

# In-Hospital Newborn Falls: How big is the problem?

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No Conflict of Interest  
Images are from publicly accessed resources

# Objectives

- ▶ Explore the potential causes, conditions, injuries, and outcomes of newborns falls
- ▶ Investigate procedures to assess risk for newborn falls and prevention

# Newborn Falls: Definition

- ▶ Unplanned descend to the floor<sup>1</sup>
- ▶ <https://www.youtube.com/watch?v=Mfi-Nnf3uDA>



# Incidence

- ▶ 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  
(Gaffey, 2015)
- ▶ Underreported = Unrecognized (Teuten et al., 2015)
- ▶ The Joint Commission report in 2010

# Factors contributing to falls

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





# Factors Contributing to Falls

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





# Factors Contributing to Falls

- ▶ Jealous sibling
- ▶ Midnight shift/or early hrs. (60% from MN-7 AM)



# Why Underreported?

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



# Outcomes of newborn falls

- ▶ Minor
  - ▶ Bumps
  - ▶ Bruises
  - ▶ Abrasions
- ▶ Major
  - ▶ Depressed skull fractures
  - ▶ Subdural hematoma
  - ▶ Subarachnoid bleed





# Outcomes of Newborn Falls

- ▶ Overall outcomes are largely unknown due to underreporting
- ▶ Suspicion of abuse/neglect
- ▶ Long term outcome is unknown: Gap in literature

# Consequences of Newborn Falls

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

# After the Fall

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



# Interventions for Prevention

## ▶ Raise awareness:

- ▶ Safety contracts for parents
- ▶ Verbal reminders
- ▶ '*No co-sleeping*' policy
- ▶ Safety signs in patient rooms

## ▶ Family Support

- ▶ Uninterrupted maternal rest, cluster care
- ▶ Support breastfeeding mothers
- ▶ Emotional support to parents

# Intervention for Prevention

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



# Nurse's Responsibility

- ▶ Advocacy and innovation
- ▶ Ideas:
  - ▶ Floor padding
  - ▶ Netting of side
  - ▶ Sling





# Parent Education

- ▶ 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



# Conclusion

- ▶ 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
- ▶ Be an innovator
  - ▶ Advocate for safe bed and crib design

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