

Abusive Head Trauma/The CRYing Plan

Soundbite: Baby Crying <https://www.youtube.com/watch?v=OCJq4re2d-0&t=96s>

A mother comes up on stage, carrying a baby carrier & sacks of groceries. She puts everything down on the table, takes the baby out of the carrier and picks up a letter that was under the door. It has large lettering that says “Rent Past Due.” Baby continues to cry. She is bouncing and swaying baby in her arms, while getting on the phone. Angrily she says “Tony, your check bounced again! It’s serious this time!” <pause> “Are you drunk?” <pause> “No, I can’t just pick up an extra shift! You’re supposed to be helping me!” <pause> “He’s your son too!” <pause> “Wait, Tony?... Tony?... Dammit!” She continues to bounce the baby and the baby continues to cry. “Michael, god, shut up!” “Stop! Just stop it! I am losing my ever-loving mind!” Mom begins to bounce/shake the baby. “Why won’t you stop?!” Mom puts the baby down hard. “Fine, cry. You’re the whole reason I’m in this mess!” Crying stops abruptly.

Spotlight off—lights down to show the intro of Forever Shaken

Forever Shaken: <https://www.youtube.com/watch?v=t9vH6tqwxg&t=4s> Intro: 0:00-2:00

(Slide 3: The CRYing Plan) I’m Jennifer Auman. I’m an early childhood educator by trade, so by the time I had my first child, I thought I was pretty good at this baby stuff. Then came the day when I called my mother in tears and said “I know why women shake their babies.” Luckily, I had a support system—someone to call when I’d had enough. Not everyone has that advantage.

That was the introduction of a video called “Forever Shaken.” It was created by Brandon & Tiffany Verzal right here in Lincoln, NE to educate others on Abusive Head Trauma. It’s a tough 30 minutes to watch.

Abusive Head Trauma (AHT) was formerly known as Shaken Baby Syndrome. The AAP released a new policy statement and the medical term changed to describe the injury caused when an infant is shaken, experiences a blunt impact, or a combination of both.

(Slide 4: #1 reason) Abusive Head Trauma is typically caused when a parent or caregiver becomes frustrated and angry from inconsolable, non-stop crying. It is the leading cause of child abuse deaths of children under 5, and it is 100% preventable.

Babies cry. Some babies cry a LOT. And sometimes, they cry for no discernable reason, may sound like they’re in pain, and will not stop no matter what you do. Pile on other stressors and maybe a lack of sleep or support or time, and there is this instant, this nano-second when the frustration and guilt and the inability to cope turn to anger and the parent or caregiver hits that boil over point and shakes or hits or throws the baby.

But if we, as educators and professionals, can get to that parent BEFORE they get to that point—if we can prepare them, anticipate it and make a plan—we can interrupt that moment in time and save a life.

Shaking a baby is the most common form of child abuse in children under age 1, and the leading cause of unintentional deaths of children under 5. The Univ. of North Carolina did a study & found nearly 1 in every 100 parents of children under the age of 2 admitting that they or their partner have shaken their child. When we consider the number of births in the United States and do the math, that leads to approx. 78,000 children per year and that doesn't even count other care providers or those who did not seek medical treatment.

78,000 babies and small children. That's between 3 to 4 babies a DAY experiencing severe or fatal brain injuries. Of those who survive, 80% will suffer permanent disability.

Parents and their partners account for the majority of perpetrators. Biological fathers, stepfathers, and mothers' boyfriends are responsible for the majority of cases, followed by mothers.

So how can we change those statistics?

(Slide 5: State Statute) Twelve years ago, the Nebraska State Legislature passed a law requesting all hospitals, birthing centers and other medical facilities to show a video and give reading materials to new parents discussing the dangers of shaking a baby and Sudden Infant Death Syndrome. That helps, but we also know that parents will retain about 10% of what they learned in the hospital. Research tells us that the best time to educate, where the parent will retain the most information is when it is done prenatally versus in the hospital.

(Slide 6: School House Rocks) You see, the Saturday morning cartoons were right: KNOWLEDGE IS POWER.

