



Pennsylvania Shaken Baby Syndrome Prevention & Awareness Program
“Saving babies’ lives one family at a time.”

Volume 6, Issue 3

Third Quarter 2009

***The Aftermath of Infant Abusive Head Trauma:
A Nurse’s Perspective***

No parent ever anticipates needing the expertise of the Pediatric Intensive Care Unit to care for their child. Many infants end up in the PICU because they were born with birth anomalies affecting their vital organs or fell victim to a critical illness or condition. As a nurse in the PICU for 8 years, I had the privilege of caring for many of these infants through some of the most critical times of their young lives. But it was those infants who were admitted with the diagnosis of abusive head trauma that I found to be the most challenging. These once healthy infants were injured, hospitalized, and often fighting for their lives, due to the momentary lapse of control on the part of their caregiver.

With any PICU patient, providing support for the family while caring for the infant can prove to be challenging. This becomes especially difficult when caring for a victim of abusive head trauma because their perpetrator may be with the infant at the bedside until the investigation is complete or a confession is made. The nurse must suppress her emotions and provide unbiased, comprehensive support to the family as she would with any patient. Often if it was a loving caregiver’s momentary lapse of control, seeing their infant in this critical situation is too much for them to bear and they may make a confession at the bedside. Your heart breaks knowing that this loving parent, their infant, their family, and friends will know a lifetime of tragic consequences due to a moment’s worth of thoughtlessness.

One case that I will never forget involved a set of twins. After being at the bedside with his critically injured son for 2 days, the father broke down and accounted to me the events that led to his son’s hospitalization. The father was home caring for the twins while their mother was at work. The patient’s twin brother had colic and would not stop crying. When the father finally got the brother to sleep, he went over to the other twin to feed him. As he picked up the twin, the brother started crying again and the father lost control. Tragically, it was the twin in his arms that suffered the consequences of the father’s frustration and loss of control in response to the brother’s crying. You could see the agony and regret in the eyes of this father as he realized all the hopes and dreams he had for both his sons fade away in the reality of what he had done.

Sometimes when a victim of AHT is admitted to the PICU, the truth of what events led this infant to need medical attention is inaccurate or not immediately disclosed. We may receive accounts that the child was found unresponsive at home, experienced feeding intolerance and lethargy, or seizures and apnea. This presents a challenge to the medical staff as they try to rule out illnesses that may cause these symptoms while treating the issues at hand. It may take days of thorough work-up involving extensive blood work, CT’s, MRI’s, EEG’s, X-Rays, and ophthalmology exams to rule out illness and uncover the constellation of injuries that would lead us to suspect this child may have been abused.

Common injuries seen in victims of abusive head trauma include: skull fractures, retinal hemorrhages, subdural hematomas, and brain damage. In many of these cases, there may be a delay in seeking medical treatment by the caregiver which often worsens the condition and prognosis of (cont. page 2)



Marie Killian, RN, BSN, CCRN
PA SBS Prevention Program
Nurse Coordinator

Special Points of Interest:

- PICU Nurse Shares Experience
- AHT Conference a Success
- New SBS Website

Inside This Issue:

Frequently Asked Questions	3
Did You Know	3
Hospital Corner	4
Program History	4

A Nurse's Perspective (continued from page 1)

the infant. Statistics reveal that 1/3 of these infants experience mild side effects, 1/3 suffer serious side effects including: seizures, paralysis, mental retardation, ventilator dependence, or blindness, and 1/3 do not survive their injuries.

As nurses, we have the unique opportunity to prevent tragedies such as this from happening when we teach parents how to care for their new infant. As we educate parents about normal infant behavior, a discussion about infant crying is an important component of that education. We need to let parents know that they are not alone, and that persistent infant crying often leads to feelings of frustration. We can give them the tools needed to calm their crying baby, suggest healthy ways to deal with their frustrations, and let parents know that it's ok to put the baby in a safe place and **TAKE A BREAK** if they feel they are about to lose control. It is our hope that educated parents will share this information with everyone who cares for their infant.

A few moments of your time educating parents can hopefully prevent infants and their families from ever knowing what it is like to live a lifetime of devastation caused by abusive head injuries.

