



Shaken Baby Syndrome: What caregivers need to know

by Paula Wiggins

The early years of life are critically important to brain development. To optimize that development and to minimize the possibility of brain trauma and death, caregivers must be able to understand, help prevent, and respond to Shaken Baby Syndrome (SBS).

Shaken Baby Syndrome is the medical term used to describe injuries that result from violently shaking a baby. Brain damage can occur when a child is shaken in deliberate physical abuse or in ignorant or careless mistreatment. Often SBS occurs when an adult responds harshly to a crying baby (*American Humane Association, 1998*). Research suggests that some adults feel that shaking a baby when they are frustrated is better, less damaging, discipline than striking or

spanking (*Developmental Issues, 1999*). SBS may prove damaging or even fatal, especially if the child is younger than 2 years old or is shaken repeatedly.

The causes of Shaken Baby Syndrome

Infants have proportionately larger heads and weaker neck muscles than older children and adults. Therefore, they are more susceptible to brain injuries. Brain tissue is exceptionally fragile. Sudden motions can cause some parts of the brain to pull away, tearing brain cells in the process (*New Hampshire Coalition to Prevent Shaken Baby Syndrome, 1997*). When a child is shaken in anger, the force is multiplied 5 or 10 times more than it would be if the child had simply tripped and fallen. Often that force is repeated many times in succession while the child is being shaken (*American Humane Association, 1998*). Shaking causes the brain to repeatedly slam the front then the back of the skull. This whiplash effect can severely injure or kill a child (*Any Baby Can, 1999*).

SBS is a serious form of child abuse that usually happens when parents or caregivers become enraged and lose self-control. Sometimes adults are inadequately prepared for parenting or providing care and don't know healthful ways to release stress and frustration. Other times, a child can be a victim of SBS when a caregiver who doesn't understand the dangers throws a small child into the air vigorously, plays too roughly, or hits an infant too hard on the back (*American Humane Association, 1998*).

You can understand the impact of SBS by imagining an infant's brain as a bowl of Jell-O® or other gelatin dessert. If you gently shake a partially set bowl of gelatin, you will see the gelatin start to separate. If you cover the gelatin with plastic wrap and shake the bowl vigorously, it will liquefy. The effect of an adult shaking an infant or young child is the same as a 2,000-pound gorilla shaking a 200-pound adult.

For years medical experts advised those who care for children with sleep apnea to "shake gently, then vigorously" when children stop breathing. Recently that advice has changed.

Medical programs now insist that adults never shake babies for apnea or any other reason.

Sometimes adults play too roughly, throw small children into the air, and engage in various activities that might put children at risk (*American Humane Association, 1998*). Experts caution that these types of horseplay can put infants at risk. Avoid these activities:

- jogging while carrying an infant on your back or shoulders;
- playing horsy-holding an infant on your foot and bounding your leg up and down;
- twirling a child around; and
- swinging a child around by the ankles.

Recognizing Shaken Baby Syndrome

Not all children with SBS have visible, external symptoms. External signs, when present, might include bruising (finger marks on the child's chest, shoulders, or back), and broken bones. Subdural hematoma (bleeding in the brain), cerebral edema (swelling caused by fluid), and retinal hemorrhage (bleeding in the eye) suggest a diagnosis of SBS, confirmed through computerized medical examinations. According to the Shaken Baby Syndrome Coalition, 50 to 80 percent of all shaken babies experience retinal bleeding, resulting in partial or total blindness, and 25 percent of all shaken babies die. Children who survive often have severe disabling conditions such as blindness, cerebral palsy, seizures, deafness, or severe learning and or behavioral difficulties (Kang, N.D.).

Responding to Shaken Baby Syndrome

You might suspect SBS if a baby shows one or more of the following symptoms:

- a head consistently turned to one side,
- inability to lift or turn head,
- eye pupils that are pinpointed or dilated and don't respond to light,
- blood pooling in eyes,
- semi-consciousness or lethargy,
- difficulty in breathing, and
- seizures or spasms.

If you confirm one or more of the above signs and suspect Shaken Baby Syndrome, you must make a report to Child Protective Services and your local law enforcement agency. The law is the same as in any other form of suspected child abuse. If you observe a baby with the intracranial bleeding symptoms described above, immediately seek medical attention for the child.

