



Operation Safe Babies: Reducing Child Fatalities in Northern Virginia

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SEPTEMBER 2015



Operation Safe Babies is a new initiative set forth by SCAN to promote the safety of infants and babies.

Our goals are aimed at educating parents, caregivers and service providers about the dangers for babies and how to prevent them including Abusive Head Trauma (sometimes called Shaken Baby Syndrome) and Sudden Infant Death Syndrome/ Sudden Unexpected Infant Death.



A Program of SCAN of Northern Virginia

► SIDS & SUIDS

Sudden Infant Death Syndrome and Sudden Unexpected Infant Death are a tragic reality for hundreds of parents in the United States. Sudden Unexpected Infant Death (SUID) is defined as deaths in infants less than one year of age that occur suddenly and unexpectedly, and whose cause of death is not immediately obvious prior to investigation (Sudden Unexpected Infant Death, 2014). Some types of SUIDS are accidental suffocation, infection, unknown causes and SIDS. Sudden Infant Death Syndrome (SIDS) is when a baby under the age of one year old dies suddenly, often in the middle of the night, where the cause of death is unknown after a thorough investigation, which includes an autopsy, examination of the death scene and review of clinical history (About SIDS and Safe Infant Sleep, 2013).

In the United States, unexpected infant death is an issue that researchers are scrambling to understand. About 4,000 infants under the age of one in the United States die each year suddenly and unexpectedly. SIDS is the third leading cause of infant death in the United States and can occur in any family from any economic background. In 2013, 52 (48%) of the cases reviewed by the Virginia Department of Social Services Child Fatality Review team, were identified as being sleep-related infant deaths (Virginia Department of Social Services, 2014). 95% of the sleep-related deaths in this review were ruled as preventable. In most of these cases, the infants were found sleeping on a surface not intended for infants, such as their parent's bed or a car seat.

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ABUSIVE HEAD TRAUMA

SIDS is not the only risk of concern for infants; Abusive Head Trauma (AHT) is also a significant cause of injury and death to infants. Babies' brains are still developing and are very soft during the first year of life which makes them extremely vulnerable. AHT can occur when a baby's head is forcefully hit against any object with or without shaking. Such injuries are also believed to be potentially caused by violent shaking of a young child even without any impact with an object (commonly known as Shaken Baby Syndrome). Frustration with a crying baby is the primary cause of a caretaker shaking or forcefully injuring a baby (Virginia Department of Social Services, 2013). Shaking a baby can result in seizures, learning disabilities, physical disabilities, blindness or death. This is extremely preventable because it often involves more support to the parents and more education about the negative impacts of shaking a baby as key ways to reduce the risk.

There is debate within the medical field regarding the diagnosis of Abusive Head Trauma versus Shaken Baby Syndrome. Regardless, shaking a baby is never an option and parents need to learn effective techniques and methods of soothing their baby, setting the baby down in their safe sleep environment and walking away, or asking for help.

Many new parents can get frustrated with the difficulties that come along with parenting. Exhaustion, financial strain, an unstable family situation and/or depression can make new parents more likely to shake their baby when they are feeling overwhelmed (Virginia Department of Social Services, 2013). In order to prevent AHT, a solid support system needs to be in place for new parents. Encouraging new parents to learn about child development as well as strategies for dealing with frustration and exhaustion can be very beneficial for

Each year, more than 1,200 babies die or suffer injury from abusive head trauma in the United States.

parents of infants. After checking to make sure the baby is not wet, hungry, running a fever or wearing pinching clothes, parents should be encouraged to put the baby safely in a crib and step away for a few minutes in order to calm themselves down.

"It is estimated that each year about 1,200 to 1,400 babies die or suffer injury from abusive head trauma," (Virginia Department of Social Services, 2013). The Child Fatality Review Teams in Virginia found that in 2013, Abusive Head Trauma caused or contributed to a child's death in 10 cases reviewed (Virginia Department of Social Services, 2014). Support and education of male caregivers is especially important since the VDSS report found that males caused 58% of child deaths.

PREVENTION & EDUCATION

As professionals who work with new parents, it is important to share information on what a safe sleep environment looks like as well as helping parents create a plan of how to soothe their crying baby. Thinking through these important topics and having a plan before the baby arrives is key. It is also important to make sure that new parents have a support network in place made up of family and friends that they can call on for support. Our *Calls to Action* section at the end of this document is a perfect place to start.

