

What is Shaken Baby Syndrome? Shaken Baby Syndrome (SBS) is a term that describes a group of symptoms resulting from the shaking of a small child and/or a child's head hitting something.

Small children, especially infants, have proportionately weak neck muscles and large, heavy heads. The neck muscles cannot support the head well. When a small child or infant is shaken, his or her brain is tossed around inside the skull. Brain tissue gets bruised. The brain swells, and that swelling causes pressure inside the head. The pressure can cause the retina (back of the eye) to bleed, and this can cause blindness. Some blood vessels feeding the brain are torn away, leading to additional brain damage or abnormalities. Because the blood vessels are torn, they bleed inside the infant's skull, creating more pressure.

Symptoms of shaking:

- Limp arms and legs.
- Excessive drooling.
- Seizures.
- Death.
- Unexplained vomiting.
- Not breathing.
- No pulse (heart stops).

Long-term consequences:

- Mental retardation.
- Problems seeing correctly/blindness.
- Speech disabilities.
- Seizures
- Learning disabilities.
- Hearing loss.
- Physical disabilities.
- Death.

Why does this happen? Shaking usually happens because the person caring for an infant does not have empathy for the child, or the coping skills to handle a child. The person becomes frustrated when he or she is unable to stop the infant's crying. *It is not known how much force is required to cause brain injury when a child is shaken.*

The important thing to remember is that you must stay calm and NEVER, NEVER shake a baby. Try to determine why the infant is crying. If you can not quiet the infant, try one of the following suggestions.

- Take several deep breaths and count to ten.
- Say the alphabet.
- Read a poem that gives you inspiration.
- Put the infant in a safe place, then leave the room for a few minutes.
- Create a new, distracting noise to get the infant's attention. Do not make the noise too loud.
- Close your eyes and think of something pleasant.
- Ask someone else to help--a crisis hotline may be available.
- Try hugging and cuddling the infant.
- Try gentle motion, like rocking or an infant swing.

In using any of these methods, remember to use caution, attend the infant at all times, and be gentle.

More information

Shaken Baby Alliance
www.shakenbaby.com
 (817) 279-1166

SBS Resource Centre
www.geocities.com/HotSprings/Spa/4069

National Information, Support,
 and Referral Service on SBS
www.capcenter.org
 (888) 273-0071

Childhelp USA National Crisis Hotlines
 (800) 4-A-CHILD
 (800) CHILDREN



Information (page 1)

The Baby Think It Over® infant simulator has been designed to help educate about Sudden Infant Death Syndrome, once known as crib death. Baby is programmed to cry if it is placed on its tummy. This reminds students that real infants should be put to sleep on their backs.

Real infants can be placed on their tummies sometimes when they are awake. It is important to do this so that an infant's head does not become flattened because the infant is always on its back. Baby can only be placed on its tummy for a short time.

What we know about SIDS

- SIDS occurs in all kinds of families.
- SIDS occurs in seemingly healthy infants.
- SIDS has nothing to do with race or economic status.
- Fall and winter months have the most incidence of SIDS (in both the Northern and Southern hemispheres).
- Most deaths from SIDS happen before the infant is six months old, with the largest number between one month and four months of age.
- SIDS often happens quickly during sleep, and the infant shows no signs of suffering.
- There is a higher likelihood of SIDS among boys, premature and low-birthweight infants, twins, and triplets.
- SIDS is determined as the cause of death **only** after all other causes have been eliminated through an autopsy, a thorough investigation of the death scene, and a review of the family history.
- SIDS is the leading cause of death in infants between one month and one year of age.
- **No one knows what causes SIDS.**

Risk factors

Infants are more at risk for SIDS if their mothers:

- Smoke while pregnant.
- Are less than 20 years old at the time of the pregnancy.
- Have poor prenatal care.
- Have low weight gain while pregnant.
- Are anemic (deficiency of red blood cells).
- Use drugs while pregnant.
- Have a history of STDs or urinary tract infection while pregnant.

Infants who are born prematurely, have a low birthweight, or are put to sleep on their stomachs have a greater risk for SIDS. It is important to note that these risk factors by themselves are not causes for SIDS.

A recent study states that infants most at risk from SIDS can be treated with an 80 to 90 percent success rate. Newborns with a prolonged QT interval (a heart abnormality) that may be identified on an EKG were 41 times more likely to be at risk for SIDS. The question of what a physician should do in the case of an infant who tests positive is still unanswered.

SIDS Prevention

1. Back to sleep -- Whether for a nap or to bed for the night, an infant should usually be put to sleep on its back. Before leaving the hospital, new parents should talk to their doctor about which sleeping position is best. Some health conditions may require tummy-down sleeping.





