

Erb's Palsy

Advice for parents from the Paediatric Orthopaedic Service

This leaflet is not meant to replace the information discussed between you and your doctor, but can act as a starting point for such a discussion or as a useful reminder of the key points.



Erb's Palsy can also be known as:

- Shoulder Dystocia
- Obstetric Brachial Plexus Injury

What is Erb's Palsy?

It is a problem that causes your baby to have difficulty moving their arm. This is as a result of injury to the nerve supply along the arm.

How does it happen?

It is an injury that happens during your baby's journey through the birth canal. The nerve along the arm becomes stretched.

How long will it take to recover?

At birth this is difficult to predict but approximately 85% of cases (or 85 out of every 100 cases) have a full recovery. Mild cases recover within one to eight weeks.



How can Erb's Palsy be treated?

Erb's Palsy is an injury so, to begin with, it needs rest to recover rather than treatment. This means keeping your baby's arm supported and moving the shoulder as little as possible.

Here are some ways in which you can help your baby's recovery

- **Positioning**

When your baby is being picked up or carried, give their arm support with your arm or body so that the weight of the arm does not drag on the shoulder. This can feel awkward to begin with but gets easier with practise.

You can also support your baby's arm close to their body with a toy when they are lying in their cots.

- **Dressing**

Awkward at the best of times and not often appreciated by your baby, this is something that can be made less stressful when a baby has Erb's Palsy.

When dressing put the affected arm through the sleeve first. This leaves the non-affected arm to do the twisting and turning.

When undressing take the non-affected arm out first. The affected arm will then easily slip out without any twisting.

- **Washing**

Keep the arm supported as with carrying and picking up. You will have to move your baby's arm to be able to clean under the arm but try to move it as little as possible for the first 48 hours.

Your paediatric physiotherapist can demonstrate all these points with you if you are concerned.

- **Sensory stimulation**

Because your baby is unable to move their own arm they are unable to experience the feel of other textures and parts of their body as they do naturally with their other arm. It is therefore important to gently stroke and massage their arm.

Do not forget to open their hand fully and massage their palm and fingers (they get a lot of sensory information from their hands).

You can also safely bend their elbow to help them touch their face, mouth (they like to suck their fists), and their other hand.

Physiotherapy after five days

After five days the nerve has been rested enough to allow very gentle exercises to begin. You should be referred to the physiotherapist by your paediatrician.

The aims of these exercises will be:

- to prevent the muscles from becoming short
- to prevent the joints becoming stiff
- to give your baby the feeling of normal movement so that when recovery begins your baby will not have forgotten how to use their arm (remember those kicks and punches in the womb!); and
- to continue to stimulate the feeling in the arm.

Are there any support groups?

The answer is yes there are. Ask your physiotherapist to give you the contact address of the local or national support group when your baby is assessed after hospital discharge.

Physiotherapy contact

Jenny Seggie / Suzanne Gray
Paediatric Musculoskeletal Physiotherapists
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