Guideline for the Assessment and Management of Babies Dropped in Hospital

Author/Owner	**Inpatient Matron, Named Midwife for Safeguarding**	
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1.0 Introduction

The guideline uses the terms 'woman' or 'mother' throughout. These should be taken to include people who do not identify as women but who are pregnant.

The risks of accidently 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 approaches to make handling babies as safe as possible on rare occasions babies are accidently dropped.
NHS Improvement Patient Safety Alert PSA/2019/002 requires all organisations providing NHS-funded inpatient hospital care for babies under one year of age, to have a guideline in place for the assessment and management of babies accidentally dropped in hospital. The guideline must include labour wards, postnatal wards, midwifery-led units, paediatric and neonatal units.
The Patient Safety Alert dated 9 May 2019 highlighted that between 1 September 2017 and 31 August 2018 nationally 250 incidents of babies being accidentally dropped in inpatient hospital settings were reported. Inconsistencies have been recognised in the immediate review, investigation and observation of these babies for signs of neurological trauma.

Of the 250 incidents, 227 (91%) occurred when the baby was in the care of parents or visiting family members, 11 (4%) during precipitate birth, 3 (1%) during delivery when staff were present and 3 (1%) when the baby was being cared for by staff. Remaining reports were unclear on who had been holding the baby.

182 reports were from obstetric/midwifery inpatient settings, including eight with significant injury. Most incidents in obstetric/midwifery units were the result of mothers accidentally dropping their baby or losing hold of their babies when drowsy or asleep. A further four babies brought to obstetric units had been dropped in unplanned precipitate deliveries at home without healthcare staff present; two had a fractured skull.

66 babies were accidentally dropped in paediatric wards and two in mother and baby units in mental health trusts. While no fractures were described among these incidents, babies typically landed on their heads and two injuries were reported as moderate harm. Most incidents in paediatric wards involved babies slipping from the grasp of parents who fell asleep while holding them or falling off surfaces, including cots without their sides raised or only partially raised, when parents glanced away for a second.

2.0 Objective

To provide clear guidance on how staff working in paediatric, midwifery and obstetric units should respond after a baby (under 1 year of age) is accidentally dropped by a parent, relative, visitor or healthcare professional, or slips from that person's hold or lap, regardless of the surface onto which the baby falls and regardless of whether there are any obvious signs of injury.
A prompt and appropriate response to an accidentally dropped baby is vital to ensuring any injuries are detected and treated as quickly as possible. The Patient Safety Alert notes that as automatic transfer of the baby to the emergency department is not always appropriate, clinical staff in these clinical areas need easily accessible practical advice in managing this situation.

NICE guidelines provide the core advice on assessment and early management of head injury. NICE guidelines for management of head injury in children are accessible on the Trust approved documents for paediatrics and emergency department.

Though the vast majority of dropped babies are accidental there needs to be an awareness that child maltreatment is common and can present anywhere. With any dropped baby professionals need to be vigilant to the possibility of non-accidental injury or other safeguarding concerns. If any concerns are identified these should be documented and the Trust Safeguarding Policy should be followed.

3.0 Scope

This guideline relates to babies under 1 year of age on paediatric and maternity wards within the Trust who are dropped or who accidentally fall.

This guideline does also include babies born by precipitate delivery with potential for head injury outside of the hospital.

This guideline is NOT for babies who are dropped at home, in public places or whilst visiting hospitals. Normal processes for accessing emergency care will be followed in these cases.

This guideline is NOT for toddlers or older children who fall as the risk of injury is very different.

This guideline applies to all medical, nursing and midwifery staff working within maternity and paediatric units.

4.0 Guideline Detail

4.1 Prevention and Risk Assessment

To prevent parents accidently dropping their baby or losing hold of their babies when drowsy or asleep staff should ensure that all parents are aware of the risks associated with intentional or unintentional co-sleeping and bed sharing. This information is located in the Trust guidance on ‘Safe Sleep Guidance’ (in the postnatal record).

Posters are present on the maternity wards to alert families to the risk of co-sleeping.

It is important that all staff are to ensure babies are not left by carers in circumstances where they risk falling.

