Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Assessment and management of babies who are accidentally dropped in hospital on the Maternity unit
Guideline

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1	In progress	Obstetric and Audit Guideline Group	11.12.2020	17/8/2021	11.12.2023

Brief Summary of Document:	This guideline is to support staff in how to respond after a baby is accidentally dropped by a parent, relative, visitor or healthcare professional, or slips from a person' s hold or lap and falls to a different surface within the maternity departments. It includes precipitate births outside the hospital where babies are born onto a surface and there is potential for a head injury.
Scope	The National Institute for Health and Clinical Excellence (NICE) 'Head injury assessment and early management' describes best practice in the care of infants under one year who present with suspected or confirmed traumatic head injury with or without major trauma.

To be read in conjunction with:	
Patient Information:	Include links to Patient Information Library

Owning group	Obstetric Guideline and Audit Group

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New guideline	11.12.2020

Glossary of terms

Term	Definition

Keywords	Accidentally dropped babies baby

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1. Aim

The immediate response is vital to ensuring any injuries to an accidentally dropped baby are detected and treated as quickly as possible, but 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.

2. Scope

This guideline is based on the NICE guideline CG176 (2019) Head injury: assessment and early management. It is aimed at all Health Care Professionals involved in the care of babies in the hospital setting.

3. Introduction

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.

The immediate response is vital to ensuring any injuries to an accidentally dropped baby are detected and treated as quickly as possible, but 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.

4. Advice should be given to parents on prevention of accidently dropping the baby on admission to the postnatal ward

- Advice should be given verbally as soon as possible after delivery
- Women should be directed to the information within the ward area
- Mothers and babies should not co-sleep
- Women with limited mobility should be advised to ask for help when wishing to transfer the baby to and from the cot
- Women with limited mobility or a low Hb should be advised to leave the curtains around the bed open so that they can be observed more easily. The exception is when privacy and dignity is required
- Babies should be placed back into the cot if the baby is asleep and the mother is feeling tired

5. Identifying infants at high risk of falls:

- Maternal GA/Epidural/Spinal anaesthesia for delivery
- Primigravida mother
- Breast feeding in bed
- Night-time (between the hours of midnight and 8am)
- Sedative maternal medication

6. Initial assessment

In all areas on report of a baby falling, professionals should respond immediately.

6.1 Assessment:

- Move the baby to a resuscitaire or another safe surface
- Urgent assessment of the baby must be performed as per national guidance (NLS). This includes neonatal observations including heart rate and respiratory rate

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- Contact the Paediatric team for urgent review. If the baby is unresponsive, the Paediatric team should be bleeped as an emergency (2222).
- Babies who are accidently dropped at Withybush General Hospital Birth Centre should be transferred in by ambulance
- Keep the parents / carer informed of progress

If baby is conscious:

- Take a full history of the event
- Perform a full examination of the baby including a detailed neurological examination on the baby. This should be clearly documented in the notes of the baby.
- Measure the head circumference and compare with the initial head circumference (if performed).
- If there is a step-like deformity or evidence of a skull fracture, consider performing a CT scan. Discuss this with the neonatal consultant on service/call.
- Document any bruising on the body map.
- Discuss with parents regarding need for monitoring baby.
- Consider giving appropriate analgesia to the baby i.e. paracetamol.

If baby is unconscious:

- If the baby has altered consciousness or is unresponsive, cyanosed or not breathing then manage in accordance with neonatal resuscitation guideline

6.2 Role of Attending Doctor

- The doctor should review the baby immediately

- The doctor should take a detailed history from the midwife/ nurse caring for the baby and from the parents or people present at time of fall.-
  - Who was caring for the baby at the time of the fall?
  - If the baby was being held at the time of the fall, who was holding the baby
  - Time of fall
  - Time of reporting
  - The position to which the baby fell
  - An estimate of the height of the fall and the type of surface onto which the baby fell
  - The circumstances surrounding the fall
  - Any witnesses to the fall
  - The last time a professional saw the baby prior to the fall
- The neonatal doctor should carefully document neurological examination.
- Any bruises, skin markings, obvious injuries documented on a Body Map.
- An occipital frontal head circumference (OFC) should be measured and documented
- The doctor should note mode of delivery and any bruising ascribed to delivery on the body map to differentiate these from any other bruising

6.3 Following initial assessment:

- Document the findings in the notes of the baby and in the postnatal record.
- If baby is stable, aim for the baby to remain on the postnatal ward for neurological-observations.
- Neurological-observations should be carried out hourly for the first 6 hours following the incident.

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- If these are normal, the baby will require NEWS observations 4 hourly for the next 12 hours, which can be performed on the postnatal ward. They can be stopped if they have been normal following this time interval.
- If there are concerns for the clinical wellbeing of the baby, the baby should be transferred to SCBU for observation
- Check if there are any safeguarding issues please notify safeguarding team if there are.
- Complete DATIX incident report.

6.4 Assessment for CT scan

- Babies who have sustained a head injury and have any of the following risk factors should have a CT head and neck scan within 1 hour of risk identified- (NICE, 2017)
  - Suspicion of non-accidental injury
  - Post-traumatic seizure but no history of epilepsy.
  - GCS (paediatric) less than 15.
  - Suspected open or depressed skull fracture or tense fontanelle.
  - Any sign of basal skull fracture (haemotympanum, 'panda' eyes, and cerebrospinal fluid leakage from the ear or nose, Battle's sign).
  - Focal neurological deficit.
  - Presence of bruise, swelling or laceration of more than 5 cm on the head.
  - Loss of consciousness lasting more than 5 minutes (witnessed).
  - Abnormal drowsiness.
  - Three or more discrete episodes of vomiting
  - The written radiology report should be made available within 1 hour of the scan being performed. This should be reviewed by the consultant neonatologist or paediatrician on call who will plan on-going care. For any abnormal CT scan should be referred for specialist advice by the neonatal /paediatric consultant.

