

Shaken Baby Prevention Education

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<ul style="list-style-type: none"> • Department(s) 	All departments where the shaken baby prevention programme is being implemented
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1. Overview

This policy outlines the basic principles of the shaken baby prevention programme and describes the steps to follow when caregivers receive the education.

If you are concerned about the safety and/or care of a child in terms of child protection, refer to organisational child protection policies (listed under [Associated documents](#))

Audits are undertaken regularly to monitor the quality and consistency of the provision of the shaken baby prevention programme.

2. Purpose of policy

To ensure safe and consistent practices are followed by Auckland District Health Board (Auckland DHB) staff when educating caregivers on shaken baby prevention.

3. Scope of policy

This policy applies to all staff working within Auckland DHB services who:

- Are involved in implementing the shaken baby prevention programme
- Are working with pregnant women and families with newborns and infants (up to the age of one year).

4. Definitions

Term	Definition
Caregiver	Refers to any person who has the responsibility of caring for an infant under one year old. This includes prospective caregivers, e.g. pregnant women and their families.

5. Background

Shaken baby syndrome (SBS) is a well-known term for babies and young children who suffer from serious inflicted head injuries, often from violent shaking or shaking with impact. On average, twenty babies are admitted to hospital around New Zealand every year with such injuries. Their average age is five months. Some are injured in the first month of life; many have been injured more than once by time of their diagnosis. There is evidence that many more babies in the community may be shaken, than those admitted with a recognised head injury. This type of injury can occur in any family and in any ethnicity, and it is more likely to be missed in higher socio-economic groups.

The shaken baby prevention programme has a universal approach and it is aimed at educating the caregivers of all newborn babies on how to cope with a crying baby and the dangers of shaking a

baby. It also provides helpful tips to support parents on what they can do if they are feeling stressed, and where they can go for help. This programme is based on international research.

6. Principles

- Offered to all caregivers of newborn babies and children under one year of age
- Posters and pamphlets displayed within units offering the programme
- Equipment available to enable caregivers to watch the DVD
- Staff members trained in programme delivery
- Audit of programme delivery.

7. Programme delivery

The programme is short and simple. Delivery should take no more than 10 minutes of the health professional's time and a maximum of 20 minutes of caregiver's time, as caregivers are invited to watch the DVD at the time.

Before you provide the education, establish whether an interpreter and/or cultural support are required as this information may be upsetting for some parents. It is important to adopt a sensitive approach.

The programme involves five simple steps:

Step	Action
1.	Introduce yourself and the programme.
2.	Invite the caregiver(s) to read the pamphlet. Note: be sensitive to the caregiver who may be unable to read.
3.	Invite the caregiver(s) to view the video "Never, Ever Shake a Baby" (available on DVD or online).
4.	Reinforce the six key messages, using the script if required, and answer any questions.
5.	Document that shaken baby prevention education has been offered/provided in the relevant patient notes.

Caregivers have a right to decline participation in the programme.

Questions regarding parenting should be referred to the primary healthcare provider, or to the contact numbers available on the brochures.

8. Documentation

In all cases where the shaken baby prevention programme has been provided actions must be recorded in the clinical record with time, date, legible signature and designation.

9. Concerns about the safety of a child

In cases where concerns are raised regarding the safety of a child, these should be fully documented as per the requirements of the Child Abuse and Neglect Policy. Document the facts and observations as soon as possible after the event or discussion. These concerns should be discussed with the appropriate DHB personnel, in accordance to the Child Abuse, Neglect, Care and Protection policy.

10. Programme resources

- Educators Guide “Power to Protect - coping with a crying baby”, September 2016. Available by emailing the Shaken Baby Prevention Programme Co-ordinator at powertoprotect@adhb.govt.nz
- Poster “Power to Protect: Coping with a Crying Baby” (On the HealthEd web site, search for “Power to Protect”.)
- Pamphlet “Power to Protect. Coping with a crying baby” (On the HealthEd web site, search for “Power to Protect”.)
- DVD “Never ever shake a baby. You have the power to protect”. (On the HealthEd web site, search for “Power to Protect” or on YouTube.)
- E-learning module, Power to Protect - Shaken Baby Prevention. (Log in at LearnOnline, search for “Power to Protect”.)
- “What Can You Do When Your Baby Cries?” (On KidsHealth web site.)

11. Supporting evidence

- Dias, M. S., Smith, K., deGuehery, K., Mazur, P., Veetai, L., & Shaffer, M. (2005). Preventing abusive head trauma amongst infants and young children: a hospital based, parent education program. *Pediatrics*, 155(4), 470-477.
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- Kelly, P. & Farrant, B. (2008). Shaken Baby Syndrome in New Zealand, 2000-2002. *Journal of Pediatrics and Child Health*, 44(3), 99-107.
- Barr, R., Rivara, F., Barr, M., Cummings, P., Taylor, J., Lengua, L., & Meredith-Benitz, E. (2009). Effectiveness of educational materials designed to change knowledge and behaviours regarding crying and shaken-baby syndrome in mothers of newborns: a randomised controlled trial, *Pediatrics*, 123(3), 972-980.
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- Kelly, P., Wilson, K., Mowjood, A., Friedman, J. & Reed, P. (2016). Trialling a Shaken Baby Syndrome Prevention Programme in the Auckland District Health Board. *New Zealand Medical Journal*, 129(1430), 39-50.
- Wharewera-Mika, J., Cooper, E., Kool, B., Pereira, S. & Kelly, P. (2016). Caregivers' voices: The experiences of caregivers of children who sustained serious accidental and non-accidental head injury in early childhood. *Clinical Child Psychology Psychiatry*, 21(2), 268-86.

- Zolotor, A. J., Runyan, D. K., Shanahan, M. *et al.* (2015). Effectiveness of a Statewide Abusive Head Trauma Prevention Program in North Carolina. *JAMA Pediatrics*, 169(12), 1126-1131. .

12. Legislation

- Health Act 1956 (and amendments 1993)
- Oranga Tamariki Act 1989 (and Amendments 1994)
- Privacy Act 1993 (and Health Information Privacy Code 1994)
- Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996

13. Associated documents

- Bicultural Policy
- Child Abuse, Neglect, Care and Protection
- Education, Training and Development
- Family Violence - Intimate Partner Violence Intervention
- Informed Consent
- Information Privacy and Security
- Te Tiriti O Waitangi (Treaty of Waitangi)

14. Disclaimer

No guideline can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using this Auckland DHB guideline to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this guideline.

15. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed **before** the scheduled date, they should contact the owner or [Document Control](#) without delay.