

Shaken Baby Syndrome: Intervention Strategies

Quantum Units
Education

Affordable. Dependable. Accredited.

www.quantumunitsed.com

TABLE OF CONTENTS

Summary: Shaken Baby Syndrome is a Preventable Public Health Problem	1
The Facts: What You Need to Know About Shaken Baby Syndrome	3
Focusing on Prevention	4
Understanding the Consequences	4
Learning What to Look For	6
Getting Started: Working Towards Success	9
Building a Framework for Prevention	9
Learning About and from Existing Programs	10
Getting the Message Out: The Right Message, Right Person, Right Time	15
Creating Effective Messages	15
Working with the Media	19
Strength in Numbers: Building Partnerships to Prevent SBS	21
Collaborating with other Organizations and the Business Community	21
Initiating Partnerships	21
Working Together: Roles of Health Departments and Community-Based Organizations	23
Identifying Potential Partners	26
Taking Public Health Solutions to the Next Level: Impacting Policy	29
Policy is an Effective Public Health Intervention	29
Your Agency/Organization's Role in Impacting Policy	31
Resources	35
Appendix A: State Initiatives on SBS	43
Appendix B: Prevention Tips for Parents and Caregivers	50
Appendix C: A Partnership Planning Tool	52
Appendix D: Educational Resources	54

Shaken Baby Syndrome is a Preventable Public Health Problem

Shaken Baby Syndrome (SBS) is often seen as a crime, but it is also a preventable public health problem. State and local health departments and community-based organizations (CBOs) have ties to broader resources and programs, and strong connections in communities. Both health departments and CBOs can take a leading role in reframing the issue and engaging all members of a community to take part in the prevention of SBS.

The purpose of this guide from the Centers for Disease Control and Prevention (CDC) is to help your organization identify your role and to take action to protect infants from SBS. It outlines steps to implement evidence-based intervention strategies, to integrate specific education messages into existing programs for new parents, caregivers, professionals, and the general public, and to engage in activities that impact policy development that are effective in preventing SBS.

Together with local and national partners, your organization can make a difference in preventing SBS, so that all children can have safe, stable, and nurturing relationships and a better chance to live to their full potential.



THE FACTS:

What You Need to Know about Shaken Baby Syndrome

Understanding the facts helps build awareness, and ultimately affects how we take action. Using your contact with parents and other community members to promote the facts, risk factors and triggers, and ways to prevent SBS is the first step in addressing it as a public health problem that can be prevented, and not just a crime to be punished.

SBS, a form of abusive head trauma (AHT) and inflicted traumatic brain injury (ITBI), is a preventable and severe form of physical child abuse. It results from violently shaking an infant by the shoulders, arms, or legs. SBS may result from both shaking alone or from impact (with or without shaking).¹ The resulting whiplash effect can cause bleeding within the brain or the eyes.²

The American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC) report that maltreatment causes a high rate of injury and death among infants.^{4,5} SBS can cause death, mental retardation or developmental delays, cerebral palsy, severe motor dysfunction, blindness, and/or seizures.

SBS Basics³:

- SBS is a leading cause of child abuse deaths in the United States. Nearly all victims of SBS suffer serious health consequences and at least one of every four babies who are violently shaken dies from this form of child maltreatment.
- Babies (newborn to 4 months) are at greatest risk of injury from shaking.
- Inconsolable crying is a primary trigger for shaking a baby.

¹Carbaugh SF. Understanding shaken baby syndrome. *Adv Neonatal Care* 2004;4(2):105–16.

²Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. Shaken Baby Syndrome Tip Sheet [online]. [cited 2010 March 1.] Available from URL: http://www.cdc.gov/healthmarketing/entertainment_education/tips/shaken_baby.htm.

³Carbaugh SF. Understanding shaken baby syndrome. *Adv Neonatal Care* 2004;4(2):105–116.

⁴Centers for Disease Control and Prevention. Nonfatal Maltreatment of Infants [online]. [cited 2010 March 1.] Available from URL: www.cdc.gov/mmwr/preview/mmwrhtml/mm5713a2.htm.

⁵American Academy of Pediatrics Committee on Child Abuse and Neglect. Shaken baby syndrome: Rotational cranial injuries—technical report. *Pediatrics* 2001; 108(1):206–10 [online]. [cited 2010 March 1.] Available from URL: aappolicy.aappublications.org/cgi/reprint/pediatrics;108/1/206.pdf.

FOCUSING ON PREVENTION

Research shows that shaking most often occurs in response to a baby crying or other factors that can trigger the person caring for the baby to become frustrated or angry.

The fact is that crying—including long bouts of inconsolable crying—is normal developmental behavior in infants. The problem is not the crying, it's how caregivers respond to it. Picking up a baby and shaking, throwing, hitting, or hurting him or her is never an appropriate response.

Everyone, from caregivers to bystanders, can do something to prevent SBS. Giving parents and caregivers tools that can help them cope if they find themselves becoming frustrated while caring for a baby are important components of any SBS prevention program (see Appendix B: *Prevention Tips for Parents and Caregivers*).

As a public health professional, you play a key role in reinforcing prevention through helping people understand the dangers of violently shaking a baby, the risk factors and the triggers for it, and ways to lessen the load on stressed-out parents and caregivers, all of which may help to reduce the number of cases of SBS.



UNDERSTANDING THE CONSEQUENCES

It is important to understand that SBS is the result of violent shaking that leads to a brain injury, which is much like an adult may sustain in repeated car crashes. The forceful shaking that causes SBS is child abuse; it does not happen in normal play. Claims of perpetrators that the highly traumatic internal injuries characterized by SBS resulted from

“playing with the baby” are false. While jogging an infant on your knee or tossing him or her in the air can be very risky, the injuries that result from SBS are not caused by these types of activities.

Approximately one in four victims die, but there is a high risk of serious and long-term health consequences for those who live. SBS can potentially result in the following consequences:

- Death,
- Blindness,
- Mental retardation or developmental delays (any significant lags in a child's physical, cognitive, behavioral, emotional, or social development, in comparison with norms) and learning disabilities,
- Cerebral palsy,
- Severe motor dysfunction (muscle weakness or paralysis),
- Spasticity (a condition in which certain muscles are continuously contracted—this contraction causes stiffness or tightness of the muscles and may interfere with movement, speech, and manner of walking), and
- Seizures.





LEARNING WHAT TO LOOK FOR

SBS Signs and Symptoms

Babies, newborn to one year (especially babies ages 2 to 4 months) are at greatest risk of injury from shaking.⁶ SBS injuries are not always visible. However, babies with SBS may display some outward signs.^{7,8} Parents, family members, caregivers, or others in close and regular contact with an infant should seek medical attention right away if they notice any of the signs and symptoms listed below.

- Significant changes in sleeping patterns or inability to be awakened,
- Vomiting (more than usual),
- Convulsions or seizures,
- Increasing irritability,
- Uncontrollable crying,
- Inability to be consoled, and
- Inability to nurse or eat.

In more severe cases, babies may be:

- Unresponsive
- Unconscious

Babies should be taken to the emergency department immediately if they are experiencing any of these *severe* signs and symptoms of SBS listed above.

⁶Carbaugh SF. Understanding shaken baby syndrome. *Adv Neonatal Care* 2004;4(2):105–16.

⁷Miehl NJ. Shaken baby syndrome. *J Forensic Nurs* 2005;1(3):111–7.

⁸Carbaugh SF. Understanding shaken baby syndrome. *Adv Neonatal Care* 2004;4(2): 105–16.

Factors that Put an Infant at Risk

The following factors increase an infant's risk of being shaken,^{9,10,11} particularly when combined with a parent or caregiver who's not prepared to cope with caring for a baby:

- Being less than 1 year of age,
 - Babies less than 1 year of age are at the greatest risk, but SBS has been reported in children up to 5 years of age.
 - Babies (especially babies ages 2 to 4 months) are particularly at risk of injury from shaking, because they are small in relation to the size of adults who may pick them up and shake them, and they tend to cry more frequently and longer than older babies.
- Infant prematurity or disability,
- Being one of a multiple birth,
- Inconsolable and/or frequent crying,
- Prior physical abuse or prior shaking, and
- Most SBS victims are male.

Factors that Can Increase Parents' or Caregivers' Risk for Harming a Baby

Most SBS perpetrators are parents and their partners, with the majority of the perpetrators being the male parent or partner. The following factors increase a parent's or caregiver's risk of shaking a baby, particularly when combined with not being prepared to cope with caring for a baby.¹²

- Frustration or anger resulting from an infant's crying,
- Being tired,
- Having limited anger management or coping skills,
- Limited social support,
- Young parental age,
- Unstable family environment,

⁹Hoffman, JM. A case of shaken baby syndrome after discharge from the newborn intensive care unit. *Adv Neonatal Care* 2005;5(3): 135–46.

¹⁰Black DA, Heyman RE, Smith Slep AM. Risk factors for child physical abuse. *Aggress Violent Behav* 2001;6(2–3): 121–88.

¹¹Keenan HT, Runyan DK, Marshall SW, Nocera MA, Merten DF, Sinal SH. A population-based study of inflicted traumatic brain injury in young children. *JAMA* 2003;290(5):621–6.

¹²Miehl NJ. Shaken baby syndrome. *J Forensic Nurs* 2005;1(3):11–7.

- Low socioeconomic status,
- Unrealistic expectations about child development and child-rearing,
- Rigid attitudes and impulsivity,
- Feelings of inadequacy, isolation, or depression,
- Being a victim or witness to intimate partner violence, or
- Negative childhood experiences, including neglect or abuse.

