

Title:

Decreasing Postpartum Falls: An Evidence-Based, Academic-Service Partnership Project

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falls, obstetrics and postpartum

References:

Cakmak, Bulent; Ribeiro, Ana Paula; Inanir, Ahmet; (2016). Postural balance and the risk of falling during pregnancy. *Journal of Maternal-Fetal & Neonatal Medicine*; 29(10): 1623-1625. Harland, Karisa K.; Saftlas, Audrey F.; Yankowitz, Jerome; Peek-Asa, Corinne; (2014). Risk Factors for Maternal Injuries in a Population-Based Sample of Pregnant Women. *Journal of Women's Health*; 23(12): 1033-1038.

Abstract Summary:

The Joint Commission lists, reducing the risk of patient falls as an annual safety goal. Existing fall-risk assessment scales focus on falls in older patients. Yet, these tools are used across settings. This presentation looks at the development of a risk-assessment tool and patient teaching materials specific to post-partum women.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to identify risk factors for falling in the population of postpartum women.	Risk factors: physiologic alterations, physical alterations, situational and environmental
The learner will be able to outline teaching specific to the prevention of falls in the population of postpartum women.	Patient teaching: focus on self, then newborn, environmental modification, recognize physical and physiologic alterations, take time to breathe.

Abstract Text:

The Joint Commission lists, reducing the risk of patient harm from falls as an annual safety goal. Completing a fall-risk assessment is part of nursing documentation in many settings. Existing fall-risk assessment scales focus mainly on falls in older patients. Yet, these tools are used across settings, including with women who have just given birth. Generally the population of younger, primarily healthy women in the perinatal setting are not considered high risk for falls. However falls are the leading cause of physical injury during the post-partum period. Changes associated with pregnancy and birth such as postural adaptation and changed center of gravity, increased elasticity of the blood vessels, increased mobility of the pelvic ligaments and joints, blood loss at delivery and changing blood volumes, and diuresis as well as medical interventions such as epidural anesthetics, pain medication and catheterization all impact a woman's sense of balance and increase the risk of falls. Yet these factors are not incorporated into existing falls-risk assessments.

This poster will illustrate the collaboration of an academic-service partnership and the power of student-nurse synergy on a Dedicated Education Unit (DEU) to develop evidence-based and population-specific tools to promote patient safety and to prevent falls in the post-partum population. A three-stage

process was used to integrate the developing skills of Nursing Students and the expertise of the Mother-Baby Nurses at a partner hospital.

- Stage 1: Students assigned to the mother-baby DEU completed a systematic literature review and developed a literature matrix. Students and RNs discuss the matrix content and assigned level and quality of evidence ratings to each article. Through collaborative discussion students and RNs extracted the evidence for practice from the literature.
- Stage 2: The extracted evidence was shared with another group of student on the mother-baby DEU. Using the evidence and in collaboration with the unit-based RNs, a falls risk assessment tool specific to the post-partum population was developed.
- Stage 3: An evidence based patient teaching tool was developed. This tool has the potential to be used in the hospital setting as well as post discharge to keep new mothers and their infants safe and to decrease the risk of falls.

Falls during the post-partum period can lead to injury to both mother and infant. Using evidence to recognize the unique factors increasing the risk of falls in a specific patient population as well as developing evidence based assessment and teaching tools are important components of nursing practice.