Midwives will:

Perform a risk assessment on each mother after delivery with updates if risk factors change e.g. co-bedding whilst feeding, impaired awareness of mother, impaired mobility of mother, primiparous mother, underlying maternal medical conditions, social issues and time of day, see appendix 1

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Ensure provision of an appropriate level of supervision for the level of risk and for the time of day e.g. night rounding, curtains open, lights on:

- Communicate assessment of risk between caregivers.
- Ensure process of communication of risk to parents
- Ensure mothers can use and reach equipment e.g. buzzers are in easy reach, side-rails, side-cots if available.
- Discuss safe positions to feed baby and risks of co-sleeping and provide a daily reminder at every postnatal check.

4.2 Initial Assessment

When a baby has been dropped in hospital the baby should be immediately reviewed by a midwife or nurse to assess any immediate concerns regarding the baby's clinical condition and to look for any obvious injuries. If a parent is not present, the parent should be informed immediately. The shift lead nurse/midwife and paediatric middle grade doctor should be informed without delay. If unsure about the urgency of the paediatric review required, an immediate discussion with the on-call consultant paediatrician should take place (accessible via switchboard).

For any baby under 28 days old, who have been dropped, staff to ensure that intramuscular vitamin K is offered if the baby has not previously received this.

4.3 Management of Immediate Concerns of (potential) Serious Injury Including Potential Cervical Spine Injury.

If the baby is unresponsive following the fall or there is a concern of serious injury i.e. irregular breathing, blood from nose and/or ear, then consider there may be a cervical spine injury also; avoid moving the baby. If the baby has been picked up by a family member or staff member transfer the baby to an appropriately flat surface to undertake an assessment and avoid further unnecessary movement. Commence basic life support if required as per resuscitation guidelines. Arrange urgent senior paediatric review.

- In the maternity areas use the 2222 bleep and escalate as a neonatal emergency.
- In the neonatal areas use the 2222 bleep and escalate as a neonatal emergency.
- In the paediatric areas use the 2222 bleep and escalate as a paediatric emergency.

For any baby that has been dropped during precipitate birth at home call 999 and request an ambulance.

4.4 Documentation

For **all** babies dropped in hospital, even if no obvious injury at the time, there must be contemporaneous documentation of the circumstances of injury in nursing/midwifery and/or

medical records by the staff caring for the baby at the time of the incident and the incident must be reported on DATIX.

Documentation must include:

i. Circumstances of the fall.
ii. Who was holding the baby if dropped or who was caring for the baby if they fell. The surface onto which the baby fell and approximate height of fall (may record from where baby fell and where landed).
iii. Immediate condition of the baby and any obvious injuries.
iv. Name of the doctor the incident has been escalated to.
v. Any actions and interventions required.
vi. Discussions with parents and who by.
vii. Name and grade of the doctor the patient was discussed with for ongoing management.

5.0 Roles and Responsibilities

This guideline is for all staff working in paediatrics, neonatal or maternity units who are caring for babies under 1 year of age.

This guideline must be adhered to by all Trust staff, including those on temporary or honorary contracts, secondments, agency staff and students

5.1 Medical Assessment

All dropped babies must be assessed by a clinician with appropriate level of clinical experience. For babies on paediatric or maternity wards this will be a paediatric middle grade doctor or paediatric consultant. For babies in non-paediatric outpatient departments this will be via the Emergency Department Paediatric Emergency Department Head Injury Guidelines. For babies who have been dropped in the children's outpatient department an initial assessment needs to be performed by a paediatric middle grade doctor (document name and grade) and referred to ED.

Ongoing management as per NICE head injury advice: NICE recommendations on observations and criteria for neuroimaging are detailed in this guideline. https://www.nice.org.uk/guidance/cg176.
PDF version: https://www.nice.org.uk/guidance/cg176/resources/head-injury-assessment-and-early-management-pdf-35109755595493.

Any other obvious or suspected injuries e.g. possible limb fractures, possible abdominal trauma should be managed accordingly with involvement of relevant surgical sub-specialities (orthopaedic, paediatric surgery). BHNFT- Initial Assessment of Unwell and Injured Children.

