



Shaken Baby Syndrome

Shaken baby syndrome is the medical term used to describe the injuries resulting from shaking an infant or young child. Introduced in medical literature in 1972, shaken baby syndrome occurs when a child is shaken violently as part of an adult or caregiver's pattern of abuse or because an adult or caregiver momentarily succumbs to the frustration of having to respond to a crying baby.

According to the National Center on Shaken Baby Syndrome, doctors often fail to recognize the causes of head trauma in children who were victims of shaken baby syndrome because the children usually do not exhibit external signs of injury. In a study done by the National Center, researchers found that if a child had normal respiration, no seizures, no facial or scalp injury, and came from an intact family, the probability that abusive head trauma would be recognized was less than one in five (Jenny, Hymel, Ritzen, Reinart & Hay, 1999). The percentage of child injuries incurred from shaken baby syndrome is not currently known.

What Happens?

In shaken baby syndrome, the sudden and repeated vigorous shaking pitches the infant or child's brain in different directions and causes parts of the brain to pull away, tearing brain cells and blood vessels. The force of shaking a child in anger and frustration is five to 10 times greater than if the child were to simply trip and fall (Jenny, et al., 1999). That force is repeated in succession as the child is being shaken.

Violent shaking is especially dangerous to infants and young children because their neck muscles are not fully developed and their brain tissue is exceptionally fragile. Their small size further adds to their risk of injury.

Often, the outward signs of injury to an infant or young child are not obvious, as the injuries occur on the inside, particularly in the head or behind the eyes. These injuries can include:

- Brain swelling and damage
- Subdural hemorrhage
- Mental retardation or developmental delays
- Blindness, hearing loss, paralysis, and speech and learning difficulties
- Death

Shaken baby syndrome can have disastrous consequences for the family, the child and society. If the child survives, medical bills can be enormous. These children may require lifelong medical care for brain damage injuries such as mental retardation and cerebral palsy. The child may even require institutionalization or other types of long-term care.

Why It Happens

Until recently, some medical programs designed to treat infants who are prone to sleep apnea supported the use of "tactile stimulation" as first-aid treatment when infants stopped breathing. Parents were instructed to shake their babies "gently, then vigorously." Recognizing that parents of infants who are prone to sleep apnea are usually very stressed and frequently exhausted, and thus may be at increased risk of committing physical abuse, the California Medical Association now specifically advises parents not to shake babies for apnea or for any other reason.

Most instances of shaken baby syndrome occur because a parent or caregiver is frustrated or angry with a child, frequently when the child is crying. When a parent or caregiver shakes a crying baby, the baby may cease to cry because of the injury inflicted by the shaking (National Center on Shaken Baby Syndrome, 2000). The caretaker may then associate such cessation with a gratifying response in that the infant ceases crying, causing the abuser to repeat the behavior.

Less frequently, shaken baby syndrome occurs when the parent or caregiver throws a small child into the air vigorously, plays too rough or hits an infant too hard on the back, not realizing the seriousness of this behavior and the harm it can cause. Although the risk of shaken baby syndrome is lower in these situations, the danger still exists.

What You Can Do

Anyone who takes care of an infant or small child – parents, older siblings, babysitters, child care professionals – should be reminded to never shake a child. Local community organizations can help parents improve their parenting and coping skills, and local departments of human services often can provide referral information for further assistance. A local Parents Anonymous®, Inc. program or hotline can also provide support.



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If your patience is being strained from caring for an infant who cries continually, try these tips for soothing babies:

- Give the baby a pacifier after checking to make sure that he or she is not hungry or wet.
- Run a vacuum cleaner within hearing range of the infant.
- Take the baby for a walk in a stroller or a car ride.
- Put the baby in a safe carrier on top of a clothes dryer while it is operating (do not leave the baby unattended).
- Simply hug and cuddle the child gently. Young infants can be held in a sling or front carrier that keeps the infant close to the body.

If these suggestions do not work, and you do not think the baby is ill, place the baby on his or her side in a safe place, such as a crib. Take a short break, and, if possible, call someone to take care of the baby for a while (Showers, 1997).

Information about shaken baby syndrome is not intended to make parents afraid to touch their children. Rather, it is intended to remind parents to take special care when handling children, especially those under 3 years of age. This information also tells parents that children must never be shaken for any reason. As long as a child is smaller than you, it is never "safe" to shake the baby, and it is better to err on the side of the child's safety than take risks (Showers, 1997).

Specific questions about shaken baby syndrome should be directed to your physician or pediatrician. Check your local hospital for additional information on this subject, as well as information on support groups for parents with infants.

References

Jenny, C., Hymel, K.P., Ritzen, A., Reinert, S.E., Hay, T.C. (1999). Abusive head trauma: An analysis of missed cases. *Journal of the American Medical Association*, 281, 621-626. Retrieved September 6, 2007, from <http://www.dontshake.com/Audience.aspx?categoryID=7&PageName=MedicalFactsDiagnoseTrauma.htm>

National Center on Shaken Baby Syndrome. (2000). *SBS questions*. Retrieved September 10, 2007, from <http://www.dontshake.org/Audience.aspx?categoryID=8&PageName=MedicalFactsAnswers.htm>

Showers, J. (1997). *Crying: What should I do?* Groveport, OH: Shaken Baby Syndrome Prevention Plus.

Resources

National Center on Shaken Baby Syndrome
2955 Harrison Blvd, #102
Ogden, UT 84403
(888) 273-0071
www.dontshake.com

Parents Anonymous®, Inc.
675 West Foothill Blvd., Suite 220
Claremont, CA 91711-3475
(909) 621-6184
www.parentsanonymous.org

Shaken Baby Alliance
4516 Boat Club Rd., Suite 114
Ft. Worth, TX 76135
(877) 6-END-SBS
www.shakenbaby.org

Shaken Baby Syndrome Prevention Plus
649 Main St., Suite B
Groveport, OH 43125
(800) 858-5222