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Risk factors for obstetrical brachial plexus palsy

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Purpose: The study was aimed to identify risk factors for obstetrical brachial plexus palsy.

Methods: A retrospective case-control study was designed. A comparison was performed between cases of brachial plexus paralysis (n=32), with controls without brachial plexus paralysis (n=30) randomly selected from physical medicine and rehabilitation examination. Statistical analysis was performed using the SPSS package.

Results: Independent risk factors for brachial plexus paralysis were macrosomia (birth weight [4,000 g]; OR=12.353; 95% CI 2.510–60.802, p<10-3), labor dystocia and instrumental vaginal delivery ([forceps delivery, vacuum extraction] OR=8.8; 95% CI 2.743–28.234, p<10-3), vaginal breech delivery ([breech presentation or extraction] OR=3.231; 95% CI 0.598–17.456, p=0.258), parity (OR=2.545; 95% CI 0.677–9.565, p=0.206), shoulder dystocia (OR=1.957; 95% CI 0.571–6.702, p=0.367), prolonged pregnancy (OR=1.28; 95% CI 1.066–1.538, p=0.011), and after caesarean section (OR=1.103; 95% CI 0.987–1.234, p=0.238).

Conclusions: In our population (n=62), macrosomia, labor dystocia, instrumental vaginal delivery and prolonged pregnancy were significant risk factors for neonatal brachial plexus paralysis, while shoulder dystocia, breech deliveries, parity, and caesarean section were not. Despite our small sample we found three significant risk factors associated with brachial plexus paralysis.

Biography

Belabbassi Hanene has completed her medical doctor study from Mohamed Maherzi University, Faculty of medicine of Algiers and Postdoctoral studies from Blida University, faculty of Medicine. She is an Assistant Professor and Researcher. She has published more than 04 papers in different journals.

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