Ashford and St. Peter's Hospitals
NHS Foundation Trust

Management of newborns who fall or are dropped in hospital

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Guideline History		
Date	**Comments**	**Approved By**
October 2019	New Guideline following NPSA	NGG, WHPAED division

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Contents

1. Management of babies who fall or are dropped in hospital

Introduction

A National Patient Safety Alert was issued in May 2019 after a consultant neonatologist raised concerns about an increase in the number of accidentally dropped babies in his organisation. Subsequently a search of the National Reporting and Learning System (NRLS) for a recent 12 month period identified; 182 babies who had been accidentally dropped in obstetric/ midwifery inpatient settings (eight with significant reported injuries, including fractured skulls and/or intracranial bleeds), 66 babies accidentally dropped on paediatric wards, and two in mother and baby units in mental health trusts. Almost all of these 250 incidents occurred when the baby was in the care of parents or visiting family members.

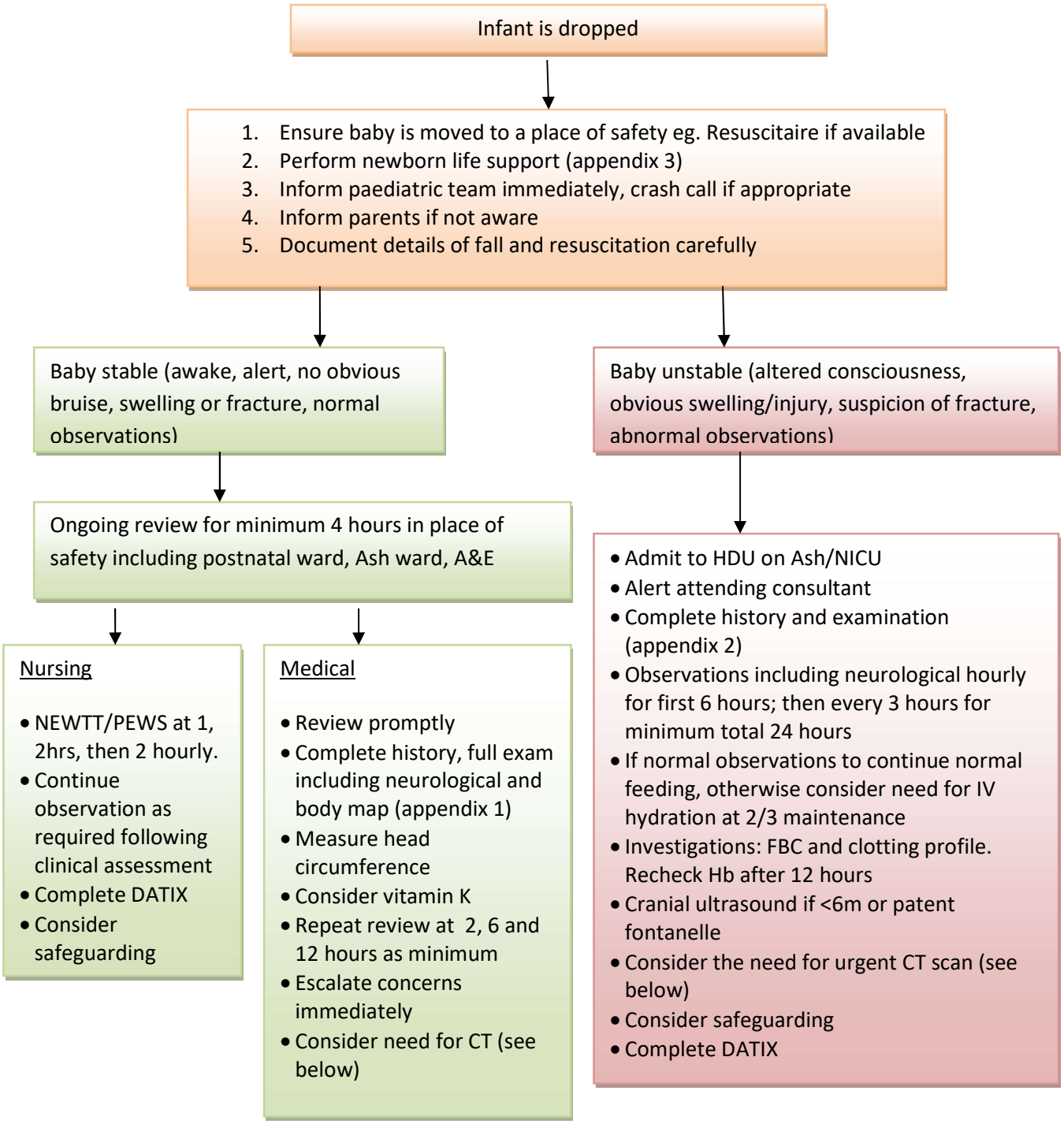
The risks of accidentally dropping a baby are well known, particularly when a parent falls asleep while holding a baby; or when a parent or healthcare worker holding the baby slips, trips or falls. However, despite healthcare staff routinely using a range of approaches to make handling of babies as safe as possible, and advising new parents on how to safely feed, carry and change their babies, on rare occasions babies are accidentally dropped.

