

# Safety Starts With Vidant – Newborn Child Safety Seat Inspections on Discharge

Natalia Ugalde, CPST and Claudia Sosa, BS, CPST  
Sue Anne Fipps, MSN, RN, CPN

Sue Anne Fipps, MSN, RN, CPN, Program Manager  
Eastern Carolina Injury Prevention Program  
Vidant Medical Center  
Greenville, North Carolina 27834  
252.847.8668  
sfipps@vidanthealth.com

## BACKGROUND

According to the American Academy of Pediatrics (AAP), < 5% of newborns are being discharged in secure, age-appropriate child safety seats. According to our Vidant Medical Center trauma registry, and the National Highway Traffic Safety Administration, motor vehicle crashes is among the leading source for fatalities among all age groups. Based on these statistics, the likelihood of these infants being readmitted to the hospital after a car crash is very high. It is a best-practice standard for Women's Centers of our size to have a formalized Child Passenger Safety Program where all newborns/families meet with a certified Child Passenger Safety Technician (CPST) prior to discharge. Although VMC ensures that newborns leave in a child safety seat, they do not meet with a certified CPST.

## PROJECT AIM

The aim was to initiate a formalized child passenger safety program in Labor and Delivery Side A, ensuring that all newborns met with a CPST prior to discharge. The process began with newborns not being discharged and secured in a properly installed and age-appropriate child safety seat (based on AAP statistic of < 5%), and ended with at least 75% of discharged newborns leaving in a properly installed and age appropriate child safety seat.

