

Prevention of Non-Accidental Head Injury in Infancy Guidance

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Version Control

This document is a multi-agency guidance document and it replaces all other previously published documents, including those within health.

Version	Author/s	Signed off by	Date	Review Date
1.	Kathy Webster	DSCB Policy and Procedures Group	February 2014	February 2016

1. Introduction

Non-accidental head injury occurs most commonly in children less than two years of age with an estimated prevalence of 1:3,000 in babies less than six months old. Boys appear to be affected more commonly than girls. Non-accidental head injury involves inflicted injury to the brain or bleeding within the structures around the brain. It is a most serious form of physical abuse and may lead to significant long-term disabilities including cerebral palsy, visual problems, epilepsy, learning and behavioural problems and in the most severe cases can lead to death (NSPCC 2009).

This form of child abuse differs in a number of ways from other more common and more visible forms of abuse;

1. A single event may cause catastrophic outcome
2. Often there are no visible sign of injury
3. There is frequently no intent to harm the child
4. The immediate and follow on outcome is worse than with other cause of head injury in childhood (Bruce & Zimmerman, 1989)

Shaking events do not appear to be related to race, class or family circumstance (Sinal et al., 2000) although risk does increase in families where there are more stressors and fewer resources (Sanders et al., 2003).

2. Aim

A multi-agency project to reduce the incidence of shaken baby syndrome by raising parents and carers awareness of the risks of shaking a baby and by giving some strategies for managing stressful situations through a Parental Education Programme.

3. Background

In response to a number of Serious Case Reviews, in 2008, Derbyshire Safeguarding Children Board has promoted a Parental Education Programme (PEP) which consists of;

- An educational DVD (3 minutes long);
- An information leaflet;
- A signed commitment statement which confirms the parent's commitment to keeping their baby's head safe.

Derby City Safeguarding Children Board joined forces with Derbyshire Safeguarding Children Board in 2013 to re-launch the PEP and to extend the project to include the general public to increase awareness of the dangers on shaking a baby. This included;

- The development of a condensed version of the DVD to provide a public awareness;
- Updating of the "Shaking your baby is just not the deal" leaflet; and
- A number of community based publicity events.



The aim of the PEP is to reduce the number of babies living in Derby and Derbyshire who are injured by shaking. The DVD will also help parents, and prospective parents and carers, to understand the dangerous consequence of shaking a baby. It provides them with consistent information about strategies for managing a crying baby and managing the personal stress of caring for a baby.

The DVD is evidence-based and has been modified from a successful Australian campaign (University of Sydney). The DVD is approximately 3 minutes long and provides education on;

- Reassurance that crying in babies is normal;
- How to cope with a crying baby;
- The dangers of shaking a baby;
- Where to get help and advice; and
- That shaking the baby is just not the deal!

The process for the PEP was adopted from a parental educational programme which is described in an American research paper (Ref: Preventing Abusive Head Trauma Amongst Infants and Young Children, Dias et. al; 2005) where the incidence of shaken babies has been reduced by 47% over a four year period.



My Baby		
Was Born on		
At		
I have been given a leaflet	'Shaking the baby is just not the deal'	
I have seen the DVD	'Shaking the baby is just not the deal'	
I understand how to support and protect my baby's head		
Signed	Signed	
Mother	Healthworker	
Father	Designation	
Date	Date	

4. Health Staff Guidance on the delivery of the Parental Education Programme (PEP)

PEP is delivered by the **Midwifery Services** in Derby and Derbyshire as follows:

In Hospital

- 1) Optimal time for the delivery of PEP is in Hospital following the birth of the baby and prior to discharge.
- 2) It is the responsibility of the Hospital Midwife discharging mother and baby to ensure that the PEP takes place. When a baby is being discharged from the Neonatal Unit it is the responsibility of the Neonatal Nurse discharging the baby.
- 3) Both parents should see the 3 minute DVD and be given an opportunity to ask any questions and both should sign the Commitment Statement a copy of which will be placed in the Red Book (Child Health Record) and maternity record for audit purposes.
- 4) In cases where the baby is to be cared for by anyone other than the parent e.g. Foster Carer or grandparents then there is an expectation that they undertake the PEP.
- 5) A "Shaking your baby is just not deal" information leaflet should be given to the parents / carers as a reminder of the details seen on the DVD.
- 6) Parents and carers should be shown how to hold baby and how to handle their baby's head with care.