Diagnosing SBS

Health care providers may be alerted to a possible SBS injury by *any* of the following:¹³

- Any infant or young child who presents with a history that is not plausible or consistent with the presenting signs and symptoms,
- The presence of a new adult partner in the home,
- A history of delay in seeking medical attention,
- A previous history or suspicion of abuse,
- The absence of a primary caregiver at the onset of injury or illness,
- Physical evidence of multiple injuries at varying stages of healing, or
- Unexplained changes in neurologic status, unexplained shock, and/or cardiovascular collapse.

There are a number of diagnostic tools that health care providers can use to assess the possibility of SBS in injured babies. In addition to a thorough history and physical exam, including ophthalmologic examination, physicians may use computerized tomography, magnetic resonance imaging, skeletal surveys, and other medical tests to diagnose SBS.

¹³Miehl NJ. Shaken baby syndrome. *J Forensic Nurs* 2005;1(3):11–7.

GETTING STARTED:

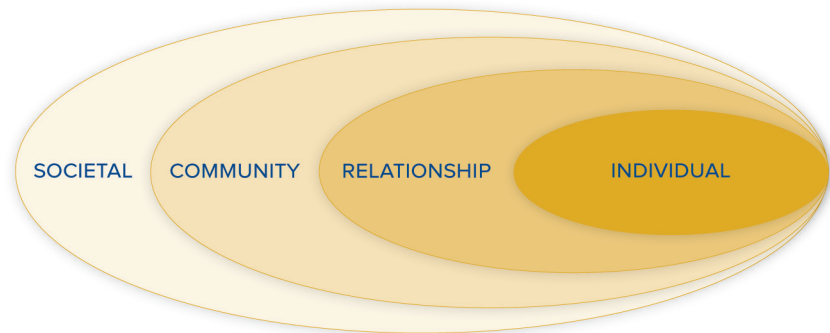
Working Towards Success

Knowing what needs to be done and prioritizing where to start can often be a challenging task. Start by using a prevention model, rooted in behavioral science, as a practical tool to create an effective strategy. The model can guide decisions to identify your organization's role in the issue, align activities with your mission, and leverage your reach to the community to maximize impact.

BUILDING A FRAMEWORK FOR PREVENTION

Prevention requires understanding the factors that influence violence. CDC uses a four-level social-ecological model to better understand violence and the effect of potential prevention strategies.¹⁴ This model considers the complex interplay between individual, relationship, community, and societal factors and is more likely to sustain prevention efforts over time than any single intervention.

The model serves as a practical framework to build your strategy. The activities, messages, partnership, and policy suggestions outlined in this guide already build upon each of the four levels of the framework. Additionally, you can also use the model as a reference or guide to assess ways to use resources and reach audiences at various levels.



¹⁴Dahlberg LL, Krug EG. Violence a global public health problem. In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. World Report on Violence and Health. Geneva, Switzerland: World Health Organization; 2002:1–56.



Or, it can be used to help build a more feasible plan by identifying appropriate partners with more optimal resources to address multiple levels.

Individual-level strategies are ones that can be aimed at changing parents' or caregivers' knowledge and skills.

Relationship-level strategies are ones that are aimed at trying to change the interactions between people—parents and children, parents and other caregivers, parents and health care providers, bystanders, and parents.

Community-level strategies are those that are aimed at modifying the characteristics of settings that give rise to violence or that protect against violence (e.g., address social and economic factors; access and availability of parental support programs, early child care, respite care centers).

Societal-level strategies are aimed at changing cultural norms surrounding parenting, as well as laws and policies aimed at supporting parents.

LEARNING ABOUT AND FROM EXISTING PROGRAMS

Start with what is available, feasible, and has the greatest level of evidence of effectiveness. There are a number of existing SBS prevention programs and resources available that can be implemented. Balance the options below to build on programs you already have, or to reach audiences you already work with.

Many of these programs strive to raise awareness about SBS, educate parents and other caregivers about the serious effects of SBS-related injuries, and inform them about infant crying behavior and safe ways to reduce and prevent SBS injuries. These strategies address the multiple levels of the prevention model. Examples of common prevention strategies include:

- Coordinated hospital-based primary prevention programs targeting parents of newborns,
- Home visits for new parents (home visits bring community resources to families in their homes; health professionals provide information, health care, psychological support, and other services that can help people to be more effective parents and caregivers),
- Anticipatory guidance at well-baby visits in pediatric practice and/or health clinics,
- School prevention programs for junior high and high school students providing students with an understanding of child maltreatment issues, anger management techniques, and child care skills. For example, the National Center on Shaken Baby Syndrome offers a school-based program for junior and senior high school students, which teaches students about the “medical aspects of shaking injuries, combined with basic anger management and child care skills. The

program reaches young adults as potential caregivers and future parents. Teaching students how frustration can lead to shaking helps them understand the importance of appropriate coping skills,”¹⁵

- Programs targeting males, especially new fathers, with information and resources for providing safe and nurturing care for their new infants and safe strategies for coping with frustration caused by crying babies,¹⁶
- Professional education and trainings for doctors, nurses, social workers, and others providing family services, and
- Educational print and video materials provided at the time of delivery, as well as at pediatric offices and prenatal classes.



This is Important

When possible, it is important to use evidence-based practice as the foundation for any intervention. Evidence-based practice, as defined by the Institute of Medicine (IOM), is a combination of three factors:

1. Best research evidence
2. Best clinical experience, and
3. Consistency with patient values.¹⁷

¹⁵National Center for Shaken Baby Syndrome [online]. [cited 2010 March 1.] Available from URL: www.dontshake.com/Audience.aspx?categoryID=10&PageName=Schoolbased.htm.

¹⁶National Center for Shaken Baby Syndrome, Dads 101 [online]. [cited 2010 March 1.] Available from URL: www.dontshake.com/Audience.aspx?categoryID=10&PageName=Dads101.htm.

¹⁷Committee on Quality of Health Care in America, Institute of Medicine. Crossing the quality chasm: A new health system for the 21st century. (2001). National Academy Press: Washington, DC

EXAMPLE PROGRAM

Upstate New York Shaken Baby Syndrome Education Program



The California Evidence-Based Clearinghouse for Child Welfare (CEBC) has designated the Upstate New York Shaken Baby Syndrome Education Program as having *Promising Research*

Evidence.¹⁸ Developed by Dr. Mark S. Dias and colleagues, this hospital-based, parent education program provides information to parents at the time of birth about the effects of violent shaking, as well as alternatives for responding to crying infants. As part of this intervention, nurses were asked to have both parents read a pamphlet, view a video titled *Portrait of Promise: Preventing Shaken Baby Syndrome*, and sign a commitment statement to indicate that they received and understood the information before their baby was discharged from the hospital.

Findings from follow-up telephone surveys with parents 7 months after the birth suggest that more than 95 percent of the parents remembered receiving the information. In addition, after 5 years,

this effort resulted in significantly decreased incidence of abusive head trauma among children ages 36 months and younger.¹⁹ The program, which began in December 1998, has been adopted by many states and hospitals across the nation.

As part of CDC-funded research, Dr. Dias is replicating a revised version of the program in Pennsylvania. The components of this evaluation include:

- 1) Time series analysis of reported cases in Pennsylvania to examine the trends in SBS cases before, during, and after the program is introduced, and comparing results,
- 2) Time series analysis of hospital discharge data in Pennsylvania and surrounding states,
- 3) Randomized trial in 31 counties in central Pennsylvania to evaluate the effectiveness of providing additional information at pediatric well visits, and
- 4) An economic analysis to examine program costs and benefits.

¹⁸California Evidence-Based Clearinghouse for Child Welfare [online]. [cited 2010 March 1.] Available from URL: www.cachildwelfareclearinghouse.org/scientific-rating-scale.php#rating3.

¹⁹Dias MS, Smith K, deGuehery K, Mazur P, Li V, Shaffer ML. Preventing abusive head trauma among infants and young children: A hospital-based, parent education program. *Pediatrics* 2005;115(4):e470–7.

EXAMPLE PROGRAM

Period of PURPLE Crying[®]

The CEBC has designated the Period of PURPLE Crying[®] program as having *Promising Research Evidence*. This program was developed by Dr. Ronald Barr and colleagues at the National Center on Shaken Baby Syndrome (NCSBS). Two randomized controlled trials of the program showed increases in knowledge about crying and SBS and “walk away behavior when the mother was frustrated.”²⁰

As part of CDC-funded research, Dr. Desmond K. Runyan is testing the program in North Carolina. The state-wide program will educate parents about normal infant crying patterns, how to respond to crying, and the dangers of shaking. The information will be disseminated in a manner designed to reach every new parent three times. Nurses will educate parents of every newborn at all 86 hospitals/birthing centers in North Carolina, using discussion, a video, and a booklet about infant crying. In addition:

- County health departments, pediatricians, and family physicians will provide a dose of the intervention in prenatal classes and/or at 2-week well-child checks; and

- The NCSBS and the University of North Carolina School of Journalism and Mass Communications will develop a statewide media campaign that addresses social norms about shaking and reinforces program messages directly and through family and friends.

Period of PURPLE Crying[®]

P - Peak Pattern

Crying peaks around 2 months, then decreases.

U - Unpredictable

Crying for long periods can come and go for no reason.

R - Resistant to Soothing

The baby may keep crying for long periods.

P - Pain-like Look on Face

L - Long Bouts of Crying *Crying can go on*

for hours.

E - Evening Crying

Baby cries more in the afternoon and evening.

Source: National Center on Shaken Baby Syndrome

²⁰National Center on Shaken Baby Syndrome. Randomized Controlled Trials on the Effectiveness of the PURPLE Materials: Parallel Studies in the state of Washington (USA) and the province of British Columbia (Canada) [online]. [cited 2010 March 1.] Available from URL: http://www.dontshake.org/sbs.php?topNavID=4&subNavID=32&subnav_1=172&navID=176.