On a baby body map (Appendix 1) record any injuries (including any marks ascribed from the baby's delivery, to enable differentiation from any new emerging injury). If the baby is an inpatient on a maternity ward, neonatal unit or paediatric ward this record should be kept with the inpatient record. A copy can be made in the child health record (Red Book) for any requirement once the baby is discharged. If the baby has been dropped in an outpatient

area a body map needs to be completed and added to the child health record. If the baby is assessed on ED then the Trust documentation for that area should be completed.

5.2 Observation

An appropriate period of observation including neurological observations as routine for all dropped babies. These observations are heart rate, respiration rate, oxygen saturation levels, blood pressure, blood sugar and neurological observations as per NICE Guidance (NICE Guidance CG176; Head injury: assessment and early management Jan 2014, updated Sept 2019 https://www.nice.org.uk/guidance/cg176).

For babies dropped on the maternity unit the baby will need to be admitted to children's services (for allocation of a bed contact the paediatric coordinator on ext. 5873) for a period of observation. One parent can stay with the baby/infant. If the mother is fit for discharge Maternity staff will perform daily postnatal checks until suitable for community postnatal care.

For patients admitted for head injury observation the minimum acceptable documented neurological observations are: paediatric modified Glasgow Coma Scale (GCS); pupil size and reactivity; limb movements; respiratory rate; heart rate; blood pressure; temperature; oxygen saturation levels.

Perform and record observations on a 30-minute basis until a GCS equal to 15 has been achieved.

The minimum frequency of observations for patients with a GCS equal to 15 should be as follows, following the initial assessment: 30 minutes for 2 hours, then hourly for 4 hours, then 2-hourly thereafter until a GCS equal to 15 has been achieved.

Should the patient with GCS equal to 15 deteriorate at any time after the initial 2-hour period, observations should revert to 30 minutes and follow the original frequency schedule.

5.3 Timely Access to Neuroimaging Where Required

Neuroimaging to be performed in accordance with ../../AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AppData/Local/Microsoft/Windows/INetCache/Downloads/NICE Guidance CG176 NICE Guidance CG176 - "Algorithm 2: Selection of children for CT head scan" and "Algorithm 4: Selection of children for imaging of the cervical spine"

5.4 Timely Access to Neurosurgical Input

In accordance with NICE head injury advice. Follow local procedures for neurosurgical referral including time-critical transfer to neurosurgical centre.

Seek advice from local tertiary centre and EMBRACE for recommended ongoing treatment and transfer if required

5.5 Discharge Criteria and Information Given at Discharge

To be assessed fit for discharge: Paediatric Emergency Department Head Injury Guidelines:

- GCS score should be 15 for a period of 12 hours.
- After resolution of all significant symptoms providing they have suitable supervision arrangements at home.
- Ensure full paediatric review prior to discharge and documentation that the medical and neurological examination is normal and therefore the baby fit for discharge.
- Any discharge letter to include clear documentation of the fall, investigations and those findings.
- Complete the Child Health Record (Red Book) with documentation of any injury on the Body Map.
- Ensure GP, HV, and community midwife are notified of the fall and discharge in accordance with routine procedures.
- Ensure parents have appropriate advice, including signs to be aware of and any extra observations or checks they may need to make and arrangements of any follow up appointments. Document the advice given within the postnatal record.
- Inform parents about the possibility of delayed symptoms following a head injury and advise them to seek advice from their GP or attend Children's ED. Parents should be vigilant to; any loss of consciousness, abnormal or slow breathing, bleeding or leakage of clear fluid from the nose and/or ears, pupils being of different sizes, bulging fontanelles, seizures or abnormal movements, vomiting, uncontrollable crying or irritability, excessive sleepiness or inability to wake and changes in feeding or sleeping patterns.

6.0 Safeguarding

Consider need for assessment according to Multi-Agency Protocol for the Assessment of Bruising, Burns and Scalds in Non-Mobile Babies where the dropping of the baby was unwitnessed.

Multi-Agency Protocol for the Assessment of Bruising, Burns and Scalds in Non-Mobile Babies https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Bruises%20and%20Injuries%20In%20Non-Mobile%20Children.pdf

7.0 Implementation and Dissemination

Following approval by the Divisional Governance Committee, the guideline will be disseminated to staff via the Trust intranet.

