Complications in Pregnancy & Labour 2

**Birth Injuries**
- All babies with signs of trauma should be given Vit K 1mg IM at birth
- Inability to deliver shoulders after head has been delivered (after gentle downward traction)
- High rate of foetal mortality and morbidity
- Brachial plexus injuries occur in 10% of cases
- Risk factors: large birthweight, shoulder dystocia, instrumental delivery, DM breech
- Management: up to 20% require surgery; some injuries will be permanent

**Shoulder Dystocia**
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- Management: up to 20% require surgery; some injuries will be permanent
- Common cause of litigation
- Associations: large / post mature foetus, induced labour, prolonged 1st or 2nd stage, previous shoulder dystocia
- Most occur in women with no risk factors
- Suggest caesarean to diabetic mothers with macrosomic foetus or previous shoulder dystocia

**Brachial Plexus Injuries**
- Occur in 0.5% of live births
- Risk factors:大型 birthweight, shoulder dystocia, instrumental delivery, DM breech
- Management: up to 20% require surgery; some injuries will be permanent
- Common cause of litigation
- Associations: large / post mature foetus, induced labour, prolonged 1st or 2nd stage, previous shoulder dystocia
- Most occur in women with no risk factors
- Suggest caesarean to diabetic mothers with macrosomic foetus or previous shoulder dystocia

**Common Causes of Brachial Plexus Injury**
- Large birthweight
- Shoulder dystocia
- Instrumental delivery
- DM breech
- Risk factors: large birthweight, shoulder dystocia, instrumental delivery, DM breech
- Management: up to 20% require surgery; some injuries will be permanent
- Common cause of litigation
- Associations: large / post mature foetus, induced labour, prolonged 1st or 2nd stage, previous shoulder dystocia
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**Complications in Pregnancy & Labour 2**

**Hypertension in Pregnancy**
- Pre-existing HT
- Drugs may need modifying (some decrease foetal growth)
- Safe to use: methyldopa
- HT increases risk of pre-eclampsia
- Episiotomy and tears
- Conditions of use
  - Head engaged
  - Membranes ruptured
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- Indications for use
  - Fetal distress
  - Propped cord / eclampsia
  - To prevent undue maternal effort e.g. in cardiac disease
  - Maternal trauma (commoner than Ventouse)
  - Ventouse
- Contraindications
  - Fetal facial bruising
  - VII paralysis (usually resolves)
  - Brachial plexus injury
  - Likely to fail if
  - Associated with less maternal trauma than forceps
- Complications
  - Maternal trauma, failed delivery, cephalhaematoma, foetal haemorrhages, neonatal jaundice

**Induction of Labour**
- Epidemiology
  - 20% of UK labours artificially induced
  - Remaining in utero is more risky for the foetus than being born
- Indications
  - Most inductions are for: HT, pre-eclampsia, prolonged pregnancy, or rhesus disease
  - Others are for: DM, previous stillbirth, abruption, foetal death, placental insufficiency
- Contraindications
  - Cephalo pelvic disproportion
  - Foetal distress
  - Placenta praevia
  - Malpresentations
- Management
  - Cervix needs to be ripe, if not ripen with prostaglandin vaginal gel
  - Start intrapartum foetal heart monitoring using scalp clip
  - Oxytocin IV to start contractions, increasing until 3-4 contractions in 10 minutes
- Problems of induction
  - Iatrogenic prematurity
  - Infection, bleeding
  - Cord prolapse
- Prematurity
  - Epidemiology
    - Infants born before 37 weeks
  - Causes: unknown (bacterial vaginosis), multiple pregnancy, APh, cervical incompetence, amniotomy, uterine abnormalities, diabetes
  - In 50% contractions cease spontaneously
  - Trials of drugs to suppress contractions show almost no clinical benefit
  - Betamethasone 12mg IM followed by second dose 12 hours later
  - Promotes foetal surfactant production lowering RDS complications and mortality
  - Also helps close patent ductus and protect against causes of cerebral palsy

**Glucocorticoids**
- Betamethasone 12mg IM followed by second dose 12 hours later
- Promotes foetal surfactant production lowering RDS complications and mortality
- Also helps close patent ductus and protect against causes of cerebral palsy