***If CT imaging is indicated this should be performed within 1 hour**

7. Follow-up:

- Ensure a full discharge summary is sent to all professionals involved, GP, and health visitor.
- All infants who have abnormalities on CT head imaging should have:
  - Head circumference monitored regularly in the community
  - Named neonatal consultant follow-up to monitor progress and neurodevelopment
- Neurosurgical follow-up should be as per the advice of the neurosurgical team

8. Key points:

- Infant falls can result in significant head injury with subtle or even absent clinical signs
- All babies who fall on the postnatal ward should be discussed with the Consultant on call
- If CT imaging is indicated, this should be performed within one hour
- Clinicians should have a low threshold for requesting a CT of head scan with any size of swelling, haematoma or laceration following a head injury
- All babies who have an abnormality on CT imaging should have neonatal follow-up to monitor neurodevelopment. They will also require close monitoring of the head circumference following discharge

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9. References:

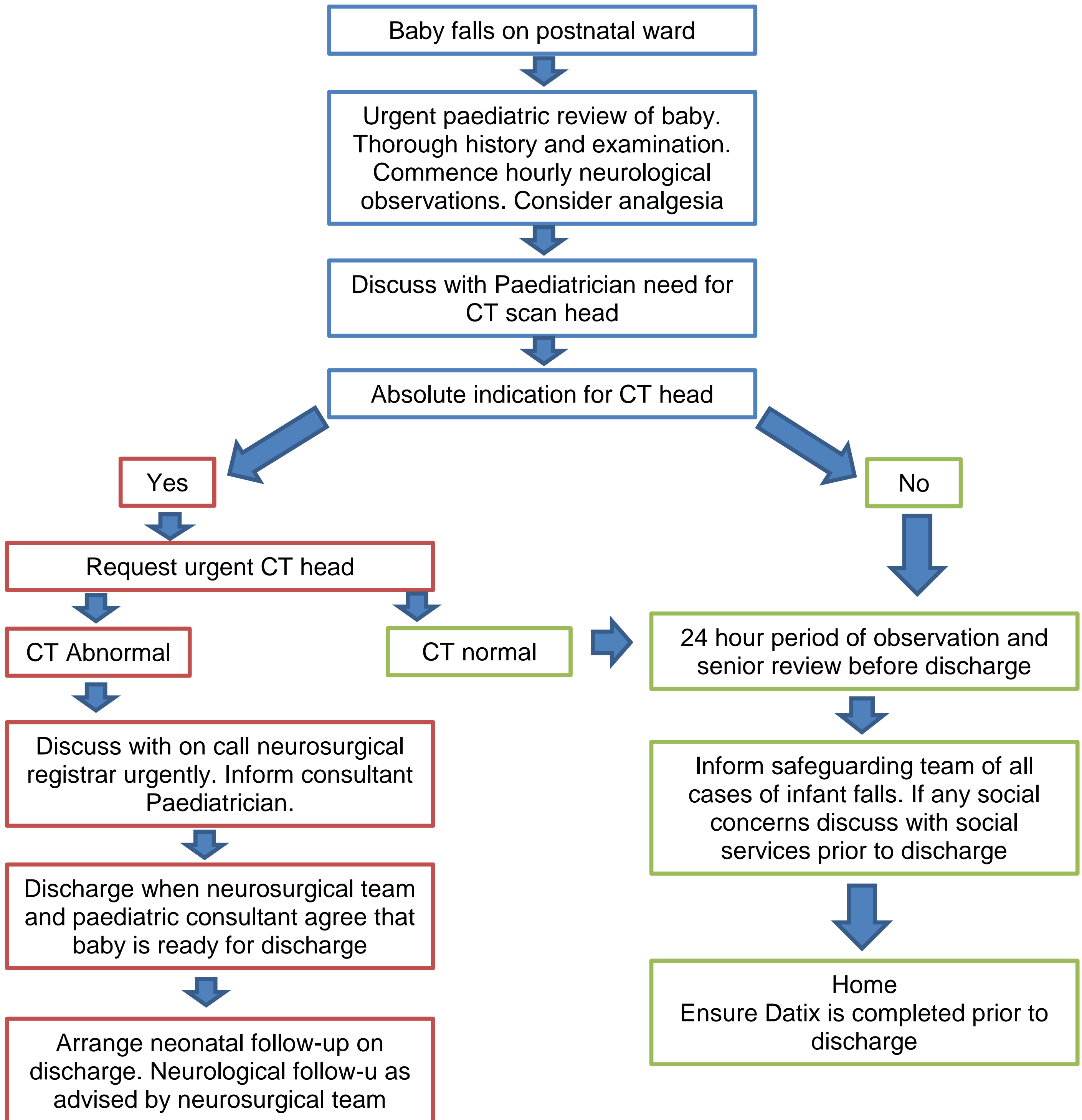
National Clinical Guideline Centre (UK) (2014) *Head injury: triage, assessment, investigation and early management of head injury in children, young people and adults*. National Institute for Health and Care Excellence (UK) London

Zaman S, Logan P, Landes C, Harave S. (2017) Soft-tissue evidence of head injury in infants and young children: is CT head examination justified? *Clinical Radiology*

Head Injury Guideline for children less than 16 years of age.

NICE Head injury assessment and early management [CG176]

10. Appendix 1 Flow chart Management of neonatal head injuries



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