

# **Newborn Falls and Drops: An Interactive Discussion to Achieve Best Practices**

## **Part 1**

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Information Center**



# Part I: Overview and Etiology of Newborn Falls

# Learner Outcome

## **Newborn Falls and Drops: An Interactive Discussion to Achieve Best Practices Part 1: Overview and Etiology of Newborn Falls**

**The purpose/goal(s) of this activity is for participants to be able to:**

**Describe two (2) situations that increase the risk of newborn falls and drops in the immediate postpartum period**

### **0.5 Contact Hours**

This activity has been approved by Georgia Nurses Association for 0.5 contact hours. Georgia Nurses Association is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation

# Disclosures and Successful Completion

## Disclosures:

- No relevant financial relationships were identified for any other individuals with the ability to control the content of the activity.
- There will be no discussion of off-label usage of any products

## Successful Completion:

- To successfully complete this activity and receive 0.5 Contact Hour(s), you must attend the entirety of the program and complete the post-test and evaluation at the end of the session





# **Conversation & Discussion**

**Part I: Overview and  
Etiology of Newborn Falls**

**Part II: Bridging Science to  
Action in Reducing and  
Responding to Newborn  
Falls**

- **Introduce “Elephants in the Room”**
- **Strategies and Solutions for Prevention and Response**



# Newborns are Falling?

March 2021

## Key points:

- Not much science or research
- Newborn falls not tracked
- NICU and Postpartum variations



## Newborns Are Falling?

Yes, that was my question too when I was asked to develop a presentation on newborn falls and environmental safety risks in postpartum and newborn areas. As you are aware, we have been encouraging new mothers to room-in to promote breastfeeding and mother-baby bonding through the Baby Friendly Hospital Initiative and our professional associations. Traditionally, new mothers stayed in their hospital rooms to rest after giving birth and only saw their baby at feeding times. Today, many hospitals no longer have a newborn nursery to encourage the mother-baby dyad to remain together. Policies have been changed to facilitate skin-to-skin contact and breastfeeding on demand. However, trying to care for a newborn leaves a tired mother little time for uninterrupted rest, increasing the risk that she may fall asleep while holding her baby. Recently, newborn falls have been recognized as a postpartum safety risk.

The 2013 National Database of Nursing Quality Indicators defines a newborn fall or baby drop as:

a newborn fall rate of 3.94 to 4.14 per 10 000 births and estimated that 600 to 1600 newborn falls occur in the United States annually. The Pennsylvania Patient Safety Authority concluded that newborn falls were the most common event affecting newborn safety according to its Pennsylvania Patient Safety Reporting System.<sup>4</sup> It was found that 55.1% of falls occurred when a family member fell asleep, 27.2% occurred when the baby slipped out of the arms of a family member, and 17.7% of falls were related to the newborn falling from a hospital bed or incubator, dropped while being transferred, or slipped off a family member's lap.<sup>4</sup> It was also established that the majority of newborn falls occurred between 24:00 and 07:00, with the highest percentage of falls occurring between 05:00 and 06:00.<sup>4</sup> In total, 42.7% of newborn falls occurred on day 1 and 32.8% on day 2.<sup>4</sup>

The fall rate is reflective of newborn falls that occur in the postpartum areas. I could locate no literature that provided any information about newborn falls in



***“When the nurse came in, I was explaining what had happened. Nobody said, ‘This was an accident.’ I was afraid that I was going to get a social worker call. Nobody was saying, ‘Accidents happen. It’s not uncommon.’ Nobody was consoling. My husband Brad\* was completely mute, and he was just crying in the corner. Absolutely horrible. No one, not a counselor or a nurse, was with us from the time that they took Connor\* down to CT to the time that they came and told us his update. I paced the hallway. I called my aunt to come. I didn’t know what was going on. I think hospitals need to not only provide education to parents and caregivers, but also show some care and concern for the parents who experience a fall accident with their newborn.”***

**\*Names have been changed**

# Newborn Falls and Drops

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Increase in neonatal falls in hospitals increasingly recognized as a postpartum safety risk

