

Couple warns of potential birth injury dangers



Submitted photo

Charlie underwent surgery to repair nerve damage at 6 months.

Brachial plexus damage rare but preventable

By Cheryl Hentz
HERALD CONTRIBUTOR

When Chad and Tim Brekke decided to start a family in Oshkosh, they used in vitro fertilization (IVF) and found a local woman to be their surrogate. Son Boone, now 11 years-old, was born with no issues whatsoever and weighed a normal 7 pounds at birth.

It stood to reason that when they decided to have a second child, they used the same surrogate. Unfortunately, things didn't go as smoothly this time and daughter Charlie, now 7, was born with a brachial plexus injury.

The brachial plexus is a complex network of nerves between the neck and shoulders that control muscle function in the chest, shoulder, arms and hands, as well as sensibility in the upper limbs.

"Sometimes during the birthing process there's a separation where the head and neck go in one direction and a shoulder in another direction and that's how nerves get stretched and torn," said Dr. Scott H. Kozin, chief of staff at Shriners Hospital for Children-Philadelphia.

Kozin got involved in Charlie's case and performed two surgeries on her after Chad reached out to him with the realization that there was something wrong.

"Right after she came out, her left arm was just completely flacid and dangling to the side; there was no movement at all. We didn't know what was going on, but we knew something was very wrong," Chad said, explaining that Charlie had gotten stuck in the birth canal because she was such a large baby – 11.5 pounds and almost 2 feet long.

"A baby of that size should never be born vaginally. But she got stuck (in the birth canal) and the doctor panicked and pulled too hard on her head, which caused

the injury. Her nerves in her left arm were damaged; two nerves were actually torn from her spine, which made her injury permanent.

"In his defense, if he hadn't have gotten her out, she probably wouldn't have made it."

The couple were told that even though it was a brachial plexus injury, things would likely clear up after a couple of weeks and that her damaged nerves would heal back to normal.

"But I just felt she was on the more severe end of the injury because there was absolutely no movement at all," Chad said. "My feeling was right because she not only had some torn nerves, there were some that were actually severed from her spine. The injuries that bounce back after a few weeks are injuries where the nerves are just stretched a little bit. In Charlie's case, she was at the very worst end of the spectrum."

The couple felt alone and on their own after Charlie came home from the hospital. They said no one from the hospital, which is not being identified pending legal litigation, reached out to them. They began doing their own research on brachial plexus injuries and Kozin's name continued surfacing as a frontrunner in doing surgeries for nerve injuries resulting from birth.

They sent him an email explaining what had happened, not knowing if it would ever be seen, but got a reply within a week, asking for a video of Charlie.

"And before we knew it, we were flying out there for (a nerve transfer surgery) that took place when she was about 6 months old," Chad said. "The surgery had to be done within a certain amount of time in order to give her the best chance of having some type of movement in that arm."

The nine-hour procedure transferred nerves from the back of her legs into her

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Birth injury

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arm. Her second surgery – a tendon-rerouting – was done at about 4 years of age, to give her hand greater flexibility, so she can more easily perform certain tasks.

“In between the two surgeries there’ve been a lot of splints that she’s worn and different things that have been done locally,” Chad said. “The sad thing is this all could have been avoided had the doctor ordered an ultrasound later in the pregnancy. See, our surrogate had developed gestational diabetes but never knew it. Mothers with gestational diabetes often have larger-than-normal babies.

“But there are things that can be done to monitor the pregnancy, including a final ultrasound toward the end of the pregnancy. Had that been done, we would have known how large Charlie really was and she could have been born by Caesarean section. But you just tend to trust what your doctors are saying and if they’re not aware of the signs of (potential problems) or they’re not catching them and doing what they’re supposed to do, then you have to be your own voice.”

Kozin said the injuries typically happen when a baby gets stuck as it’s coming out of the birth canal.

“When they get stuck it’s called shoulder dystocia – basically it’s when the baby’s head comes out, but the shoulders don’t follow,” he said.

Kozin noted certain risk factors to watch for:

- A big baby is much more prone to getting stuck than a small baby. Not all big babies get stuck and suffer these kinds of injuries, but a relative risk factor.
- If the mother has diabetes or gestational diabetes, the baby tends to be built

differently, especially with big shoulders.

- If the mother had a previous child that got stuck, it’s likely that a second or subsequent child will get stuck.

- Shoulder dystocia is more likely to occur if the mother is obese.

Brachial plexus birth injuries are common enough that they make up 50% to 60% of Kozin’s practice. He sees 200 and 250 children with this kind of injury in any given year.

Surgeries are done at Shriners in Philadelphia and rehabilitation is done closer to the patient’s home.

“Rehab is extensive for brachial plexus birth injuries, but it is important in order to keep the limb loose so it doesn’t develop a contraction, meaning the patient would lose their passive range of motion,” Kozin said. “But it’s also important as the nerves recover either by themselves or with surgical intervention.”

Charlie has some use of her arm because of early surgical intervention, but she will not be able to lift her arm higher than her shoulder. She needs help dressing and with other tasks, and will be limited on participating in sports or athletics. But her dad says this is the reality of things and she has found ways to do most things as normally as possible.

Recess time at school, where Charlie is in first grade, has not been a problem so far, and she has not encountered any bullying from schoolmates because of the injury and challenges in doing certain things.

“All her teachers are aware of her injuries, so if she ever needs help, they just pitch in and help with what she needs,” Chad said, adding they want to raise awareness for other couples and women to understand the warning signs of gestational diabetes and problems that can result, especially if the baby is going to be bigger than normal.

“Even if the gestational diabetes is being



Submitted photo

Charlie is shown recently with her older brother, Boone.

controlled by diet, an ultrasound being done later in the pregnancy, like toward the end, should be done. If the doctor doesn’t order it, you have to be your own voice and should demand it,” Chad said. “Even if the mother doesn’t have gestational diabetes, if the baby is large, an ultrasound should be done to determine as best as possible how large the baby is. Either way, an experienced doctor knows exactly what to do in those situations.”

Kozin agrees, adding that parents-to-be should have an open dialogue with their deliverer – whether it’s an obstetrician or midwife – about the safest, most effective way to have their child delivered.

“Maternal health can be spun into this so that mothers don’t gain too much weight, that they have their blood sugar checked, and so forth. All those things are import-

ant. Even in cases of gestational diabetes, it’s been shown that if you manage the diabetes appropriately, whether by diet or insulin, the babies aren’t necessarily bigger,” Kozin said. “If the mother is diabetic, she already knows it beforehand and it’s being managed, hopefully appropriately. In cases of gestational diabetics, some of them develop diabetes afterwards, but they don’t really know it, so they’re not careful about what they eat and drink, and that’s where they develop problems.”

Finally, Kozin noted that if a baby is born with something a parent or parents aren’t expecting, those parents need to go through a mourning process.

“It’s called ‘loss of a perfect child.’ It’s OK to be sad; it’s OK to be angry,” he said. “Parents need to go through the same process as if they had a true loss.”

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