

NE SAFE BABIES

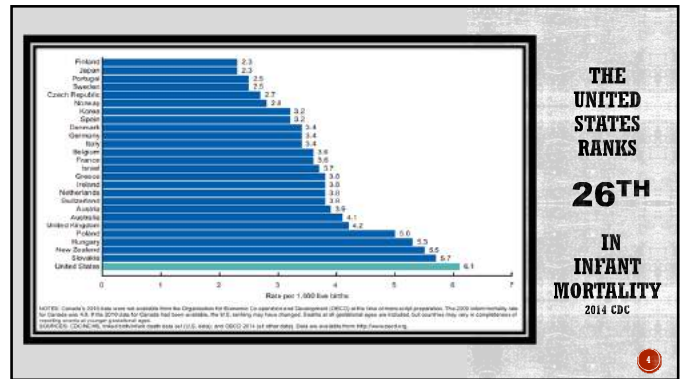
*Infant safe Sleep
and
Abusive Head Trauma/Shaken Baby Syndrome*



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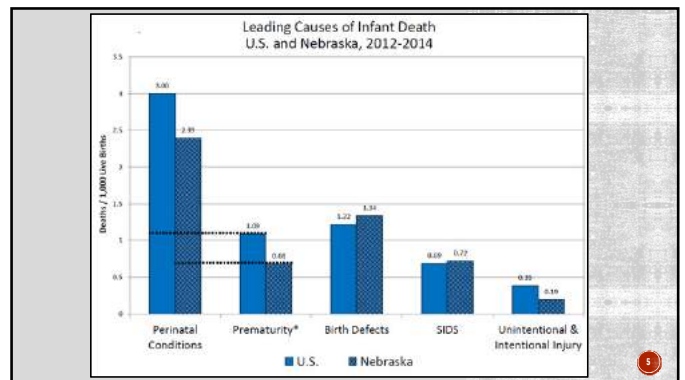
NEBRASKA
Good Life. Great Mission
DEPT. OF HEALTH AND HUMAN SERVICES



Faculty Disclosure

Jackie Moline, BSN, RN, CLC

Jackie Moline has listed no financial interest/arrangement that would be considered a conflict of interest.



23,161



DEFINITIONS:

- Sudden Unexplained Infant Death: (SUID)**

SUID is a term used to **describe** the unexpected infants' death and is not an official diagnosis. Further investigation is needed to determine the cause of death

- Sudden Infant Death Syndrome: (SIDS)**

The sudden death of an infant under one year of age, which remains unexplained **after** a thorough case investigation.



Nebraska

Infant Deaths:

2010 = 136
 2011 = 143
 2012 = 120
 2013 = 139
 2014 = 136
 2015 = 148
 2016 = 166
 988

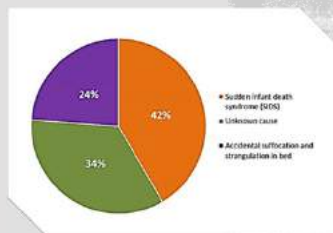
SUID Deaths:

2010 = 17
 2011 = 22
 2012 = 21
 2013 = 19
 2014 = 22
 2015 = 25
 2016 = 26
 152

SUID/SIDS Deaths in Nebraska Infants using Vital Data (2010-2016)



BREAKDOWN OF SUDDEN UNEXPECTED INFANT DEATH BY CAUSE, 2016

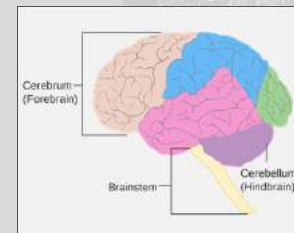


<https://www.cdc.gov/sids/data.htm>

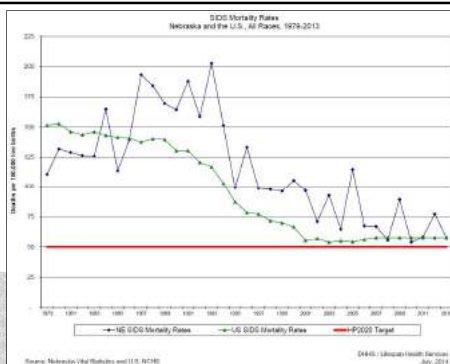


CURRENT RESEARCH AND THEORIES:

- Brain Abnormalities
- Genetic Polymorphisms
- Genetic Mutations
- Triple-Risk Model



Nebraska Statistics



Source: Nebraska Vital Statistics and U.S. NSIDS; CDC | National Health Services, May 2014

Triple-Risk Model



All three elements must be present for a sudden infant death to occur.

