Incidence and Outcome of Baby With Incomplete Moro A Segamat Experience

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INTRODUCTION

Normal newborn has Moro reflex which is a normal infantile reflex. Incomplete Moro reflex can result from a multiple factors including birth injury such as neonatal brachial plexus injury (NBPI). Infants' disabilities may cause psychological distress to their family. The incidence of incomplete Moro in Johor is still unknown. The aim of this study is to determine the incidence of incomplete Moro in Hospital Segamat and to evaluate the known risk factors and outcome of 6 months follow up.

METHODS:

The method used is a cross-sectional study where data of patients with various risk factors were collected and the outcomes of incomplete Moro were analysed after 6 months of follow up. Each cases referred was examined by medical officers and specialists from multiple disciplines such as Paediatric and Orthopaedic as to obtain more accurate diagnosis and evade bias.

RESULTS:

During the study period, a total of 27 cases of incomplete Moro are identified, with an incidence of 9.4 case per 1000 live births. Of the 27 cases, 100% were treated by observation alone without surgical intervention.

Table 1 shows risk factor for incomplete Moro that were investigated in this study.

Risk factor	Percentage
Macrosomic Baby	14.8%
Shoulder dystocia	18.5%
Clavicle fracture	11.1%

DISCUSSIONS:

The birth injury such as brachial plexus injury reported worldwide in 0.1 to 8.1 per 1000 live birth. The incidence in this study is higher compared to other study done previously. Shoulder dystocia had higher percentage associated with development of incomplete Moro consistent with previous study which show 51.7 times more likely to have incomplete Moro. From this study all patients noted improvement with observation alone similar to other previous study conducted with complete resolution within 6 month follow up. The limitations in this study are we have not investigated other risks for incomplete Moro such as severe asphyxia during the birthing process, intracranial hemorrhage and types of delivery.

CONCLUSION:

The incidence of incomplete Moro in Hospital Segamat was found to be 9.4 case per 1000 live births. Shoulder dystocia showing highest percentage for incomplete Moro from this study compared to other known risk factors. All cases were managed with observation alone and complete resolution within 6 month of follow up without need of surgical intervention.

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