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Predictive Safety Intelligence: NANI — A DeepLab-Based Framework for Infant and Baby Posture and Fall Risk Prevention

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Abstract

Infant and toddler safety remains one of the most critical challenges in smart home monitoring. Most existing vision-based systems focus on post-incident fall detection, providing alerts only after accidents occur. In this paper, we introduce NANI (Neural Assistant for Nurturing Infants), a predictive safety intelligence framework that prevents both falls and posture-related risks in infants and young children up to five years old. The proposed system integrates a DeepLab (ResNet-101) segmentation model, fine-tuned on a custom bed dataset (IoU = 88%), with Google ML Kit (MediaPipe) for pose estimation. This combination enables real-time extraction of safe zone boundaries and continuous monitoring of key infant body points such as the head, hips, and limbs. By analyzing the spatial proximity between body keypoints and the edges of the segmented safe zone, NANI predicts potential falls before they happen. Additionally, it evaluates posture angles to identify unhealthy positions, preventing the development of bad habits such as prolonged face-down or "W-sitting." The system was deployed and tested in real-world environments using smartphone cameras, demonstrating reliable inference on edge devices without recording any video, ensuring full privacy compliance.

Keywords: Infant safety, Posture analysis, Fall prevention, DeepLab, MediaPipe, Edge AI, Predictive intelligence

1. Introduction

Unintentional falls and unsafe postures are among the most frequent causes of infant injuries during early development. Traditional fall detection systems rely on post-event recognition, alerting caregivers only after a child has fallen. While such approaches are useful, they lack predictive intelligence capable of preventing incidents before they occur.

Recent advances in computer vision and deep learning have enabled real-time scene understanding, human pose estimation, and environmental segmentation. However, applying these technologies to infants presents unique challenges due to smaller body size, variable poses, and loose clothing that obscure key body joints. Furthermore, ethical considerations prohibit continuous video recording or intrusive wearable sensors, making vision-based edge intelligence a promising alternative.

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7 In this context, we propose NANI, a preventive safety system that merges semantic
8 segmentation and human pose estimation to provide proactive alerts in infant
9 environments. Unlike previous fall detection methods, NANI identifies both
10 environmental risks (proximity to unsafe edges) and postural risks (harmful body
11 configurations). The framework is designed for deployment on standard mobile devices,
12 leveraging on-device models to preserve privacy and ensure low latency. Inspired by
13 hybrid approaches in computer vision and ergonomic assessment, NANI prioritizes non-
14 intrusive CV for infant privacy.
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2. Related Work

23 Vision-based infant and toddler monitoring systems have evolved from general fall
24 detection in adults and the elderly to proactive, child-specific safety applications. Recent
25 research increasingly leverages deep learning, semantic segmentation, and pose
26 estimation to enable early risk detection in domestic environments, particularly in cribs
27 and play areas. Real-time fall detection for toddlers has been a primary focus. Yang et al.
28 [1] enhanced the YOLOv8 architecture with GELAN backbone and Generalized Hough
29 Transform to accurately detect toddler falling events and compute safe zones, achieving
30 96.33% accuracy on a custom dataset. Hazard detection inside cribs has also advanced
31 significantly. Zhu et al. [2] introduced CribNet, a vision-based framework that uses
32 Detectron2 for segmenting blankets and toys, combined with a fine-tuned infant pose
33 estimation model (FiDIP), to identify dangerous situations such as facial occlusion and
34 prone sleeping, reaching 80% mAP on the CribHD dataset. Accurate infant body part
35 segmentation is crucial for such systems.
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40 Voss et al. [3]. proposed a multi-modal deep learning approach using RGB and depth
41 data to segment infant body parts even under partial occlusion and varying illumination.
42 Several works have validated deep-learning-based pose estimation for infants and
43 children. Ienaga et al. [4] verified the clinical applicability of pose estimators such as
44 OpenPose and HRNet for assessing postural control in children. Latreche et al. [5]
45 rigorously evaluated the reliability and validity of MediaPipe for human motion tracking in
46 rehabilitation contexts.
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50 Tu et al. [6] integrated MediaPipe pose landmarks with machine learning classifiers to
51 detect motor developmental delays through abnormal posture analysis. Comprehensive
52 monitoring systems have been proposed by multiple research groups. Suresh et al. [7].
53 presented InfantZA, a deep-learning-enabled surveillance platform that detects hazards
54 around infants with real-time alerts.
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Kavitha et al. [8]. developed Baby Vision Pro, combining YOLO-based crying and movement detection with IoT sensors for live streaming and parental notification. Wang et al. [9] proposed a multi-branch CNN architecture for infant face detection, crying recognition, and behavioral monitoring. Zainab et al. [10] introduced a computer-vision-based smart home monitoring system dedicated to early childhood safety protecting them from risks like fire and pools. Khan and Dey [11] utilized deep learning to classify safe versus unsafe objects in children’s surroundings. IoT-integrated smart cradles represent another active direction. Venu et al. [12] designed a smart infant care system using ESP32 with multiple sensors for cry detection, bedwetting alerts, and automated rocking. Chandnani et al. [13] presented an advanced smart cradle incorporating Raspberry Pi, CNN, and FFT analysis for high-accuracy cry detection and environmental control.