Period of PURPLE Crying[®] (continued)

The multi-level evaluation strategy for the project includes:

- 1) Active surveillance of traumatic brain injuries in all Pediatric Intensive Care Units,
- 2) Anonymous surveys of parents on discipline practices before and after the intervention,
- 3) Time series analysis to examine the trends in abusive head trauma cases before, during, and after the program is introduced and comparing results,
- 4) Process evaluation of the delivery of the messages,
- 5) Nested case-control study of abusive head trauma cases, compared to other hospitalized children with brain injury and the entire cohort of children under age 2, and
- 6) An economic analysis to examine program costs and benefits.

Reviews and ratings used to determine the research evidence for other interventions related to child welfare are located on Web sites, such as the National MCH Center for Child Death Review, www.childdeathreview.org, the RAND Promising Practices Network on Children, Families and Communities, www.promisingpractices.net, and the California Evidence-Based Clearinghouse for Child Welfare, www.cachildwelfareclearinghouse.org.



GETTING the MESSAGE OUT: The Right Message, Right Person, Right Time

CREATING EFFECTIVE MESSAGES

Prevention messages are often drowned out in the thousands of messages seen and heard by people every day. That's why it is important to focus your message to make sure it reaches the right audience for the right results. Since all ideas and words do not resonate with all audiences, it is important to tailor specific messages to each audience to make them effective.

Using messages to communicate about SBS prevention can range from developing a complex campaign to using a few appropriate messages in your existing programs and activities. No matter the size of your effort, using the example messages below consistently with the right audiences can help reframe SBS as a preventable public health problem, and can be used to address each of the four levels of the prevention framework.

To prevent child maltreatment, it is important to focus on making people aware of what to normally expect as a child develops, how to support parents, and steps they can take in different situations.²¹ Because crying is one of the primary triggers for shaking a baby, messages that teach how to cope with crying may be most effective. Messages should also be specific and focus on awareness and action. It is important to make people not only aware of SBS and their role in preventing it, but also

²¹Wrisley B. Reframing the issue: A new child maltreatment prevention message. *N C Med J* 2005;66(5):367–9.



Health communication tools are available to help you plan, design, implement, and evaluate an SBS prevention communication campaign. Below are some examples:

- *Adding Power To Our Voices: A Framing Guide for Communicating About Injury* (www.cdc.gov/injury)
- *CDCynergy: Violence Prevention Edition* (www.cdc.gov/ncipc/dvp/CDCynergy/CDCynergy.htm)
- *National Cancer Institute's Making Health Communication Programs Work*, (www.cancer.gov/pinkbook)

give them specific and feasible actions for prevention. Messages should also match activity goals and can be used to:

- Increase awareness of SBS in a particular audience.
- Help make an audience more open to participating in programs or taking specific action for prevention.
- Help support policies.
- Help decisionmakers, such as policymakers, partners, or organizational leadership, understand SBS as a preventable issue that needs their support.

The example messages below can help guide you in addressing key audiences with the power to prevent SBS: parents, caregivers, bystanders, and health care providers.

Example Messages for Parents and Other Caregivers:

- 1) Crying is normal for babies.
 - a) Crying is one way babies communicate.
 - b) Excessive crying is a normal phase in infant development.
 - Babies cry most between 2 and 4 months.
 - Prolonged, inconsolable crying generally lessens when babies are around 5 months old.²²
 - Most babies who cry a great deal are healthy and stop crying spontaneously.
 - c) You are not a bad parent if your baby continues to cry after you have done all you can to calm him or her.
 - d) Remember, this will get better.

²²St. James-Roberts, I. Effective services for managing infant crying disorders and their impact on the social and emotional development of young children. In: Tremblay RE, Barr RG, Peters RDeV, eds. Encyclopedia on Early Childhood Development [online]. 2004:1-6. Available from URL: <http://www.child-encyclopedia.com/pages/PDF/StJames-RobertANGxp.pdf>.

2) When a baby cries, there are steps you can take to try to comfort him or her.

- a) Check for signs of illness or discomfort like a dirty diaper, diaper rash, teething, fever, or tight clothing.
- b) Assess whether s/he is hungry or needs to be burped.
- c) Rub his/her back, gently rocking him/her; offer a pacifier; sing or talk; take a walk using a stroller or a drive in a properly-secured car seat.
- d) Call the doctor if you think the child is ill.
- e) Remember you are not a bad parent or caregiver if your baby continues to cry after you have done all you can to calm him or her.



3) When you feel frustrated, angry, or stressed while caring for your baby, take a break.

- a) Call a friend, relative, neighbor, or a parent helpline for support.
- b) Put your baby in a crib on his or her back, make sure the baby is safe, and then walk away for a bit, checking on him or her every 5 to 10 minutes.
- c) Remember, this will get better.

4) Be aware of signs of frustration and anger in yourself and others caring for your baby:

- a) See a health care professional if you have anger management or other behavioral concerns.
- b) Ensure others caring for your baby see a health care professional if they easily become angry or frustrated around your baby.

Focusing on Positive Parenting

Focus on promoting protective factors in your SBS prevention messages. Messages that encourage positive and protective factors through parenting skills can create a positive norm of good parenting. Because young children experience the world through their relationships with parents and other caregivers,²³ protective factors at both the family and community levels provide a buffer for children at risk for abuse or neglect. Scientific evidence shows that a supportive family environment is a key protective factor against abuse or neglect. Specifically, *safe, stable, and nurturing relationships* between children and adults protect against maltreatment and other adverse exposures occurring during childhood that compromise health over the lifespan.

Example Messages for Bystanders

- 1) Crying is normal for babies.
 - a) Excessive crying is a normal phase in infant development.
 - b) Sometimes babies cry for no apparent reason.
 - c) It is not always possible to console a crying infant.

- 2) Support parents and other caregivers of babies.
 - a) As appropriate, offer to provide child care so that parents get needed breaks.
 - b) Be sensitive and supportive in situations in which parents or caregivers are trying to calm a crying baby.
 - c) Communicate to the parent or caregiver that you understand that it is difficult to care for a crying baby and offer to help (this may include giving the parent a helping hand or a break, sharing a parent support helpline number, or just acknowledging that parenting can be difficult and exhausting at times).



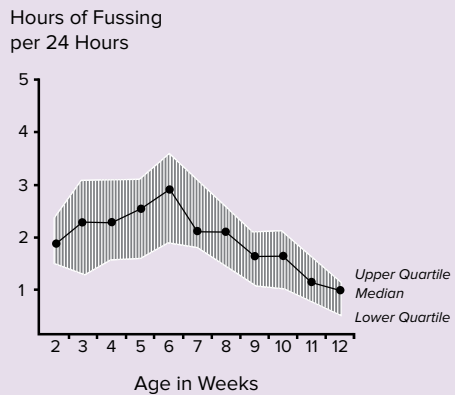
Bystanders Are Important

Many parents feel pressured on some level, by others, to make their baby stop crying (CDC 2007 *Healthstyles Survey*). Bystanders are people who are not caring for an infant, but who may be affected by an infant's crying or other behaviors.

²³Miehl NJ. Shaken baby syndrome. *J Forensic Nurs* 2005;1(3):11–7.

“Crying Curve”

Infant crying begins to increase around 2 to 3 weeks of age, and peaks around 6 to 8 weeks of age. As illustrated below, it then tapers off when the baby is 3 to 4 months old.



Source: *Crying in Infancy*, T. Berry Brazelton. Reproduced with permission from *Pediatrics*, Vol. 29, Pages 579-588, Copyright © April 1962 by the AAP

Example Messages for Health Care Providers

- 1) Remind parents and caregivers that crying is normal for babies.
 - a) Explain to parents that excessive crying is a normal phase of infant development.
 - b) Share the Crying Curve with parents.

- 2) Support parents and other caregivers of babies.
 - a) During routine pediatric visits, be sure to ask parents how they are coping with parenthood and their feelings of stress.
 - b) Assure them that it is normal to feel frustrated at long bouts of crying and a sudden decrease in sleep, but that things will get better.
 - c) Give parents the number to a local helpline or other resource for help.
 - d) Talk with them about the steps they can take when feeling frustrated with a crying baby, such as putting the baby safely in a crib on his or her back, making sure that he or she is safe, walking away and calling for help or a friend, while checking on the baby every 5 to 10 minutes.
 - e) Let parents know what to check for when their baby is crying: signs of illness, fever or other behavior that is unusual, or discomfort like a dirty diaper, diaper rash, teething, or tight clothing, or whether he or she is hungry or needs to be burped.

WORKING WITH THE MEDIA

Messages through the media can have wide reach to multiple audiences. The media can also uniquely help to reframe SBS as a public health problem, rather than just a criminal investigation. CDC has created a companion guide for the media on reporting on SBS. You can share this guide with local media or use it to develop messages when you speak to journalists. The guide, “A Journalist’s Guide to Shaken Baby Syndrome: A Preventable Tragedy,” as well as radio public service announcements (in English and Spanish) and broadcast-quality video that includes B-roll, full-screen tips, and downloadable scenarios, are available at: www.cdc.gov/Injury.



Below are some additional steps you can take to work with your local media.

- Proactively build relationships with local radio, print, online, and television outlets that cover family, health, and child maltreatment issues; informing journalists about SBS and your organization’s education and prevention activities.
 - Pitch a deskside briefing—a visit with a journalist to brief him or her on the issue of SBS.
 - Hold a media roundtable or virtual roundtable to inform a group of journalists about the issue.
 - Hold a telebriefing, where journalists dial in to learn about SBS from experts, physicians, and/or parents who have a child with SBS.
 - Write an op-ed or article for local newspapers or Web sites.
 - Pitch stories to community affairs programs.
- Contact journalists after a story about SBS is reported in the news to offer the public health perspective, data, prevention tips, experts for interviews and to clarify misinformation as needed (See Appendix B: *Prevention Tips for Parents and Caregivers*). Organizations are best prepared to respond quickly when a story breaks if they have previously developed a media plan that identifies the organization’s spokesperson and key prevention messages and talking points.

