a common obstetric cause of litigation in Thai court.

Suprapubic pressure and McRoberts maneuvers have been recommended as the primary management for SD. If delivery is not successful, the next step will be rotational maneuver (Woods screw maneuver), Rubin maneuver (reverse Woods screw maneuver) and delivery of the posterior arm. “All fours” or Gaskin maneuver is rarely recommended. Gaskin maneuver has long been reported as an effective management for SD by Bruner JP, et al<sup>(1)</sup>(1998). “All-fours” position is performed to deliver the upturned posterior shoulder before the downturned anterior shoulder (Fig.1)<sup>(2)</sup> while the other maneuvers are used when the parturients lying in supine or lithotomy position.



**Fig.1**

Delivery of the anterior shoulder before the posterior shoulder is very difficult when women are in supine or lithotomy position due to the limitation of space behind the symphysis pubis. There is also the impact of anterior shoulder on the delivery of posterior shoulder before the anterior shoulder make delivery process difficult due to limiting space of the hollow of sacrum from the fetal thorax compressing on the posterior shoulder. When SD was occurred in lithotomy position, pregnant woman will be asked to slowly turn to “all-fours” position even though the high delivery bed. The obstetrician will then deliver the upturned posterior shoulder using gentle downward traction, follow by downturned the anterior shoulder using gentle upward traction. Benefit of all-fours position is the wider space of the hollow of sacrum. It makes delivery of posterior shoulder easier because this position provides more room for posterior shoulder.

Some of you may wonder that why I favor Gaskin maneuver. A few years ago, I gave lectures for doctors and nurses in different parts of Thailand and found that more than half of the participants did not know this maneuver. One of the reasons is that this procedure was not mentioned in the popular standard textbooks such as the 2010 edition of Williams Obstetrics and the 1999 edition of Danforth's Obstetrics and Gynecology. So, I want to use this editorial to dedicate to this simple, safe, and effective technique to our colleagues who did not know it. Gaskin maneuver can be also used to prevent SD in the pregnancy at

risk. The head-shoulder interval of SD is an important factor of neonatal brain injury. I suggest we should perform an easier maneuvers such as suprapubic pressure and McRoberts maneuvers in case of SD. If it is not success. I strongly recommended Gaskin maneuver before the other difficult maneuvers.

Finally, in my experiences on this maneuver in two different delivery methods, the lithotomy and the squatting position<sup>(2)</sup>, I think that “all fours” or Gaskin maneuver is a rapid, fantastic and effective maneuver for coping this obstetric nightmare, shoulder dystocia.

## References

1. Bruner JP, Drummond JB, Meenan AL, Gaskin IM. All-four maneuver for reducing shoulder dystocia during labor. *J Reprod Med* 1998; 43: 439-43.
2. Kovavisarach E. The all-four maneuver for the management of shoulder dystocia. *Int J Gynecol Obstet* 2006;95:153-4.