1. Vulnerable Infant
2. Critical Developmental Period
3. Outside Stressor(s)



FACTS ON SIDS:

- Leading cause of death for babies 1-12 months old
- Increases in the winter months
- unaccustomed stomach sleeping increases risk by 18 - 20 times

SIDS is NOT:


- the same thing as suffocation
- caused by vomiting or choking
- contagious
- caused by immunizations
- the result of abuse or neglect
- completely preventable but the risks can be decreased.

RISK FACTORS: INFANTS




- Baby's age
- Low birth weight infants
- Premature infants
- Sex of the baby
- Race
- Babies who sleep on their stomachs
- Unaccustomed stomach sleeping
- Secondhand smoke
- Overheating / over dressing the baby
- Recent respiratory infections
- Siblings of a baby who died of SIDS

Baby in the back sleeping position



Baby in the stomach sleeping position



Picture from National Institute of Health
www.nichd.nih.gov

PROTECTIVE FACTORS:

- Breastfeeding
- Safe Sleep Environment

RISK FACTORS: PREGNANCY

- Inadequate prenatal care
- Abnormal placenta
- Low weight gain during pregnancy
- Maternal age under 20 years old.
- Anemia
- History of infections
- History of drug use, smoking, or alcohol use during or after pregnancy.

BED-SHARING AND SIDS


- American Academy of Pediatrics strongly discourages bed sharing (even with other infants - twins)
- AAP recommends **Room Sharing**.

Room sharing: infant sleeps in the same room as parents or adults, but on a separate sleep surface, such as a crib, bassinet, or play yard.

Co-sleeping: When a parent and infant sleep in close proximity (on the same surface or different surfaces) so they are able to see, hear, and/or touch each other.

Bed sharing: infant sleeps on the same surface (such as a bed, couch, or chair) as another person.

<http://pediatrics.aappublications.org/content/128/5/e1341.full>




What is Abusive Head Trauma

Abusive Head Trauma (AHT) results from violently shaking an infant by the shoulders, arms, or legs. Injury may result from both shaking alone or from impact (with or without shaking).

Shaken Baby Syndrome (SBS), is a form of abusive head trauma and inflicted traumatic brain injury

AHT / SBS is a preventable and severe form of physical child abuse.

CDC.gov Preventing Shaken Baby Syndrome, A Guide for Health Departments and Community-Based Organizations National Center on Shaken Baby Syndrome <https://www.dontshake.org/learn-more/itemlist/category/13-facts-info>





CDC's Know the Facts

- **Leading cause of physical child abuse deaths in children under 5 in the U.S.**
- **Accounts for 1/3 of all child maltreatment deaths.**
- **Inconsolable crying is the most common trigger.**
- **Babies less than one are at greatest risk.**

CDC Preventing Abusive Head Trauma in Children <https://www.cdc.gov/violenceprevention/childmaltreatment/abusive-head-trauma.html>


A "New" Name


Abusive Head Trauma: A New Medical Name for Shaken Baby Syndrome

Image: Realllyworks.com, <http://www.realllyworks.com/images/products/main-sbas.jpg?1346939857>
AAP Journal Abusive Head Trauma in Infants and Children

Baby's Brains & Bodies



The babies brain as it gains knowledge at birth through adult.



- **Head larger than his body.**
- **Muscles in the neck are not developed.**
- **Much smaller and weaker compared to an adult.**
- **The brain at birth is 25% the size it will be.**
- **The body at birth is 5% the size it will be.**

Springer-Clayton Over Time FIGURE 3
Source: Adapted from Case, G. The Pediatric Development of the Brain and the Child. Cambridge MA: Harvard University Press, 1985.

Abusive Head Trauma is

100%

Preventable

Abusive Head Trauma

Can occur when a caregiver:

- Shakes a child
- Drops a child
- Throws a child
- Directly hits a child's head
- Impacts a child's head while shaking



PHYSICAL RESULTS

- Cerebral edema-brain swelling
- Subdural hematoma-bleeding in the brain
- Massive blood clots
- Retinal hemorrhages-bleeding in the eye

Normal play and normal falls do **not** cause Abusive Head Trauma

- Most of the time, there are no witnesses
- There is no clear data about how long or how many times a child has to be shaken before injury occurs.
- The bottom line is: **there is no safe amount of shaking.**
Never shake a child!

