

Home Visitation Leadership Advisory Coalition

September 18, 2013

10:00 a.m. to 12:00 p.m.

OSDH, Room 806

Minutes

In Attendance:

Melissa Anderson, OKCIC
Valene Bartmess, OKCIC
Brittany Berry, OSDH/FSPS
Peggy Byerly, OSDH/MCH
Sheri Brack, OCCHD
Markia Hines, OCCHD
Monica Inciarte, Latino Agency
Sharonda Irving, Parent Promise
Vicki Land, Smart Start Central Oklahoma
Jaretta Murphy, OSDH/OCAP
Anita Patel, Parent Promise
Lisa Rhoades, Child Death Review Board
Robyn Sears, OCCHD
Cathy Singer, OKDHS
Loan Tran, OHCA
Sherie Trice, OSDH/FSPS

iPower Attendees:

Amanda Burgan, Tulsa City-County Health Department
Sarah Franke, Help-In-Crisis, Inc
Rose Gouthier, Okmulgee-Okfuskee County Youth Services
Donna Holladay, Tulsa – Parent Child Center of Tulsa, Inc
Cindy Lane, Okmulgee-Okfuskee County Youth Services
Jackie Miller, Okmulgee-Okfuskee County Youth Services
Beverly Washington, Youth & Family Services for Hughes and Seminole
Dori Lientz, Great Plains Youth & Family Svcs-Kiowa County
Jawanna Wheeler, Okmulgee-Okfuskee County Youth Services
Dana McKinney, McCurtain County Health Dept-Bright Beginnings
Barbara Battiest, McCurtain County Health Dept-Bright Beginnings

Sherie Trice opened the meeting at 10:05 a.m. All in attendance introduced themselves.

Sharing of Program Information/Announcements

- October 22nd is the Latino Community Development Agency's Annual Recognition and Awards Luncheon. It will be held at the Cowboy Hall of Fame with a Silent Auction opening at 10:30am and the lunch event following from 11:45am-1:15pm.
- Loan Tran with the Oklahoma Health Care Authority gave an update on a change to the Soon-to-be-Sooners benefits. (letter attached)

Upcoming Events:

2013 Home Visitors Conference: Partners in Progress – Strengthening Oklahoma Families
Jaretta Murphy, The Office of Child Abuse Prevention (OSDH)

When: Tuesday, October 15th **Where:** Thurman J White Forum (information attached)

Special Guest Presentations:

- **Spotlight on Child Abuse Prevention Month Activities & Campaign**
Robyn Sears, MS, CCPS, CFLE, Child Guidance, OCCHD (presentation attached)

Sign up for workgroups within the CAP Action meeting group to help prepare for CAP Day at the Capitol and Child Abuse Prevention Month. The next CAP Action meeting is Wednesday, October 16th in room 806 at the Oklahoma State Department of Health.

- **The Period of PURPLE Crying Project in Oklahoma**
Lisa Rhoades, Oklahoma Child Death Review Board

Lisa Rhoades is the co-leader for the Injury Prevention workgroup, which is part of the Preparing for a Lifetime Initiative. The Period of PURPLE Crying falls within the Injury Prevention focus. PURPLE is an acronym that helps prepare and educate families about normal crying patterns of babies. (i.e. Peak of crying, Unexpected crying, Resists soothing, Pain-like face, Long-lasting, and Evening)

A main trigger of abusive behavior is frustration with a crying baby, so after receiving this information, the parents are more aware and equipped to deal with this period. One additional goal is to encourage parents to share the information with everyone in the family, or anyone who their baby may stay with. 34 of the 56 Oklahoma hospitals are involved in the project. The goal of the project is to increase the knowledge and empower the families to decrease incidents of abuse. Programs can contact the National Center for Shaken Baby Syndrome to order the DVDs at \$2 per DVD.

Another outreach activity is the “Click Your Knitting Needles Together to Prevent Infant Abuse”. Purple colored knitted/crocheted caps are given to baby boys and girls in November and December to help educate parents about the Period of PURPLE Crying. (see flyer attached)

Review & Discuss – The Purple Home Visitation Lesson Plan: Module 1 (attached)

- A suggestion was made to include a possible list of other caregivers the baby may be staying with.
- Everyone was encouraged to share ideas or exercises that home visitors can use with a family during a home visit – send to sheriet@health.ok.gov.
- Include a disclaimer (sidebar) that highlights information about not being able to spoil a baby under nine months.
- Need to add information in the module about the online training required before providers can utilize this curriculum and instructions for that, how to access.