Marie Killian, RN, BSN, CCRN

Nurse Coordinator Pennsylvania Shaken Baby Syndrome Prevention & Awareness Program

Second International Conference on Pediatric Abusive Head Injuries a Success

The Second International Conference on Abusive Head Trauma: Medical, Forensic and Scientific Advances and Prevention was held in Jackson Hole, Wyoming from July 25-26, 2009. Against the grandeur of the Grand Teton Mountains, over 120 attendees from across the United States as well as Canada, France, New Zealand, Australia, and Japan were treated to a two day conference of scientific presentations and stimulating discussion about various aspects of AHT. Many speakers from around the globe presented their research data, much of it generating vigorous and healthy debate! Five one-hour keynote presentations covered the pathophysiology of the cranial dura, outcomes from short falls, genetic mimics of AHT, and differentiating accidental and abusive head injuries; our own prevention efforts in New York and Pennsylvania were highlighted in a keynote I provided on prevention, and several other groups gave research talks on their prevention efforts, many modeled on our program. A breakfast seminar provided the seeds of a multi-institutional collaborative network from which we may be able to join forces to better understand traumatic brain injuries from both accidental and abusive mechanisms.

The conference provided an opportunity for physicians, researchers, pathologists and scientists to interact in an informal setting, networking and sharing both their data and perspectives on AHT. The International Conference, a biennial event, has placed Pennsylvania on the map as a focus of research on AHT and related subjects. **You can all be very proud of the work you all do, recognizing its importance in generating research data from which we can better understand AHT when it occurs and, more importantly, how to prevent it!**

The next conference, to be held during the summer of 2011 in or near San Francisco, is being planned. We will provide more information in future newsletters as the date approaches.

Mark Dias, MD, FAAP



Frequently Asked Question of the Month: The American Academy of Pediatrics has recommended a change of terminology when referencing infant abusive head injuries to AHT. Why does the PA Prevention Program continue to have Shaken Baby Syndrome in it's name?

As mentioned in our Second Quarter 2008 PA SBS newsletter the American Academy of Pediatrics has recommended that head injuries sustained by infants as the result of shaking, throwing or slamming the infant be called abusive head trauma (AHT). This terminology encompasses various mechanisms of abuse which can result in serious head injuries to infants. The AAP has acknowledged that prevention efforts aimed at educating parents have become known by parents and health care professionals as shaken baby syndrome prevention programs. The AAP has decided to allow programs aimed at prevention the option of continuing to use the terminology shaken baby syndrome in their name.

The Pennsylvania Shaken Baby Syndrome Prevention & Awareness Program has been in existence since 2002. This name is recognized by parents and health care professionals as the statewide abusive head injury prevention program. Therefore we have decided NOT to change the program name at this time. We will continue our efforts to educate health care professionals and parents on all forms of abusive head injuries and the dangers of throwing, slamming, shaking and striking an infant.

We also strongly feel that during these difficult economic times it is more important to utilize our grant money to continue to provide educational supplies to the PA hospitals and offices free of charge instead of incurring printing costs for program materials with a new name. Thank You!

New Look to PA SBS Website

Check out the newly revised *Pennsylvania Shaken Baby Syndrome Prevention & Awareness Program* website at www.pasbs.com. The website link is through the *Penn State Hershey Department of Neurosurgery* and contains prevention program information categorized as: About Us; Resources; Research; & Contact Us. Questions for the PA SBS Nurse Coordinators can be submitted through the "Contact Us" section. The Quarterly PA SBS newsletters are now available on the website under "Resources".



Halloween can be a stressful time for babies & parents. Remind parents about costume safety for their children & to laugh when their child protests about his silly costume. Someday this will be funny!

Did You Know...

that the parent surveys are also available in Spanish? Based on your average delivery numbers, a certain number of parent surveys will be sent to you in Spanish. Please make sure that your Spanish speaking patients have the opportunity to participate in the survey!

If you need more Spanish forms during your survey month please contact the SBS office @ 717-531-7498.



**Pennsylvania Shaken Baby Syndrome
Prevention & Awareness Program**
“Saving babies’ lives one family at a time.”

**Penn State Hershey Medical Center
Penn State College of Medicine
Penn State Children’s Hospital**

500 University Drive
Mail Code G130
PO Box 850
Hershey, PA 17033

Mark Dias, MD, FAAP (mdias@psu.edu)
Professor and Vice Chair of Clinical Neurosurgery
Penn State College of Medicine/SBS Program Founder
Phone (717) 531-8807

Kelly Cappos, RN, BSN, CPUR, CLNC (kcappos@psu.edu)
Marie Killian, RN, BSN, CCRN (mkillian@psu.edu)
Carroll Rottmund, RN, BSN, CCRN, CLNC (crottmund@psu.edu)
PA SBS Program Nurse Coordinators
Phone (717) 531-7498
Fax: (717) 531-0177

Preventing Infant Abusive Head Trauma through Parent Education

The *Shaken Baby Syndrome Prevention & Awareness Program* was developed in 1998 in Upstate New York by Dr. Mark Dias, Pediatric Neurosurgeon. Since the inception of the SBS program, Upstate New York has reduced the incidence of infant abusive head injuries by nearly 50%. In 2002, the identical program was started as a pilot study in central Pennsylvania and *Pennsylvania Law 2002-176: The Shaken Baby Syndrome Education Act* was passed. The program partnered with the *PA Department of Health* and in 2006 became the **first state in the nation** to provide SBS education in a consistent and comprehensive manner in 100% of all birthing and children’s hospitals and free standing birth centers in Pennsylvania.