STRENGTH in NUMBERS:

Building Partnerships to Prevent SBS

COLLABORATING WITH OTHER ORGANIZATIONS AND THE BUSINESS COMMUNITY

Partnerships and collaborations can be critical elements for achieving success. They can be instrumental in expanding your reach to new audiences, augmenting resources, adding outreach channels, facilitating message dissemination within the community, and offering referral sources for your program. For example, when your partners collaborate to deliver the same prevention messages through communication channels used by your target audience, it extends the messages' reach and frequency. Effective messages that are delivered to the same audience through multiple channels are more likely to be remembered and move the audience to take the desired action.

INITIATING PARTNERSHIPS

While every situation and partnership is unique, here are some general steps often used to build partnerships:

- 1) **Assess your current situation.** Planning your prevention effort should involve a careful analysis of your organizational resources and needs, including staff, funding, facilities, technology, and expertise. This information will help clarify when a potential collaboration with another organization can support your program goals.
- 2) **Identify potential partners.** The relationship should be mutually beneficial. Identify organizations that support your mission of preventing injuries and improving health and safety for new parents and their babies. Determine how collaboration will mutually support short- and long-term goals. First consider those with which you have successfully partnered in the past. Then consider new partners, such as the media and business communities. These organizations can help you reach new parents with key information and resources and strengthen your advocacy for prevention efforts, or perhaps

combine resources with you and other organizations to develop a collaborative prevention effort in the community supported by a range of like-minded civic groups. For example, an employer’s “lunch and learn” program for new parents in a business setting, or building relationships with human resource or employee assistance professionals in large corporations may lead to other opportunities to build community support for parents.

- 3) **Develop your “pitch.”** After strategically selecting groups with which you might work, develop your “pitch,” or selling points, and your “ask,” that is, what you want the organization or individual to do as part of the collaboration. For example, you may want to ask them to join you in incorporating SBS prevention messages and parent support activities into their ongoing communication activities with parents, caregivers, and other relevant audiences. This will vary based on the resources, needs, and priorities of each organization. In addition, showcase the benefits that your potential partners will gain by collaborating. Be sure to highlight benefits that are most relevant to their values and mission.
- 4) **Make contact.** Whenever possible, deliver your partnership proposal in person. Consider bringing at least one other person, because different communication styles and demeanors can influence an encounter. However, make sure that your team speaks with one voice, based on the messages you develop. Delivering mixed messages creates confusion and weakens your credibility.
- 5) **Establish the partnership.** Being credible and offering incentives are important, but these may not be enough. Use your passion to make potential partners believe they should be involved. Describe how your programs and services can make a difference. Share information about the emotional and financial burdens caused by SBS. Underscore how your community will benefit from your collaborative efforts, how others are getting involved, and how even seemingly small contributions can help prevent injury and death. Confirm how the proposed partnership is mutually beneficial. Be specific about what you are asking the organization to do.
- 6) **Give thanks.** Never forget the power of the phrase “thank you.” Acknowledge partnership agreements promptly. Look for creative ways to convey your gratitude to partners often and thank them publicly.

A tool to help you plan your partnership outreach is available in Appendix C.

WORKING TOGETHER: ROLES OF HEALTH DEPARTMENTS AND COMMUNITY-BASED ORGANIZATIONS

Roles for Health Departments in Preventing SBS

As leading agencies in the community, health departments (both state and local) are well positioned to lead SBS prevention activities aimed at all four levels of the prevention framework. They can also forge partnerships to create momentum to help other state or local organizations take action.

SBS prevention activities for local health departments may include:

- Delivering and/or reinforcing SBS prevention messages in health department contacts with expectant and new parents,
- Creating partnerships with local community-based organizations (CBOs) that can provide training, education, message dissemination, and follow-up support to parents identified in health department settings as needing additional resources or information,
- Identifying community leaders and organizations interested in children’s health and safety to support SBS programs, such as local hospitals, clinics, pediatric offices, urgent care centers, pharmacists, CBOs, and other health facilities,
- Providing consistent and appropriate prevention messages to the media and other organizations in the community. (Share CDC’s “A Journalists Guide to Shaken Baby Syndrome: A Preventable Tragedy” with your local media, available at www.cdc.gov/Injury),
- Developing a media outreach and response strategy to bring the public health prevention perspective to media coverage of SBS and to position the health department as a resource for information on SBS prevention (see specific suggestions under *Roles for CBOs in Preventing SBS*), and
- Creating and/or disseminating existing SBS education and training materials to share with community organizations that will implement SBS education efforts.

Roles for CBOs in Preventing SBS

CBOs are uniquely positioned to incorporate consistent prevention messages and interventions into their ongoing community programs to address all four levels of the prevention framework. For example, individual-, relationship- and community-level strategies can be directed to new parents, caregivers, health care workers, social workers, and others who provide services to families in existing programs, such as:

- Prenatal classes,
- Parenting classes,
- Postnatal support programs,
- Stress management classes,
- Mentoring activities,
- Home visitation programs,
- Training for babysitters and child care providers,
- Mental health programs, and
- Training programs for health care providers and social workers.

Other SBS prevention activities for CBOs include:

- Forging partnerships with state and local health departments,
- Referring new parents to organizations for information and support,
- Adding information about SBS prevention to existing, regular communications with other community organizations through Web sites, newsletters, and regular mailings,
- Advocating with policymakers and funding bodies for effective policies and resources to support parents in providing safe, stable, nurturing relationships for their infants (see *Taking Public Health Solutions to the Next Level: Impacting Policy*), and
- Working with the media by providing consistent and appropriate messages (see section on *Creating Effective Messages* and CDC's "A Journalists Guide to Shaken Baby Syndrome: A Preventable Tragedy").





IDENTIFYING POTENTIAL PARTNERS

There are many diverse groups you could consider approaching for support, just as there are a variety of ways they might be able to work with you. The chart below offers examples of both:

<i>Type of Organization</i>	<i>Potential Collaborative Activities to Support SBS Education</i>
Civic and service organizations	<ul style="list-style-type: none">■ Help identify local programs that might incorporate crying and coping education and messages and promote those programs.■ Disseminate SBS prevention materials to their own members, as appropriate.■ Disseminate information through existing channels, such as newsletters, flyers, and Web sites.■ Provide community forums where SBS information can be shared.
Local hospitals	<ul style="list-style-type: none">■ Provide crying and coping education materials and messages to new parents.■ Offer training courses to new and expectant parents.■ Sponsor health and wellness fairs incorporating crying and coping education information.■ Incorporate SBS education in health care employee training.■ Publish messages about crying behavior and coping in hospital wellness publications that are distributed to the public.
Faith-based organizations	<ul style="list-style-type: none">■ Include crying behavior and coping messages in newsletters, marriage/parent education classes, daycare facilities, etc.■ Distribute SBS prevention information at community health fairs and other appropriate forums.
Government programs that serve families and children, such as Women, Infants, and Children (WIC)	<ul style="list-style-type: none">■ Include messages and education materials in outreach to new and young parents.■ Display crying and coping information on bulletin boards and include it as part of regular communication with clients.■ Put inserts into mailings and/or other types of regular statements.■ Incorporate crying and coping messages in trainings, job preparation classes, maternity classes, work/life balance sessions, etc.
Large employers	<ul style="list-style-type: none">■ Post information on bulletin boards and Web sites.■ Offer information at employee brown bag lunches and other employee activities for parents.■ Include messages on pay stubs.

Type of Organization

Potential Collaborative Activities to Support SBS Education

Large employers

(continued)

- Include crying and coping messages in employee health fairs and other forums.
- Ask employee assistance programs to incorporate messages and education materials into their counseling for new parents, and to direct new parents to resources that address “new baby” stress.

Elementary schools, Head Start, nursery, and daycare programs with access to new parents and potential parents-to-be

- Send flyers home with children.
- Put information on message boards and in children’s school bags.
- Sponsor family health fairs that incorporate crying and coping education materials.

Community centers, local YMCAs, libraries, support groups for parents, and other local organizations sponsoring children and family activities

- Incorporate messages and materials into ongoing classes for new and expectant parents, exercise, and stress management classes, etc.
- Display posters or other information on bulletin boards.
- Sponsor family wellness days that incorporate crying and coping messages.

Community and (new) parent groups

- Sponsor an event or gathering focused on crying and coping.
- Organize a forum for new parent groups that incorporates SBS messages.

Local merchants including: baby retailers; bulk and big box discount retailers; pharmacies; grocery stores; gyms; department stores; shoe stores; home improvement stores; hair salons/barber shops/nail salons/day spas; coffee shops; bookstores; theaters; movie theatres

- Insert messages in or on shopping packages.
- Display prevention messages on sales slips.
- Display brochures, posters, or flyers.
- Sponsor in-store seminars for new parents as a way to bring them into their facilities for shopping.
- Include messages on marquees, screens, or message boards.
- Air targeted public service announcements (PSAs) in movie theatres (PSAs for males during movie genres targeted to young adult males and for new mothers during *mommy movie days*, select days at some theaters when babies are welcomed).

Media

- Develop and air a PSA campaign (radio/TV/Web).
- Use on-air talent to host events, appear in PSAs, and serve as spokespersons.
- Obtain media sponsorships for community events.
- Provide exclusive stories.
- Provide ink/air time.

(Please note that partnering with one outlet may preclude work with a competitor and make it hard to pitch stories to other media.)