In addition to the Intranet specific communication to paediatric, neonatal and midwifery staff to highlight this new guideline via safety briefs, email communication, WhatsApp communication to paediatric junior doctors.

8.0 Associated Documents and References

BAPM Framework for Practice (2020) 'The Prevention, Assessment and Management of in-Hospital Newborn Falls and Drops' A Framework for Practice for Consultation – Consultation period 22 Jan – 4 March 2020.

BHNFT - Initial Assessment of Unwell and Injured Children.

BHNFT - Paediatric Emergency Department Head Injury Guidelines.

Multi-Agency Protocol for the Assessment of Bruising, Burns and Scalds in Non-Mobile Babies https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Bruises%20and%20Injuries%20In%20Non-Mobile%20Children.pdf.

NHS Improvement Patient Safety Alert NHS/PSA/RE/2019/002 9 May 2019 "Assessment and management of babies who are accidentally dropped in hospital".

NICE Guidance CG176; Head injury: assessment and early management Jan 2014, updated Sept 2019 https://www.nice.org.uk/guidance/cg176.

Trust approved post-natal booklet – Sleep Safe Guidance HTE0122257336-001_BHNFT1862.indd.

9.0 Monitoring and Audit

Any adverse incidents relating to the Guideline for the Assessment and Management of Babies Accidentally Dropped in Hospital will be monitored via the incident reporting system. Any problems will be actioned via the case review and root cause analysis action plans. The action plans are monitored by the risk midwife to ensure that improvements in care are made. The trends and any root cause analysis are discussed at the monthly risk meetings to ensure that appropriate action has been taken to maintain safety.

The Guideline for the Assessment and Management of Babies Accidentally Dropped in Hospital will be audited in line with the annual audit programme, as agreed by the CBU. The audit action plan will be reviewed at the monthly risk management meetings on a quarterly basis and monitored by the risk midwife to ensure that improvements in care are made.

10.0 Equality and Diversity

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This guideline should be implemented with due regard to this commitment.

To ensure that the implementation of this guideline does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when

necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This guideline can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this guideline. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

10.1 Recording and Monitoring of Equality & Diversity

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all guidelines will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.

Appendix 1

The Prevention, Assessment and Management of in-Hospital Newborn Falls and Drops
A BAPM Framework for Practice

Appendix 1 - Sample Risk Assessment Tool for Preventing Baby Falls[11]

Patient Addressograph Label

Mode of delivery		**Conscious level**	
Normal Vaginal	0	Alert	0
Instrumental	2	Drowsy	2
Caesarean Section	4	Unresponsive	4
Mobility		**Additional factors**	
Independent	0		
Restricted	2	Medical history eg diabetes, epilepsy, physical disability	2
Immobile	4		
Pain relief in labour		Hb 9.5g/dl or less	2
Nil	0	BMI 40 or more	2
Entonox	1	Language barrier	2
Opiates in last 12h	2		
Spinal or GA	4	Known substance abuse/methadone use	2
Other (specify)	1-4	Sedative medications	2

Patient Risk level

The higher the total score the higher the risk of an infant fall
Provide appropriate surveillance for level of risk
Reassess level of risk where circumstances change
Ensure awareness of level of risk by providing information for parents

