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.
  ○ 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 glucoes 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.