State and local health departments

- Provide appropriate data to define the problem at the local level.
- Create and disseminate messages to frame SBS as a preventable, public health issue.
- Apply the prevention framework to intervention strategies.
- Incorporate SBS prevention messages in programs for and contacts with expectant and new parents.



TAKING PUBLIC HEALTH SOLUTIONS TO THE NEXT LEVEL:

Impacting Policy

POLICY IS AN EFFECTIVE PUBLIC HEALTH INTERVENTION

Policy interventions are important and effective community and societal level strategies for improving the public's health. Policy can be defined many ways, but one definition applicable to public health policy intervention describes policy as: "laws, regulations, formal and informal rules and understandings that are adopted on a collective basis to guide individual and collective behavior."²⁴ Public health policy interventions are targeted to influence systems development, organizational change, social norms, and individual behavior to promote improvement in the health of a population.

Policy interventions are particularly valuable because they are systems-based and impact populations by changing the context in which individuals take action or make decisions (i.e., making default decisions safe and healthy). The effectiveness of a policy intervention, though, depends on the level of awareness, education, acceptance, funding, implementation efforts, enforcement, and even programs that accompany the creation or passage of the policy.

²⁴Wallack L. Media advocacy: Promoting health through mass communication. In: Glanz K, Lewis FM, Rimer BK, eds. Health Behavior and Health Education: Theory, Research and Practice. San Francisco, Calif: Jossey-Bass; 1990: 370–386.

There are different types and levels of policy; each of them plays an important role in improving the public's health.

- Legislative, which is a law, ordinance, or regulation:
 - Local (city or county),
 - State, and
 - Federal.
- Organizational, which could include the following examples:
 - Local education agencies and/or local schools or school districts,
 - Private hospital or other health care delivery sites (i.e., physicians' offices),
 - Non-governmental organizations,
 - Governmental agencies,
 - Business, industrial, or corporate, and
 - Professional associations or accredited organizations.

Examples of SBS Policy Initiatives

The following are two examples that demonstrate just a few of the multiple levels and types of policy changes that have been used in developing SBS prevention initiatives.

1) Legislation/law at a state level.

“New York passed Bill A08314, which requires all child care providers in New York to receive training on SBS. It is a mandate that all child day care providers be educated and informed on the identification, diagnosis and prevention of SBS. This education is to be added to the training providers already receive on early childhood development, nutrition and statues and regulations toward safety issues.”²⁵ (See Appendix A: *State Initiatives on SBS*, for a list of examples of state legislative initiatives.)

²⁵National Center on Shaken Baby Syndrome [online]. [cited 2010 March 1.] Available from URL: <http://www.dontshake.org/sbs.php?topNavID=254&subNavID=318>.

This example provides guidance on the agency responsible for implementation. The state health department is identified as the agency required to develop and implement an ongoing public information and educational campaign to inform child care providers about harmful effects of SBS.

2) Organizational policy at a local/regional level.

In response to a doubling of SBS admissions in 2004, the administrative leadership of Legacy Health authorized a multidisciplinary task force to study the feasibility of implementing a system-wide SBS prevention program. Though not mandated by either state, this Oregon and Washington hospital system secured grant funding to research, develop, and launch a pilot program. Program design was informed both by patient satisfaction data and other patient care quality initiatives. A successful system-wide roll-out followed within one year, as did the systematic integration of SBS prevention messages throughout the family-centered maternity and pediatric services continuum of care procedures. Mandatory Skills Day training for all 400 obstetric care registered nurses included a 30-minute session on SBS and viewing of a DVD/Booklet.

In 2009, every family from every hospital went home with the *Period of PURPLE Crying*[®] DVD/Booklet; 90 percent of those families had both seen the DVD and received SBS prevention education from a nurse either at a discharge class or during one-to-one education at the bedside.

YOUR AGENCY/ORGANIZATION'S ROLE IN IMPACTING POLICY

While the two examples above do a good job of illustrating the potential for policy interventions used to prevent SBS at the state government and local organizational levels, it should be noted that neither of them have been rigorously evaluated to determine their effectiveness in preventing SBS. As a matter of fact, there are no current examples of evidence-based policy interventions for prevention of SBS. However, an educational approach has been shown to be effective in preventing SBS and there are a few evidence-informed prevention programs available (see section, *Getting Started: Working Towards Success*). These are important factors to consider when thinking about activities to include in a policy plan or intervention to prevent SBS.



For example, while we may not yet have evidence-based *policy* interventions, there are promising practice program interventions for prevention of SBS with research evidence. Therefore, it may be appropriate to start with the development of policy interventions focused on the implementation of promising practice programs or to begin by identifying an existing state legislative policy or initiative and work to enhance that policy (i.e., include requirement of programs with promising research evidence or include dedicated resources to implement the policy intervention).

Before developing a policy plan or engaging in activities to impact policy related to SBS prevention, it is important to assess the political and social environment of your state or community. This will help your agency define its role and target the type of policy change that would be most effective. Due to the possible restrictions or limitations regarding your organization's activities related to policy (i.e., federal dollars are not allowed to be used to lobby or advocate and/or state health departments may have limitations regarding the level or type of involvement allowed in the legislative process), your agency may not have the capacity or be most appropriate to take the lead for all levels of the policy initiative. This is why it is important to work together with your partners in developing and implementing a policy plan or initiative to prevent SBS (See section, *Strength in Numbers: Building Partnerships to Prevent SBS*).

Regardless of these limitations, there are numerous activities your agency can engage in to participate in developing, implementing, and evaluating policy interventions to prevent SBS. Therefore, whether a CBO or a local or state health department, you have an important role to play in impacting policy interventions that improve the public's health. Finally, remember that successfully implementing a policy intervention takes time and requires being ready when the opportunity presents itself.

Examples of Activities that Impact Policy

Depending on the environment of the community and the role of the agency, an organization or program could engage in any or all of these activities to affect public health through policy.

- 1) Collecting, analyzing, summarizing, and interpreting data and other scientific-based information relevant to the frequency and seriousness of SBS and its prevention,
- 2) Proactively disseminating data linked to possible solutions and making sure the data gets into the hands of decisionmakers or those who can influence decisionmakers,
- 3) Packaging, presenting, or promoting data and information in ways that resonate with the audience and can be used to inform decisionmaking (i.e., cannot assume that data or information can stand alone),
- 4) Utilizing media and partners to help convey important messages to policymakers and the public,
- 5) Reviewing and/or drafting potential policies or legislation,
- 6) Building coalition networks that are able to advocate for policy changes, educating the public, and implementing programs that impact prevention of SBS (See section, *Strength in Numbers: Building Partnerships to Prevent SBS*),
- 7) Identifying and analyzing existing SBS-related policies in your community or state and working to enhance them,
- 8) Engaging in awareness efforts and implementation of existing policies that support prevention of SBS,
- 9) Conducting a cost-benefit analysis related to the burden of SBS and predicting how a science-based prevention effort will impact the cost for an organization or society,
- 10) Evaluating existing/new policies, including an assessment of effectiveness and cost effectiveness, and
- 11) Meeting with policymakers to inform or educate on the burden of SBS and what works to prevent SBS.



RESOURCES

CDC RESOURCES

National Center for Injury Prevention and Control

Violence prevention is a major focus of the National Center for Injury Prevention and Control (Injury Center). As the lead federal agency for injury prevention and control, CDC's Injury Center works closely with other federal agencies; national, state, and local organizations; state and local health departments; and research institutions.

[*www.cdc.gov/Injury*](http://www.cdc.gov/Injury)

National Center on Birth Defects and Developmental Disabilities

The National Center on Birth Defects and Developmental Disabilities promotes the health of babies, children, and adults, and enhances the potential for full, productive living by providing positive parenting tips and information on developmental milestones and screening.

[*www.cdc.gov/ncbddd/child/default.htm*](http://www.cdc.gov/ncbddd/child/default.htm)

OTHER FEDERAL RESOURCES

Administration for Children and Families

The Administration for Children and Families, within the Department of Health and Human Services, is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities.

[*www.acf.hhs.gov*](http://www.acf.hhs.gov)

Administration for Children and Families, Children's Bureau

The Children's Bureau is designed for professionals concerned with child abuse and neglect, child welfare, and adoption.

[*www.cbexpress.acf.hhs.gov*](http://www.cbexpress.acf.hhs.gov)

The Child Welfare Information Gateway

The Child Welfare Information Gateway (a merger of the former National Clearinghouse on Child Abuse and Neglect Information and National Adoption Information Clearinghouse) provides access to information and resources to help protect children and strengthen families.

www.childwelfare.gov

FRIENDS National Resource Center

FRIENDS National Resource Center is a federally mandated Training and Technical Assistance Provider for agencies working to prevent child abuse.

www.friendsnrc.org

ONLINE RESOURCES

American Academy of Pediatrics

The American Academy of Pediatrics (AAP) and its member pediatricians dedicate their efforts and resources to the health, safety, and well-being of infants, children, adolescents, and young adults. The AAP has approximately 60,000 members in the United States, Canada, and Latin America. The AAP develops guidelines on a variety of pediatric health issues and distributes a wide range of patient education materials.

www.aap.org

American Professional Society on the Abuse of Children

The American Professional Society on the Abuse of Children (APSAC) is a nonprofit national organization focused on meeting the needs of professionals engaged in all aspects of services for maltreated children and their families. Especially important to APSAC is the dissemination of state-of-the-art practice in all professional disciplines related to child abuse and neglect.

www.apsac.org/mc/page.do

The California Evidence-Based Clearinghouse for Child Welfare

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) identifies and disseminates information about evidence-based practices relevant to child welfare. The CEBC provides guidance to statewide agencies, counties, public and private organizations, and individuals. This guidance is provided in a simple, straightforward format, reducing the user's need to conduct literature searches, review extensive literature, or to understand and critique research methodology.