Possible Signs and Symptoms

- Lethargy / decreased muscle tone
- Extreme irritability
- Decreased appetite, poor feeding or vomiting for no apparent reason
- Grab-type bruises on arms or chest
- No smiling or vocalization
- Poor sucking or swallowing
- Rigidity or posturing
- Difficulty breathing
- Decreased level of consciousness
- Seizures
- Head or forehead appears larger than usual
- Soft spot on head appears to be bulging
- Inability to lift head
- Inability of eyes to focus or track movement
- Unequal size of pupils

Abuse Cases in the US

Nebraska Vital Statistics Data shows 11 deaths from AHT for Nebraska Infants from 2010-2016.

- The Medill Justice Project 2014 study indicated Sarpy County NE as one of the highest incidence of Shaken Baby abuse cases in the United States.
- Nebraska is one of few states that has a Child Death Review Team
- This suggests that Nebraska may not have more cases of abuse, just a better way to identify the abuse.
- Link to article: <http://www.medilljusticeproject.org/2013/12/10/hot-spots/>

Consequences:

- Learning disabilities
- Physical disabilities
- Visual disabilities or blindness
- Hearing impairment
- Speech disabilities
- Cerebral Palsy
- Seizures
- Behavior disorders
- Cognitive impairment
- Death

Call 911

If you think the baby has been shaken **or** If the baby:

- Is having **trouble breathing**.
- Is **unconscious**.
- Has a seizure.
- Is in immediate danger of further abuse

- Call local Child Protective Services (Hotline 1-800-652-1999) or the Police 911.
- Nebraska Family Helpline 1-888-866-8660
Any Problem. Any Time.
Raising Kids Is Hard.
It's OK to Ask For advice.

Babies count on **US** to keep them safe!




#1 REASON

Frustration with the baby's Inconsolable / Nonstop Crying

Abusive Head Trauma is

100%

Preventable



What are some of the reasons a baby might cry?

A crying baby makes me feel _____

How can AHT be prevented?

Parent/caregiver

- Education on normal infant crying.
- Education on stress management.
- Having a predetermined plan of action.
- Asking for help from family members or friends.
- If children are being cared for by others, observe the caregiver-child interaction

Other:


- increased general public awareness
- respite care

National Center on Shaken Baby Syndrome
https://www.dontshake.org/learn-more/how-can-shaken-baby-syndrome-abusive-head-trauma-ah-ht-be-prevented

The Crying Curve:


- Crying begins to increase around 2 to 3 weeks.
- Crying peaks around 6 to 8 weeks.
- Slowly decreases and the crying curve ends around 3 to 4 months of age

The key here is that crying is normal and crying is not the problem.



Summary of the total crying time of the 60 infants studied.

ARE THE PARENTS AND CAREGIVER READY TO LEARN?



- Use a positive tone, provide adequate information and allow the parent and caregiver to ask most of the questions.
- Information Overload
- Culturally appropriate
- Shift from "telling" to information resource and partner problem solving.

The Crying Plan:

Babies Cry. Sometimes they cry a lot. Don't be caught off guard. A Crying Plan is a predetermined plan that focuses on techniques and methods to deal with crying before they get frustrated.

Shaking, throwing, hitting, or hurting a baby is never O.K.

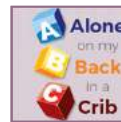


www.dhhs.ne.gov/HospitalCampaign



It's OK to let your baby cry – a baby won't die from crying, but they **CAN** die from being shaken.

ABC's of Safe Sleep, 1-2-3 Don't Shake Me and The Crying Plan Materials can be found at



Brochures
Video
The Crying Plan



www.dhhs.ne.gov/MomAndBabyResources

Nebraska Revised Statute 71-2103

Hospitals, birthing centers and other medical facilities:

View the full State Statute: **Nebraska Revised Statute 71-2103**, information for parents of newborn child and requirements at: <http://nebraskalegislature.gov/laws/statutes.php?statute=71-2103>



Nebraska Law 43-2606

Child Care Licensing:

The training requirements for providers of child care programs shall include, but not be limited to, information on sudden infant death syndrome, **shaken baby syndrome**, and child abuse

391-NAC SCOPE AND AUTHORITY: (in pertinent part...) The Child Care Licensing Act requires the Department to develop regulations establishing standards for the physical well-being, safety, and protection of children in programs licensed under the Act.



Questions



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