Service providers working with these parents should also use the topics of safe sleep and Abusive Head Trauma as beginning steps of advocating for their child. As parents call

upon their network of support - grandparents, aunts, friends and others, they need to have confidence that everyone who is helping take care of the baby is following the same safe sleep guidelines and knows what the steps are to take to soothe the baby when they are crying. Over the years, different parenting advice has been given by experts in the field. The current expert advice that parents get may conflict with cultural and generational beliefs. However, parents need to learn that having open conversations and speaking up on behalf of their child at this stage is only the beginning and will give them the confidence they need to advocate for their child throughout the child's life.

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Conversations about topics such as colic, Post-Partum Depression, and overcoming isolation should also occur between parents and service providers. Educating parents about possible obstacles can possibly reduce the number of Adverse Childhood Experiences and make parenting enjoyable and bonding inevitable.

While there is no known cause of SIDS, there are various theories from health organizations across the United States that focus on how to best prevent SIDS. Research finds that babies sleep safest on their backs and should always be placed flat on their back in their crib (US Department of Health and Human Services, 2012). Babies should be put to sleep in a safety approved crib with no extra blankets or pillows which could cause accidental suffocation (US Department of Health and Human Services, 2012). Tummy

time is important for infants to build their neck muscles, but only under careful parental supervision. Throughout the last few decades, there has been debate on whether or not bed-sharing with your baby was a safe and healthy practice. The most recent information is that a baby should not share a sleep space with anyone. Room-sharing (placing a baby's crib near the parent's bed) is encouraged in order to facilitate a connection and allow parents to feel close to their child (Maeser, 2015).

Parents are also encouraged not to smoke near a baby or in the room where the baby sleeps. Smoking can have serious damaging effects on a young infant's health. Anything that deprives a baby of oxygen increases their risk of SIDS. Because smoke can make it hard for infants to breathe and can damage their nasal passages, it increases their risk of dying from SIDS (4 Ways Smoking Increases the Risk of SIDS, 2013). As we know from research, when any person, infant or otherwise, is deprived of oxygen, it can interfere with their brain development and even cause death. Other than having a detrimental effect on developing lungs, smoking can also negatively harm a baby's heart. Smoke toxins can lower the regulation of baby's heart rate which can lead to SIDS (4 Ways Smoking Increases the Risk of SIDS, 2013). Smoking around infants is very serious and should absolutely be avoided.

▶ THE EMOTIONAL TOLL OF SIDS & SUIDS

Parents that lose a child to SIDS may first feel shock after their loss (A Response to Parents After the Loss of a Baby, 2012). Aaron Robinson, whose son, Christian, died from SIDS at the age of 3 ½ months, recounts that he "remembers the day [Christian] died like a horror movie that has embedded itself into my mind ... I screamed and panicked like never before" (Robinson, 2014). This shock is often followed by a prolonged depression

(A Response to Parents After the Loss of a Baby, 2012). Parents may also feel guilt about their child's death. "For six long months [while Christian's cause of death was being investigated], I blamed myself," says Aaron. "I played the events that happened that day in my head over and over again to the point where I'd drive myself to near insanity. I kept saying 'If I would have just kept him in my arms, or left him in his rocker, or just didn't let him out of my sight he'd still be alive'" (Robinson, 2014).

These parents may also experience unreasonable fears and feel extremely overprotective towards their next children (First Candle, 2009). Jamie Tople worked as a social worker for Children's Services prior to the birth of her son, Michael. Jamie went back to work three months after Michael was born, leaving him in the care of a baby-sitter. When Michael was almost four months old, he stopped breathing while taking a nap under his babysitter's supervision. He died later that day, and the doctors determined his cause of death to be SIDS. Jamie and her husband have since had two more children. Although social work had been Jamie's passion, she decided not to return to work after the birth of her second child (Tople, 2015). Parents may also be afraid for future children. Amy Anderson and her husband, Cory, were excited to have another child after the death of their son, Zane, to SIDS. However, "it wasn't the same," Amy says. They were filled with fear and suddenly aware that pregnancy doesn't mean everything will work out as planned. "There was also guilt," Amy says. "Guilt over feeling so happy that we were having a new baby" (SIDS Stories, 2009).