---

Associated with fatigued mothers who fall asleep while holding their newborn

---

Baby Friendly Hospital Initiative and the American Academy of Pediatrics have focused on rooming-in care, to increase breastfeeding rates

---

Rooming-in may compromise the mother's opportunity for uninterrupted rest



# And then there was this...

## PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Case Report

### In-hospital Neonatal Falls: An Unintended Consequence of Efforts to Improve Breastfeeding

Colleen A. Hughes Driscoll, Nicola Pereira and Richard Lichenstein

Pediatrics January 2019, 143 (1) e20182488; DOI: <https://doi.org/10.1542/peds.2018-2488>

“Our case series is the first in which an *increase in neonatal falls coincided with improved metrics related to the 10 Steps.*”



I DROPPED MY BABY IN A BABY-FRIENDLY HOSPITAL WHILE I WAS ALONE RECOVERING FROM A CESAREAN SECTION

STEP 7 OF THE BABY-FRIENDLY HOSPITAL INITIATIVE (BFHI) POLICY REQUIRES PARENTS TO ROOM IN WITH THEIR BABY 24 HOURS A DAY IMMEDIATELY AFTER DELIVERY.

<https://fedisbest.org/2020/11/i-dropped-my-baby-in-a-baby-friendly-hospital-while-i-was-alone-recovering-from-a-cesarean-section/>

# And of course...

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## When Doctors Drop Babies During Delivery

A soon-to-be-mother thinks about what the birth of her child will be like throughout her entire pregnancy. No matter how many stories she hears or videos she watches, she knows it's one of those things that you have to experience to really know how it's going to work. Babies just aren't predictable. Still, she knows the basics: she'll go into labor, rush to the hospital or birthing center, go through delivery, and her baby will be gently caught, cleaned up and placed into her loving arms.



For some babies, that gentle catch isn't part of their grand entrance into life. Babies are sometimes dropped immediately upon that final push because doctors just aren't prepared, and just like that your newborn is hurt. The shock of what's happened probably hasn't even worn off yet, but your child deserves a fair start, and being injured during birth just isn't what you ever imagined. Suddenly you're staring across the table at a **medical malpractice** attorney instead of rocking your baby to sleep.

## The standard of care has to be followed

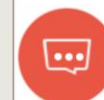
Delivery rooms can become chaotic at times. That's par for the course and obstetricians and labor and delivery nurses know the drill. It also doesn't absolve them from upholding the proper medical standard of care. When that standard has been diminished, careless mistakes are made.

An obstetrician or labor and delivery nurse is negligent if he or she fails to use the level of skill, knowledge, and care in diagnosis and treatment that others of the profession commonly possess and exercise in the same or similar circumstances. For example, if most obstetricians in the community wear a particular style of glove to prevent a baby from **slipping and falling** while being caught, and a doctor who drops a baby wore another glove style, he or she deviated from the standard of care.



### Blog Categories

- Auto Accidents
- Birth Injury
- Brain Injury
- Child Abuse
- Class Action Lawsuits
- Consumer Privacy Rights
- Consumer Protection
- COVID-19
- Cybersecurity
- Defective Drugs and Medical Devices
- Defects and Recalls
- Distracted Driving
- FTCA
- In the Community
- In the Media
- Law Blog
- Legal Malpractice
- Litigation



## Definition of Newborn Fall and Drop

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 healthcare professional, parent, family member, or visitor falls or slips from that person's hands, arms, lap, etc."*

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For this discussion, we will use the term “newborn fall” to cover the constellation of falls and drops



Patient falls are no longer listed specifically as in the past

Identify patient safety risks

## 2022 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

### Identify patients correctly

NPSG.01.01.01

Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

### Improve staff communication

NPSG.02.03.01

Get important test results to the right staff person on time.

### Use medicines safely

NPSG.03.04.01

Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01

Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

### Use alarms safely

NPSG.06.01.01

Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

### Prevent infection

NPSG.07.01.01

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

### Identify patient safety risks

NPSG.15.01.01

Reduce the risk for suicide.

### Prevent mistakes in surgery

UP.01.01.01

Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01

Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01

Pause before the surgery to make sure that a mistake is not being made.

