



# Supportive Conversations About Traumatic Head Injury Due to Child Maltreatment (THI-CM) – Shaken Baby Syndrome

Traumatic Head Injury due to Child Maltreatment (THI-CM), commonly referred to as Shaken Baby Syndrome (SBS), is a severe and preventable form of physical child abuse. Public health nurses have a key role in reinforcing prevention through supportive conversations with parents and caregivers.<sup>1</sup> This resource provides guidance on how nurses can engage with parents and caregivers in conversations aimed at understanding the dangers of shaking a baby, recognizing the risks or triggers, and identifying safe coping strategies.

In 2020, an Expert Advisory Committee to the Public Health Agency of Canada recommended that the terminology of Shaken Baby Syndrome be changed to reflect the current language used by health professionals. Traumatic Head Injury due to Child Maltreatment (THI-CM) has now been adopted as the preferred term in Canada for research, public health, policy, and prevention initiatives.<sup>1</sup> When interacting with parents, nurses may still choose to use the more familiar term Shaken Baby Syndrome.

## Engaging in a Supportive Conversation about Infant Crying and Traumatic Head Injury due to Child Maltreatment

### 1. Assess parent/caregiver's understanding of infant crying patterns and provide education/support related to crying

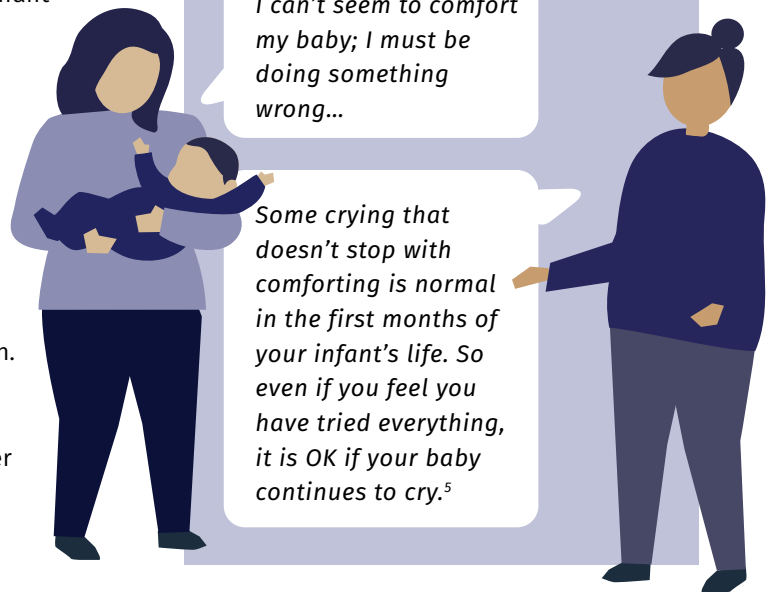
Nurses may consider including the following messages related to crying in their routine conversations with parents/caregivers about infant development:

- Crying is a normal part of a baby's neurodevelopment.<sup>3</sup>
- Crying can indicate hunger, pain, discomfort, tiredness, over- or under-stimulation.<sup>4</sup>
- Prolonged crying that is difficult to soothe is also a normal phase in infant development.<sup>2</sup>
  - Babies cry most between 2 and 4 months.
  - Inconsolable crying generally lessens when babies are around 5 months old.
  - Crying periods may start and stop for no apparent reason.
  - Most babies who cry a great deal are healthy and stop crying spontaneously.
- You are not a bad parent if your baby continues to cry after you have done all you can to calm them.
- Remember, this will get better.

Shaking most often occurs in response to a baby crying or other factors that trigger the parent or care provider to become angry or frustrated<sup>2</sup>

*I can't seem to comfort my baby; I must be doing something wrong...*

*Some crying that doesn't stop with comforting is normal in the first months of your infant's life. So even if you feel you have tried everything, it is OK if your baby continues to cry.<sup>5</sup>*




How parents and caregivers respond to infants during times of distress, such as prolonged crying episodes, can have a lasting impact on infant mental health and social-emotional development.<sup>6</sup>

Nurses should look for opportunities to reinforce the principles of attachment relationships and model secure attachment behaviours between infants and their primary caregivers. Infants and small children rely on their parents/caregivers for security and comfort with secure attachment relationships providing a foundation for lifelong success.<sup>6</sup>

## 2. Discuss soothing strategies with parents/caregivers and develop a plan for coping if/when parents and caregivers feel frustrated, annoyed, overwhelmed, or angry with baby

Discuss soothing strategies for when baby is still crying, and usual concerns have been addressed (i.e., baby is fed, clean, dry, and without evidence of painful stimuli).<sup>7</sup>


- Cuddling the baby or holding skin to skin
- Rocking baby in a cradle
- Walking with baby in a sling or stroller
- Taking baby for a car ride
- Singing or playing music


 Sometimes all soothing strategies seem to fail and in these situations parents/caregivers need support to take care of themselves and support baby safely at the same time.<sup>5</sup>

Together, create a plan for when the parent/caregiver feels frustrated, annoyed, and/or angry with baby. Have them write down the ideas that are most suited to them and put it somewhere easily accessible (e.g., hang it on the fridge or put it on their phone):<sup>5,7</sup>