A fall is where a newborn, infant, or child being held or carried by a healthcare 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), the height of fall and whether or not the fall results in an injury.

Scope

This guideline is relevant to all staff caring for newborn babies (infants aged <28 days) across the trust; including but not exclusively, labour and postnatal wards, neonatal unit, paediatric wards, paediatric accident and emergency.

This guidance does not cover babies who are dropped at home, in public places or while visiting hospitals, as normal processes for accessing emergency care will be followed for these cases; nor for toddlers or older children who fall, as the risks of injury and clinical considerations in these groups will be very different.



Indications for CT scan (perform urgently within 1 hour of decision)

- Height of fall more than 90cm (3ft)
- Non-frontal scalp haematoma (new, not birth related)
- Suspicion of non-accidental injury
- Post-traumatic seizure
- Suspected open or depressed skull fracture, or tense fontanelle
- Any sign of basal skull fracture (haemotympanum, panda eyes, CSF leakage, Battle's sign)
- Focal neurological deficit
- Altered conscious level
- Vomiting on its own does not mandate CT head but should be taken into account with the overall assessment

Details on Management

On initial presentation, following a drop:

1. If the baby is stable (awake, alert with no evidence of obvious bruise or fracture): Inform the neonatal or paediatric team, doctor to review as soon as possible (ideally within 10 minutes)
2. If the baby is unstable (altered consciousness or obvious fracture /scalp swelling) or requires resuscitation: Transfer the infant to a place of safety (ideally a resuscitaire), immediately and call the paediatric or neonatal crash team on 2222
3. Commence basic life support, or if appropriately trained – newborn life support as per the resuscitation council
4. Nurse or Midwife involved in care should
    i. Perform and document immediate observations along with comments on the conscious level and behaviour of the baby
    ii. Inform the paediatric or neonatal team immediately for detailed assessment and further management
    iii. Inform parents, if unaware.
    iv. Incident form /DATIX must be completed
5. Paediatric team should:

- Obtain detailed history with details of events leading to drop/fall.
- Conduct and document a detailed physical examination including pupil size, head circumference, anterior fontanelle and cranial USS findings.
- If a neonate it is important to record the mode of delivery and any bruising ascribed to delivery on the body map to differentiate these from any other bruising.
- Check and ensure Vitamin K was given at birth. If not given or parents opted for oral vitamin K- discuss with parents and explain the importance of giving IM vitamin K.
- Registrar will discuss management plan with the consultant on call after initial assessment and stabilisation of the baby
- Plan if the baby can be managed on the general ward or needs HDU/NICU
- If the baby stays on the ward: continue monitoring and review by the neonatal team at 2, 6 and 12 hourly. This is to check signs of evolving injury appearing eg. Altered conscious level or evolution of bruising and swelling.
- If admitted to HDU/NICU: continue monitoring every 1 hour for 6 hours followed by observations every 3 hours.
- Feeding/ IV Hydration: Continue oral feeds if neurological examination and vital signs are within normal limits.
- Investigations: FBC and coagulation profile on admission and repeat FBC in 12 hours to monitor haemoglobin. Other labs as clinically indicated including blood glucose measurement.
- Imaging: In case of abnormal observations arrange for urgent CT scan (see next section 'When to consider CT head') and discuss with the neurosurgical team with CT results. If MRI is available and possible, it should be preferred to avoid radiation exposure.
- Other skeletal X-rays can be considered in a case-by-case after discussion with the attending consultant.

