

PREVENTIVE MEASURES TIPS FOR MEDICAL PROVIDERS

Because we cannot accurately predict shoulder dystocia, we must prepare for it with every delivery!

DO

1. Do use safer birth positions during the pushing phase. This is IMPERATIVE!
These include side-lying, squatting, standing, lunging, kneeling, or on hands and knees

2. Do use maternal positional changes once shoulder dystocia occurs

- To move the baby, move the mother
- Reposition mother at the beginning of the next contraction and continue repositioning if necessary with subsequent contraction

• Move mother onto hands and knees (Gaskin Maneuver) or into a supported squat. Both are highly effective.

3. Do use proper maneuvers and techniques

- If the dystocia is not resolved with the previous steps and after a couple contractions, medical providers may use effective maneuvers designed to manually release the shoulder (anterior Rubin's, Woods' maneuver, delivery of posterior arm, etc.)

QUESTIONS TO ASK YOUR MEDICAL PROVIDER

- What risk factors increase the likelihood of a shoulder dystocia?
(see www.ubpn.org/prevention for risks)

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2. Do use maternal positional changes once shoulder dystocia occurs

- What experience have you had in dealing with shoulder dystocia?
- How did you resolve it? If you have not experienced one, how would you resolve it?

• What birthing positions can a mother use during the pushing phase that will open the pelvis the most and provide the maximum space for the baby to safely pass through?

- Have you used positional changes with a mother to alleviate a shoulder dystocia?
- Are you familiar with, or have you performed, the Rubin's or Woods' maneuver?

DON'T

1. Don't panic or overreact

• Recognize that a delay after the birth of the head can be normal, so wait for next contraction

• Stay calm and have an assistant keep track of time

• Reassure and support mother in a positive/confident tone, as not to cause distress and disturb the release of oxytocin, which can further impede a safe delivery

2. Don't lay mothers on their backs or in semi-reclined positions, which can increase the risk of dystocia and injury

• Such positions can restrict backward sacrum movement and close a mother's birth canal up to 30%, restricting the space available for the baby to safely pass through

• These physiologically disadvantageous positions can interfere with optimal positioning of the baby and its ability to effectively rotate

3. Don't apply any traction to the head

- Hands off the head!

WHY Prevent Brachial Plexus Birth Injuries?



What is a Brachial Plexus Birth Injury?

- Damage to the network of nerves originating in the spinal cord. These nerves control the muscles of the shoulder, arm, elbow, wrist, hand and fingers.
- Injury can result in full to partial paralysis of one or both arms.

How can this birth injury occur?

- After a baby's head is delivered, one or both of its shoulders get stuck on the mother's pelvic bone (shoulder dystocia). A shoulder can also get caught on the sacral promontory.
- When excessive traction is applied to a baby's head to dislodge the shoulder(s), the delicate nerves in the neck can be stretched, torn or completely pulled out from the spinal cord.

