The incidence of infant falls in hospital settings is 160 times that of infant abductions, yet no one would ever recommend we don’t prepare and mitigate against the risk of infant abduction. [Gaffey]

**INFANT FALLS ARE UNDERREPORTED + OFTEN UNRECOGNIZED** [Teuten]

- Parents feel guilty and do not report.
- Nurses fear retaliation and do not raise issue above ground level.
- Hospital culture does not emphasize transparency and no-blame commitment to reporting.

**REPORTED INJURIES INCLUDE BRUISES + ABRASIONS, SKULL FRACTURES, HEAD INJURIES + DEATH** [Helsley]

A postfall evaluation for a newborn should comprise a physical exam, skull radiographs, and 24 hours of monitoring in the hospital. [Gaffey]

**WHAT CAN WE DO?**

1. **Educate clinical staff about maternal and infant falls and pre-disposing risk factors.** [Gaffey]
2. **Implement a no blame culture and clear process for reporting, including debriefing.** [Teuten]
3. **Institute a Newborn Fall/Drop Work-up Algorithm.** [Helsley]
4. **Teach parents about risk reduction.** [Gaffey]
5. **Review Additional Safeguards.** Ex. a sling securing baby to mom and modified hospital bed design have been suggested. [Helsley]

**Zzzz**

Mayo Clinic found that the use of Zolpidem, a sleep aid commonly administered postpartum increases fall risk two fold. [Gaffey]

**BED REST, PREECLAMPSIA, EPIDURAL USE + POSTPARTUM HEMORRHAGE ALL INCREASE FALL RISK** [Gaffey]

The majority of falls occur from mothers’ arms or knees when in a bed or chair. [Matteson]

There is often a family member in the room when these falls/drops occur, but that family member may be distracted by things such as: a phone, computer, or older child. [Wallace]
REFERENCES