Oklahoma State Prevention Plan and Prevention Workgroups

Sherie encouraged folks to get involved in workgroups or subcommittees to continue some of the work of the ITF. She noted that it was the idea that HVLAC could be the voice of Home Visitation by playing

the role of a subcommittee/work group. Sherie encouraged the group to attend the last official ITF meeting on Oct 4th @ 10:00am in OSDH room 806.

Home Visitation Publications – Keeping Current! *(review and discuss at Nov meeting)*

- Home visitation safety guidelines - http://www.ok.gov/health2/documents/HVLAC%20Safety%20Manual_FINAL.pdf
- General Safety PowerPoint – [http://www.ok.gov/health2/documents/HVLAC%20General%20Safety%20slides%20\(4\)%20UPDATED%20APRIL%20%2008%20\(2\).pdf](http://www.ok.gov/health2/documents/HVLAC%20General%20Safety%20slides%20(4)%20UPDATED%20APRIL%20%2008%20(2).pdf)

Home Visitation Challenges –

An agency has requested some education on general safety including infectious disease, community health issues, bed bugs etc; particularly guidance on what to look for, how things are spread, and what types of preventative measures home visitors can take to avoid acquiring these issues.

⇒ Follow Up: (some suggestions provided, but still looking into more information...)

- In Muskogee Co OSU EXTENSION has taken this issue on and talked to housing sites etc... They also had a round table for the public sponsored by chamber of commerce including the COUNTY SANITARIAN
- Contact the communicable disease epidemiologists/disease investigators at the local health departments

Valene Bartmess asked if Indian Child Welfare have been invited to meetings? There have been some attempts made in the past. DHS liaison with tribes Rita.Hart@okdhs.org was suggested as a contact in the hopes that she could extend invitations to attend or even present.

Some other ideas for possible speakers are the military HV services and Tamatha Mosier for a Domestic Violence 101 presentation.

No New Business

The meeting was adjourned at 11:35 a.m.

Home Visitation Leadership Advisory Coalition (HVLAC)

September 18, 2013

10:00 am – Noon

OSDH, Eighth Floor

Room 806

This meeting available via Video Conference

Agenda

Please bring or electronically forward in advance related materials, brochures, calendars specific to your program for sharing!

WELCOME

- Introductions and Sharing of Program Information
- Announcements – upcoming conferences, other community resources, and related discoveries that may enhance home visitation efforts across the state

UPCOMING EVENT: 2013 HOME VISITORS CONFERENCE – October 15th!

- PARTNERS IN PROGRESS – Strengthening Oklahoma Families through Home Visitation

Jaretta Murphy, The Office of Child Abuse Prevention (OSDH)

Special Guest Presentations

Spotlight on Child Abuse Prevention Month Activities & Campaign

- Overview & Getting Ready
Robyn Sears, MS, CCPS, CFLE, Child Guidance, OCCHD

The Period of Purple Crying Project in Oklahoma

- Overview & Update
Lisa Rhoades, Oklahoma Child Death Review Board

REVIEW & DISCUSS – THE PURPLE HOME VISITATION LESSON PLAN

(Draft copy available by contacting sheriet@health.ok.gov)

OKLAHOMA STATE PREVENTION PLAN AND PREVENTION WORKGROUPS

HOME VISITATION PUBLICATIONS – KEEPING CURRENT!

- HV Safety Guidelines
- HV Directory of Services

HOME VISITATION CHALLENGES

- Referrals, Duplication of Services, etc

BUSINESS

- Old
- New

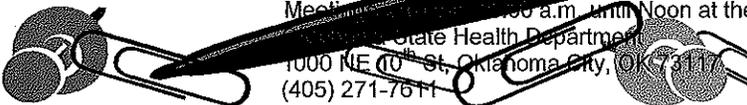
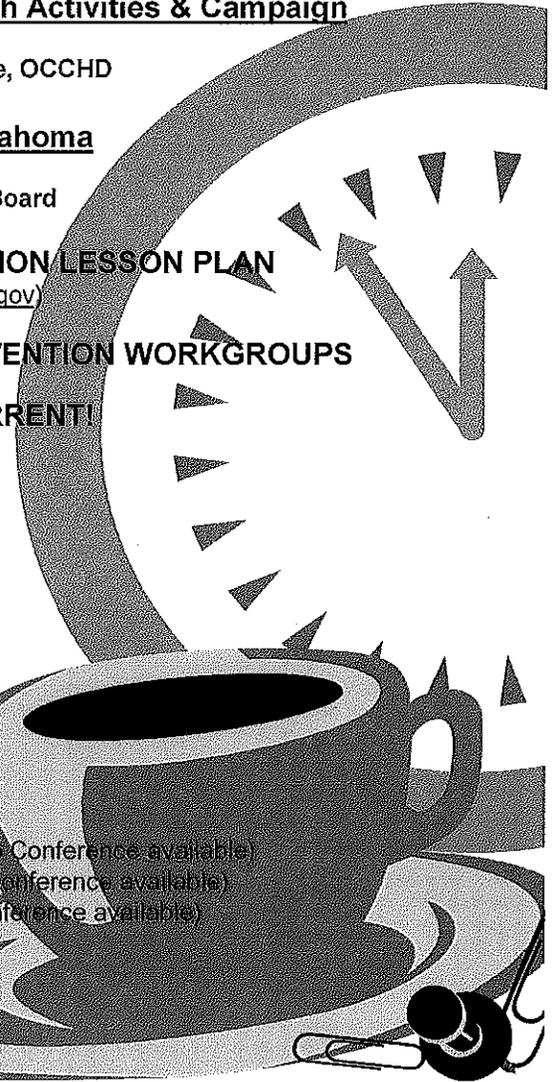
➔ Future Agenda Items
➔ Brainstorm possible Speakers