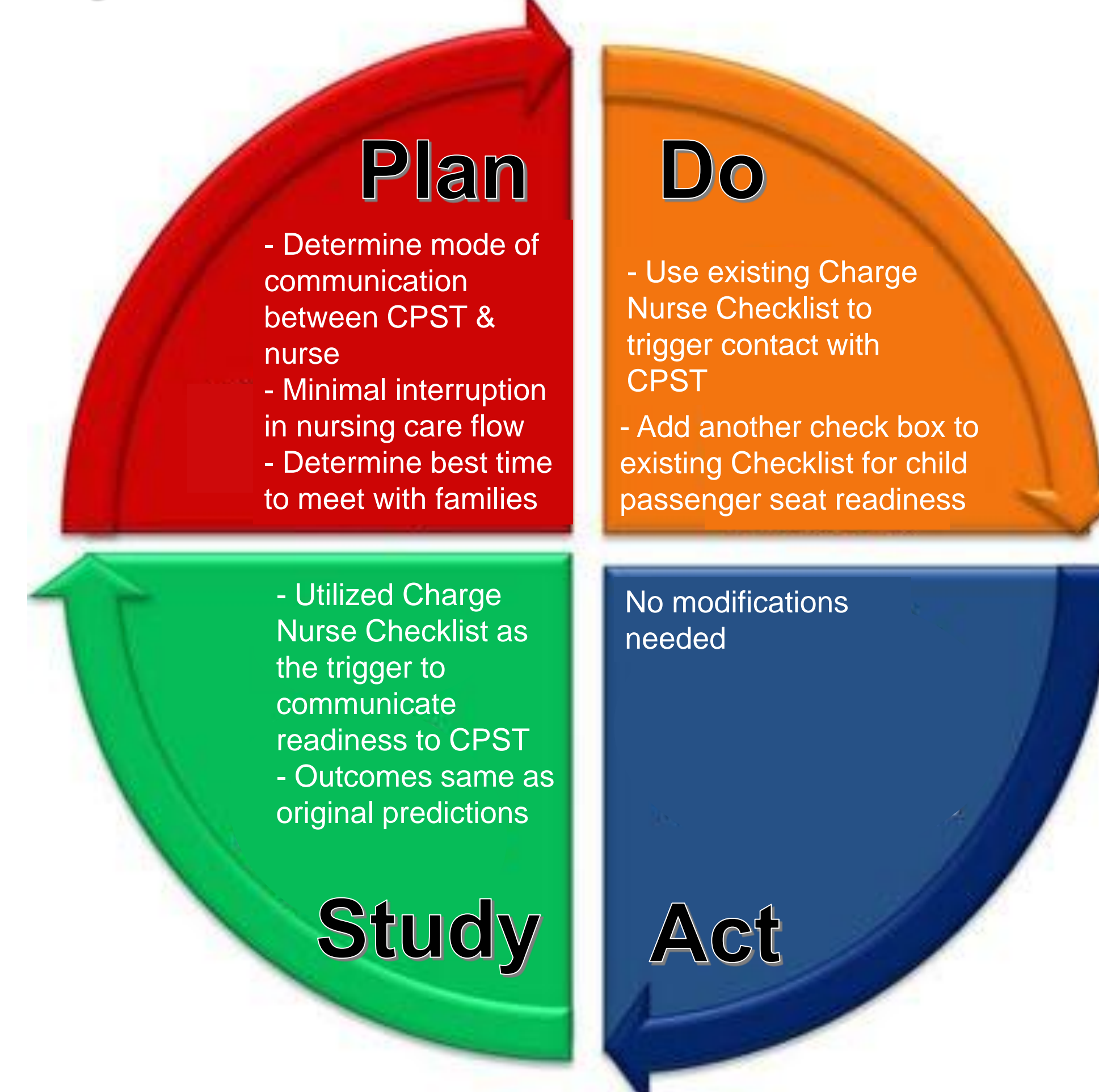
## PROJECT DESIGN/STRATEGY

- Utilized Natalia Ugalde, CPST and Claudia Sosa, BS, CPST, to complete the process
- Data collected 3 days/week for 4 weeks
- Identify process to minimally interrupt work flow for healthcare providers in Labor and Delivery
- Spent a day learning the flow of the unit and meeting the staff prior to initial tests of change
- Develop collegial relationships between CPST and Labor & Delivery staff a priority
- Ensure consistent communication between leaders and bedside staff throughout process

