



# 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]

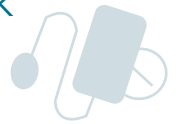
## POSTPARTUM

### 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]



## 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]



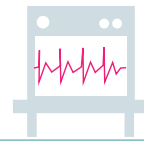
**INFANT FALLS ARE UNDERREPORTED + OFTEN UNRECOGNIZED** [Teuten]

- 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?



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



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



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



**Teach parents** about risk reduction. [Gaffey]



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

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