Nursing Alert

Any newborn who is large for gestational age or weighs more than 3855 g (8.5 pounds) and is delivered vaginally should be evaluated for a fractured clavicle.

Nursing Care Management

Often, no intervention is needed other than maintaining proper body alignment, careful dressing and undressing of the infant, and handling and carrying that support the affected bone. For example, if the infant has a fractured clavicle, it is important to support the upper and lower back rather than pulling the infant up from under the arms. Placing the infant in a side-lying position with the affected side down should also be avoided. Linear skull fractures usually require no treatment. A ping-pong ball–type skull fracture may require decompression by surgical intervention. The infant is carefully observed for signs of neurologic complications. The parents of infants with a fracture of any bone should be involved in caring for the infant during hospitalization as part of discharge planning for care at home.

Paralysis

Facial Paralysis

Pressure on the facial nerve (cranial nerve VII) during delivery may result in injury to that nerve. The primary clinical manifestations are loss of movement on the affected side, such as an inability to completely close the eye, drooping of the corner of the mouth, and absence of wrinkling of the forehead and nasolabial fold (Fig. 8-2). The paralysis is most noticeable when the infant cries. The mouth is drawn to the unaffected side, the wrinkles are deeper on the normal side, and the eye on the involved side remains open.