



Before your next delivery,
what should you ask your
doctor, midwife or nurse?

After a Brachial Plexus Injury birth, what do you ask the DOCTOR before your next delivery?

- Do you differentiate between shoulder dystocia and “sticky shoulders?” Why?
- Have you encountered a shoulder dystocia in your years of practice?
 - How many? Outcomes?
- What maneuvers have you done or prefer to do during a shoulder dystocia and why? (hands/knees, McRobert’s, deliver posterior arm)
- What position(s) do you prefer a mother to deliver in (supine, lying on her back, squatting, side-lying, hands and knees, etc.)?
 - Can I choose the most comfortable position for me even if it’s not the most convenient for the staff? I prefer “off my back” like squatting or hands and knees.
- Have you ever delivered a baby who suffered a brachial plexus injury or Erb’s Palsy (permanent or transient)?
 - How many? Outcome?
- Have you ever been sued or in litigation regarding a delivery with a shoulder dystocia and/or brachial plexus injury? Outcome?
- What do you do to attempt to PREVENT or decrease the incidence of a shoulder dystocia (in pregnancy, in labor?)
- What training do you have regarding shoulder dystocia? Last updated information?
- How often does the hospital I will deliver in perform shoulder dystocia drills?
- Do you participate in the shoulder dystocia drills?
 - How many times in the last year have you participated in these drills?
- Who runs the drills? Contact information?
- If you are out-of-town when I deliver, who will deliver my baby?
 - Can I speak to them?
- What would be the suggested delivery plan for me knowing I’ve had a shoulder dystocia birth with a brachial plexus injury?
 - Cesarean, vaginal, early induction?
 - Why?
 - Will this be thoroughly documented in my chart in case you’re not available?

After a Brachial Plexus Injury birth, what do you ask the HOSPITAL STAFF before your next delivery?

- What position(s) do the staff prefer a mother to deliver in (supine, lying on her back, squatting, side-lying, hands and knees, etc.)?
 - Can I choose the most comfortable position for me even if it's not the most convenient for the staff?
 - I prefer “off my back” so squatting or hands and knees position is preferred.
- Am I able to labor by walking/moving around?
 - Do you have telemetry monitoring?
 - Do you allow intermittent monitoring?
- Statistics?
 - How often does a shoulder dystocia birth occur here?
 - How often has a brachial plexus injury occurred here?
- Shoulder dystocia drills?
 - How often?
 - Mandated?
- What is included in the drill?
 - Next maneuver every 30 seconds?
 - McRobert's, Gaskin, delivery of posterior arm, Rubin's, etc.?
 - No fundal pressure
 - Video taped then debriefing?
- Do providers participate?
 - Mandated?
- Have the staff treated an infant with a brachial plexus injury?
 - Is there a practice guideline?
 - Is information from the United Brachial Plexus Network (www.ubpn.org) provided to these families?

Tips and Tricks for Expectant Mothers

Prevention

● Factors in YOUR control

- Be informed! Learn what you can control and ask the doctor and staff what their experiences are, their knowledge level, what they do during a shoulder dystocia.
 - <http://www.ubpn.org/images/Docs/prevention.pdf>
- Open a dialogue with your provider and the staff (use the handouts)
- Monitor your weight gain. Excessive weight gain can be linked to a larger sized baby at times.
- If you have diabetes, manage it well and be in your target ranges for glucoses as uncontrolled diabetes can be linked to a larger sized baby.
- Labor AND deliver “off your back” always! Move around in labor as well as while pushing. Being on your side, standing, squatting, kneeling, hands/knees are better, safer.

● Factors the PROVIDER may control

- What do you do to attempt to PREVENT or decrease the incidence of a shoulder dystocia (in pregnancy, in labor?)
- Inform patient of items that are under her control (weight gain, diabetes control, position delivered in)
- Participate in shoulder dystocia drills as well as staying up-to-date on educational material/literature on the topic
- Induction of labor if suspected macrosomic (larger baby) according to ACOG’s standards? (controversial)
- Vacuum and/or forceps?
 - Do you use them? Why/when?
 - Experience with them?
 - Outcomes?
 - I’d prefer not to use them knowing there may be an increased chance of a cesarean delivery if I refuse them.