- Consultations: St George's Neurosurgery Service, if needed. Consider other consulting services e.g Ophthalmology consultation for a retinal exam if concern for non-accidental trauma, Neurology consultation for non-traumatic MRI findings, etc.

6. All aspects of Safeguarding should be considered. Inform the Safeguarding Midwife about the drop to ensure that there are no previously known safeguarding concerns unless the baby was being held by a healthcare professional at the time of the drop.

When to consider a CT head scan?

If the following conditions are met you should arrange for an urgent (within 1 hour) CT Scan. During this time perform an urgent cranial ultrasound:

- ❖ Height of drop is more than 3 feet (90cm)
- ❖ Non-frontal scalp haematoma which is new (i.e. not birth-related)
- ❖ Suspicion of non-accidental injury
- ❖ Post-traumatic seizure
- ❖ Suspected open or depressed skull fracture or tense fontanel
- ❖ Any sign of basal skull fracture (haemotympanum, 'panda' eyes, cerebrospinal fluid leakage from the ear or nose, Battle's sign)
- ❖ Focal neurological deficit
- ❖ Altered conscious level
- ❖ Vomiting on its own does not mandate CT head but should be taken into account with the overall assessment

- During the transfer to and from CT baby should be observed and accompanied by a doctor.
- If none of the above are present, observe closely and keep a low threshold to do a CT head. It is important to remember that signs and symptoms may change within a few hours.
- If the baby has risk factors for impaired coagulation (eg. Maternal medication, family history) perform a cranial ultrasound immediately, and arrange a CT head scan as soon as possible regardless of the presence of the above-mentioned indications.
- The team MUST discuss with Radiology Consultant in order for the scan to be performed and reported urgently.

Further management, regardless of whether a CT head scan is performed:

1. Observe baby for at least 24 hours including documentation of concerns regarding irritability, lethargy, and vomiting.
2. If there are symptoms of altered neurological behaviour, call the paediatric doctor for an urgent review.
3. Medical review prior to discharge.

Prevention:

Prevention of in-hospital neonatal drops with continuous supervision and support of family as outlined in safe sleep policy should be practiced. In untoward circumstances of neonate drops, this guideline advocates the documentation of a detailed history of events providing a database to collect information as an ongoing learning tool, to improve the prevention of drops and the management of these babies.

2. Supporting References

NHS Choices, Baby and toddler safety https://www.nhs.uk/conditions/pregnancy-and-baby/baby-safetytips/#falls-in-babies

NICE guidance CG176; Head injury: assessment and early management, last updated June 2017 https://www.nice.org.uk/guidance/cg176

https://improvement.nhs.uk/news-alerts/assessment-and-management-of-babies-who-are-accidentally-dropped-in-hospital

https://improvement.nhs.uk/documents/5310/Supporting_information_-_management_of_babies_accidentally_dropped_in_a_hospital_FINAL.pdf

