

Fall Prevention for Newborns

Site Applicability

St. Paul's Hospital Neonatal Intensive Care Unit (NICU) & Pregnancy, Birthing and Newborn Centre

Practice Level

Basic: Perinatal RN, NICU RN

Requirements

Healthcare providers are responsible for the assessment and implementation of safety measures and interventions of situations where newborn falls may occur.

Need to Know

Education is provided by all health care providers to all parents and caregivers, regarding newborn fall risks and prevention throughout their hospital stay.

Risks for Newborn Falling

Identifiable risks for a newborn or infant falling include:

- Newborns left unattended and unsupervised
- Unsecured and unstable surface used for newborn care
- Cluttered and unsecure sleep environments for newborns
- Excessive parental or caregiver fatigue
- Parental pain
- Parent and/or caregiver under the influence of sedating medications
- Parent experiencing a medical or mobility complication
- Newborns being carried by parent(s) and/or health care provider(s) for transport
- Parental history of falls
- Parental/caregiver inexperience with newborns
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Guideline

General Safety Precautions:

- All newborns must be attended by a parent/support person/caregiver, and/or health care provider at all times.
- During skin-to-skin, the newborn is safely positioned on parent or caregiver.

- In the NICU, the infant is safely positioned on the parent or caregiver, and securely wrapped with either Kangaroo 'Mother Care Wrap' or blanket/towel as per their developmental needs.
- Parents/caregiver/support persons assuming the care for the newborn must be assessed for mental alertness, stability and mobility. If the health care provider has any concerns for the parent/caregiver/support person's physical or mental health then it is the responsibility of the health care provider to attend and supervise the newborn's care.
- Parent/Support person/Caregiver must not sleep while holding infant. It is the responsibility of the care provider to educate family on safer sleep and sudden airway collapse prevention.
- Infants must sleep in a safe cot, incubator, or overhead warmer according to their clinical condition and gestational age. Side panels, rails, and brakes must be in place.
- Cot must never be tilted to elevate the head of the bed
- As recommended by Perinatal Services of BC, parents should sleep in close proximity on a separate surface for the first six months.
- When the newborn's critical care situation requires that side rail(s) be lowered to accommodate tubes, drains and/or other equipment, the health care provider must be attendance at the bedside at all times.
- All newborn cots, incubators, overhead warmers, infant resuscitators, must be inspected and maintained regularly. Contact Biomed or maintenance department if any problems arise related to functioning of equipment.

Transportation of Newborn:

All newborns are transported in an infant resuscitaire (warmer), incubator, or cot.

In an in-patient room or in NICU, a newborn may be carried in a person's arms, holding the infant next to the body.

Maintain sight of floor and surroundings to avoid tripping or slipping while holding newborn in arms or transporting in appropriate device.

Assessment

The health care provider assesses the parent's abilities to care for their newborn safely:

- Parental age, developmental status, experience with newborns
- Difficulty walking (e.g., prolonged antepartum bed rest)
- Known mobility impairment and/or use of an assistive aid or device
- Significant parental fatigue
- Excessive blood loss following delivery
- Unstable vital signs (e.g. hypotension)
- History of vasovagal or fainting response to invasive medical procedures administration of sedating medications – analgesia, anaesthetic agents (regional and general)
- Unstable mental status/orientation

- Multiple medical diagnoses
- Following surgery or other medical procedures (e.g. D&E, Forceps assisted delivery)
- Level of consciousness
- Presence of intravenous line or other access
- Known substance use

Intervention - When a Newborn Falls

Response to an emergent medical situation arising from the newborn's fall:

Newborn -

1. Complete and document head to toe assessment of the newborn.
2. Notify newborn's primary care provider (PCP) and pediatrician-on-call
 - Inform of event and initial findings
 - Obtain interim recommendation for surveillance and care
3. Continue to monitor newborn as per recommendations of PCP and pediatrician
4. Medical examination and assessment of newborn by the PCP must be completed and documented as soon as possible (within the hour)
 - PCP will inform pediatrician on-call of findings and collaboratively determine a plan of care
5. Assist with any investigations that the newborn may require (e.g. x-ray, etc. as per Prescriber's Orders)

