QuickSafety
An advisory on safety & quality issues

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Preventing newborn falls and drops

Issue:

Inpatient falls have been well studied in the adult population, and there is a large body of research on fall prevention and cost reduction.[1] Conversely, there is little attention to falls in the newborn population, although it has been estimated that 600 to 1,600 newborns in the United States experience an in-hospital fall every year.[2] Infant falls can escalate into conditions of serious harm to the newborn as well as emotional distress to parents and caregivers.[3]

What defines a newborn fall or drop?

The Agency for Healthcare Research and Quality (AHRQ) defines a fall as: An unplanned descent to the floor with or without injury to the patient.[4] The National Database for Nursing Quality Indicators (NDNQI) defines both newborn falls and newborn drops. A newborn fall is "a sudden, unintentional descent, with or without injury to the patient that results in the patient coming to rest on the floor, on or against another surface, on another person or object." A newborn drop is defined as "a fall in which a baby being held or carried by a health care professional, parent, family member, or visitor falls or slips from that person's hands, arms, lap, etc. This can occur when a child is being transferred from one person to another. The fall is counted regardless of the surface on which the child lands and regardless of whether or not the fall resulted in injury."[5] Current literature supports that this patient safety concern, defined as a newborn fall or a newborn drop, are synonymous; organizations should follow the same patient safety analysis process for both a fall and a drop.

Risk factors for newborn falls drops

The literature supports that the most prevalent maternal risk factors associated with newborn falls and drops include:

- Cesarean birth
- Use of pain medication within four hours
- Second or third postpartum night, specifically around midnight to early morning hours
- Breastfeeding

Numerous maternal infant units promote exclusive breastfeeding as the ideal method of infant feeding in the first six months of life. To help facilitate early attachment between the mother and her newborn, skin-to-skin care is recommended. There is good evidence that normal term newborns who are placed skin to skin with their mothers immediately after birth make the transition from fetal to newborn life with greater respiratory, temperature, and glucose stability and significantly less crying indicating decreased stress.[6]

We also know that while breastfeeding, oxytocin is released from the pituitary gland; while this hormone allows for let down and milk ejection, it also may cause sleepiness in the new mother. The important goal of early skin-to-skin contact, frequent maternal infant interactions, and the promotion of breastfeeding can lead to increased risk of a newborn fall or drop.

Safety actions to consider:

Understanding the potential increased risk of newborn falls and drops is a challenge in today's fast paced health care environment. Utilizing principles of high reliability, including preoccupation with failure, a health care system should consider developing a process to help prevent newborn falls and drop for all infants under their care, including:

- Developing an assessment tool to indicate those at increased risk for a newborn fall. This tool will promote common language and a shared mental model among the health care team, and act as a cognitive aid to staff so all are performing assessment in a similar manner.

(Cont.)

- Educating parents based on assessment. Those at highest risk should be counseled on the risks for newborn falls and drops and the need to call for help when feeling tired or sleepy. All parents should be cautioned against falling asleep with their newborn in the bed or co-sleeping with their newborn.
- Rounding hourly by staff so mothers or other caregivers noted to be drowsy can be assisted to place their newborn in a bassinet.
- Promoting maternal rest.
- Developing signage for the patient room or a crib card to reinforce the increased risk of infant falls and the importance of placing the infant in a bassinet when the mother is sleepy or after the mother receives pain medications.
- Developing a standardized reporting and debriefing tool in the event of an infant fall. A standard tool will help capture important data to better understanding risk and environment when the event occurred and the result in consistent post-fall care to the newborn.
- In the event of a fall, providing emotional support to the family or caregiver who may suffer as a second victim in this event.

Resources:

1. Galuska L. Prevention of in-hospital newborn falls. *Nursing for Women's Health,* 2011;15(1):59-61.
2. Helsey L., et al. Addressing In-hospital "falls" of newborn infants. *The Joint Commission Journal on Quality and Patient Safety*, 2010;36(7),327-333.
3. Wallace S. (2014). Balancing family bonding with newborn safety. *Pennsylvania Patient Safety Advisory*, 2014;11(3).
4. Agency for Healthcare Research and Quality. Overview. Content last reviewed January 2013. Agency for Healthcare Research and Quality, Rockville, MD.
5. National Database of Nursing Quality Indicators (NDNQI). 2016. Guidelines for Data Collection and Submission on Patient Falls. Press Ganey, Overland Park, KS. Pages 2-3.
6. Philips R. Uninterrupted skin to skin contact immediately after birth. Medscape, 2013;13(2):67-72.

Note: This is not an all-inclusive list.

Other resources from The Joint Commission:

The Joint Commission. *Sentinel Event Alert* Issue 55: Preventing falls and fall-related injuries in health care facilities. Sept. 28, 2015.

The Joint Commission. *Quick Safety* Issue 39: Supporting second victims. Jan. 22, 2018