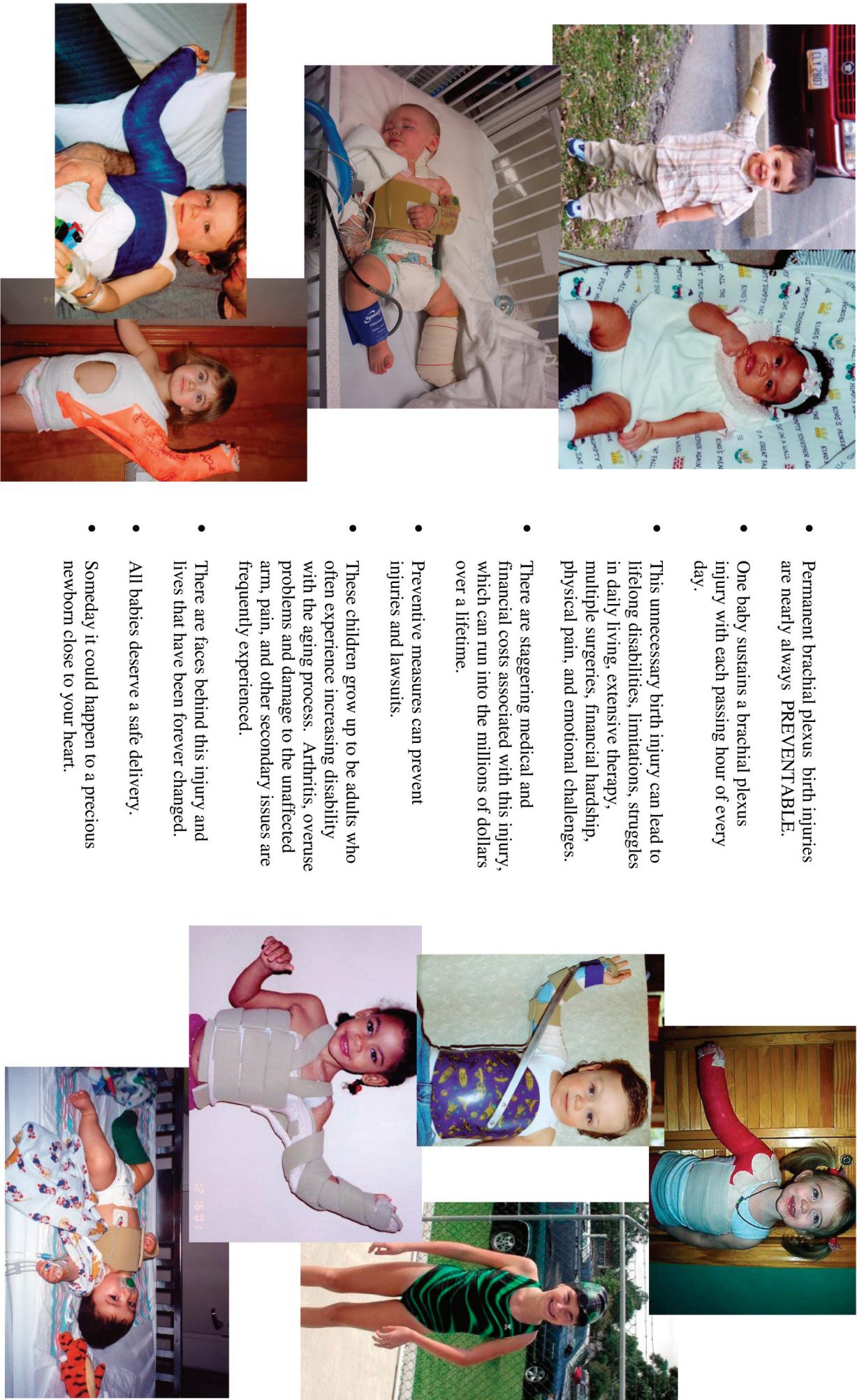

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Individuals need to consult with trusted clinicians to determine the appropriate treatment for their specific needs.



UNITED BRACHIAL PLEXUS NETWORK
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THESE ARE A FEW OF THE PRECIOUS REASONS WHY WE SHOULD PREVENT BRACHIAL PLEXUS BIRTH INJURIES.



- Permanent brachial plexus birth injuries are nearly always **PREVENTABLE**.
- One baby sustains a brachial plexus injury with each passing hour of every day.
- This unnecessary birth injury can lead to lifelong disabilities, limitations, struggles in daily living, extensive therapy, multiple surgeries, financial hardship, physical pain, and emotional challenges.
- There are staggering medical and financial costs associated with this injury, which can run into the millions of dollars over a lifetime.
- Preventive measures can prevent injuries and lawsuits.
- These children grow up to be adults who often experience increasing disability with the aging process. Arthritis, overuse problems and damage to the unaffected arm, pain, and other secondary issues are frequently experienced.
- There are faces behind this injury and lives that have been forever changed.
- All babies deserve a safe delivery.
- Someday it could happen to a precious newborn close to your heart.

Although no formal tracking system exists, it is estimated that approximately 12,000 babies (roughly 3/1000 births) each year in the United States will sustain brachial plexus injuries at birth. This birth injury occurs more frequently than Down's Syndrome, Muscular Dystrophy, Spina Bifida and as often as Cerebral Palsy, yet many have never heard of it. Unlike some of these conditions, this birth injury is **PREVENTABLE**.