# Pictures are worth 1,000 words

<https://www.kidspot.com.au/news/horrific-footage-reveals-premature-baby-falling-out-of-incubator-at-nicu/news-story/ec4c81c3722957522d644514c6718fae>



# Call to Action...Where Do Babies Fall?

- Labor and Delivery
- Operating Rooms
- Post-Anesthesia Care Unit/PACU
- Postpartum/Mother & Baby
- Newborn Nursery
- Neonatal ICU
- Adult ICU (maternal admit)
- Emergency Room
- Radiology

Anywhere a newborn may be located in the hospital

# Maternal Characteristics

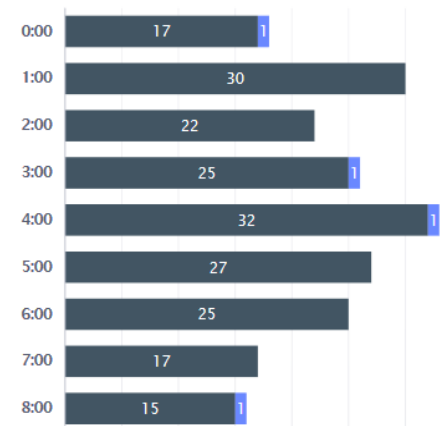
Studies have shown the following characteristics of mothers/birthing people who have been involved in a newborn fall:

- Breastfeeding or breast/formula feeding
  - Delivered by Cesarean Section
  - Second or third postpartum night
  - Receiving opioid pain relief, and had received last dose 2-3 hours previous to fall
- **PA study of newborn falls ( $n = 320$ ) (2014 – 2018): Most newborn falls occurred during the following time frames:**

<https://patientsafety.com/index.php/patientsaf/article/view/newborn-falls/55>



**181 falls  
(56.6%)  
occurred  
between  
midnight  
and 7 a.m.**





# Digging In...Areas of Interest

## Labor and Delivery/Operating Room

- Immediately after birth, placing baby onto mother's chest
- Mother becomes drowsy while skin-to-skin and/or breastfeeding
- Transfer from warmer to scale and vice versa
- During maternal transfer from bed to wheelchair while holding newborn

## Post Anesthesia Care Unit

- Mother becomes drowsy while skin-to-skin and/or breastfeeding
- Mother receives IV narcotics while holding baby

Simpson, K. R. (2010). Patient falls in the perinatal setting. *MCN: The American Journal of Maternal/Child Nursing*, 35(6), 364.

# Digging In...Areas of Interest

## Mother/Baby Units (MBU's)

- **Highest risk of falls/drops**
  - 2.3 days of life
  - Between 2am and 7am
  - Pennsylvania study: 4am – 5am most frequent (2014 – 2018)
- Falls out of mother's arms while breastfeeding after receiving pain medication
- Falls out of father's/significant other's arms while sleeping
- Visitors passing around baby during visiting periods
- Newborn dropped in hallway when cradled in the arms and not in bassinette