Resuscitation Council UK Newborn Life Support Manual 2015

3. Supporting relevant trust guidelines

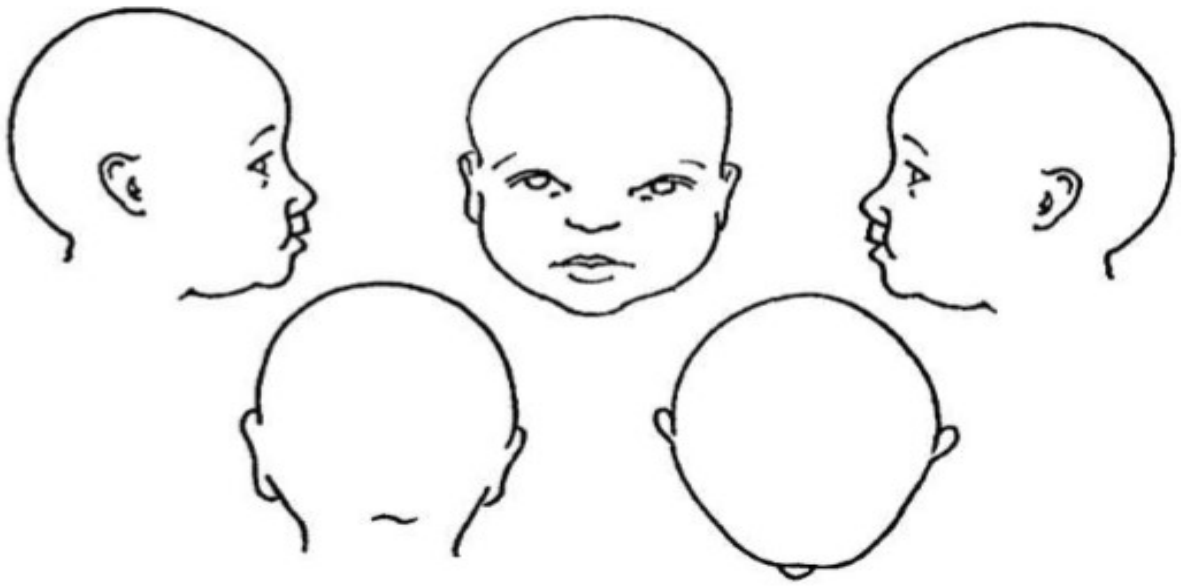
Safe Sleeping Guidance for Babies 'Bed sharing' or 'Co–sleeping' – Maternity Guidance

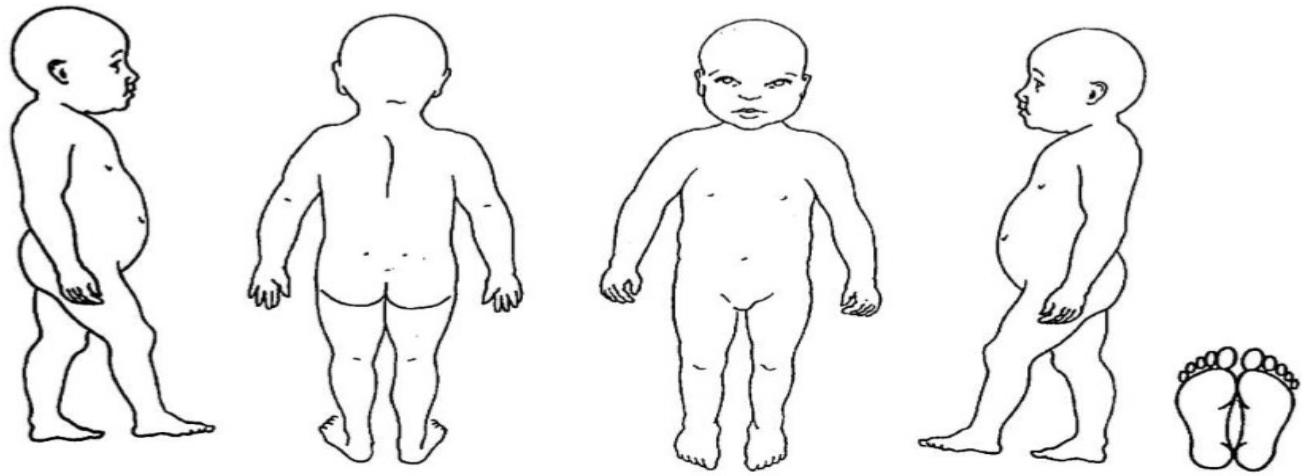
Newborn security policy – Maternity Guidance