www.cachildwelfareclearinghouse.org

Children's Safety Network National Injury and Violence Prevention Resource Center

The Children's Safety Network provides resources and technical assistance to maternal and child health agencies and organizations seeking to reduce unintentional injuries and violence toward children and adolescents. This is one of four Children's Safety Network Resource Centers funded by the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services.

www.childreissafetynetwork.org

Childhelp® USA

Childhelp® is a national nonprofit organization dedicated to helping victims of child abuse and neglect. Childhelp's approach focuses on prevention, intervention, and treatment. The Childhelp National Child Abuse Hotline, 1-800-4-A-CHILD, operates 24 hours a day, seven days a week, and receives calls from throughout the United States, Canada, the U.S. Virgin Islands, Puerto Rico, and Guam. Childhelp's programs and services also include residential treatment services (villages); children's advocacy centers; therapeutic foster care; group homes; child abuse prevention, education, and training; and the National Day of Hope®, part of National Child Abuse Prevention Month every April.

www.childhelp.org

Child Welfare League of America

The Child Welfare League of America is an association of nearly 800 public and private nonprofit agencies that assist more than 3.5 million abused and neglected children and their families each year with a range of services.

www.cwla.org

Circle of Parents

Circle of Parents provides a friendly, supportive environment led by parents and other caregivers. It is a place where anyone in a parenting role can openly discuss the successes and challenges of raising children.

www.circleofparents.org

FrameWorks Institute

For several years, the FrameWorks Institute has conducted communications research on how people think about children's issues in general, and child development and parenting in particular.

www.frameworksinstitute.org

The International Society for Prevention of Child Abuse and Neglect

The International Society for Prevention of Child Abuse and Neglect's (ISPCAN) mission is to prevent cruelty to children in every nation, in every form: physical abuse, sexual abuse, neglect, street children, child fatalities, child prostitution, children of war, emotional abuse and child labor. ISPCAN is committed to increasing public awareness of all forms of violence against children, developing activities to prevent such violence, and promoting the rights of children in all regions of the world.

www.ispcan.org

National Alliance of Children's Trust and Prevention Funds

The National Alliance of Children's Trust and Prevention Funds is a membership organization that provides training, technical assistance, and peer consulting opportunities to state Children's Trust and Prevention Funds to strengthen efforts to prevent child abuse.

www.msu.edu/user/nactpf/

National Center on Shaken Baby Syndrome

The National Center on Shaken Baby Syndrome has a mission to educate and train parents and professionals, and to conduct research that will prevent shaking and abuse of infants in the United States. It provides help to professionals and parents looking for information, ideas, and answers to questions about SBS.

www.dontshake.org

The National Children's Advocacy Center Child Abuse Library Online

The Child Abuse Library Online of the National Children's Advocacy Center is one of the largest professional collections of published knowledge, educational materials, and resources related to child maltreatment in the United States. It provides training, online services, and annotated bibliographies to organizations and individuals, and offers resource packages to decisionmakers and researchers.

www.nationalcac.org

National Exchange Club

The National Exchange Club (NEC) Foundation is committed to making a difference in the lives of children, families, and our communities through its national project to prevent child abuse. The NEC Foundation's most successful method of countering abuse is by working directly with parents through the parent aide program. The Foundation coordinates a nationwide network of nearly 100 Exchange Club Child Abuse Prevention Centers that use the parent aide program and provide support to families at risk for abuse.

www.preventchildabuse.com

National Indian Child Welfare Association

The National Indian Child Welfare Association (NICWA) addresses the issues of child abuse and neglect through training, research, public policy, and grassroots community development. NICWA improves the lives of American Indian children and families by helping tribes and other service providers implement activities that are culturally competent, community-based, and focused on the strengths and assets of families.

www.nicwa.org

National Maternal and Child Health Center for Child Death Review: Keeping Kids Alive

This organization promotes, supports, and enhances child death review methodology and activities at the state, community, and national levels. It builds public and private partnerships to incorporate Child Death Review (CDR) findings into efforts that improve child health. Building on the extensive knowledge of current CDR programs, the Center actively involves states in its service development.

www.childdeathreview.org/state.htm

National MCH Center for Child Death Review

The National Center for Child Death Review is a resource center for state and local Child Death Review programs, funded by the Maternal and Child Health Bureau. It promotes, supports, and enhances child death review methodology and activities at the state, community and national levels.

www.childdeathreview.org

National Scientific Council on the Developing Child

The National Scientific Council on the Developing Child is a multi-disciplinary collaboration comprising leading scholars in neuroscience, early childhood development, pediatrics, and economics.

www.developingchild.net

Parents Anonymous® Inc.

Parents Anonymous® Inc. is a community of parents, organizations, and volunteers committed to strengthening families and building strong communities; achieving meaningful parent leadership and shared leadership; and leading the field of child abuse and neglect.

www.parentsanonymous.org

Prevent Child Abuse America

Prevent Child Abuse America works to prevent abuse and neglect of our nation's children. Through its chapters in 43 states and its voluntary home visitation services provided by Healthy Families America® in more than 400 communities nationwide, Prevent Child Abuse America helps provide healthy, safe, and nurturing experiences for more than 100,000 families every year.

www.preventchildabuse.org/index.shtml

Promising Practices Network on Children, Families and Communities

The Promising Practices Network (PPN) is a group of individuals and organizations who are dedicated to providing quality evidence-based information about what works to improve the lives of children, families, and communities.

www.promisingpractices.net

Shaken Baby Alliance

The Shaken Baby Alliance collaborates with community agencies and professionals to provide support for victim families (including adoptive and foster parents) of SBS to advocate justice for SBS victims, and to increase awareness of the problem.

www.shakenbaby.com

Zero to Three

The mission of Zero to Three is to support the healthy development and well-being of infants, toddlers, and their families. The organization accomplishes this by informing, educating, and supporting adults who influence the lives of infants and toddlers.

www.zerotothree.org



The organizations and resources listed in this guide are additional resources only. Their inclusion does not imply endorsement by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.



APPENDIX A:

State Initiatives on SBS

Many states have initiated their own SBS programs. Following is a list of state initiatives; some were compiled by the National Association of Children's Hospitals and Related Institutions (NACHRI) and others were located on the respective state's legislative Web site. As information is continually updated, please visit the NACHRI Web site (www.childrenshospitals.net) and state legislative Web sites for the most up-to-date legislation.

California requires health facilities and licensed midwives to provide information and instructional materials about SBS to parents or guardians of newborns. The law also requires the health department to provide instructional materials regarding the medical risks and ways of preventing SBS, if available, free of charge to child care providers upon licensure and at the time of a site visit.²⁶

Florida requires hospitals and birthing facilities to provide new parents with SBS brochures.²⁷

Hawaii authorizes hospitals that provide medical care to a newborn to provide each parent of the newborn with written educational information, approved by the department of health and provided by nonprofit organizations, about the dangerous effects of SBS and the different methods of preventing SBS.²⁸

Illinois established an SBS program to educate parents and primary caregivers about SBS and provides commitment statements.²⁹

²⁶California State Legislature [online]. [cited 2010 March 1.] Available from URL: <http://www.leginfo.ca.gov/cgi-bin/waisgate?WAISSdocID=26662315299+0+0+0&WAISSaction=retrieve>.

²⁷National Association of Children's Hospitals and Related Institutions [online]. [cited 2010 March 1.] Available from URL: <http://www.childrenshospitals.net/AM/Template.cfm?Section=Search3&template=/CM/HTMLDisplay.cfm&ContentID=46204>.

²⁸Hawaii State Legislature [online]. [cited 2010 March 1.] Available from URL: http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0321/HRS_0321-0033.htm.

²⁹National Association of Children's Hospitals and Related Institutions [online]. [cited 2010 March 1.] Available from URL: <http://www.childrenshospitals.net/AM/Template.cfm?Section=Search3&Template=/CM/HTMLDisplay.cfm&ContentID=46204>.

Indiana requires that the State Department, with the assistance of the Department of Child Services, establish a program that raises public awareness concerning the causes and nature of childhood hazards, including factors that place parents, guardians, and other caregivers at risk for shaking an infant, risks associated with shaking an infant, and suggestions for preventing SBS.³⁰

Iowa requires the Department of Health to establish a statewide SBS prevention program to educate parents and persons responsible for the care of a child about the dangers to children 3 years old or younger caused by shaking babies and infants.³¹

Massachusetts created a hospital-based program for parents of newborns; education and training programs for parents, caregivers, and professionals; support for victims of SBS and their families; and a surveillance and data collection program to measure the incidence of SBS.³²

Minnesota mandates distribution of SBS information to new parents at hospitals and training for child care providers.³³

Missouri stipulates that every hospital and birthing center offer all new parents a viewing of an SBS video prior to discharge.³⁴

Montana mandates that the Department of Public Health and Human Services develop educational materials that present readily comprehensible information on SBS and post the materials on the department's Web site in an easily accessible format. The SBS educational materials must be distributed by:

- Childbirth educators and staff of pediatric physicians' offices and obstetricians' offices— to an expectant parent who uses the educator's or physician's services,
- Hospitals— to each newborn child's parent before the child is discharged from the facility,

³⁰Indiana General Assembly [online] [cited 2009 Aug 14] Available from URL: <http://www.in.gov/legislative/ic/code/title16/ar41/ch40.html>.

³¹The Iowa General Legislature 2009 Senate Journal Archives [online]. [cited 2010 March 1.] Available from URL: http://search.legis.state.ia.us/NXT/gateway.dll?qt=&f=templates&xhitlist_q=shaken+baby&fn=default.htm&xhitlist_d=current-legislation.

³²National Association of Children's Hospitals and Related Institutions [online]. [cited 2010 March 1.] Available from URL: <http://www.childrenshospitals.net/AM/Template.cfm?Section=Search3&template=/CM/HTMLDisplay.cfm&ContentID=46204>.