In Community

- 1) In cases where baby is born at home or in a Hospital outside Derbyshire, the PEP should take place in the home or local community base.
- 2) It is the responsibility of the Community Midwife discharging the mother and baby into the care of the Health Visitor to ensure that the PEP has taken place and that both parents have seen the DVD.
- 3) The Midwife must confirm that the PEP has taken place on the Handover of Care to the Health Visitor
- 4) Whilst this is primarily a Midwifery initiative, it is the Health Visitor's responsibility to check that the PEP has taken place.
- 5) Failure of the provision for PEP should be reported to the Designated Nurse so that enquiry into why this occurred can be made and resolution for any further breach to be prevented.

5. Multi-agency Staff Guidance on the promotion of reducing non accidental head injury in babies across Derby and Derbyshire

- 1) All those who come into contact with babies, parents and prospective parents and carers should be mindful of the need to reinforce the messages around the importance of keeping babies heads safe.
- 2) The PEP version or condensed version of “Shaking your baby is just not the deal” DVD should be shown at any relevant pre parenting course or any area where the public may be receptive to the messages contained in the DVD e.g. GP waiting rooms, ante natal waiting areas, Children Centres, Probation Offices, youth projects and schools.
- 3) Families with babies under 6 months old should be asked if they have seen the DVD. In cases where it is identified that families with babies have not seen the DVD or been subject to the PEP (may be due to moving in from a different area) these should be referred to the Midwife or Health Visitor for their attention.
- 4) **Everyone is responsible for conveying the following messages to the general public:**
 - **IT IS DANGEROUS TO SHAKE A BABY** – because a baby’s head is big and heavy compared to the rest of their body, and their necks relatively weak. Shaking makes the head accelerate back and forward and can result in bleeding in or around the brain and / or damage the blood supply to the brain, and may result in;
 - Blindness
 - Deafness
 - Fits
 - Learning Difficulties
 - Brain Damage including cerebral palsy
 - Death
 - **SHAKING CAN HARM OLDER CHILDREN** – whilst the harm is greatest in babies under 12 months, shaking can cause serious harm to older babies and toddlers.
 - **OTHER KINDS OF ABUSIVE HANDLING CAN CAUSE INJURIES** – in particular hitting a baby on the head.
 - **REASON WHY SOMEONE MAY SHAKE A BABY** – is that a parent or carer may lose control and shake the baby in a moment of anger or frustration especially if the baby cries a lot or has a problem with feeding. Many don’t realise the damage that shaking can do’ and some even think that it is safer than smoking.
 - **ALWAYS PROTECT BABY’S HEAD EVEN IN AN EMERGENCY** – even if the baby appears to have stopped breathing, don’t shake them. Doctors advise flicking the soles of the feet and picking up the baby with the head and neck well supported.

- **HOW TO MANAGE A CRYING BABY**

Step one - understanding why babies cry

- The baby is uncomfortable – too hot or too cold, needs a nappy change
- Hungry
- Upset or scared
- Unwell – teething, wind or running a temperature
- Lonely – sometimes babies just want to be comforted
- Remember it is not uncommon for babies to cry for up to two hours a day

Step two - once all the checks have been made and action taken to alleviate baby's discomfort and baby is still crying try;

- Another feed – to check baby is not still hungry
- Sing or talk to baby
- Try to make close eye contact with the baby
- Take baby for a walk in the fresh air
- Rock baby gently close to the chest
- Gently rub or massage baby
- Offer a dummy (if the parent chooses to use one)
- If all else fails loosely wrap baby in a small soft sheet so baby feels secure and try to settle in a safe and quiet place being mindful to check baby regularly

- **HOW TO MANAGE FEELING STRESSED** – for example, when baby is still crying, or you feel stressed for other reasons

- Loosely wrap baby in a small soft sheet and place on his/her back in the cot and then leave the room. Do something which will take a break from the sound of baby crying for 5-10 minutes. Crying will not harm the baby. Be mindful to check baby regularly once crying has stopped.
- Listen to music or watch TV
- Have a quick shower
- Walk out in the garden
- Call a relative or friend and let someone know how you are feeling
- If worried call the GP, Midwife or Health Visitor

REMEMBER: IT IS NOT BABY'S FAULT AND BABIES DO NOT CRY ON PURPOSE TO UPSET THEIR PARENT OR CARER

Cases of non-accidental head injury will result in criminal proceedings

IT IS NEVER ACCEPTABLE TO SHAKE OR SMACK A BABY

6. References

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