Paediatric head injury guidance

Safeguarding advice available at http://trustnet/docsdata/paed/index20.htm

APPENDIX 1: Body Map





APPENDIX 2: Newborn Assessment Prompt Sheet

Gestation: **Birth weight:** **Birth head circumference:**

Head circumference after drop:

Conscious level on first assessment:

Newborn Injuries present on first assessment: yes **No**

Neurological assessment:

Alert	Tone	Reflexes	Feeding	Vomiting	AF	Swelling on head	Any other injury
Yes/ No	Abnormal /Normal	Abnormal /Normal	Yes/ No	Yes/ No	Normal/ Full/ Pulsatile	Yes/ No	Yes/ No

Encephalopathy score:

Explain injuries: (location size, colour etc)

Documentation in Red Book: Yes **No**

Management plan:

Cranial USS : yes/ No **Date and time:**

Senior review : yes/ no

Findings:

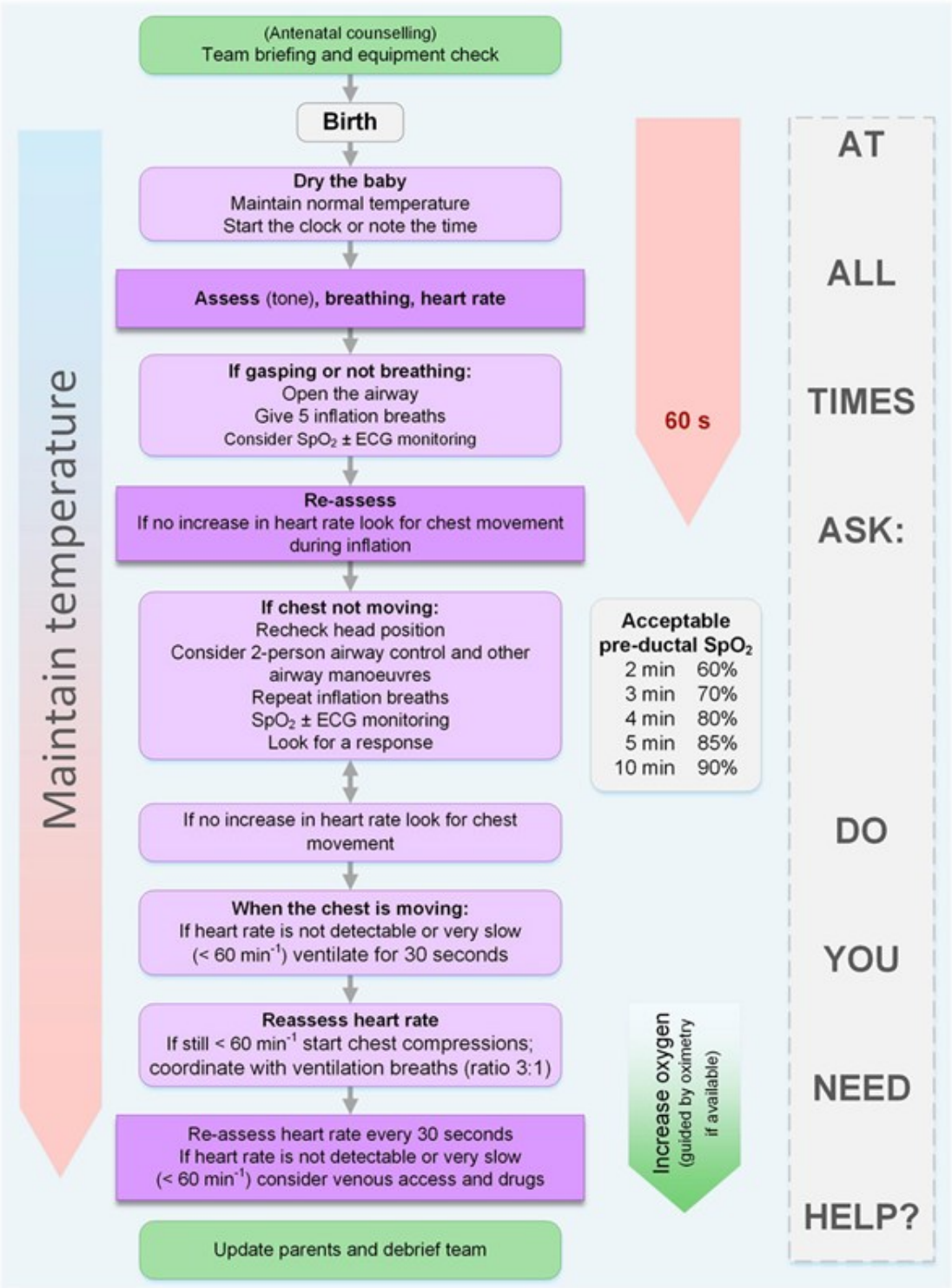
CT Scan: Yes/ no **Date and time** **Senior review**

