

Babies with mild facial paralysis from forceps typically do not need treatment

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Mild facial nerve paralysis caused by the use of forceps during birth generally resolves on its own and does not require treatment, according to a report in the July issue of *Archives of Otolaryngology-Head & Neck Surgery*.

Facial nerve palsy (inability to move some facial muscles) occurs in approximately 0.8 to 7.5 of 1,000 births overall and 8.8 of every 1,000 births in which forceps are used, according to background information in the article. "Previous observations indicate that while most cases of facial nerve palsy caused by birth trauma implicate the use of forceps, up to 33 percent occur in spontaneous vaginal delivery without instrumentation," the authors write. The injury is caused when the forceps blade or a bone in the mothers' pelvis puts pressure on the baby's head in the area of the facial nerve.

Melanie Duval, M.D., of McGill University, Montreal, Quebec, Canada, and Sam J. Daniel, M.D., M.Sc., F.R.C.S.C., of McGill University and Montreal Children's Hospital, reviewed the medical records of 28 babies with facial nerve palsy caused by forceps use between 1989 and 2005.

In all 28 cases, the palsy was classified as mild to moderate. "Except in one neonate, no treatment was initiated in any of the patients," the authors write; one child received a 14-day course of oral prednisone, a corticosteroid. "All 21 neonates with adequate long-term follow-up recovered fully after an average period of 24 days."

"There is discrepancy in the literature on the investigations and/or treatment options to be undertaken in facial palsy owing to birth trauma," the authors conclude. Some authors recommend surgery to explore the nerve, whereas most consider observation to be sufficient in uncomplicated cases. The current results add to evidence that the recovery rate is high without treatment. "This confirms that corticosteroid treatment or surgery should be withheld in neonates presenting with uncomplicated facial nerve palsy resulting from forceps trauma."

More information: *Arch Otolaryngol Head Neck Surg.* 2009;135[7]:634-636.

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