Babies Cry. Have a Plan!
Abusive Head Trauma Education for Child Care Providers

“Inconsolable crying is a primary trigger for shaking a baby.”
-Centers for Disease Control and Prevention
Brought to you by the IdahoSTARS Child Care Health Consultant Program
Abusive Head Trauma

Major public health issue commonly known as “Shaken Baby Syndrome”

100 % Preventable
Factors Contributing to Abusive Head Trauma

Prolonged infant crying can trigger:

• Stress
• Anger
Shaking or blunt trauma to the head results in shearing of the blood vessels in the brain which causes bleeding within the brain and eyes.

Serious long-term health consequences can result from shaking (i.e. blindness, developmental delays, cerebral palsy, severe motor dysfunction, spasticity, and seizures).
1 in 4 victims of abusive head trauma will die
Excessive crying is a **normal** phase of infant development.

- Increases after 2 weeks of age
  - Peaks at 6-8 weeks
  - Decreases after 3-4 months
Sometimes caregivers get frustrated with a crying baby. This is normal.
It is how caregivers respond to crying that matters.
What can early care and education professionals do??

• Identify strategies for coping with an inconsolable crying baby
• Talk with parents and other caregivers

Make a plan!
The Crying Plan

www.cryingbabyplan.org
The Plan Includes...

• Checking baby’s physical needs
• Calming techniques that work best for baby
• Techniques for caregivers to calm themselves
Consider...

✓ Use enrollment in child care as a time to introduce or ask for Crying Plans

✓ Encourage parents, including fathers, to be included in completing the Crying Plan
Remember!

Abusive head trauma is unfortunately on the rise in our state. It takes **ALL OF US** working together to keep Idaho’s children safe!
Reference

Information adapted from Farrow, M., RNC (n.d). *Babies cry, have a plan: Abusive head trauma education*. [PowerPoint Slides]

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