A systematic review by Khan et al. [14] highlighted persistent challenges in infant sleep and movement monitoring systems (0–4 years), including falls from beds, suffocation risks, privacy concerns, and the need for truly proactive rather than reactive solutions. From the regulatory standpoint, the UK Medicines and Healthcare products Regulatory Agency (MHRA) [15] classifies baby breathing and movement monitors as medical devices when they claim to monitor vital signs or prevent health risks.

Despite these advances, most existing systems remain predominantly reactive and lack predictive fusion of real-time pose dynamics, environmental semantics, and historical patterns to anticipate falls or hazardous postures habits this gap motivates the current work

Approach	Segmentation	Pose Estimation	Predictive Risk	Edge/ Privacy	Regulatory Focus	Gap or Addition Addressed by NANI
Yang et al. [1]	No	Bounding boxes	Post-event	N/A	No	General Proactive fall prediction and bad posture habits prevention

Zhu et al. [2]	Detectron2	FiDIP/MediaPipe	Hazard occlusion	Partial	No	Predictive fall/posture
Suresh A et al. [7]	Object detection	No	Reactive	Partial	No	Proactive segmentation and pose estimation
Kavitha et al. [8]	YOLO/CNN	Limited	Cry/baby detection	Partial	No	Edge segmentation and pose detection
Venu et al. [12]	No	Sensors	Cry/environment	Yes	Partial	Vision-based prediction and posture monitoring
Chandnani et al. [13]	No	CNN/FFT	Cry/rocking	Partial	Partial	Full posture / fall monitoring
Khan et al. [14]	Partial (IoT)	Sensors/M L	Sleep risks	Low	Partial	Proactive Predictive home edge and pose alerts

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4 In summary, while existing research advances individual components from ergonomic
5 systems to systematic infant reviews and crib hazards, they often overlook the
6 integration of environmental segmentation with precise pose analysis for predictive
7 infant safety, compounded by regulatory challenges for non-intrusive devices. NANI
8 addresses this by fusing fine-tuned DeepLab (ResNet-101) for safe zone delineation
9 with MediaPipe for keypoint-based proximity and angle evaluation, enabling proactive
10 alerts in privacy-compliant, edge-deployed home environments and filling gaps in
11 proactivity, hardware-free monitoring and bad posture detection exclusively.
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20 21 **3. Methodology**

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23 The proposed NANI framework is structured as a dual-stage predictive safety
24 architecture that combines semantic segmentation and human pose estimation to
25 proactively identify both environmental and postural risks in infants. The system
26 operates in real time on mobile devices, ensuring privacy, efficiency, and robustness
27 under natural home conditions.
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30 31 **3.1 System Overview**

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33 NANI's architecture consists of two major components:

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35 1. **Safe-Zone Segmentation Module** implemented using a fine-tuned DeepLab
36 model with a ResNet-101 backbone, responsible for isolating the infant's physical
37 environment.
38
- 39
40 2. **Pose Estimation and Risk Analysis Module** powered by Google ML Kit
41 (MediaPipe), responsible for extracting key infant body landmarks and assessing
42 posture and fall risks.
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45 These modules operate sequentially and share information through geometric mappings
46 between segmented safe zones and detected keypoints.
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48 49 **3.2 Safe-Zone Segmentation**