There are lots of things that after you have a baby, you wish you would have known beforehand. (Am I right?) I wish I had known that nursing my baby was not... shall we say... as *instinctual* as I thought it was going to be.

(Slide 7: pic with my baby) And I wish that I had known that my sweet, tiny little baby, with his widdle tootsies and cute little tushy would take me to the brink of insanity with his crying.

There was this time in the car, I remember, that my husband and I were travelling home with him for the first time. It was about a 2 hour drive from Minden to Lincoln. And Joshua, my adorable newborn angel, cried The. Entire. Way. I remember my husband getting frustrated and telling me that I had to make him stop—that he couldn't take it anymore! "Just take him out and nurse him!" he said, as we drove 70mph down the interstate. I refused and we fought about it, making tensions worse. I remember trying to literally crawl on top of the car seat to offer my breast. (It didn't work.) We stopped at a rest area, where I did nurse him a little, but the second we put him back in the seat, he started screaming again. "Just *BEEP* take him out & hold him! *BEEP, BEEP* seriously!" I was in tears because I didn't want my husband to be so upset, and the baby Just. Kept. Crying. That was the longest 2 hour drive I think I've ever experienced. Upon arriving at grandma's house, my mom took the baby, my husband went this way, I went that way, and after I dried my own tears, and wouldn't you know it? That *BEEP* baby was fast asleep in my mother's arms. But we survived.

(Slide 8: Crying Curve) Crying is one of the ways babies communicate. Crying is NORMAL and is not the problem. The problem is how caregivers respond to a baby's crying. If you know ahead of time, and can make a plan, it is not as frustrating when it happens.

Newborn babies go through what my friend calls “The Witching Hour.” They cry, and they cry, and they cry... for no good reason. You’ve checked that they’re not hungry, they’re not wet, they don’t need to be burped, they’re not hot, they’re not cold, they’re not over-stimulated. But still they CRY. Research tells us that there is a normal crying curve for babies. Recent studies show that crying begins to increase around 2 to 3 weeks of age and peaks around 6 to 8 weeks of age. Research also tells us that it gets better; it tapers off and usually ends when the baby is 3 to 4 months old.

But (quote/unquote) *research* does not tell us how to deal with it before then. Now with The CRYing Plan-- WE can.

(Slide 9: The CRYing Plan) *The CRYing Plan* is a powerful education piece that talks about how crying, seemingly inconsolably, is NORMAL, and you are NOT to blame. It describes how to make sure baby doesn’t need anything, then gives options on how to keep new parents from reaching that point—the one where they’re at the end of their rope—that could lead to shaking, hitting or throwing a baby. It talks about calming techniques and relief methods. All on a wonderful card that you can see—and hold and put on the refrigerator to remind you, and get you back to the *thinking* part of your brain when you feel like you’re losing your *beep* mind.

We know as educators and nurses that most education that is presented to new parents in the hospital, shortly after delivery, is lost by the time they go home. Videos run in the background while visitors come & go, or mom is trying to figure out nursing, or dad is holding his legacy dreaming about playing catch. Brochures are stuffed in a bag among the gifts, and never looked at again. The best time to discuss The CRYing Plan is before they deliver; during prenatal office visits, or birthing classes—while there is more time to actually sit down and talk about it with them. During that time, they can listen, better absorb what you’re saying, and remember it when it’s needed.

(Slide 10: Discuss & review) One of the most important things about The CRYing Plan is the emphasis on not only educating new parents, but on them sharing their Plan with anyone who is caring for the baby. To sit down and discuss the baby’s current sleep cycles and moods, what calming techniques work best, what the parents’ expectations are, and what to do if the baby cries and makes the caregiver exasperated. There’s a place for the parent’s phone number, so there’s no searching for it when a caregiver may not be in the right mindset. The CRYing Plan empowers parents to teach other people caring for their baby about how a split second of frustration and anger can end a baby’s life or permanently disable them. The card gives them a reference point and *validity* that it happens, and can happen to anyone.

You see, Knowledge IS Power. And it can save a baby’s life.