³³Ibid.

³⁴Ibid.

- Service providers under the MIAMI project—to a child’s parent during visits conducted in accordance with that project,
- Child care facilities operating in this state—to each of its employees, and
- Groups or entities that offer classes for babysitters.³⁵

Nebraska requires that every hospital, birth center, or other medical facility that discharges a newborn child request that each maternity patient and father of a newborn child, if available, view a video presentation and read printed materials about SBS that are approved by the Department of Health and Human Services and sign a form indicating they have viewed and read or refused to view or read the material.³⁶

In addition, the Nebraska Department of Health and Human Services shall conduct public awareness activities designed to promote the prevention of Sudden Infant Death Syndrome (SIDS) and SBS.³⁷ In addition, the Nebraska Department of Health and Human Services shall adopt and promulgate rules and regulations for mandatory training requirements for providers of child care and school-age-care programs. The training requirements for providers of child care programs shall include, but not be limited to, information on SIDS, SBS, and child abuse.³⁸

New York requires every hospital and birth center to ask all new parents to view an SBS video and sign a form indicating they have viewed or refused to watch the video. The requirements also mandate training for child care providers on the identification, diagnosis, and prevention of SBS.³⁹

The New York State Department of Health shall develop and implement an ongoing public information and educational campaign to inform the general public about brain injuries and other harmful effects that may result from shaking infants and children under five years of age. The program shall include educational and informational materials in print, audio, video, electronic, and other media and public

³⁵Montana Legislature [online]. [cited 2010 March 1.] Available from URL: <http://data.opi.mt.gov/bills/2009/billhtml/SB0442.htm>.

³⁶Nebraska Legislature. Nebraska Revised Statute 71-2103 [online]. [cited 2010 March 1.] Available from URL: <http://www.legislature.ne.gov/laws/statutes.php?statute=s7121003000>.

³⁷Nebraska Legislature. Nebraska Revised Statute 71-2104 [online]. [cited 2010 March 1.] Available from URL: <http://www.legislature.ne.gov/laws/statutes.php?statute=s7121004000>.

³⁸Nebraska Legislature. Nebraska Revised Statute 43-2606 [online]. [cited 2010 March 1.] Available from URL: <http://www.legislature.ne.gov/laws/statutes.php?statute=s4326006000>.

³⁹National Association of Children’s Hospitals and Related Institutions [online]. [cited 2010 March 1.] Available from URL: <http://www.childrenshospitals.net/AM/Template.cfm?Section=Search3&template=/CM/HTMLDisplay.cfm&ContentID=46204>.

service announcements and advertisements. In addition, all schools shall be authorized to include, as an integral part of home economics or health education, instruction regarding child development and parental skills and responsibility. The commissioner shall promulgate rules and regulations to establish a curriculum for instruction regarding child development and parental skills and responsibility for the welfare of pupils and the community to be available in school districts. The curriculum may include instruction relating to the consequences and prevention of SBS, which may include the viewing of a video presentation for students in secondary schools.⁴⁰

Ohio requires the Director of Health to establish the SBS education program and requires the Department of Job and Family Services to record in the statewide automated child welfare information system whether a reported case of child abuse involved SBS.⁴¹

Pennsylvania mandates hospitals to provide parents with free educational materials on SBS, including a voluntary commitment statement.⁴²

Rhode Island requires the Department of Health to collaborate with the Department of Children, Youth, and Families and other state agencies serving families and children, the medical community, law enforcement, human service providers, and child advocacy organizations to develop and implement a comprehensive, statewide initiative to reduce death and disability resulting from SBS.⁴³

South Carolina requires that the Department of Health and Environmental Control identify and provide videos on the dangers of shaking infants and information on the importance of infant CPR available to hospitals, child care facilities, child care providers, and the Department of Social Services. Hospitals must request that the maternity patient, father, or primary caregiver view the video. Child care facilities must include this video presentation in the training of the facility's caregivers. The Department of Social Services shall make the video and information on infant CPR available to adopting parents and shall request these parents to view the video.

⁴⁰The New York State Legislature [online]. [cited 2010 March 1.] Available from URL: <http://public.leginfo.state.ny.us/frmload.cgi?MENU=14272198>.

⁴¹General Assembly of the State of Ohio [online]. [cited 2010 March 1.] Available from URL: http://www.legislature.state.oh.us/bills.cfm?ID=127_SB_144.

⁴²National Association of Children's Hospitals and Related Institutions [online]. [cited 2010 March 1.] Available from URL: <http://www.childrenshospitals.net/AM/Template.cfm?Section=Search3&template=/CM/HTMLDisplay.cfm&ContentID=46204>.

⁴³State of Rhode Island Office of Law Revision [online]. [cited 2010 March 1.] Available from URL: <http://www.rilin.state.ri.us/PublicLaws/law06/law06547.htm>.

In addition, the Department of Health and Environmental Control will establish a protocol for health care providers to educate parents or primary caregivers about the dangers of shaking infants and young children and review these dangers with parents or caregivers associated with shaking infants at well-baby visits.⁴⁴

Tennessee requires that the departments of health and human services shall jointly develop information and instructional materials for distribution, free of charge, to health care facilities, midwives, and child care agencies. The information and instructional materials will focus on the risks of shaking infants and young children. The Department of Health shall be the lead agency in developing such information and instructional materials.

The Department of Health shall provide the information and materials free of charge to health care facilities and nurse midwives. Health care facilities will provide the materials free of charge to parents or guardians of each newborn, upon discharge from the health care facility. If a home birth is attended by a nurse midwife, the nurse midwife shall provide the information and instructional materials to the parents or guardians of the newborn. The Department of Human Services shall provide the information and instructional materials free of charge to child care agencies under the jurisdiction of such department upon licensure and at the time of site visits.⁴⁵

Texas requires licensed daycare facilities to receive education on the identification and prevention of SBS.⁴⁶

Utah requires all daycare centers to receive training on SBS prevention, SIDS prevention, coping with crying babies, and brain development.⁴⁷

⁴⁴The South Carolina Legislature [online]. [cited 2010 March 1.] Available from URL: http://www.scstatehouse.gov/cgi-bin/query.exe?first=DOC&querytext=shaking&category=Legislation&session=117&conid=4905947&result_pos=0&keyval=1170518.

⁴⁵Michie's Legal Resources [online]. [cited 2010 March 1.] Available from URL: <http://www.michie.com/tennessee/lpext.dll?f=templates&fn=main-h.htm&cp=tncode>.

⁴⁶National Association of Children's Hospitals and Related Institutions [online]. [cited 2010 March 1.] Available from URL: <http://www.childrenshospitals.net/AM/Template.cfm?Section=Search3&template=/CM/HTMLDisplay.cfm&ContentID=46204>.

⁴⁷Ibid.

Virginia requires information on SBS to be made available to maternity patients by nurse midwives, licensed midwives, and hospitals with maternity services.⁴⁸

Washington mandates that the Council for Children and Families conduct a proactive, public information and communication outreach campaign regarding the dangers of shaking infants and young children, and the causes and prevention of SBS.⁴⁹

Wisconsin stipulates that all new parents, prior to discharge, receive information and watch a videotape on the dangers of SBS. School districts are required to educate grades 5, 8, and 11 on SBS. Licensed child care providers are trained regarding SBS, and at-risk families receive SBS education through the Department of Health and Human Services.⁵⁰

⁴⁸Virginia General Assembly [online]. [cited 2010 March 1.] Available from URL: <http://leg1.state.va.us/cgi-bin/legp504.exe?051+ful+CHAP0518>.

⁴⁹Washington State Legislature [online]. [cited 2010 March 1.] Available from URL: <http://apps.leg.wa.gov/RCW/default.aspx?cite=43.121.140>.

⁵⁰National Association of Children's Hospitals and Related Institutions [online]. [cited 2010 March 1.] Available from URL: <http://www.childrenshospitals.net/AM/Template.cfm?Section=Search3&template=CM/HTMLDisplay.cfm&ContentID=46204>.



APPENDIX B:

Prevention Tips for Parents and Caregivers

- Babies cry a lot in the first few months of life and this can be frustrating. But it will get better.
- Remember, you are **not** a bad parent or caregiver if your baby continues to cry after you have done all you can to calm him or her.
- You can try to calm your crying baby by:
 - Rubbing his or her back,
 - Gently rocking,
 - Offering a pacifier,
 - Singing or talking, or
 - Taking a walk using a stroller or a drive with the baby in a properly-secured car seat.
- If you have tried various ways to calm your baby and he or she won't stop crying, do the following:
 - Check for signs of illness or discomfort like diaper rash, teething, or tight clothing.
 - Call the doctor if you suspect your child is ill.
 - Assess whether he/she is hungry or needs to be burped.
- If you find yourself pushed to the limit by a crying baby, you may need to focus on calming yourself. Put your baby in a crib on his or her back, make sure he or she is safe, and then walk away for a bit and call a friend, relative, neighbor, or parent helpline for support. Check on him or her every 5 to 10 minutes.



- Understand that you may not be able to calm your baby and that it is not your fault, nor your baby's. It is normal for healthy babies to cry much more in the first 4 months of life. It may help to think of this as the *Period of PURPLE Crying*[®] as identified by the National Center for Shaken Baby Syndrome (NCSBS). For more information about the *Period of PURPLE Crying*[®] and NCSBS, visit

www.dontshake.org.

- Tell everyone who cares for your baby about the dangers of shaking a baby and what to do if they become angry, frustrated, or upset when your baby has an episode of inconsolable crying or does other things that caregivers may find annoying, such as interrupting television, video games, sleep time, etc.
- Be aware of signs of frustration and anger among others caring for your baby. Let them know that crying is normal and that it will get better.
- Do not leave your baby in the care of someone you know has anger management issues.
- See a health care professional if you have anger management or other behavioral concerns.