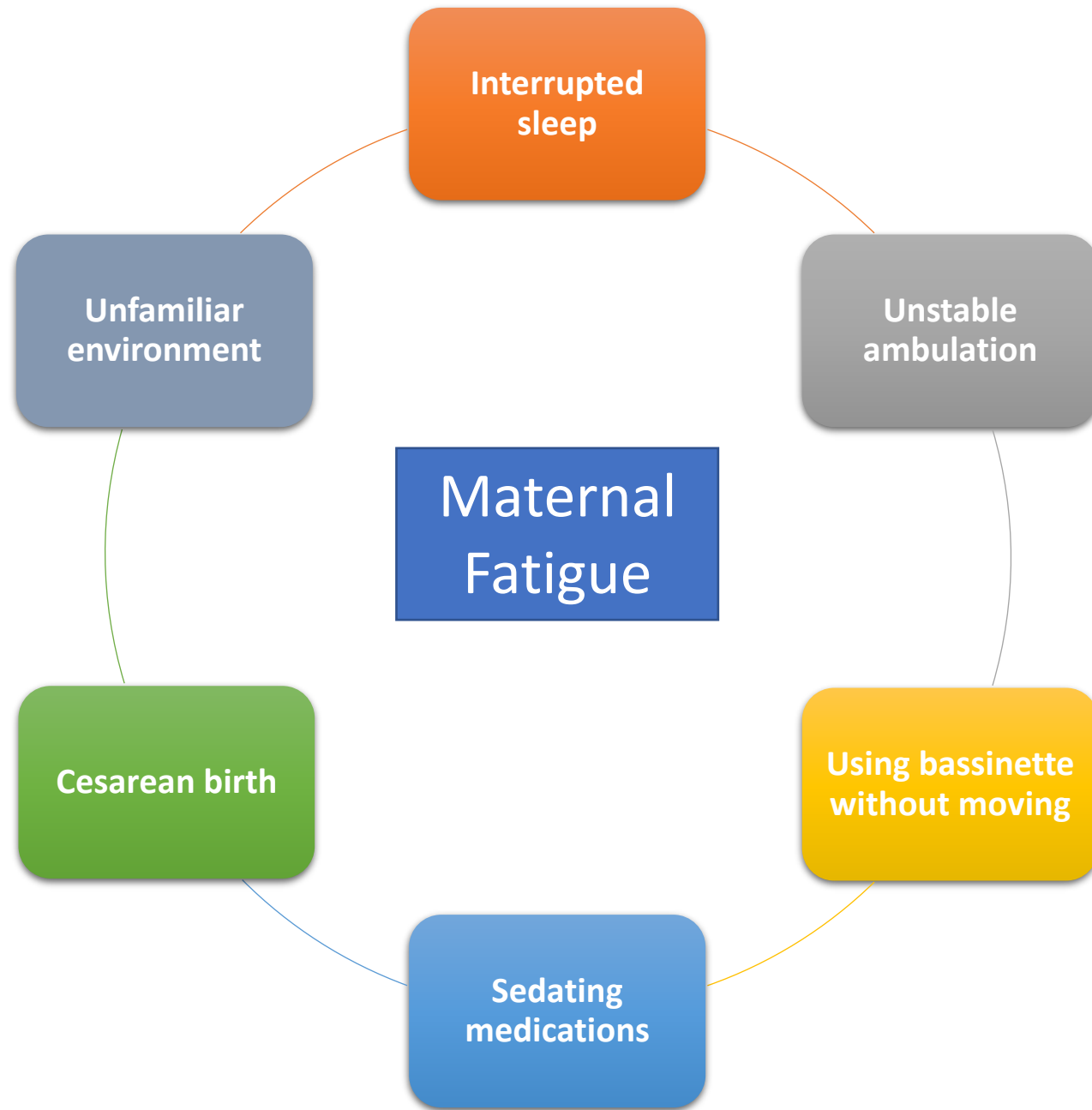
# Potential Causal Factors

## Equipment

- ✓ Height of mother's bed with open side rails
- ✓ Hard floors
- ✓ Hospital equipment near the bed
- ✓ Incubator doors not being latched securely (for hospitals that have NICU and PP care together)