Parent/Support Person/Caregiver –

- Complete and document adult assessment as necessary/appropriate (e.g. in the event of a concurrent parental/support person/caregiver fall)
 - If parental assessment is required, and the parent is an in-patient, assessment and documentation occurs in the Pregnancy, Birthing and Newborn Centre patient room, and in the Parental Chart
 - If the parent/caregiver is a visitor (i.e. no longer a patient in the hospital), assessment occurs in the Hospital Emergency Department

Observation and Safety Plan following a newborn fall:

- The newborn may be observed in the parent/caregiver's room or the NICU following a fall at the discretion of the PCP and pediatrician.
- Continue to monitor newborn as per Prescriber's Orders
- Document and communicate safety plan, including the:
 - Strategies put in place to promote newborn safety.
 - Support given to parent/ caregiver
 - Communication with the family, caregiver, legal guardian and Ministry of Children's and Family Development (MCFD) if required
 - Measures for ongoing assessment of newborn/ parental factors implicated in the fall
 - Interventions for environmental/ systems factors implicated in the incident.
 - Measures for preventing reoccurrence

- Complete a Patient Safety & Learning System (PSLS) report and alert the Patient Care Manager/ Clinical Site Coordinator.

Documentation

Pregnancy, Birthing and Newborn Centre:

- Document Environmental Safety Management in Newborn chart (once per shift [and PRN])
 - CERNER Interactive and I&O → Newborn Quick View → Environmental Safety Management
- Document Fall Prevention Interventions in Newborn chart (once per shift [and PRN])
 - CERNER Interactive and I&O → Newborn Quick View → Fall prevention Interventions
- Document Falls Prevention Education (in the moment)
 - CERNER Interactive View and I&O →
 - Newborn Care Education → Holding/Wrapping, Infant Handling/Positioning
 - Newborn General Education → Car Seat Safety, Injury Precautions, Safety (Purple Crying), Sleep Positions & Safer Sleep, Falls Prevention, Room Sharing, Infant Security, Unit Procedures
- Document a newborn fall (post-fall)
 - CERNER Interactive and I&O → Newborn Quick View → Post Fall Evaluation
- Document a newborn physical assessment (post-fall)
 - CERNER Interactive and I&O → Newborn Physical Assessment
- Document a safety plan (post-fall)
 - Update Fall Prevention Interventions (see above)
 - Add Nursing Narrative Note outlining situation and plan (as needed)
 - CERNER Documentation → Add → Nursing Narrative Note

NICU:

- Document Fall Prevention Interventions (once per shift [and PRN])
 - CERNER Interactive and I&O → NICU Special Assessment → Fall Prevention Interventions
- Document Falls Prevention Education upon admission to NICU [and PRN]
 - CERNER Interactive View and I&O → NICU Education – Discharge → Acute Phase – NICU → Falls Prevention
- Document a newborn fall (in the moment)
 - CERNER Interactive View and I&O → NICU Special Assessment → Post Fall Evaluation
- Document a newborn physical assessment (post-fall)
 - CERNER Interactive and I&O → NICU Systems Assessment

Patient and Family Education

After delivery, parents and caregivers are oriented to their room – call light, room lights, bathroom, how to use the bed

Parents and caregivers are instructed to call for assistance at any time.

Parents and care providers are instructed about:

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- Safe infant handling and positioning
- Safe sleep position and location,
- Newborn falls prevention – how to hold while bathing, safe location for newborn care
- Environmental assessment
- Effects of taking sedating medications, alcohol, etc.
- Newborn security – newborn must remain within assigned patient care area until discharge unless otherwise informed
- When transported outside mother's assigned room, newborn must be in cot
- Safely securing a newborn in a car seat

Related Documents

- [B-00-07-10011](#) – Falls Injury Prevention and Management Acute and Sub Acute Care

References

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