Shoulder Dystocia Protocol Reduces Injuries

The rate of obstetric brachial plexus injury fell by nearly three-fourths in this study.

BY SUSAN LONDON
FROM THE ANNUAL MEETING OF THE SOCIETY FOR MATERNAL-FETAL MEDICINE
SAN FRANCISCO – A simple, nearly three-fourths in this study. The rate of obstetric brachial plexus injury fell by

Dr. Inglis and his colleagues determined the rate of brachial plexus injury at Jamaica Hospital Medical Center before and after implementation of the Code D shoulder dystocia protocol. The protocol emphasized a stepwise team approach to management, conducted in a calm and relaxed environment.

The protocol was provided to all labor and delivery staff including attending and resident physicians, midwives, and nurses. “I don’t think anybody else has really included nurses,” he commented. “I think they were a key part of it.”

Training included didactic presentations followed by hands-on practice with a manikin. “Everybody had to go through shoulder dystocia once or twice and get it done right according to our protocol,” Dr. Inglis explained.

When the staff diagnosed dystocia (tough or difficult shoulders, or the so-called turtle sign requiring additional maneuvers to achieve delivery), they activated the Code D protocol, which summoned to the room the most experienced available obstetrician, and also an anesthesiologist, a neonatologist, and a nurse.

Staff were taught, first, to assess – using a hands-off pause during which there was no maternal pushing, application of fundal pressure, or head traction – the orientation of the infant’s back and shoulders, and to announce it to the delivery team.

This hands-off period lasted just a few seconds, according to Dr. Inglis. “You basically want to stop, take a deep breath, collect yourself, make sure you are following the protocol, and then go on.”

Staff then began one of several maneuvers performed in an order of their choice, including rotating the shoulders to the oblique position, changing maternal position, implementing the corkscrew maneuver, and delivering the posterior arm.

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Unintended Pregnancies Carry Big Price Tag

Taxpayers spend more than $11 billion each year as a result of unintended pregnancies, according to new data from two separate studies.

The estimates are based on public insurance costs for pregnancies and infant care in the first year. Researchers from the Guttmacher Institute used state-level data from 2006 to come up with a national estimate of $11.1 billion in public spending on unintended pregnancies. In a separate study, researchers at the Brookings Institution came up with their figures by using 2001 national data on publicly financed unintended pregnancies, resulting in average spending of $11.3 billion annually. Both studies were published in the June issue of Perspectives on Sexual and Reproductive Health.

Researchers from the Guttmacher Institute found that public programs such as Medicaid and the Children’s Health Insurance Program bear the brunt of the nation’s costs for unintended pregnancies (Perspect. Sex. Reprod. Health 2011;43:94-102 [doi:10.1363/4309411]). While 38% of U.S. births result from unintended pregnancies, births from unintended pregnancies make up about half of publicly funded births. But reducing unintended pregnancies also will require major new public investments, the Guttmacher researchers wrote, including increasing access to family planning services and comprehensive sex education. The Affordable Care Act may help, too, they said, by expanding insurance coverage and giving new authority to states to expand Medicaid eligibility for family planning services. While preventing unintended pregnancies would require an up-front investment, the researchers at the Brookings Institution said it would be more than offset by potential savings. They estimated that if unintended pregnancies could be prevented altogether, with some being delayed until the women were ready to be pregnant, it could save taxpayers about $5.6 billion annually (Perspect. Sex. Reprod. Health 2011;43:88-93 [doi: 10.1363/4308811]).

—Mary Ellen Schneider

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Concomitant use of LYSTEDA with Factor IX complex concentrates, anti-inhibitor coagulant concentrates or all-trans retinoic acid (oral tretinoin) may increase risk of thrombosis. Visual or ocular adverse effects may occur with LYSTEDA. Immediately discontinue use if visual or ocular symptoms occur. In case of severe allergic reaction, discontinue LYSTEDA and seek immediate medical attention. Cerebral edema and cerebral infarction may be caused by use of LYSTEDA in women with subarachnoid hemorrhage. Lignocaine conjunctivitis has been reported in patients taking tranexamic acid.

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LYSTEDA has not been studied in adolescents under age 16 with heavy menstrual bleeding.

Please see Brief Summary of Prescribing Information on adjacent page.