



BRACHIAL PLEXUS PALSY AND FRACTURED CLAVICLES

Brachial plexus palsy and fractured clavicles are fetal injuries that often result from difficult vaginal deliveries. These injuries usually result from shoulder dystocia (difficulty delivering the shoulders) in an infant with macrosomia (large gestational weight).

Q. WHAT IS A BRACHIAL PLEXUS PALSY?

A. The most common injury to the macrosomic infant at birth is brachial plexus palsy. This injury occurs when excessive pressure is placed on the nerves in the shoulder (brachial plexus) region. Nerves run through this area and into the armpit. Injury to the brachial plexus leaves the newborn unable to move his or her arm. Most injuries to the brachial plexus heal themselves within one year. Only about 5% of infants with shoulder dystocia related to macrosomia end up with permanent brachial plexus injuries.

Q. WHAT IS A FRACTURED CLAVICLE?

A. Fractured clavicle is also a birth injury associated with difficult vaginal delivery. In this instance, severe pressure is placed on the clavicle (part of the collar bone) at the time of delivery leading to injury. Occasionally, the clavicle may be broken intentionally by your physician in an attempt to facilitate a difficult delivery. Usually this type of injury is of no significant consequence to the infant and results in no permanent damage. At times, however, the fractured clavicle will be displaced and will cause a pneumothorax (a deflation of the lung). This is a treatable complication.

Q. WHAT CAUSES BRACHIAL PLEXUS PALSY AND FRACTURED CLAVICLES?

A. The most common cause of brachial plexus palsy and fractured clavicle is shoulder dystocia. Shoulder dystocia occurs when your physician has difficulty delivering your infant's shoulders after the head has already been delivered. One of the causes of shoulder dystocia is macrosomia (a large baby). Often if you have diabetes during pregnancy your infant is not only large, but the shoulders are disproportionately large. In these circumstances your physician may be concerned about shoulder dystocia.

Q. HOW CAN SHOULDER DYSTOCIA AND FETAL INJURIES BE PREVENTED?

A. The biggest risk associated with macrosomia is shoulder dystocia. Therefore, if you are at risk of having a macrosomic infant, your physician may take several precautionary measures to decrease the chance of injury to you or your baby.

Initially, your physician may discuss the possible benefit of cesarean section to prevent potential birth injury from a vaginal delivery. Several factors will weigh into this decision, including estimated weight of your infant and whether you have diabetes in pregnancy.

If shoulder dystocia does occur, your physician may perform several maneuvers to facilitate safe delivery of your infant. First, he or she will have you raise your thighs to your chest in what is called the McRobert's maneuver. This opens the size of the pelvic outlet, therefore making delivery of your infant easier. If your physician still has trouble delivering your infant, he or she will ask an assistant for suprapubic pressure. This involves the assistant pushing downward with a fist just above your pubic bone. This will help push the wedged fetal shoulder down and out. At this point if your physician is still having difficulty delivering the baby, he or she may ask for further assistance from another obstetrician in the hospital. Several additional maneuvers may then be performed by your physician, including cutting a large episiotomy to help deliver your baby. Even with the above described maneuvers your infant may still suffer injury.

INDU S. ANAND, MD

Dr. Anand is a former Assistant Professor in the Department of Obstetrics and Gynecology at the University of Tennessee Health Science Center, in Memphis, Tennessee. She now is in private practice in Atlanta, GA.

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Health Information Provided by Women's Health Specialists

7800 Wolf Trail Cove, Germantown, TN 38138, (901) 682-9222, www.whsobgyn.com

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