



Brachial Plexus Injury Awareness

FOR EXPECTANT PARENTS:

RISK FACTORS FOR SHOULDER DYSTOCIA

In pregnancy books and childbirth education classes, the birth canal is shown in pictures very clearly. Although there is much effort put into coping with pregnancy and labor, the actual birth is usually described in general terms - the baby comes down and out. We do read about the possible need for forceps or vacuum extractors. We also learn about the cutting of and different types of episiotomies. Unfortunately, there is one piece of information that is usually left out: that sometimes the baby's shoulder can get stuck on the mother's pelvic bone and this can become a birthing emergency called ***Shoulder Dystocia***.

There are warning signs that may be linked to an increased risk for this birthing emergency. More importantly, there are steps an expectant mother and a high-risk practitioner can take to possibly reduce the risk of injury.

Risk Factors for Shoulder Dystocia:

- Suspected large baby - over 8 lbs. 14 oz.
- Maternal diabetes / gestational diabetes (fetal asymmetry)*
- Maternal obesity
- An overdue baby - over 40 weeks
- Short maternal stature
- Contracted or flat (platypelloid) pelvis
- Maternal weight gain -more than 35 lbs.
- Protracted first stage of labor
- Prolonged second stage of labor

*babies born to mothers with gestational diabetes may have larger shoulders

Risk Factors for Shoulder Dystocia That May Be Associated with Prior Pregnancies:

- A history of shoulder dystocia during a previous delivery**
- A history of giving birth to large babies
- Eight years or more since your last birth

**if you had a difficult delivery that resulted in c-section, it is possible that shoulder dystocia did occur.

Other Factors That May Be Associated with an Increased Risk for Shoulder Dystocia

Epidural: Because of loss of sensation from an epidural, the mother may not be able to feel the

'pushing' sensation and the baby might descend in a slightly awkward position.

Tools: The use of tools (for example, forceps or vacuum) to help the baby descend may possibly increase the risk of shoulder dystocia as well.

Labor Induction: There appears to be a possible association between an increased risk for shoulder dystocia and the use of labor-inducing drugs.

Please Note: Even with these risk factors, more women have uneventful birthing experiences than those whose labors are complicated by shoulder dystocia. Moreover, shoulder dystocia can occur in the absence of these factors. And brachial plexus injuries can occur without the occurrence of shoulder dystocia.

Risk Factors For Brachial Plexus Injury (without the occurrence of shoulder dystocia):

- Uterine tumors
- Tumors in the neck of the baby
- Viral disease
- Other abnormalities
- Breech fetal position at time of birth

WHAT CAN YOU DO TO TRY AND LESSEN YOUR RISK OF ENCOUNTERING SHOULDER DYSTOCIA ?

- Discuss with your practitioner your concerns about shoulder dystocia risks, and ask what steps you can take now to try and reduce those risks. For example, he/she may suggest that you follow a gestational diabetes diet throughout your pregnancy. See the list of questions below that you may want to use as a guideline to “Opening up the Conversation” with your practitioner.
- Discuss with your practitioner the appropriateness of the environment in which you plan to give birth. For example, if you do have some of the risk factors for shoulder dystocia or if you have a history of difficult births, you may want to consider a hospital birth instead of a home birth so that you can have better access to emergency facilities, equipment and personnel if needed.
- Ask if he/she thinks that consulting with a specialized high-risk practitioner would be more appropriate for your pregnancy and delivery.
- Ask about his/her shoulder dystocia/brachial plexus injury experience.
- Use the Internet as a research tool, and educate yourself as much as possible. You may wish to start your search for information at www.shoulderdystocia.com, www.injurednewborn.com, and www.ubpn.org.

**QUESTIONS TO ASK YOUR PRACTITIONER:
“Opening Up The Conversation”**

1. I am concerned about my risk(s) for encountering shoulder dystocia. What can you tell me to alleviate my concerns ?
2. After evaluating my past and current medical and childbearing history, do you think I am a candidate for having a large baby?
3. If it was determined or suspected that I am carrying a large baby, would you recommend a C-section? Under what other circumstances would you recommend a C-section?
4. Have you determined if my pelvic outlet can accommodate the safe passage of a baby? Do I have a flat (platypelloid) or small pelvis?
5. How many times have you encountered shoulder dystocia during the delivery process, and do you feel confident about delivering a baby with an occurrence of shoulder dystocia? What are some of the maneuvers you will use if shoulder dystocia becomes an issue during my birth?
6. Does your practice AND the hospital I will be delivering at have a specific written protocol for handling shoulder dystocia?
7. What is your opinion of the reliability of using ultrasound to determine fetal weight, and will I be given this test one or more times to estimate fetal weight?
8. If you are unable to attend the delivery of my baby, who will? And are they knowledgeable about shoulder dystocia births? (Be sure to meet with and question all the doctors/midwives in the practice.)
9. Have you ever injured a child during the birth process?

Information sources used in the preparation of this material: *Shoulder Dystocia and Birth Injury: Prevention and Treatment* by James. A. O’Leary, MD (McGraw-Hill, 1992); the informational website of Dr. O’Leary: www.shoulderdystocia.com; informational materials published by the Brachial Plexus Program at Texas Children’s Hospital, Houston, TX www.texaschildrenshospital.org.

The intention of this information sheet is to educate expectant parents about one specific birthing emergency. The information contained herein is meant to be informative and does not represent medical advice or recommendations.

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