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.)

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!

QUESTIONS TO ASK YOUR MEDICAL PROVIDER

- What risk factors increase the likelihood of a shoulder dystocia? (see www.ubpn.org/prevention for risks)
- Since many women have no apparent risk factors, what measures can be taken to prevent or minimize the occurrence of shoulder dystocia?
- 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?
- What are the hospital/birthing center protocols for managing a shoulder dystocia and do they perform practice drills?
- I do not want any traction applied to my baby’s head during delivery, not even “gentle” traction. Will you honor that request?

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.
Although no formal tracking system exists, it is estimated that approximately 12,000 babies (croupy 3/1000 births) each year in the United States are born with close to your heart.

- Someday it could happen to you and your family.
- Not all babies deserve a safe delivery.

There are other factors that have been proven to change these rates. These rates have decreased, but they are still high. The birth process, medical care, and other issues can contribute to birth injuries.

These children grow up to be adults who suffer physical pain and emotional challenges. These injuries may include:

- Permanent paralysis
- Severe brain damage
- Severe injuries
- Blindness
- Severe cognitive disabilities

These unnecessary birth injuries can lead to death with each passing hour or every year. Death: Permanent paralysis, breathing problems. These are not always preventable.

There are a few of the precious reasons why we should prevent brachial plexus birth injuries.

If you or someone you know has experienced a birth injury, please contact the United Brachial Plexus Network (UBPN) Outreach Program at www.ubpn.org.