 Tony Evers, PhD, State Superintendent

**Shaken Baby Syndrome**

**Based on an 2005 ACT 165 Legislation**

**Frequently Asked Questions and Answers**

1. **What is shaken baby syndrome?**

Shaken baby syndrome is a term used to describe the constellation of signs and symptoms resulting from violent shaking or shaking and impacting of the head of an infant or small child. The degree of brain damage depends on the amount and duration of the shaking and the forces involved in impact of the head. Signs and symptoms range on a spectrum of neurological alterations from minor (irritability, lethargy, tremors, vomiting) to major (seizures, coma, stupor, death). These neurological changes are due to destruction of brain cells secondary to trauma, lack of oxygen to the brain cells, and swelling of the brain. Extensive retinal hemorrhages in one or both eyes are found in the vast majority of these cases. The classic triad of subdural hematoma, brain swelling and retinal hemorrhages are accompanied in some, but not all, cases by bruising of the part of the body used as a "handle" for shaking. Fractures of the long bones and/or of the ribs may also be seen in some cases. In many cases, however, there is no external evidence of trauma either to the head or the body. (Definition provided by Robert Reece, M.D. Dr. Reece is a clinical professor of Pediatrics at the Tufts University School of Medicine.)

Approximately 20% of cases are fatal in the first few days after injury and the majority of the survivors are left with handicaps ranging from mild - learning disorders, behavioral changes - to moderate and severe, such as profound mental and developmental retardation, paralysis, blindness, inability to eat or exist in a permanent vegetative state.

<http://dontshake.org/sbs.php?topNavID=3&subNavID=21&navID=21#4>

1. **Who can teach Shaken Baby Syndrome?**

The appropriate license to teach the topic of Shaken Baby Syndrome is driven by the model academic standards addressed in your course and the credit students will receive.  This topic can be addressed under the model academic standards for family and consumer sciences education or health education. Depending on which of these model academic standards your district chooses, the teacher shall hold either the family and consumer education or health license. In grades 5-8, the district could also have a teacher with the elementary/regular education license for grades 1-8 teach this topic if addressing the model academic standards for health.

Shaken Baby Syndrome/Abusive Head Trauma is taught in family and consumer sciences the skills certificate program courses: ACCT (Assistant Child Care Teacher), IT (Infant Toddler), and CCT (Child Care Teacher-Coop) courses and aligned with EC/Education and Early Childhood Comprehensive Standards-EC.1.h.

Health Education standards relate to Standard #5 and #8-Decision Making to Enhance Health.

1. **What content areas teach Shaken Baby Syndrome?**
* State skills certificate program: Assistant Child Care Teacher
* State skills certificate program: Child Care Services Cooperative Education
* State skills certificate program: Infant and Toddler
* Health Education
* Family and Consumer Sciences parenting or child development courses
1. **When and how often should SBS training be taught?**

Training for SBS should be taught once to each student in grades 6-8 and once to each student in grades 10-12.

1. **What is the best practice of instructional delivery for SBS training?**

Based on the section of the law and content to be delivered, 2-3 hours of instruction time is needed for each of the grades bands; grades 5-8 and 10-12.

1. **How can the curriculum be taught if Family and Consumer Sciences is an elective credit?**

All students must receive this training, therefore the school board shall arrange instruction once in grades 5-8 and once in grades 10-12.

1. **What curriculum resources are available to teachers?**

Links for resources in Family and Consumer Sciences: <http://fce.dpi.wi.gov>

Links for resources in Heath Education: <http://sspw.dpi.wi.gov/sspw_healtheducation>

1. **Who takes the course and how long is the curriculum?**

All students will receive the instruction once in grades 5-8 and once in grades 10-12 with 2-3 hours of instructional time for each grade band.

1. **When did the SBS law take effect?**

2005 Senate Bill 221 was enacted **March 21, 2006.** The statute first applied to instructional programs provided in the 2007-2008 school year.

1. **Can Shaken Baby Syndrome be prevented?**

It is important to note that SBS is preventable. Shaking occurs frequently when a frustrated care giver loses control with an inconsolable crying baby. It is important to realize just saying "don't shake a baby" is not enough. A plan of action or suggestions to deal with the situation need to be offered. Parents and other care providers need assurance that allowing a baby to cry is okay if all their needs have been met. The care provider should address their stress level and try stress management.

Parents should share the message of the dangers of shaking with all who care for their infant or child, including spouses, their own parents, siblings, day care providers and others. Parents need to let those caring for the infant know that it is okay to call for help when needed.

### What is the outcome or prognosis of victims of SBS?

From Child Abuse Medical Diagnosis and Management by Robert Reece, M.D.

“At best estimate, one third of abusive head injury victims who develop symptoms escape without significant handicapping conditions. Many children are left with blindness, seizure disorders, profound mental retardation, spastic diplegia (paralysis of both sides) or quadriplegia (all sides). Some continue to live in a vegetative state.

Milder cases of abusive head injury tend to have less well-defined outcomes. In those children with less severe injuries, one finds milder mental retardation, seizure disorders or developmental delays. The spectrum of abnormalities ascribed to even milder injuries includes learning disabilities, personality changes or behavior problems.

Cerebral palsy that is of undefined origin (i.e., no history of birth or intrauterine problems) may be attributed to abusive injury, particularly shaking; however, this relationship is difficult to demonstrate consistently”.

Alexander RC, Levitt CJ, Smith WL. Abusive Head Trauma. In: Reece RM, Ludwig S, eds. Child Abuse: Medical Diagnosis and Management 2nd ed. Philadelphia, Pa: Lippincott Williams & Wilkins; 2001:73.

1. **How many children are injured or die from Shaken Baby Syndrome?**

This is a frequently asked question and unfortunately there are not good statistics. Until a method for collecting such statistics is established, the true incidence will not be known. It is recognized, however, that it is the most common cause of mortality and accounts for the most long-term disability in infants and young children due to physical child abuse.

Although in many parts of the world child abuse statistics are non-existent and the symptoms of Shaken Baby Syndrome are not yet recognized by many physicians, U.S. statistics may be representative of the global problem.

* SBS accounts for more than 50% of non-accidental injuries in children and is the most common cause of death in abused children;
* It is estimated that somewhere between 1,400 and 10,000 cases of Shaken Baby Syndrome occur each year in the United States alone;
* 21-74 per 100,000 children worldwide are victims of Shaken Baby Syndrome annually. (Source: ISPCAN, 2008)
* 25%-30% of all shaken babies die from their injuries;
* The remaining 75% can suffer severe brain damage;
* Approximately 60% of SBS victims either die from their injuries at a later time or suffer lifelong disabilities;
* The younger the child, the more likely a head injury is due to abuse, such as severe shaking;
* Research shows that most victims are less than one year old and the majority are under six months old; twins have a higher chance of being shaken than single children;
* Fatal cases of SBS have occurred in five-year-olds and six-year-olds; even adults can suffer brain injuries as the result of a severe shaking;
* We know that thousands of “accidental” deaths of infants and children under 5 are attributable to severe abuse and often, shaking, which may not be apparent to parents or physicians who are unaware of Shaken Baby Syndrome and do not recognize the signs and symptoms of SBS.
1. **If you suspect someone has injured a baby or child, where would one report suspected shaken baby?**
* Parents or caregivers should report this to a medical professional or county social services.
* Students should report to school official.
* Teachers should report to school official or county social services. <http://sspw.dpi.wi.gov/sspw_can>