

Building a Fall Risk Assessment Scale for the Obstetric Patient

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ABSTRACT

Physical changes occur at different stages of pregnancy. Pregnant women with lower blood pressure in the early stages of their pregnancy are likely to experience dizziness arising from postural hypotension when changing their positions. In the later stage of their pregnancy, the growth of the fetus leads to the shifting of their body's center of gravity, the changes in the sense of balance, and the loosening of the pelvic joints, thus lowering their body's stability. It is more likely for pregnant women to fall due to their unstable gait. According to statistics, one-third of pregnant woman fall during her pregnancy. And the fall of pregnant women not only harms the expecting mother, but also causes the risk of premature delivery. While most of the current fall risk assessments are mainly concerning the elderly, the fall risk assessment for pregnant women has not been addressed in the literature. The development of a fall scale for pregnant women can allow clinical nursing personnel to accurately assess the fall risks and provide fall prevention measures in early stage to avoid injuries to pregnant women.

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INTRODUCTION

The physical changes in pregnant women during their pregnancy and after giving birth may pose fall risks for them. The development of a fall scale for pregnant women can provide clinical medical and nursing personnel with an adequate and objective basis for fall risk factor assessment.

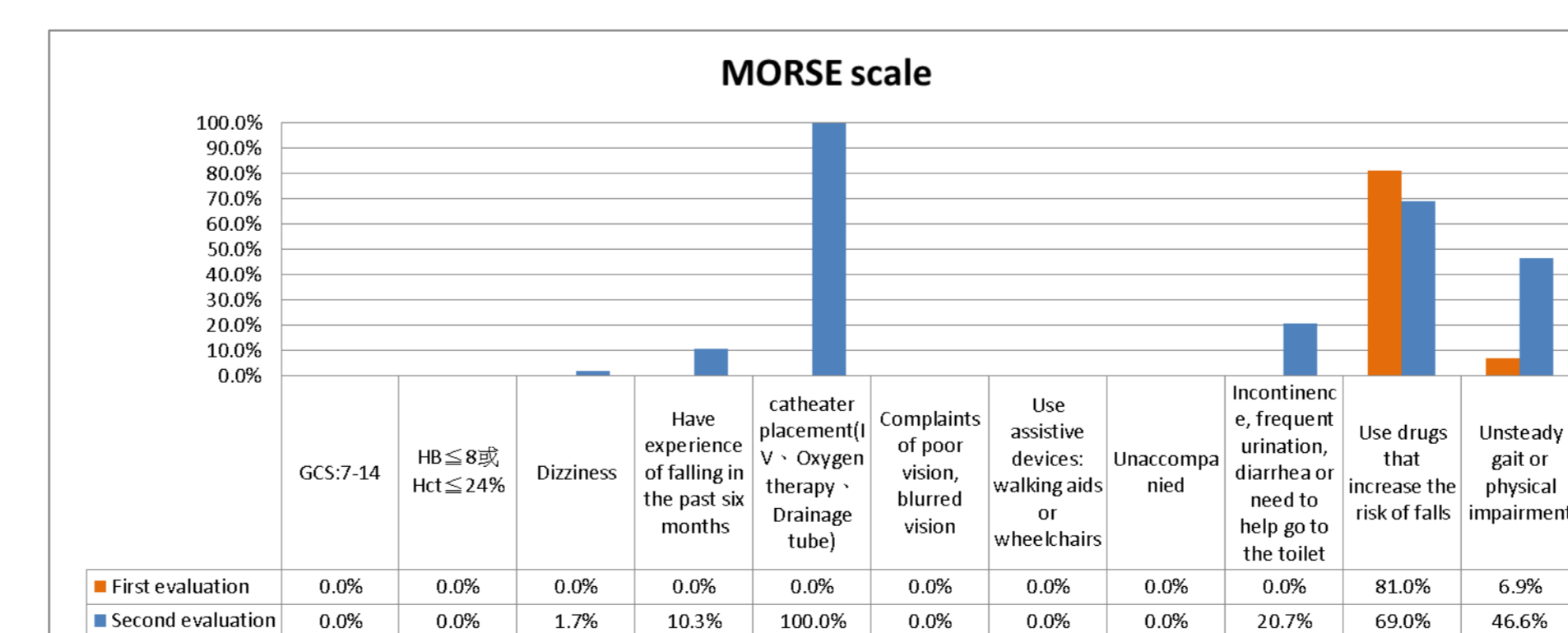
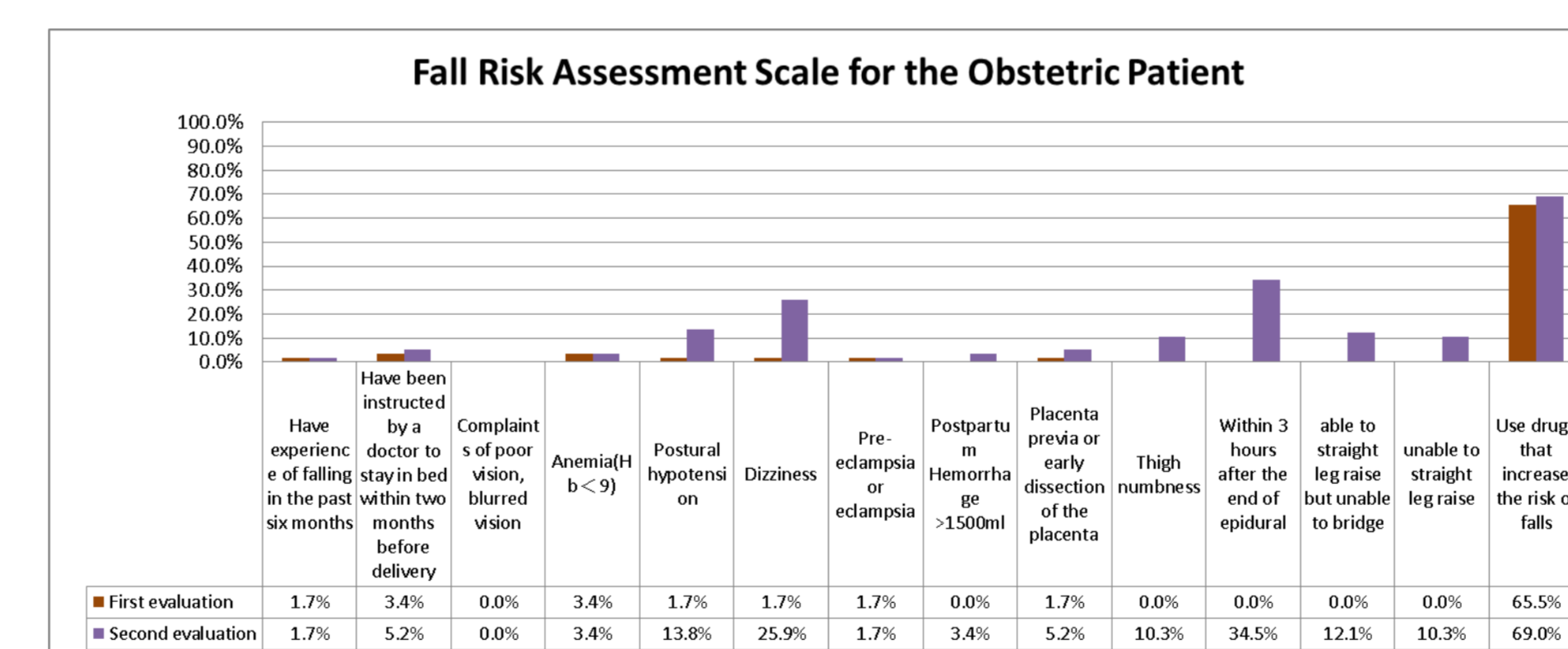
METHODS AND MATERIALS