SBS most often occurs in children younger than 1 year and seldom occurs after age 2. Twins and fussy, demanding babies are at increased risk. Dr. Jacy Showers (1998) notes that the following factors can be triggers for shaking:

- inconsolable crying,
- toilet training,
- feeding problems,
- interrupting an adult activity such as television watching,
- changing sleep schedules,
- fighting adults, and
- colic.

Twelve tips for working with crying babies

- Anticipate crying times by knowing the baby's routines and preferences.
- Determine that there is no physical reason for the crying like pinched skin or an open diaper pin.
- Remember to feed slowly and burp often.
- Offer a pacifier.
- Hold against your chest and walk or rock the baby.
- Put on soft music or sing.
- Change your hold so the baby faces outward.
- Take the baby for a ride in a stroller.
- Advise breast-feeding mothers to avoid onions, beans, and caffeine.
- Take a deep breath and count to 10. Try to release the tension in your body.
- Put the baby back down on a blanket or in a crib to allow self-soothing. Stay close at hand, talk or sing to the baby, and carry again if the crying doesn't stop in a couple of minutes.
- Call a friend (co-worker) for support.

Preventing Shaken Baby Syndrome

Use these tips to help prevent Shaken Baby Syndrome:

- Remember to never shake a child, for any reason.
- Learn other ways to guide children to appropriate behavior and to vent your frustration in ways that are not harmful to yourself or the children in your care.
- Offer parents resources that help them care for their babies in loving, supporting ways.
- When you are carrying, holding, playing with, or transporting infants, be careful to always provide support for the head. An infant's neck muscles develop slowly and will need your help to prevent wobbling.
- Remind others, family members, siblings of the infant and baby-sitters of the dangers of Shaken Baby Syndrome.
- Learn what to do if a baby won't stop crying and is getting on your nerves.
- If you or someone has shaken a baby, seek medical attention for the baby immediately. Make a report of child abuse if necessary (*Child Abuse Prevention Council of Montgomery County, 1997*).

**The Child Abuse Hotline number is answered 24 hours a day.
Call 1-800-252-5400.**

Discussion questions

Use the following questions to test your knowledge about Shaken Baby Syndrome. Use the questions as part of a group discussion or for self-study.

1. What is Shaken Baby Syndrome?
2. Who is most likely to shake a baby?
3. What are some factors that might lead an adult to lose control and shake a child?
4. Discuss some of the long-term effects of Shaken Baby Syndrome.
5. What are some techniques that might soothe a crying baby?
6. If you suspect that a baby in your care has been shaken, what should you do?
7. Why is it never a good idea to shake a child even if you are just playing?
8. What are some resources in your community that you can contact for assistance?
9. Describe what happens to a child's brain when it is shaken.
10. What are some signs of physical abuse, including Shaken Baby Syndrome?

About the author

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References

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Any Baby Can and The Shaken Baby Syndrome Coalition, Information Everyone Needs to Know. Pamphlet from the California Department of Social Services, Shaken Baby Campaign, www.dss.cahw.net.gov.

Child Abuse Prevention Council of Montgomery County. www.wico.net/sandyLou/never.htm.

The Junior League of St. Paul Inc. and Midwest Children's Resource Center at Children's Health Center, St. Paul. *Portrait of a Promise*. Video.

Kang, Kim. *Shaken Baby Syndrome: The Facts and the Hard Realities*. Fact sheet from the New Hampshire Coalition to Prevent Shaken Baby Syndrome. www.state.il.us/dcfs/pre9shak.htm.

Shaken Baby Campaign, California Department of Social Services. www.dss.cahw.net.gov.

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Silverman, Wendy K. and Thomas H. Ollendick (eds.). *Developmental Issues in the Clinical Treatment of Children*. Needham Heights, Mass.: Allyn and Bacon, 1999.

Starling, Suzanne P, M.D.; James R. Holden, M.S.; and Carole Jenny, M.D., M.B.A. "Abusive Head Trauma:

The Relationship of Perpetrators to Their Victims."
Pediatrics, 95:2, Feb. 1995.

Resources

SBS Prevention Plus

Jacy Showers, Ed.D.

649 Main Street, Suite B

Groveport, Ohio 43125

I-800-858-5222

The Shaken Baby Alliance

P.O. Box 150734

Fort Worth, TX 76108

(817) 279-1166

www.shakenbaby.com

National Information, Support, and Referral Service for
Shaken Baby Syndrome **I-888-273-0071**

National Information, Support, and Referral Service on
SBS **www.capcenter.org**

Shaken Baby Resource Center

www.geocities.com/HotSprings/Spa/4069/