Date and time	Score	Risk	Additional comments	Staff Signature

Appendix 2

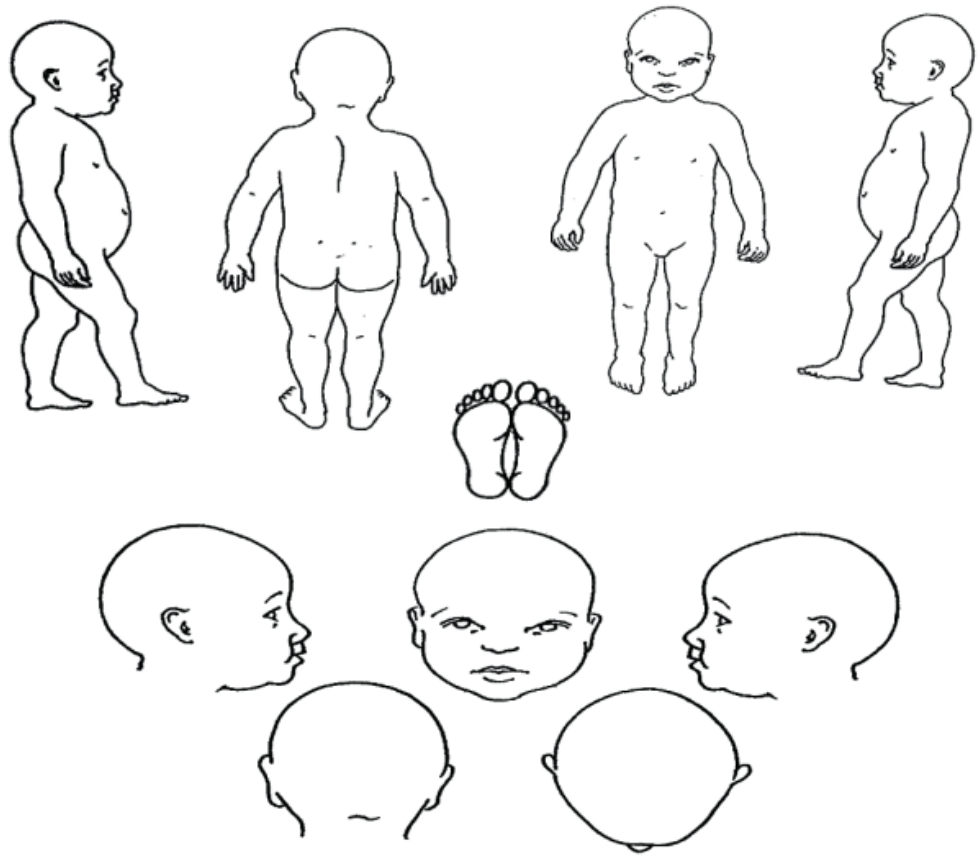
Baby Name: .....

DOB: .....

Unit Number: .....

NHS Number: .....

Baby Body Map Continued...



ANY NEW MARKS NOT RECORDED AT BIRTH OR AS TRAUMA FOLLOW MULTIAGENCY GUIDANCE FOR INJURIES IN NON-MOBILE INFANTS
(Located on Safeguarding Intranet page and BMBC Safeguarding website)

Appendix 2

Glossary of Terms

CT – Computed Tomography

ED – Emergency Department

GCS – Glasgow Coma Scale

GP – General Practitioner

HV – Health Visitor

NICE – National Institute for Health Clinical Excellence

Appendix 3 (must always be the last appendix)

Maintain a record of the document history, reviews and key changes made (including versions and dates)

Version	Date	Comments	Author

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date
Reviewed by Maternity Guideline Group	N/A
Reviewed at Women's Business and Governance meeting	17/03/2023
Approved by CBU 3 Overarching Governance Meeting	22/03/2023
Approved at Trust Clinical Guidelines Group	N/A
Approved at Medicines Management Committee (if document relates to medicines)	N/A

Trust Approved Documents (policies, clinical guidelines and procedures)

Approval Form

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

Document type (policy, clinical guideline or procedure)	Guideline
Document title	Guideline for the assessment and management of babies dropped in hospital
Document author (Job title and team)	Inpatient Matron Named Midwife for Safeguarding
New or reviewed document	Reviewed. Replaces: Accidentally dropped baby
List staff groups/departments consulted with during document development	Midwives Safeguarding
Approval recommended by (meeting and dates):	WB&G 17/03/2023 CBU3 Governance 22/03/2023
Date of next review (maximum 3 years)	23/03/2026
Key words for search criteria on intranet (max 10 words)	Safeguarding Head injury bruises
Key messages for staff (consider changes from previous versions and any impact on patient safety)	
I confirm that this is the <u>FINAL</u> version of this document	Name: Jade Carritt Designation: Governance Midwife

FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

Approved by (group/committee): CBU3 Governance
Date approved: 22/03/2023
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