BIRTH INJURIES

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BIRTH INJURIES

• Clinical assessment of neonate within 24 hours after delivery !!!!

observation of neonate, therapy, dimission

THERAPY: ICU (drugs, surgery)
Physiological department (observation)
Birth trauma
- mechanical
- hypoxic-ischemic = HIE

**Birth trauma**

*birth trauma mechanisms*

- instrumental delivery
- rhigidity
- fetal position abnormalities
- prolonged delivery
- prematurity/postmaturity
- hypertrophic neonate
- oligohydramnion
- **congenital anomaly** (omphalocela, meningomyelocela, hydrocephalus)
BIRTH INJURIES

• DF.DG:

Brain
Musculo-skeletal
Organe-haemorhagies
Skin-haemorhagies
Peripheral nerves

INSTRUMENTAL OR SPONTANEOUSLY DELIVERY (DECOMPRESSIONS)
Instrumental causes of birth trauma

- Vacuumextraction
- Forceps - BREUS

Typical birth trauma
Fig. 44.15 Sites of intracranial haemorrhage.
Muscular+ skeletal

Fractures+ injury of M. sternocleidomastoideus - predilection

Peripheral nerves

plexus brachialis

(Duchenne –Erb, Klumpke)

paresis of n. phrenicus
caput succedaneum

cephalhematoma
subgaleal haemorrhage
subconjunctival haemorrhage+retinal
paresis n. facialis
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  - Organe-haemorrhagies
  - Skin-haemorrhagies
  - Peripheral nerves

ASSESSMENT

LAB TESTS:
  - ABE, S-Na, S-K, S-Ca, S-Cl,
  - BLOOD COUNT
  - COAGULATION

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  ASSESSMENT

  LAB TESTS:
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  - BLOOD COUNT
  - COAGULATION

- THERAPY:
  1. Observation
  3. ICU

  Optimal Nutrition, hydratation, pain control,
  Therapy of DIC, Neurosurgery (evacuation of ICH),
  REHABILITATION

INSTRUMENTAL OR SPONTANEOUSLY DELIVERY (DECOMPRESSIONS)