



A Comprehensive Initiative to Prevent Falls Among Newborns

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No parents believe that they will drop their newborns, even if they fall asleep. Unfortunately, this traumatic event is happening in hospitals across the country. Parents are exhausted after long labors and birth or possible surgical birth. Many medications contribute to their fatigue. Hospital routines may interrupt their natural sleep patterns and prevent parents from getting the rest they need. Few people have even considered the possibility of a parent falling asleep and letting his/her newborn fall to the floor. Then, when the unthinkable happens, the parent is filled with remorse and guilt. Staff are distressed, and hospitals may fear financial or other repercussions. Because newborns cannot protect themselves from falling, it is the responsibility of adults to protect them. Most falls among newborns occur because an adult failed to anticipate the accident or was momentarily inattentive (Pickett, Streight, Simpson, & Brison, 2003). As nurses, we need to prevent this all-too-frequent occurrence.

Abstract: Our hospital experienced seven instances of newborns falling over a 7-month period. Until that time, there had been no reported newborn falls. We formed a committee to study the situation and make recommendations for change. Common factors observed were early morning hours and an exhausted parent, usually the mother, falling asleep while feeding the newborn. The committee developed a policy and procedure addressing falls among newborns, created staff education and tools, and posted signage in mothers' rooms. We also updated crib cards to include information about falls and safe sleep, and we revised newborn admission education for parents with additional information about falls. The incidence of newborns falling has decreased since we implemented these changes.
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Before the last decade, the topic of in-hospital newborn falls (or drops) was virtually nonexistent in the literature. Although a number of excellent studies have highlighted the importance of this issue in the past 7 years, there is still no consensus on an appropriate policy to prevent falls and no standardized tool to assess a newborn's risk for falls. The purpose of this article is to share the experience of our hospital in addressing and preventing these falls and the continued challenges we face in this area.

Background

The National Database of Nursing Quality Indicators (2013) has defined a newborn fall or baby drop as “a fall in which a newborn, infant, or child being held or carried by a health care professional, patient, family member, or visitor falls or slips from that person's hands, arms, lap, etc. and 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 (e.g., bed, chair, or floor) and regardless of whether the fall results in an injury” (p. 3).

Although in-hospital adult falls have long been a focus of research and intervention, there has been no tracking of data on the prevalence of falls among newborns and no published protocols to specifically prevent falls among newborns until recently. The first major study was published in 2008 and examined falls occurring over a 3-year period in a multihospital health care system (Monson, Henry, Lambert, Schmutz, & Christensen, 2008). This study found a rate of 1.6 falls per 10,000 births. A subsequent study in 2010 found a rate of 3.94 to 4.14 falls per 10,000 births and extrapolated available data to estimate that there were 600 to 1,600 falls of newborns occurring in the United States each year (Helsley, McDonald, & Stewart, 2010).

According to Saltzman, Antonoff, and Marquez (2008), an infant's head is “particularly vulnerable to injury” in a fall (p. 1). Falls from a short distance are the most frequent cause of head injury in infants. The most common cause of falls in infants 0 to 2 months of age is being dropped (Pickett et al., 2003). Resulting skull fractures are not uncommon, but brain injury is rare. However, two newborns are reported to have

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died as the result of a fall in the hospital (Kaitesi, 2013; Helsley et al. 2010).

Several studies published in the last few years looked at circumstances surrounding in-hospital falls of newborns and found the most common scenario to be a parent falling asleep while holding the newborn in a hospital bed or chair and dropping the neonate to the floor (Helsley et al., 2010; Monson et al., 2008). Other common factors reported include occurrence during early morning hours, mothers receiving sedating medication, cesarean birth, and an adult tripping or falling while carrying a newborn (Galuska, 2011; Helsley et al., 2010; Matteson, Henderson-Williams, & Nelson, 2013; Monson et al., 2008; Schwartz & Hitchcock, 2012). Families were often reluctant to report falls, and nurses or other providers were reluctant to discuss them (Helsley et al., 2010).

Interventions that have been used to prevent newborn falls include creation of a newborn falls policy; parent education; a safety letter, contract, or pledge form on admission for parents; a no co-sleeping policy; promotion of maternal rest; posting of fall reports; reminder signs for parents; removal of sleep medications from maternal order sets; implementation

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