- ★ **Breastfeeding promotes bonding with the infant.** Breastfeeding stimulates the release of the hormone oxytocin into the mother's body. This hormone promotes the development of maternal behavior.
- ★ **Breastfeeding promotes an earlier return to pre-pregnant weight.** Breastfeeding mothers use an average of 1000 extra calories per day. Eating a normal diet with lots of fluid for milk production is a natural way to return to pre-pregnant weight. Also, the release of the hormone oxytocin stimulates contractions that shrink the size of the uterus.
- ★ **Breastfeeding promotes less bleeding after the birth.** Oxytocin also shuts off the maternal blood vessels that were used to feed the infant in the womb.
- ★ **Breastfeeding is convenient.** After the initial learning period, breastfeeding is easy. There is no need to shop for formula. There's not much need to tote these things around. There's also no need to mix formula or heat bottles. Breast milk is free.
- ★ **Mothers have a reduced risk of ovarian cancer and premenopausal breast cancer.**
- ★ **Parents miss work less often to care for a sick infant.** Breastfed infants are sick less often.
- ★ **Breastfed infants produce nicer bowel movements to change!** There is less odor and they do not stain clothing as much as formula-fed infants' bowel movements do.
- ★ **Breastmilk can be pumped, bottled, and frozen for later use.** A breast pump makes breast feeding even more convenient. The mother can pump and store her breastmilk for other caregivers to feed the infant when she can't be there.

Breastfeeding can make it more challenging for other family members to help with feeding. However, the mother can pump breast milk and use bottles in order for other family members to participate. While breastfeeding, the mother should continue to avoid anything harmful that could pass through her milk to the infant, like alcohol, drugs, and certain foods.

Breastfeeding positions

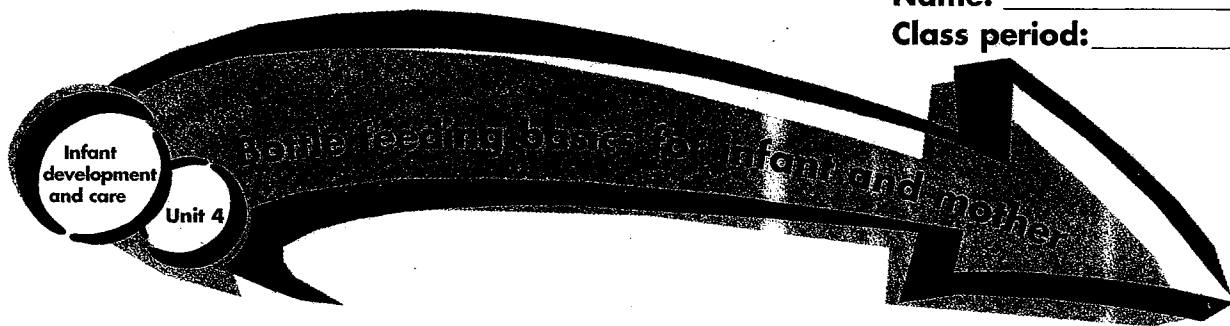
Cradle position – Place the infant lying down on his or her side, facing the mother at breast level. The mother should hold the infant in the same arm as the breast she wants to use, with the infant's head in the crook of her elbow, her arm along the back, and her hand under the infant's bottom. The other hand is used to support the breast.

Reversed cradle position – Hold the infant in the cradle hold position, but use the other arm. The infant's head is in the mother's hand, and the bottom is in the crook of the elbow. The other hand is used to support the breast.

Football or clutch hold – Place the infant on pillows perpendicular to your side, under the mother's arm with the infant's head and back lying on the mother's hand and forearm. The opposite hand is used to support the breast. This position is helpful for infants having a difficult time latching on or for preterm infants.

Side lying position – Lie on one side with pillows for comfort and support. The infant should lie in the bend of the mother's arm, facing tummy to tummy with mouth at breast level. The upper hand is used to support the breast.





The health benefits of breastfeeding are well-documented. However, formula-feeding with a bottle can also be a healthy choice. Some mothers bottle feed right away when the infant is born, or start after they breastfeed for a period of time. The most important thing is that the infant is loved and well-cared for, no matter what the feeding choice.

★ Reasons for bottle feeding:

- Infant has a poor sucking reflex (common in premature infants).
- Breastfeeding is painful for the mother.
- Mom is afraid the infant isn't getting enough milk.
- Mom has tried to breastfeed but has had difficulty.
- Infant must be separated from mother for a long period of time (for medical reasons, for example).
- Mom must return to work.
- Mom has a health problem that requires medication that shouldn't be given to the nursing infant.

★ What is formula?

Formula is a liquid product for infants designed to be as nutritionally close to breast milk as possible. Formula makers can't duplicate the resistance to infection that breastmilk has, but formula does give nutritional nourishment for a growing infant.

Never give an infant cow's milk – it is not recommended until after the infant is one year old. Cow's milk is meant for calves. It is high in muscle-building protein that is perfect for calves, not human infants.

Parents should always discuss breastfeeding vs. bottle feeding with each other and with their health care provider. Formula may be soy, cow milk, or goat milk-based and should be iron fortified to prevent anemia.

★ Types of formula

Formula can be powdered, concentrated liquid, or ready-to-use liquid. The content is basically the same. The differences are ease of preparation, cost, and storage. Powdered formula must be mixed with water, concentrated liquid must be diluted with water, and ready-to-feed liquid needs no preparation but is the most expensive.

