

Anticipating the Risk of Shoulder Dystocia

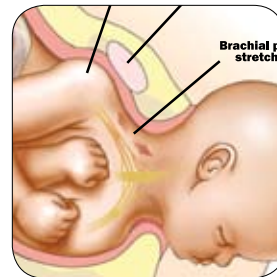
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Introducing CALM Shoulder Screen™: a breakthrough in early detection of shoulder dystocia.



Shoulder dystocia: A major liability risk

Shoulder dystocia ranks among the most frightening problems an obstetrician ever encounters. It occurs suddenly, usually unexpectedly, and has the potential for causing a lifelong injury to an infant. In the aftermath of shoulder dystocia that causes a permanent injury, a physician must also be concerned that he or she will be the subject of a lawsuit. Even if the care given was flawless, a physician is thus exposed to years of emotional distress and financial risk before the matter is finally resolved.

“ACOG data shows that shoulder dystocia claims account for 17% of all obstetrical claims.”

- Health Systems Risk Management Advisor, July 2005

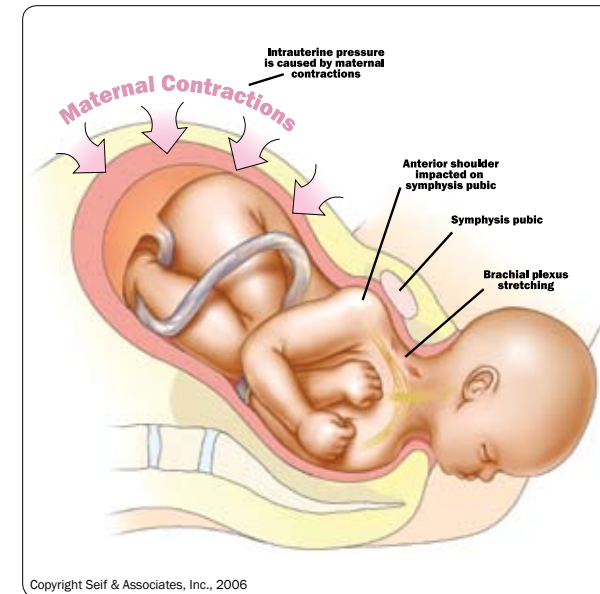
For the same reasons, shoulder dystocia represents an extremely large and costly problem for self-insured hospitals and medical liability insurance carriers. Shoulder dystocia-related birth injuries now constitute the second largest category of payouts in obstetrics. The total amount of loss for brachial plexus injuries is in the scores of millions of dollars each year.

Shoulder dystocia cases are among the most difficult to defend. The presence of an injured child with a severe lifelong injury evokes great sympathy. On one hand the physician is

blamed for either not foreseeing that shoulder dystocia was likely to occur or for pulling too hard at delivery. Opposing this is only the physician's word—frequently without documentation—that he or she applied the correct techniques. All too often, juries find for the plaintiff, to the tune of millions of dollars.

“There's little data to show which maneuver is more effective at alleviating shoulder dystocia without injury.”

- ACOG Today, August 2005



A Clinical Breakthrough

Until now the consensus of the obstetrical community, as reflected in the scientific literature, concluded that shoulder dystocia cannot be predicted and thus cannot be prevented. However research performed over the last 7 years in Montreal by Dr. Emily Hamilton, Department of Obstetrics, Faculty of Medicine, McGill University, is about to change all that.

When tested in a series of over 200 cases of shoulder dystocia that went to litigation, CALM Shoulder Screen™ detected 61% of cases with permanent brachial plexus injury.

The team including obstetricians, midwives and mathematicians analyzed hundreds of cases of shoulder dystocia from several cities. Dr. Hamilton and the company she founded—LMS Medical Systems—have developed an equation which can identify a large percentage of those pregnant women who will go on to experience shoulder dystocia. Called CALM Shoulder Screen, it has been applied to data from several groups of pregnant women. When the equation was applied to a large sample of shoulder dystocias with permanent injury that went to litigation, it identified approximately 61% of the cases with a false positive rate (additional cesarean sections) of 3.5%.

The potential benefits of CALM Shoulder Screen are self-evident—and enormous. It is now possible to identify which women are at highest risk for serious shoulder dystocia and to prevent injury by offering the option of cesarean section. It removes some of the guesswork and the wisdom-in-hindsight in considering when to recommend elective cesarean sections for women with worrisome combinations of suspected macrosomia and obesity. With fewer injuries, the liability faced by doctors, hospitals, and insurance companies should decrease.



Implementing CALM Shoulder Screen

The program is simple to implement. It can be run at admission to the OB unit or it can be administered by the physician's office during pre-natal care. Each pregnant woman is simply asked six questions as early as her 36th week prenatal visit to determine whether or not she is at elevated risk for shoulder dystocia. If this prescreening step is positive, she is recommended to have an ultrasound scan to estimate fetal weight.



CALM Shoulder Screen can be easily implemented by the hospital or the physician clinic

Once the estimated fetal weight is determined, a few patient specific data points are entered into the CALM Shoulder Screen—a highly secure software application available over the internet. The program determines and prints out a risk score for shoulder dystocia. It translates the risk into terms a mother can understand. A comprehensive consent form can be printed documenting informed consent about the mother's specific risks and her choice of delivery method.

Evolving Best Practices to Avoid Shoulder Dystocia

Given CALM Shoulder Screen's excellent sensitivity and ease of use in identifying a substantial portion of deliveries at risk for permanent injury of the infant from shoulder dystocia, we feel that CALM Shoulder Screen will soon become a mainstream risk reduction strategy for obstetrics.