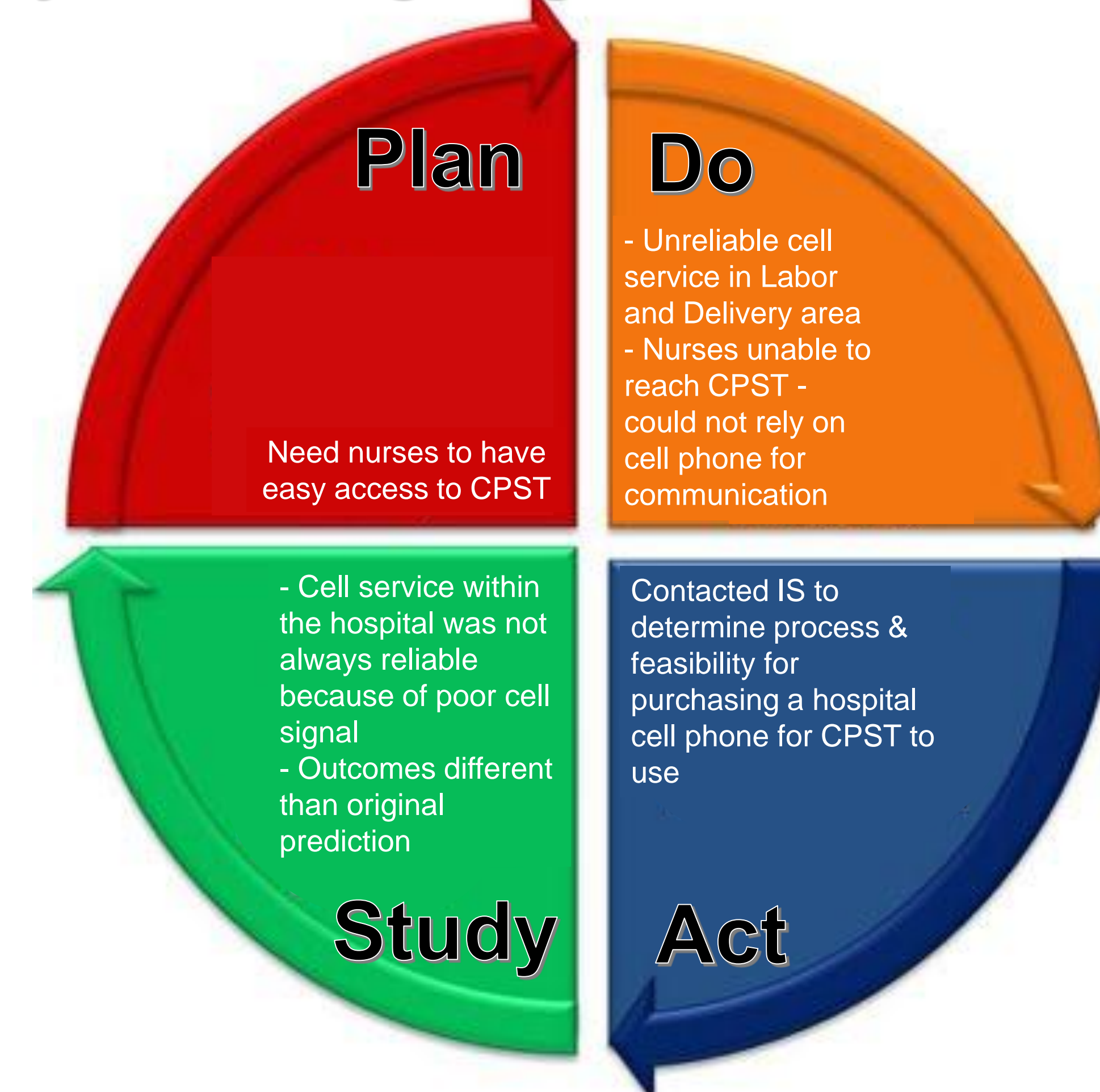


## CHANGES MADE (PDSA CYCLES)

### Cycle 1: Initial Communication



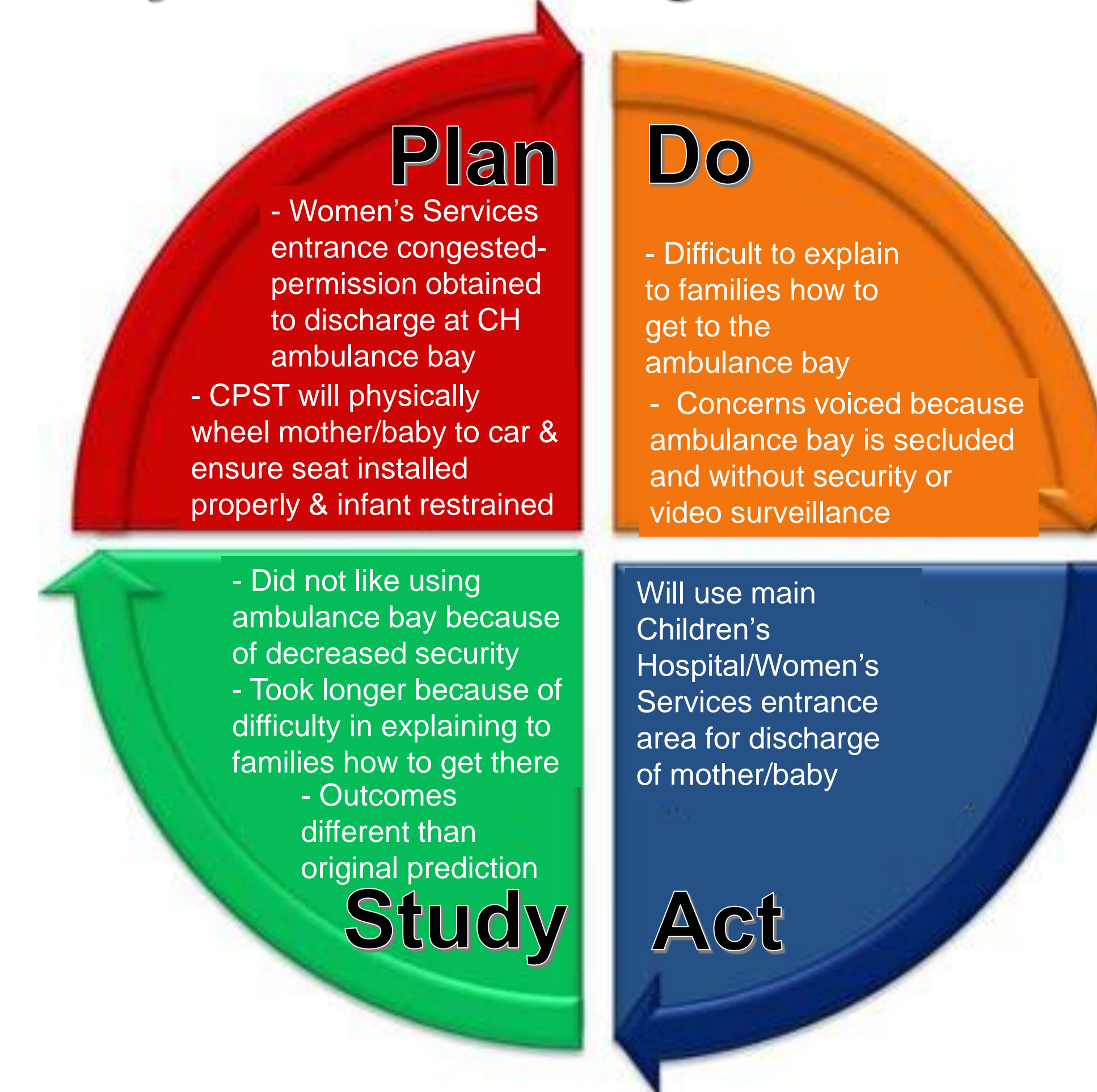
### Cycle 2: Ongoing Communication



### Cycle 3: Scheduling With Families



### Cycle 4: Discharge Location



## RESULTS/OUTCOMES

- Prior to this implementation, there was no formal standardized process for assessment and education by a certified CPST
- Services were offered to 12 families – Services accepted by 11 families
- 1 family declined – mom stated she was a lawyer, this was her second baby, and she didn't need further education
- 1 family initially declined – father then asked CPST to walk with family to car at time of discharge. Seat was found to be incorrectly installed and infant was not secure in the seat. Adjustments made and family grateful
- Project recognizes the importance of utilizing and implementing best practice standards in the care of newborns

Percentage of newborns assessed/families educated before: 0%  
Percentage of newborns assessed/families educated after: 92%

**\*\*858 Potential Years of Life Saved\*\***

## LESSONS LEARNED

- Main Children's Hospital/Women's Services entrance is the safest & most time efficient location to physically discharge mother/baby
- Hospital cell phone needed for uninterrupted communication
- Time spent on early assessment and education decreases time spent with families at actual time of discharge
- Need to ask families to bring in child safety seats as soon as possible – early education and safety checks in the room decrease the education time needed at the time of actual discharge



## NEXT STEPS

- Multidisciplinary staff education needed on basic child safety seat & the role of the CPST
- Launch family education video & determine potential offerings from Krames
- Hospital cell phone needed for uninterrupted communication
- Expand to other areas of Women's Services – 1 West and Labor and Delivery Side B
- Finances needed for ongoing FTE support

## ACKNOWLEDGEMENTS/REFERENCES

Without the collegial cooperation between the Eastern Carolina Injury Prevention Program and Labor and Delivery Side A, this project would not have been possible.

Hoffman, B., Gallardo, A., Carlson, K. Unsafe from the start: serious misuse of car safety seats at newborn discharge. Journal of Pediatrics. 171: 48-54.

National Highway Traffic Safety Administration. Traffic safety facts, 2014 data: occupant protection. Washington, DC: US Department of Transportation, National Highway Traffic Safety Administration; 2016. Available at <http://www-nrd.nhtsa.dot.gov/Pubs/812262.pdf>