Through literature research, specialist meetings, and feedback from specialists, the Fall Risk Assessment Scale for the Obstetric Patient is established. This assessment scale is then applied to obstetric patient admitted to the hospital. With the validity assessed by specialists, the specificity of this assessment scale is compared with the current improved Morse Fall Scale.

RESULTS

With the suggestions and feedback from specialists, our Fall Risk Assessment Scale for Obstetric Patient is including six major aspects, "Prior History", "Cardiovascular", "Postpartum hemorrhage", "Neurologic Function and Anesthesia", "Activity", and "Medication." Additionally, a validity inspection is conducted based on the importance, appropriateness, and articulation of the questionnaire contents, and 14 assessment items are formulated, showing a total CVI of 0.80 and Cronbach α of 0.64.

GRAPHS AND TABLES



DISCUSSION

In terms of pregnant women with high-risk pregnancy factors, the fall risk is assessed to be 67.2% using our Fall Scale for Pregnant Women, whereas such fall risk is assessed to be 84.5% using the Morse Fall Scale. Moreover, in terms of physical activity changes due to postural hypotension or anesthesia, the fall risk is assessed to be 82.8% using our Fall Scale for Pregnant Women, and 75.9% using the Morse Fall Scale. Apparently, the use of our Fall Scale for Pregnant Women can help identify individual cases with high risks due to their pregnancy and after giving birth, while providing appropriate fall prevention measures for different specialties, thus accurately enabling the fall prevention in pregnant women during their stay in the hospital.

CONCLUSIONS

The comparisons between our Fall Risk Assessment Scale for Obstetric Patient and the current improved Morse Fall Scale clearly indicate that with respects to different specialties, our Fall Scale for Pregnant Women can accurately assess risk factors. Our Fall Scale for Pregnant Women has recently been used in obstetric wards. We are to continue to observe the clinic fall rate of pregnant women during their hospital stay, and see whether there is any actual improvement resulting from the application of our Fall Scale for Pregnant Women.

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