



FALLS *in* PREGNANCY + POSTPARTUM

PREGNANCY

A PROBLEM ONLY FOR THE ELDERLY? **27%** of women fall at least once during pregnancy, compared *with* **25%** of people over age seventy. [Gaffey]

POSTPARTUM

Zzzzz

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]



BABIES

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]

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]



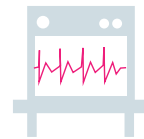
INFANT FALLS ARE UNDERREPORTED + OFTEN UNRECOGNIZED [Teuten]

- 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?

No.1



Educate clinical staff about maternal and infant falls and pre-disposing risk factors. [Gaffey]

No.2



Implement a no blame culture and clear process for reporting, including debriefing. [Teuten]

No.3



Institute a Newborn Fall/Drop Work-up Algorithm. [Helsley]

No.4



Teach parents about risk reduction. [Gaffey]

No.5



Review Additional Safeguards. Ex. a sling securing baby to mom and modified hospital bed design have been suggested. [Helsley]

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