

Baby who is dropped while being cared for in a hospital setting - Full Clinical Guideline

Reference No: Neonate/07:23/N8

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1. 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 injury 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 need easily practical advice in managing this situation.

2. Aim and Purpose

Provide guidance on how staff should respond after a baby 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 or if there are obvious signs of injury.

Provide guidance on the management of babies who were born following a precipitate delivery with potential for head injury outside the hospital.

3. Abbreviations / Definitions

Head injury	-	any trauma to the head other than superficial injuries to the face
GCS	-	Glasgow Coma Scale
MHHR	-	Maternity Handheld Records

4. Initial Response, Escalation and Observations

The steps to be taken by staff after a baby is accidentally dropped

4.1 Initial Assessment and Escalation

If baby is unresponsive or in need of resuscitation, immediately escalate using 2222 and move baby to the nearest resuscitaire. (refer to Newborn Resuscitation clinical guideline)

- In all other cases, initial assessment should be where the baby lands unless in immediate danger, keeping in mind the potential for spinal as well as head injury.
- Parents are however likely to pick their baby up immediately after dropping them in which case baby should be taken to the nearest appropriate area for an initial assessment (e.g. mother's cot or a resuscitaire depending on how baby is presenting).
- Midwife/nurse to:
 - complete a full set of observations and document on a Newborn observation chart
 - escalate to the senior clinical midwife/nurse
 - escalate to the neonatal/paediatric team for urgent review
 - remain with baby until a member of the paediatric team arrives

4.2 Initial Medical Assessment

- detail of medical and neurological examination required to check for injuries
- record any injuries on the baby body map that was created following birth (date and initial new findings)
- review vitamin K history/administration
- put plan in place if required (see 5) to include:
 - Neonatal/paediatric team to consider admission
 - need for further observations
 - need for further assessment
 - appropriate analgesia
 - plans for further medical review

5. Medical Assessments and Management

Specific guidance on initial stabilisation and assessment can be found in the following paediatric clinical guidelines:

- C-Spine imaging – paediatric guideline (Derby)
- Head injury – paediatric clinical guideline (Derby and Burton separate guidelines)
- Neonatal resuscitation
- Airway management – paediatric guideline
- Conscious level – decreased – paediatric guideline
- Observations and monitoring – paediatric clinical guidelines (shared guideline)
- Paediatric Observation Priority Score

6. **Discharge in Case Baby is on the Postnatal Ward**

Baby may be discharged to go home if:

- Observations have been completed
- Paediatrician has discharged baby
- There are no ongoing concerns

To check/complete prior to discharge:

- DATIX completed - to include whether the fall was witnessed or unwitnessed
- Body map is complete and updated
- Ensure bed sharing assessment was carried out and signed in Maternity Handheld records
- Further discussion with parents regarding safe sleep and bed sharing
- Requirement for Safe guarding referral (rare)
- Ensure parents have received sufficient emotional support as they are usually distraught with what has happened
- Ensure parents know how to escalate their concerns regarding baby appropriately
- Ensure incident details are on discharge summary including follow up arrangements if recommended by paediatric team

7. **Monitoring Compliance and Effectiveness**

As part of the maternity hand held records audit

8. **References**

NHS improvement. Supporting information. Creating a local guide for the assessment and management of babies who are accidentally dropped in hospital.

NHS Improvement Patient Safety Alert; May 2019; assessment and management of babies who are accidentally dropped in hospital

NICE Clinical Guideline CG176; Head Injury: assessment and early management. September 2019

Documentation Control

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	2	June 2023	Bridget Sutton – Senior Midwife ward 314/315, RDH Steph Steel – Senior Midwife ward 314/315, RDH Emma Wilmot – Senior Midwife QHB	Review
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