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51 In the first stage, the DeepLab model performs semantic segmentation to delineate the
52 safe area-typically the bed or-where the infant is located. The model is fine-tuned on a
53 custom dataset containing labeled images of infant environments, focusing on
54 accurately separating safe surfaces from surrounding hazards such as bed edges or
55 floor boundaries.
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6 optimization is carried out using a cross-entropy loss function with data augmentation
7 for lighting and texture variations. The segmentation model achieves a mean
8 Intersection over Union (mIoU) of 88%, confirming its reliability in varied domestic
9 settings.
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12 The generated segmentation masks serve as the spatial foundation for evaluating the
13 infant's position and movement relative to safe boundaries.
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16 17 18 **3.3 Pose Estimation and Keypoint Detection** 19

20 The second stage uses Google's ML Kit with MediaPipe BlazePose for detecting and
21 tracking infant body joints, including the head, shoulders, elbows, hips, knees, and
22 ankles. MediaPipe's lightweight and efficient topology enables real-time inference (~25
23 FPS) directly on mobile hardware without external processing.
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26 Detected keypoints are projected onto the segmented environment to determine their
27 spatial relationship with the safe zone. The system tracks these keypoints across
28 frames to detect motion patterns indicating of potential falls or unsafe postures.
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31 32 33 **3.4 Predictive Risk Assessment** 34

35 The Predictive Risk Analysis module fuses segmentation and poses information to infer
36 safety conditions:
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39 • **Fall Risk Prediction:** The Euclidean distance between the infant's head or hip
40 centroid and the nearest safe-zone boundary is continuously monitored. When
41 this distance drops below a dynamic threshold adaptively scaled to the bed
42 dimensions and previous frame velocity trends the system triggers an early
43 warning for possible fall risk.
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- 46 • **Postural Risk Detection:** Using joint-angle analysis, the system evaluates key
47 posture configurations to identify unsafe positions such as “face-down sleeping”,
48 prolonged asymmetric lying, or “W-sitting” or “back bending” Critical joint angles
49 (e.g., neck-shoulder, hip-knee, ankle-hip alignment) are compared to medically
50 accepted ranges derived from pediatric and WHO guidelines to ensure
51 physiologically meaningful evaluation.
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3.5 Design Scalability and Future Enhancements

The modular design of NANI allows seamless integration of additional sensing modalities and advanced AI features. Future iterations may incorporate:

- Temporal modeling using LSTM or 3D CNNs for motion trend prediction.
- Integration with IOT cameras for easier use .
- EMG or IMU sensor fusion for load estimation and fine-grained motion tracking.
- Advanced segmentation models such as Detectron2 or the Segment Anything Model (SAM) for multi-surface scene understanding.

This modular methodology ensures that NANI remains scalable, privacy-compliant, and medically interpretable, advancing the field of predictive infant safety intelligence.

4. Experiments and Results

Hardware: Android smartphone with on-device inference (edge mode).

Models: DeepLab (ResNet-101) fine-tuned on custom bed dataset; MediaPipe for pose detection.

Testing Conditions: Real infants in natural home settings (with parental consent), without recording video or storing images.

Segmentation Accuracy: IoU: 88%

Pose Detection: Real-time inference at 25 FPS (MediaPipe default).

Average Latency: 40 ms per frame.

False Alert Rate: Low; primarily triggered by occluded limbs or extreme lighting.

The following figures represent a sample of the experiments showing some of the poses detected after exceeding allowed time sending alert to prevent these bad habits creation.



