

Catch the Angel Before It Falls: Exploring Newborn Falls

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No Conflict of Interest
Images are from publicly accessed resources

- ▶ Discuss the potential causes, conditions, injuries, and outcomes of newborn falls
- ▶ Discuss strategies to prevent newborn falls

- ▶ Unplanned descend to the floor¹
- ▶ <https://www.youtube.com/watch?v=Mfi-Nnf3uDA>



1. Providence Women's health, Oregon, 2011
2. Maternal and infant health center in Yangji, northeast China, 2017, 23 Sec.

- ▶ Newborn fall rate 1.6-4.14/10,000 live births (US)
- ▶ Approximately 600-1600 newborn falls/year
- ▶ In-hospital falls is 160 times that of infant abductions (Galley, 2015)
- ▶ Underreported = Unrecognized (Teuten et al., 2015)
- ▶ The Joint Commission report in 2010→

▶ Maternal factors

- ▶ Recent pain medication
 - ▶ Sleepy mother or caregiver (baby slides off)
 - ▶ 'Trips' on IV Line while carrying the infant
- ▶ Family distraction



▶ Mechanical

- ▶ Bed design
 - ▶ 'Boppy' and twins
- ▶ Other
- ▶ Seizure in an adult
 - ▶ Hypoglycemia



▶ Jealous sibling

- ▶ Midnight/early hrs. (60% MN-7 AM)

▶ Reluctant family-guilt

- ▶ Fear of retaliation by employees
 - ▶ No documentation
- ▶ Anticipate 'everything will be ok'
- ▶ No obvious injury



▶ Minor

- ▶ Bumps
- ▶ Bruises
- ▶ Abrasions

▶ Major

- ▶ Depressed skull fractures
- ▶ Subdural hematoma
- ▶ Subarachnoid bleed



▶ Overall outcomes are largely unknown due to underreporting

- ▶ Suspicion of abuse/neglect
- ▶ Long term outcome is unknown: Gap in literature

- ▶To infant: injuries of varying types
- ▶Parental: guilt, suicide, legal allegation of suicide
- ▶Institutional: grieving staff, decline in quality score/family satisfaction
- ▶Community: Poor reputation for the hospital
- ▶Accreditation: Potential loss of accreditation if not improved

- ▶Work up the infant for any impact of fall
- ▶All newborn falls:
 - ▶Notify→ Physical Assessment→ Monitor → Neuro-checks→ Document/report → Root cause analysis.
 - ▶Presence of hematomas/injury or change on LOC:
 - ▶X-ray/CT scan/MRI/surgical intervention
 - ▶Negative findings→ monitor→ discharge

- ▶Raise awareness:
 - ▶Safety contracts for parents
 - ▶Verbal reminders
 - ▶'No co-sleeping' policy
 - ▶Safety signs in patient rooms
- ▶Family support
 - ▶Uninterrupted rest, cluster care
 - ▶Support breastfeeding mothers
 - ▶Emotional support for parents

- ▶Evaluate each newborn for risk of fall
- ▶Hourly rounding
- ▶Safer design of hospital equipment
 - ▶Bed with a different type of rails
 - ▶Lower bassinet
- ▶Reporting
- ▶QI initiatives-database?



- ▶Bed design-Advocate for lower beds
- ▶Split side rails with interlocks in the space between
- ▶Safer Crib design (same level as mother's bed)
- ▶Ideas:
 - ▶Floor padding
 - ▶Netting of side
 - ▶Sling



- ▶Risks of newborn falls
- ▶Consequences of newborn falls
- ▶Techniques to reduce risk of newborn falls
- ▶Safe sleep in the hospital and at home
- ▶Importance of reporting falls



- ▶ Newborn falls are an important issue; a never event
- ▶ Reporting is essential
- ▶ Debrief after a fall
- ▶ Nurses can help reduce the risk of newborn falls
- ▶ Family support is essential to reduce parental guilt
- ▶ Advocate for safe bed design
- ▶ Be an innovator

References

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