Ready-to-feed formulas come in large cans, which you pour into bottles, or in 4- to 6-ounce baby bottles. Ready-to-feed formulas must be used immediately or be refrigerated after mixing or opening, and used within 24 to 48 hours (check the labels). Many experts suggest discarding them after 24 hours.

★ **Preparing formula:** The temperature of the formula is important. Many parents heat the formula before feeding, since it may be less of a shock to the infant's system when warm. It is important to make sure the formula is not too hot overall, and to shake the bottle after heating so there are no "hot spots" in the formula. Heating formula in the microwave is not recommended because the formula may heat unevenly and feel cool on the outside but be extremely hot on the inside. The infant may get burned. A better method of heating is placing the bottle of formula in a sauce pan of water on the stove and heating the water. This method offers the most gradual heating. Test the heated formula by squirting a few drops on your wrist or the inside of your elbow. It should be lukewarm.

★ **Bottle feeding positions:** When holding an infant for bottle feeding, it is important to try to simulate breastfeeding. Hold the infant close and cuddle him or her. Infants feel more secure when being held close. This helps reinforce the bond between parent and infant. Also, it may be helpful to hold the infant as upright as possible, to help the infant avoid inhaling too much air. An upright position also helps keep formula out of the back of the infant's throat and eustachian tubes, which helps prevent ear infections. Bottles that are angled help with this feeding position.



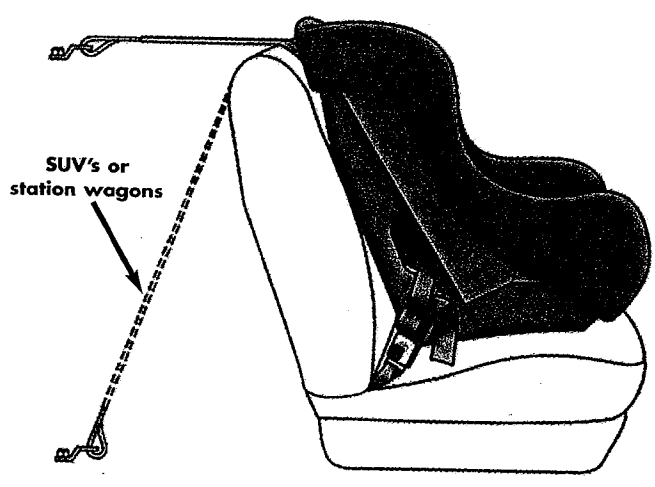
Vehicles have a new way of holding forward-facing car seats in place. The tether system is safer than the old method of using only a seat belt to hold the car seat in place. The tether system helps reduce head injury during a front impact crash.

The first phase of this new generation of car seats began in September 1999. It uses a top tether strap.

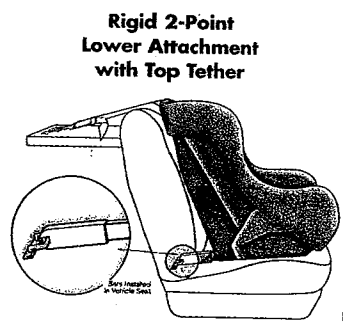
A top tether is an adjustable strap that is attached to the top of a child's forward-facing car seat. A hook fastens it to a tether anchor mount in the vehicle. For most vehicles, the anchor mount is on the rear shelf area. In some vehicles, such as station wagons or vans, it may be on the floor or the back of the vehicle seat. Seat belts still need to be used with the tether system.

The tether system is only for forward facing car seats. **Rear-facing infant seats and booster seats are not included.**

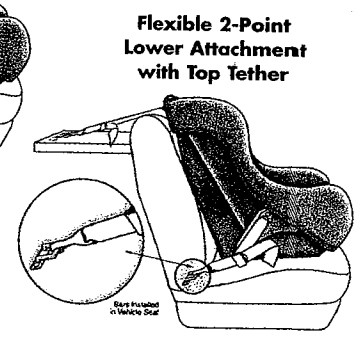
The second phase, which began in 2002, uses an even better system with an upper and lower tether.



This car seat has a top tether strap mounting system, but no lower attachment.



Rigid 2-Point Lower Attachment with Top Tether



Flexible 2-Point Lower Attachment with Top Tether

These car seats have top tether systems and two different types of lower tether attachments.

What if I have an older car?

New car seats with the tether anchor can still be fastened into older vehicles without the tether anchor mount using the vehicle's seat belt system. It may be possible to install a tether anchor mount in the older vehicle.

What if I have an older car seat?

Older car seats are still safe when properly installed. Use the vehicle's seat belt system to hold the car seat in place. Some old car seats can be fitted with a top tether. The manufacturer can be contacted to see if this is possible.

Note: The tether system may not be available or may be in a different stage of development outside the United States.

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 The Baby Think It Over® Program with RealCare® Baby II
Unit Three: Your readiness for parenting

