

What doctors want parents to know about fall prevention for kids

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We've all seen countless viral social media clips of parents diving across the room or outside to catch a baby or child mid-tumble. While those quick reflexes make for heart-stopping saves—and plenty of likes—most falls happen when no camera is rolling. Preventing them is not about luck but about planning ahead and understanding where fall risks hide in plain sight.

Falls are a leading cause of nonfatal injury for children in the U.S., according to the Centers for Disease Control and Prevention, contributing to nearly 2.8 million emergency department visits each year. From couches and countertops to stairs and playgrounds, hazards are part of everyday life. But parents, babysitters and child care staff can make simple, evidence-based changes to reduce those risks such as using guardrails, staying within arm's reach during diaper changes and teaching kids safe climbing habits.

The AMA's What Doctors Want Patients to Know™ series gives physicians a platform to share what they want patients to understand about today's health care headlines.

In this installment, Rabia Nagda, MD, a pediatrician with Texas Children's Pediatrics in Houston, took time to discuss what parents should know about fall prevention for children.

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Fall risk changes as kids grow

“The ways babies and young children fall change a lot as they grow. This change occurs primarily as their mobility, curiosity and sense of danger evolve,” said Dr. Nagda. “For young babies, the primary fall occurs when the parent does not think the baby can roll yet.



Rabia Nagda, MD

“But it can happen quite suddenly and only in a few seconds of being left alone,” she added, noting “the most common falls in that age group are rolling off beds, couches or changing tables, or if the caregiver trips while carrying the infant or falls asleep while holding the baby.”

“For infants, the common falls include falling from furniture, especially as they start to roll over, sit, crawl and learn how to walk. Falling from highchairs when not buckled in is also a common cause of falls in that age group,” Dr. Nagda said. “For toddlers and preschoolers, the common cause of falling is tripping while running, jumping or falling from playground equipment. Another common cause in that age group is going up and down the stairs or climbing onto furniture.”

“The common falls for school age children are playing sports, biking, skating or using a scooter. They also fall from playground equipment, or from climbing trees, fences or bunk beds,” she said.

Try these low-cost, high-impact steps

There are several things that families and daycares can do that can be effective in “keeping children of all ages safe from falls,” said Dr. Nagda. For example, “window stops or locks are relatively cheap options.

“Many fire departments, health departments or nonprofit groups often offer free safety items such as window locks and furniture anchors,” she added, noting other low-cost, high-impact things families and daycares can do to protect children and prevent falls include:

- Pressure-mounted safety gates.
- Teaching children safety on the stairs.
- Keeping furniture away from windows to stop kids from climbing.
- Having nonslip rugs.
- Wiping spills immediately.
- Anchoring furniture with adhesive or tension straps, which are usually free from the manufacturer.
- Buckling kids in car seats, highchairs and swings.
- Having plug-in night lights in hallways, stairs and bathrooms.

Discuss fall prevention with your doctor

“I usually start talking about fall prevention in the first pediatrician visit after the baby is released from the hospital,” said Dr. Nagda. For example, I tell my parents it is very important to avoid sleeping with the baby on couches, armchairs or co-sleeping with the baby on the bed with you.

“Also, I advise parents to always keep one hand on the baby during diaper changes,” she added. “It is very important to not leave the baby unattended at any time on the bed, couch or changing table—even for a few seconds as falls take place very fast and when it is least expected.”

“Be very careful when carrying the baby. Keep your walkways clutter-free as tripping is also a common cause for head injuries in babies,” Dr. Nagda said. Then at the 2–4-month pediatrician visit, I continue to advise parents to not leave babies on elevated surfaces and start using playpens or floor mats. We talk about ensuring infants are buckled in strollers,

highchairs and swings.”

“At the 6-month pediatrician visit, most infants are in highchairs, so I talk again with parents about the importance of buckling babies in highchairs. I also discuss with them to start lowering the crib mattress as the infants are starting to sit and soon will be holding on to the rails to pull up,” she said, noting that she will also “introduce the topics of installing safety gates and anchoring the furniture.

“I reinforce this discussion at the 9-month pediatrician visit. And at that visit we also talk about clearing the floor of cords, rugs and clutter, as well as increasing supervision when babies are around furniture,” Dr. Nagda added. “At the 12-month pediatrician visit, I talk with parents about installing window guards and keeping boxes and chairs away from the windows, and we discuss supervising children at the playground.”

“If the child can climb out of the crib by the time the 18-month pediatrician visit occurs, I talk to parents about transitioning to a toddler bed with guard rails for beds that are raised or putting a mattress on the floor,” she said. “For toddlers, I continue to discuss buckling them into highchairs and shopping carts, as well as supervising playground safety and teaching stair safety.”

Be careful with certain products and set ups

“The common baby and infant setups or products that are misunderstood are crib bumpers, stuffed animals and sleep positioners,” said Dr. Nagda. “All three can increase the risk of suffocation and strangulation if installed or used improperly.”

“Many car seats are also often installed loosely or with the wrong recline angle while traditional wheeled walkers are often used unsafely due to a high risk of falling,” she explained. Meanwhile, baby carriers and slings with loose straps or incorrect positioning can also pose a hazard.”

Additionally, bath seats and rings require constant supervision as they are at risk for tipping over,” Dr. Nagda said, adding that “overused jumpers and swings can delay motor milestones, and incorrect strapping or being unbuckled can increase the risk of a baby

falling.”

Set and follow rules to prevent falls

“Parents and caregivers need to have rules that are followed consistently in order to prevent falls,” said Dr. Nagda. “They should have plans for outside and decide who will supervise the kids when on playgrounds or at family gatherings and events.”

Additionally, there should be clear handoff notes for babysitters or daycares,” she said.

Certain falls are concerning

“I usually tell my families that if the fall is higher than the child's own height, that is concerning,” said Dr. Nagda. “Other signs to seek help is if they are vomiting more than once, if there is a loss of consciousness, and if they are not acting like themselves.”

“That can mean they are irritable, confused or hard to console,” she added. Parents should also call their pediatrician or go to an urgent care or emergency department after a fall if there is “significant swelling of the head, persistent headache or dizziness in older children or not walking or moving their arm or leg.”

Keep these final thoughts in mind

There are some final easy-to-remember tips for parents to keep in mind,” said Dr. Nagda. “For babies, ‘One hand on baby always.’”

“For toddlers and preschoolers, ‘Safe space to play every day,’” she said. “For school-age children, ‘Gear up and play smart.’”

“Although falls may still occur as children love to explore with curiosity, we as parents and caregivers need to ensure we take the necessary steps to prevent serious injuries,” Dr. Nagda said.