### Title:
Prevention and Treatment of Newborn Infant Falls

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### Approved by:
Maternal Newborn Committee  
Child Health Standards

### 1.0 PURPOSE AND INTENT:

1.1 To describe practices that minimize fall risks and prevent a newborn infant fall in the post-partum areas and newborn nurseries within the Women’s Health Program, WRHA.

1.2 To standardize the assessment and care of a newborn infant who has experienced a fall.

### 2.0 PRACTICE OUTCOME:

2.1 To prevent the occurrence of a newborn infant fall and minimize associated injury if a fall occurs in the newborn period.

### 3.0 GUIDELINES:

3.1 Provide education verbally and in writing (“We Care About your Safety” pamphlet) to all new parents about the risk of newborn infant falls during newborn hospitalization.

3.2 Observe mother and newborn infant hourly when risk factors related to infant falls are evident (ensure risk factors are documented in the patient record), in particular:
   - During night time; as lack of sleep / exhaustion contributes to the risk of accidental infant falls.
   - If mother has recently received narcotic medication; this may decrease maternal alertness and her awareness of her infant.
   - If sleeping mother is sharing a bed with her infant against medical advice (See WRHA Guideline/HSC Number 80.135.047 Infant / Child Parent Bed Sharing in the Hospital Setting).

3.3 Intervene to minimize the risk of newborn infant falls:
   - Transport newborn infant in bassinette. Do not carry infant in arms outside of patient room.
   - Place the infant in bassinette if infant found with sleeping parent.
   - Reinforce parent education related to safe sleep for all infants.
   - Assess risks in the patient environment.

3.4 In the event of a newborn infant fall, follow algorithm in Appendix A.

3.5 If a newborn infant fall has occurred, provide parents with education about importance of follow up after discharge. Provide written pamphlet “Caring for Your Newborn Baby after a Minor Head Injury” (FORM # W-00634) to reinforce this teaching.

### 4.0 DOCUMENTATION:

4.1 Document parent education related to infant safety/falls prevention on Post Partum Vaginal and Cesearean Section Care Maps Record of Post-Partum Parent Learning, Discharge Teaching Summary or Intergrated Progress Note (IPN) as appropriate.

4.2 Document ongoing infant falls assessment in the IPN.


### 5.0 REFERENCES:


6.0 PRIMARY AUTHORS:
6.1 Lisa Merrill, Clinical Nurse Specialist, Women’s Health Program, HSC site.
6.2 Susan Harrison, Manager of Patient Care, MFCBU, Women’s Health Program. HSC site
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APPENDIX A

Newborn Fall / Drop Clinical Work Up Algorithm

Newborn Fall / Drop

- Notify Pediatric Care Provider
- Notify the Neonatal in-house physician
- Consider transfer to IMCN or NICU

1. Initial physical examination by Nurse
2. Complete physical examination by Physician
3. Close observation for 12 hours for potential signs and symptoms of neurological deterioration or changes in neurological status. See “Potential Signs & Symptoms of Neurological Deterioration” (*below)
4. Skull xray
5. Head circumference and vital signs (including temperature, heart rate, respiratory rate, blood pressure):
   - q1h x3 then
   - q3h x3 (or prior to each feed) until 12 hours post fall

Infant displays signs or symptoms of injury, neurological deterioration or skull fracture on xray

Head CT

Exam positive

Further evaluation and treatment

Exam negative

Follow-up plan as per Pediatric Care provider

No signs or symptoms of injury

Resume standard care

Provide parents with education about importance of follow up after discharge. Provide written pamphlet “Caring for Your Newborn Baby after a Head Injury” (FORM # W-00634) to reinforce this teaching.

*Potential Signs & Symptoms of Neurological Deterioration
1. Vital signs abnormalities
2. Loss of consciousness (at any time/ duration)
3. Seizure activity or abnormal movements
4. Crepitus, boggy scalp, bulging fontanel
5. Behaviour changes as per nursing or parents
6. Change in feeding or sucking, and vomiting