APPENDIX C:

A Partnership Planning Tool

This tool may help you plan your outreach to potential partner organizations and individuals.

Overall Purpose of the Partnership

To identify and collaborate with community-based organizations to raise awareness about Shaken Baby Syndrome and to undertake communication and prevention interventions in the community.
(Example)

Brief Description of Partnership Outreach Strategies

Participating Individuals and Organizations

Brief Description of Partnership Outreach Strategies

Major Activities/Desired Outcomes of the Partnership

Needed Resources

<i>Resource</i>	<i>Who Provides</i>	<i>Details</i>	<i>Timing</i>
Access to new parents			
Communication			
Expertise			
Facility/Venue(s)			
Funding			
Staff			
Other			

APPENDIX D:

Educational Resources

Source: These materials were created and produced by Prevent Child Abuse Georgia in collaboration with the Georgia Chapter, American Academy of Pediatrics. For more information or to order these materials, please visit: www.preventchildabusega.org.

Front



**It's
Crying
Time**

AGAIN!

Does your baby cry more than normal?

Some babies cry more than others.

Some babies cry even when all their needs have been met.

Babies cry most between 2-4 months.

REMEMBER — It gets better!



Back

Crying — It's a baby's job!



It is a baby's job to cry. Maybe the baby is hungry, the diaper is wet, or the child wants to be held. Occasionally your child might have a cry of pain. Sometimes nothing seems to stop the crying.

So, it is a baby's job to cry. It seems like some do it too well!

Things for you to check:

- Is your baby hungry?
- Is your baby in pain?
- Does your baby need a diaper change?
- Does your baby want to be held?
- Is your baby sick?

If none of that seems to be the problem:

- Relax — your baby will be okay.
- Have someone else watch your baby for a while if it is bothering you too much.
- Put your baby down in a safe place and go to the next room. Check your baby every 10 minutes to see if there is anything you can do; but if not, your baby will be okay.
 - Exercise.
 - Listen to music.
 - Call a friend, relative, or a parenting helpline.
- Call your healthcare provider if you have questions.

Don't give up, it gets better.

Call 1-800-CHILDREN for more information

Front

Babies Cry



Some more than others


Crying is natural.
It's the way babies express themselves.
It doesn't always mean something is wrong.

Crying — It's a baby's job!



Back

Babies Eat, Poop, Sleep, and CRY



• The average newborn cries 2 hours per day.
• Crying increases to 3 hours per day by 2 months of age.
• Babies may cry even when fed, dry, and soothed.
• Babies usually cry more in the evening.

It's easy to get frustrated
or
To think you've done something wrong.

Crying — it's a baby's job. Your job is to:

- Try soothing your baby by cuddling, playing soft music, or taking a walk.
- Calm yourself by taking time out.
 - Put your baby in a safe place.
 - Sometime you need to ask for help for you and your baby.
 - Call a relative, friend, or parenting helpline.
- Call your healthcare provider if you have questions.

Call 1-800-CHILDREN for more information

Front

Crying



“IT” HAPPENS!

It's a natural occurrence. All babies cry, some more than others. Some cry even when nothing's wrong. The average newborn cries 2-4 hours per day. Most babies cry more at night.

Crying last for hours, shaking lasts a lifetime. Stay calm, get help!

Crying — It's a baby's job!



Back

My baby CRIES all the time!



What am I doing wrong?

NOTHING!

Crying is natural.
It's the way babies express themselves.
It doesn't always mean something is wrong.

STRESSED? DEPRESSED? NEED HELP? TAKE A TIME OUT!
Put your baby in a safe place and deal with your stress.

Call your health care provider if you have any questions.
Call 1-800-CHILDREN for more information

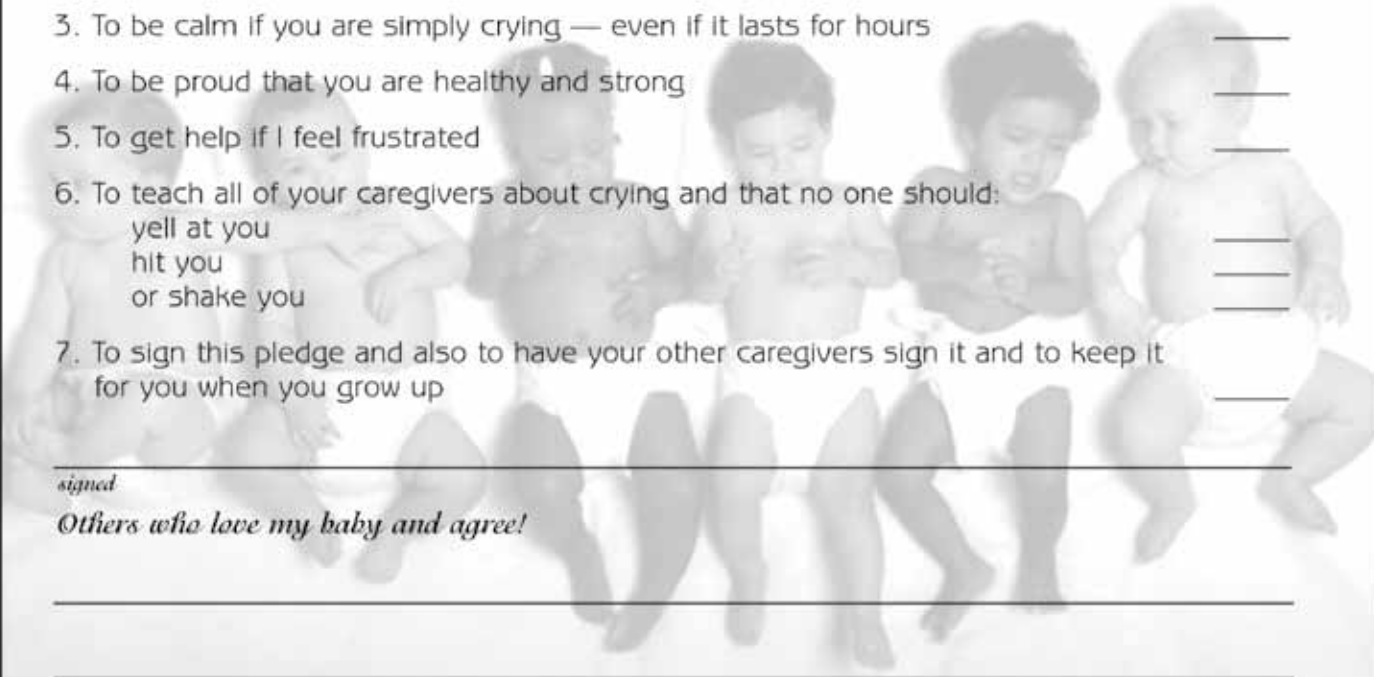
Crying pledge to _____

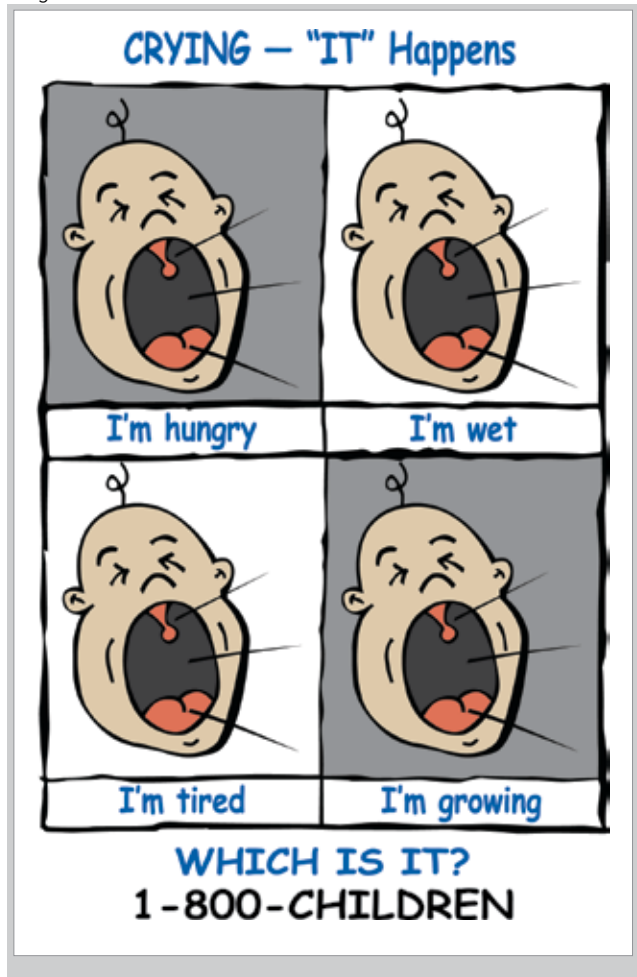
I love you and I promise:

- 1. To always check to see if you are crying for a reason _____
- 2. To understand that babies cry sometimes for no good reason _____
- 3. To be calm if you are simply crying — even if it lasts for hours _____
- 4. To be proud that you are healthy and strong _____
- 5. To get help if I feel frustrated _____
- 6. To teach all of your caregivers about crying and that no one should:
 yell at you _____
 hit you _____
 or shake you _____
- 7. To sign this pledge and also to have your other caregivers sign it and to keep it
 for you when you grow up _____

signed

Others who love my baby and agree!





These educational resources are provided as example resources only. Their inclusion does not imply endorsement by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

Preventing Shaken Baby Syndrome:
A Guide for Health Departments and Community-Based Organizations.
U.S. Department of Health and Human Services,
Centers for Disease Control and Prevention.

Quantum Units Education

Affordable. Dependable. Accredited.

www.quantumunitsed.com