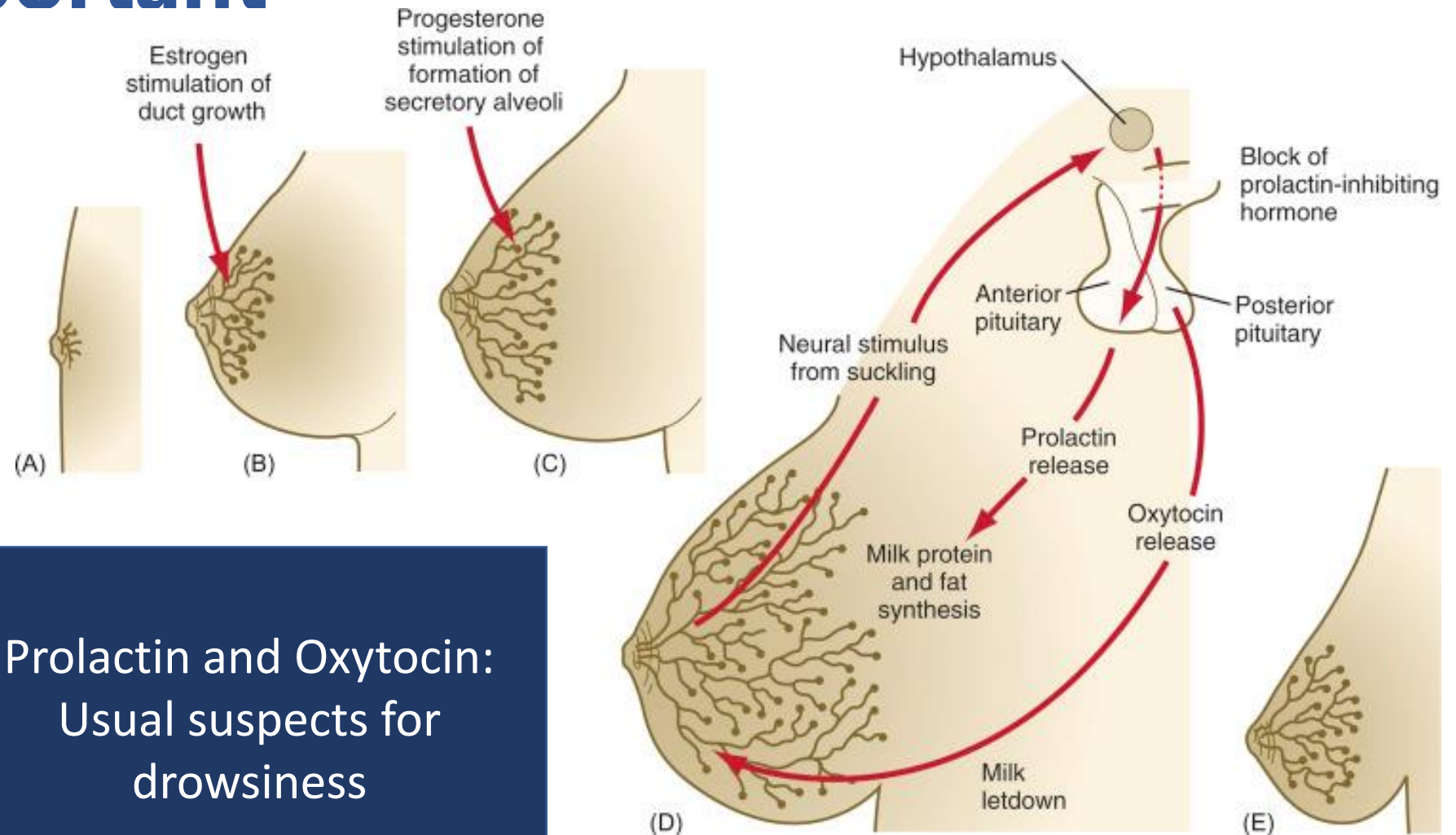
## NICU

- Single-family rooms versus open pods
- Studies from NANN, ANN, and others show varied nurse experience with single-family rooms:
  - Reported reduced line of sight
  - Isolation
- These same studies show positive nursing experiences, including
  - Privacy
  - Quiet environment





# Anatomy of the Breast and Why It's Important



Prolactin and Oxytocin:  
Usual suspects for  
drowsiness

# Physiology of Breastfeeding and Sleepiness

## Pituitary Gland

Oxytocin (Posterior Lobe):  
Responsible for aiding in the muscular responses for breastfeeding (muscles around milk glands contract, sending milk into milk ducts)

Prolactin (Anterior Lobe) :  
Hormone that assists with release of milk by cells, and responsible for milk production

- **More Prolactin is produced at night, and therefore important to breastfeed/pump at night to encourage milk production**