Findings:

Further action plan:

Discharge plan / follow up:

APPENDIX 3: NLS Algorithm



4. Guideline Governance

a. Approval and Ratification

This guideline will be approved and ratified by the Neonatal Guidelines Group, and the Women's Health and Children's divisional governance committee.

b. Dissemination and Implementation

- This guideline will be uploaded to the trust intranet 'Neonatal Guidelines' page and thus available for common use.
- This guideline will be shared as part of ongoing education within the Neonatal Unit for both medical and nursing staff.
- All members of staff are invited to attend and give comments on the guideline as part of the ratification process.

c. Review and Revision Arrangements

a. This policy will be reviewed on a 5 yearly basis.
b. If new information comes to light prior to the review date, an earlier review will be prompted.
c. Amendments to the document shall be clearly marked on the document control sheet and the updated version uploaded to the intranet. Minor amendments will be ratified through the Neonatal Guidelines Group. A minor amendment would consist of no major change in process, and includes but is not limited to, amendments to documents within the appendices.

d. Equality Impact Assessment

Background • Who was involved in the Equality Impact Assessment
Methodology • A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?)
Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
Conclusion • Provide a summary of the overall conclusions
Recommendations • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment

e. Document Checklist

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.

Title of the document:

Policy (document) Author:

Executive Director:

		Yes/No/ Unsure/NA	Comments
1.	**Title**		
	Is the title clear and unambiguous?		
	Is it clear whether the document is a guideline, policy, protocol or standard?		
2.	**Scope/Purpose**		
	Is the target population clear and unambiguous?		
	Is the purpose of the document clear?		
	Are the intended outcomes described?		
	Are the statements clear and unambiguous?		
3.	**Development Process**		
	Is there evidence of engagement with stakeholders and users?		
	Who was engaged in a review of the document (list committees/ individuals)?		
	Has the policy template been followed (i.e. is the format correct)?		
4.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?		

		Yes/No/ Unsure/NA	Comments
	Are local/organisational supporting documents referenced?		
5.	**Approval**		
	Does the document identify which committee/group will approve/ratify it?		
	If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?		
6.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?		
	Does the plan include the necessary training/support to ensure compliance?		
7.	**Process for Monitoring Compliance**		
	Are there measurable standards or KPIs to support monitoring compliance of the document?		
8.	**Review Date**		
	Is the review date identified and is this acceptable?		
9.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?		
10.	**Equality Impact Assessment (EIA)**		
	Has a suitable EIA been completed?		

Committee Approval (Neonatal Guidelines Committee)			
If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner			
Name of Chair		**Date**	
Ratification by Management Executive (if appropriate)			
If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner			
Date: n/a			