Fig (1) Safe area detected using deeplab V3

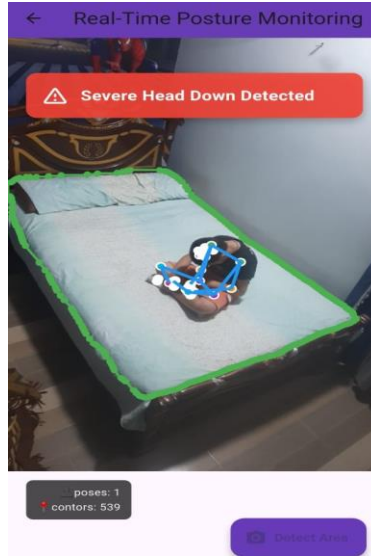
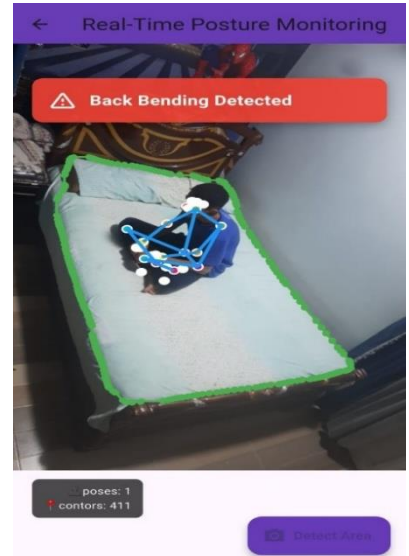


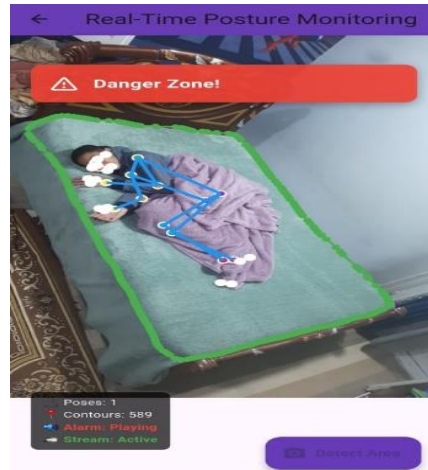
Fig (2) Severe head down alert triggered after passing the allowed time



Fig(3) Back bent alert triggered after passing the allowed time



Fig(4) Head down alert triggered after passing the allowed time



Fig(5) Kid sleeps near the edges of the bed any wrong move puts him in danger

5. Discussion

NANI bridges the gap between reactive fall detection and proactive infant safety intelligence. The fusion of segmentation and pose estimation enables **spatial reasoning** not achievable through bounding-box methods like YOLO.

While the system achieved reliable results, several challenges persist: lighting variation, occlusions, and limited generalization. As highlighted in Khan et al. [14] and Yang et al. [1], current systems overlook 0–6-month coverage and dynamic falls; NANI's flexible pose estimation addresses this across up to 5 years, with predictive edge alerts. Nevertheless, NANI's privacy-first, real-time design and edge implementation make it suitable for deployment in homes and childcare facilities without additional sensors.

Also, the posture detection to correct some bad posture habits is a great addition, As it ensures that kids grow with good body postures and healthy joints.

6. Conclusion and Future Work

This paper presented NANI, a predictive safety intelligence framework for infant and baby monitoring. By combining **DeepLab-based safe zone segmentation** with **ML Kit pose estimation**, the system detects potential falls and harmful postures before they occur. The model achieved 88% mIoU and reliable real-time performance on mobile edge devices, proving the feasibility of preventive AI for child safety. Future work includes integration with IOT cameras for more easy use, extending segmentation to additional furniture types, incorporating temporal modeling for motion prediction, and integrating multi-modal sensing (e.g., cry detection and thermal cues) for comprehensive infant wellbeing analysis.

7. Ethical Statement

All experiments were conducted with full parental consent, without storing or transmitting any visual data unless by the approval of the parents. The system processes all frames locally on the device, ensuring compliance with child privacy and data protection standards (e.g., GDPR). NANI aligns with MHRA guidelines [15] and reviews like Khan et al. [14] by avoiding vital sign monitoring claims, focusing on preventive posture/fall alerts as a non-intrusive, edge-based tool rather than a diagnostic device.

Competing Interests:

The authors declare no competing interests.

Data Availability Statement:

The original dataset used in this study is publicly available from Roboflow. The dataset was further modified by the authors for bed segmentation annotations. The modified dataset is available on :

[\[https://app.roboflow.com/kaiten/kaiten55/5\]](https://app.roboflow.com/kaiten/kaiten55/5)

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Not applicable.

Authors' Contributions

KY conceived and designed the study, prepared the data ,performed the experiments and analysis, and prepared the manuscript draft.

RA contributed to study revision, guidance, and manuscript revision.

All authors read and approved the final manuscript.

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