In October 2007, The *Centers for Disease Control (CDC)* awarded the *Pennsylvania Shaken Baby Syndrome Prevention & Awareness Program* a \$2.8 million dollar grant to continue the prevention efforts by expanding SBS education into Pediatric & Family Practice offices in 16 counties in Central Pennsylvania. Phase II is funded by the CDC for five years.

The *Pennsylvania Shaken Baby Syndrome Prevention & Awareness Program* provides PNA approved nursing in-services, supplies, educational videos and guidance free of charge.

Our goal, with your help, is to ensure that every parent of every child born in Pennsylvania receives education on shaken baby syndrome!

The Pennsylvania Hospitals/Birth Centers Providing SBS Education

Abington Memorial Hospital
Albert Einstein Medical Center
Allegheny General Hospital
Altoona Hospital
Armstrong Center for Med & Hlth
Barnes-Kasson Hospital
Berwick Hospital Center
Birth Care & Family Health Svcs
Birth Center: Bryn Mawr
Bloomsburg Hospital
Bradford Regional Med. Center
Butler Memorial Hospital
Carlisle Regional Med Center
Chambersburg Hospital
Charles Cole Memorial Hospital
Chester County Hospital
Children’s Hospital: Philadelphia
Children’s Hospital: Pittsburgh
Clarion Hospital
Clearfield Hospital
Community Medical Center
Conemaugh Memorial Med Center
Crozer Chester Medical Center
Delaware County Memorial Hosp
Doylestown Hospital
Dubois Regional Medical Center
Easton Hospital
Elk Regional Medical Center
Ellwood City Hospital
Ephrata Hospital
Evangelical Community Hospital

Excelsa Health: Westmoreland
Forbes Regional Hospital
Geisinger Medical Center
Geisinger Wyoming Valley Med Ctr
Gettysburg Hospital
Good Samaritan: Lebanon
Grand View Hospital
Grove City Medical Center
Hahnemann University Hospital
Hamot Medical Center
Hanover General Hospital
Harrisburg Hospital
Hazleton General Hospital
Heart of Lancaster Regional Med Ctr
Heritage Valley HS: Beaver
Holy Redeemer Hosp & Medical Ctr
Holy Spirit Hospital
Hosp University of Pennsylvania
Indiana Regional Med Center
Jameson North Memorial Hospital
J.C. Blair Memorial Hospital
Jennersville Regional Hosp.
Lancaster Gen Women & Babies Hosp
Lower Bucks
Lehigh Valley Hospital
Lewistown Hospital
Lock Haven Hospital
Magee Woman’s Hospital
Main Line: Bryn Mawr
Main Line: Lankenau
Main Line: Paoli

Meadville Medical Center
Memorial Hospital: Towanda
Memorial Hospital: York
Mercy Hospital: Pittsburgh
Mercy Jeannette Hospital
Mercy Suburban General Hospital
Millcreek Community Hospital
Montgomery Hospital
Moses Taylor Hospital
Mt. Nittany Medical Center
Nason Hospital
Ohio Valley General Hospital
Penn State Hershey Medical Center
Pennsylvania Hospital
Phoenixville Hospital
Pocono Medical Center
Pottstown Memorial Med. Center
Punxsutawney Hospital
Reading Birth & Women’s Center
Reading Hospital & Med Center
Riddle Memorial Hospital
Robert Packer Hospital
Sacred Heart Hospital
Schuylkill Med Ctr
Sewickley Valley Hospital
Sharon Regional Health
Soldiers & Sailors Memorial
Somerset Hospital Health Center
St. Christopher’s Hospital
St. Clair Memorial Hospital
St. Joseph Med Center of Reading

St. Luke’s Hospital: Allentown
St. Luke’s Hospital: Bethlehem
St. Mary’s Medical Center
St. Vincent Medical Center
Temple University Hospital
Thomas Jefferson University Hosp
Titusville Area Hospital
Tyler Memorial Hospital
Uniontown Hospital
UPMC: Bedford Memorial
UPMC Horizon: Shenango Valley
UPMC: Northwest
Warren General Hospital
Washington Hospital
Wayne Memorial Hospital
Waynesboro Hospital
Western PA Hospital
Wilkes-Barre General Hosp.
Williamsport Hospital
Windber Medical Center
York Hospital