# Physiology of Breastfeeding and Sleepiness

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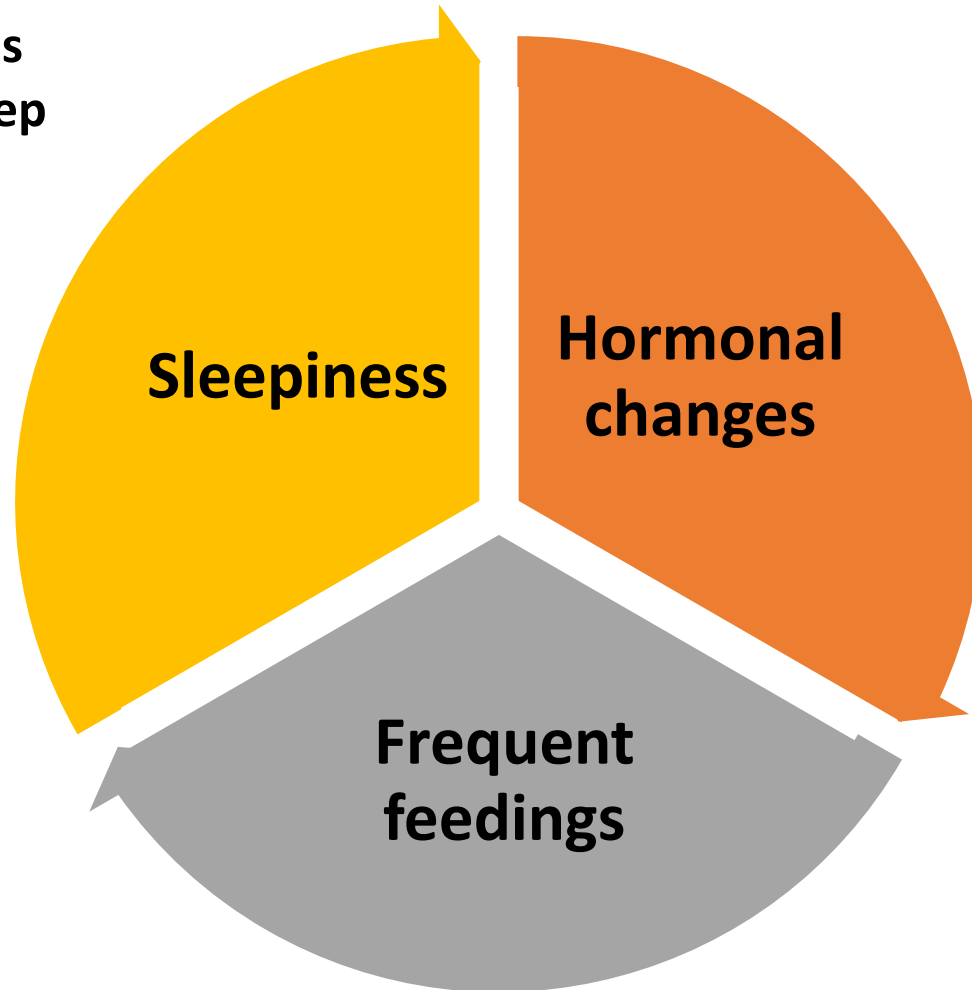
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Creates a feeling of drowsiness and relaxation

**Interruptions  
Non-REM sleep  
Hormonal  
influences**



**Oxytocin &  
Prolactin**

**Nighttime feedings important to  
encourage milk production  
(Prolactin)**

“

The definition of insanity  
is doing the same thing  
over and over again, but  
expecting different results.

”

— Albert Einstein

## Creating an Impossible Situation

**Important to  
understand  
what sleep and  
sleep science  
can offer this  
discussion**





# Sleepiness and Sleep Science

## Duthie (2020)

- Mothers slept on average of 3.7 hours per night while in hospital
- Sleepiness scores peaked at 4am, and trended downward by 7am
- Circadian rhythms create challenges for wakefulness at night
- **Onset of sleep is a physiologic response and not a decision**



<https://thrivingmum.com/signs-that-labor-is-24-to-48-hours-away/><https://thrivingmum.com/signs-that-labor-is-24-to-48-hours-away/>

# Key Takeaways from Duthie (2020)

- Newborn slips and defining them
- Frequency of newborn slips/drops measured, not number of times mother falls asleep with baby
- Sensation of sleepiness precedes sleep by seconds



# Overview of Part I

- Understand the science of sleep and its impact on maternal fatigue
- Recognize the physiological factors that are impacted during breastfeeding, and the importance of frequent monitoring for fatigue/sleepiness
- Awareness that newborn falls can occur in ANY location where a newborn may be located (hint: anywhere in a hospital)

# Questions?

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