- Always ensure baby's safety first – place baby in a safe spot such as their crib before taking a break
- Try closing your eyes and taking long deep breaths – Slowly count to 4 as you inhale through your nose, hold for 4 seconds, then slowly breathe out through your mouth for 4 seconds. Repeat this 2-3 times or until you are calm.
- Try stretching or exercising
- Watch an episode of your favourite TV show
- Work on a hobby
- Ask for help. Consider if there a friend/family member/partner/trusted neighbour available to take over – have their names and numbers written on this list
- Talk to your public health nurse, physician or nurse practitioner



 **Resource Tip:** The Period of PURPLE Crying<sup>®</sup> is a phrase used to describe the time in a baby's life when they cry more than any other time. This [website](#) provides information for parents and caregivers on crying patterns, soothing strategies, and tips for dealing with frustration or anger.

 Abnormal crying – crying that is very high-pitched (up to 3-times higher than a normal infant cry) or very low-pitched and persists can be associated with severe or chronic illness. Abnormal crying is markedly dissimilar to the prolonged or inconsolable crying associated with normal development.<sup>4</sup>

*... but I've tried everything!*

*You are doing a great job responding to your baby's needs. But 10% of the time, crying can go on and on - no matter what you do. This is frustrating and difficult to understand but is a normal part of early infant crying.<sup>5</sup> Would it be okay if we took some time to talk about all the strategies you are using to soothe your baby, and then think about what you need for support during those times that they are inconsolable?*



### 3. Discuss the dangers of violent or forceful shaking of an infant

Acknowledge that being a parent or caregiver of an infant or small child can be challenging, exhausting, and/or overwhelming.

Explain that shaking a baby is rarely intentional but that parents or caregivers may lose control and shake their baby in a moment of anger or frustration. Many do not realize the damage that shaking can do.<sup>2,7</sup>

Review why violent shaking is dangerous, the consequences of Shaken Baby Syndrome, and what to do if shaking occurs/is suspected. Parents/caregivers should also be encouraged to share information on crying and Shaken Baby Syndrome with everyone who cares for their baby.<sup>5</sup>

#### Why is Shaking a Baby Dangerous?<sup>5,7,8</sup>

- A baby's head is large and heavy compared to the rest of its body
- Babies have weak neck muscles
- A baby's brain is fragile and undeveloped
- There is a large size and strength difference between the infant and the parent/caregiver

#### Consequences of THI-CM.<sup>2,5,8</sup>

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

Education is key to THI-CM prevention. By increasing the parent/caregiver's understanding of infant crying patterns, providing tools to cope with prolonged or inconsolable crying, and explaining the consequences of shaking a baby, the likelihood of an extreme response to crying may be reduced.<sup>5</sup>

*If you ever do lose control and shake your baby, or think someone else has, seek immediate medical attention by calling 911 or going to the nearest hospital<sup>7</sup>*

*Be sure to share this information with your baby's other caregivers – anyone can feel frustrated when baby seems to be crying a lot.*



## Risk Indicators or “red flag” Behaviours Associated with Traumatic Head Injury due to Child Maltreatment

### Parent Risk Factors<sup>2</sup>

- Limited anger management or coping skills
- Unstable family environment
- Lack of support network (e.g., friends, family, parent group)
- Financial concerns (including food and housing)
- Inappropriate/lack of response to the baby
- History of mental illness
- Use of substances (e.g., drugs or alcohol)
- Past/current history of intimate partner violence
- Negative childhood experiences, including neglect or abuse

### Infant Risk Factors<sup>2</sup>

- Inconsolable or excessive crying
- Difficulty feeding
- Congenital or acquired disorder
- Complications with the pregnancy or delivery (e.g., prematurity, emergency caesarian section)
- Being one of a multiple birth
- Under 1 year of age
- Male

**When inconsolable crying is a concern, the nurse can take a detailed history and perform a thorough head-to-toe assessment of the infant to help rule out an underlying cause of crying.**

### Common Causes of Inconsolable Crying<sup>3</sup>

- Diaper dermatitis
- Ear infections
- Infant teething
- Acute abdomen (gastroenteritis, constipation, gastroesophageal reflux, gastrointestinal obstruction)
- Bone fractures
- Acute scrotum
- Urinary tract infections

During any encounter with parents/ caregivers, public health nurses may identify risk indicators or observe “red flag” behaviours that alert the nurse to a risk of shaking. Listen for key phrases that suggest a caregiver might be overwhelmed or frustrated with their infant:

*My baby never stops crying...*

**OR**

*I cannot stand the crying anymore...*

**OR**

*Why is my baby doing this to me?*

**OR**

*When my baby keeps crying, my heart starts to race and I feel like I just can't think straight...*



*Crying is normal for babies, and excessive crying can be a normal phase of development, but things will get better. If you are feeling frustrated or really stressed, it is okay to walk away for a short period of time until you feel calmer. Place your baby in a safe place (e.g., crib) on their back and leave the room to calm yourself. Check on the baby every 5-10 minutes or if they go quiet.<sup>2</sup> Also, reach out to someone to help.*



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