After the loss of their child, parents may wake up hearing their baby cry and women may experience phantom pregnancies (A Response to Parents After the Loss of a Baby, 2012). After the initial shock and depression that follows a loss, parents will start to experience

Both parents and siblings of a child who has died from SIDS can be affected and need strong support systems in place to process the grief and loss.

emotions again. These may be pleasant or unpleasant emotions which may make some parents feel tempted to turn to other methods, including drugs and alcohol, in order to dull these emotions (A Response to Parents After the Loss of a Baby, 2012). Couples may also experience difficulties as each parent grieves differently. Aaron Robinson and his wife had "two completely different ways of coping with our loss, which made things that much harder to cope." While Aaron "wanted to talk about the situation and release all of my pain and suffering, [his wife] shut down, and was in denial about what had happened. She bottled her emotions and kept them in. Even mentioning his name was forbidden in our house" (Robinson, 2014). Single parents may feel especially isolated and lonely (A Response to Parents After the Loss of a Baby, 2012).

Children whose sibling has died from SIDS are also affected by the tragedy. The surviving children may be afraid that another family member will suddenly die. They may also be afraid that they will die suddenly or feel guilty for their sibling's death (First Candle, 2009). Children may feel particularly fearful if they are told that their sibling "went to sleep forever" (A Response to Parents After the Loss of a Baby, 2012). Children may not show their emotions readily and the effects of their sibling's death may become evident via nightmares, acting out, and difficulty at school (First Candle, 2009).

Many families try to channel their grief and loss into positive change. Dr. Sam and Maura Hanke's son, Charlie, died from SIDS when he was three weeks old while sleeping on a couch with Sam. The Hankes started Charlie's Kids Foundation "to raise awareness and support of SIDS by educating families, providing resources for new parents and promoting dialogue about SIDS and safe sleep practices." The Hankes also helped develop a book on safe sleep, *Sleep Baby Safe and Snug* (Hanke, 2013).

CONCLUSION

Being a parent is hard work. There is so much information coming from all directions when you become the parent to a newborn. Babies are vulnerable individuals who need the nurturing and comfort of their parents to keep them safe. Education and reducing isolation are key and service providers helping parents welcome a baby into the world need to make sure they are doing both.

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CALLS TO ACTION

Try these 7 steps to keep your infant safe during their first year of life and prevent Sudden Infant Death Syndrome and Abusive Head Trauma. Help give all infants the chance at a happy, healthy life.

1 Put babies to sleep on their backs. The safest position for a baby to sleep in is on his or her back, both for daytime naps and at night.

2 Babies should sleep in a baby-approved crib with a properly fitted mattress and with a fitted sheet around the mattress. There should be no extra blankets, sheets or stuffed animals in the crib. Make sure the baby is not too hot throughout the night.

3 Do not co-sleep with your baby. If you want to be close to your baby throughout the night, place the baby's crib next to your bed. Room sharing can be beneficial because parents can hear if their baby cries and can feed the child without having to go into a separate room. Find an arrangement that works for both the parents and the safety of the child.

4 Have supervised tummy time with your baby throughout the day so that they can build their head and neck muscles. Tummy time is essential to helping a baby grow and thrive properly but should be done in a safe setting with supervision.

5 Don't smoke in the home. Smoking is considered a risk factor for SIDS and it may be a contributing factor to the baby's death. Parents should be encouraged not to smoke around their infant or in any room where the child sleeps.

6 Never shake your baby. When you feel frustration about what is happening with your baby, try the following:

- Check if baby is hungry, has a wet diaper or fever
- Turn down the lights and play soft music
- Give baby a soothing bath
- Put baby in a baby swing
- Give baby a new position in your arms
- If you need to calm down, put baby somewhere safe and step away. It's more important to stay calm than to stop the crying!

7 Encourage the father to be more actively involved in these prevention efforts. Help fathers understand their role in parenting and how their actions can have both positive and negative implications for their newborn.


Operation Safe Babies

is a new program at SCAN of Northern Virginia that will educate parents and caregivers on the importance of practicing safe sleep for infants, the effects of Abusive Head Trauma, and other initiatives to keep babies safe. Through a partnership with Cribs for Kids and various social service agencies in Northern Virginia, Operation Safe Babies will provide cribs to families who, otherwise, cannot afford a safe place for their babies to sleep. SCAN will also educate these families and other Northern Virginia parents about safe sleep and how to soothe a crying baby in order to decrease the risk of SIDS and Abusive Head Trauma. Families who receive a crib will sign a pledge that states they are dedicated to the practice of safe sleep and safe soothing methods. SCAN will distribute these messages and caregiver tips about safe sleep and how to soothe a crying baby to the public at large, recognizing that extended family and informal caregivers are often key influencers on new parents.



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