UPCOMING MEETING DATES

- Wed, November 20, 2013 (OSDH – Room 806 – Video Conference available)
- Wed, January 15, 2014 (OSDH – Room 806 – Video Conference available)
- Wed, March 19, 2014 (OSDH – Room 806 – Video Conference available)

***Please note:**

Meeting will be held from 10:00 a.m. until Noon at the
Oklahoma State Health Department
1000 NE 10th St, Oklahoma City, OK 73117
(405) 271-7611





STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

OHCA 2013-39

September 10, 2013

Re: Change to Soon-to-be-Sooners Benefit

Dear Provider,

This letter is a notification of a change to the one of the Soon-to-be-Sooner benefits. The Oklahoma Health Care Authority (OHCA) introduced the Soon-to-be-Sooners program on April 1, 2008. The package of services includes pregnancy-related medical services for women who could not qualify for SoonerCare benefits as a result of their citizenship status. A pregnant woman is required to meet all SoonerCare eligibility requirements (e.g., income) other than those with regard to citizenship. The goal of the program, which is federally approved through Title XXI of the Social Security Act, is to provide health care benefits for the **benefit of the unborn child** who is scheduled for delivery in our state (see provider letter 2008-16 dated March 26, 2008).

Effective **September 1, 2013**, there was a change to **one** procedure, which was previously compensable in the package of Soon-to-be-Sooners services. The OHCA will no longer reimburse for pap smears for this population. This will affirm the original intent of the program that all approved services must benefit the unborn child.

If a pap smear is performed on a Soon-to-be-Sooner patient, the laboratory, pathologist and obstetrician/other provider will likely bill the patient for that service. The agency would recommend that you discuss this possibility with your patient before the procedure is done, as part of the informed consent process.

Please call the Provider Helpline at (405) 522-6205 or toll free at (800) 522-0114 with any questions.

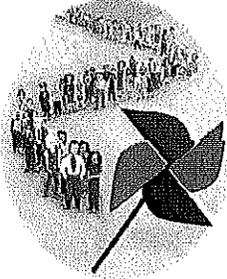
Thank you for your commitment and work on behalf of all SoonerCare members.

Sincerely,

A handwritten signature in black ink, appearing to read "Garth L. Splinter, M.D.", written in a cursive style.

Garth L. Splinter, M.D.
State Medicaid Director

**It's Your Turn to
Make a Difference for Children.**



**April is Child Abuse Prevention
Month**

Who can make a difference? Anyone. Everyone. Young and old. Individuals and groups. Anyone can make an impact on children's lives. **Start today! Get involved! Stay involved all year!**

Come to a CAP Action Meeting! Join your favorite workgroup to help plan activities for the whole year, just April, CAP day at the Capitol, social media, advocacy, Blue Ribbon Trees, Mini Conference, whatever other great ideas you may have to contribute!

Contact Sherie Trice at 405-211-7611 for meeting times, dates and locations.

**CAP Day at the Capitol and the Mini conference
is April 8th, 2014!**



Want to get involved?

- **Display a Child Abuse Prevention Poster!**
 - ...at your place of worship, childcare center, or local business! (I brought some for you today.)
- **Keep a Child Abuse Hotline Card handy!**
 - I brought some of those too.
- **Volunteer at a local Child Abuse Prevention Program!**
 - Call Child Guidance for details.
405-425-4412



Build a Blue Ribbon Tree for Kids!

- Choose to be the difference and "Build a Blue Ribbon Tree for Kids" with the rest of the state.
 - Select a Tree or Construct a Tree (out of any materials you choose)
 - If utilizing a 'live' tree, choose one that has high visibility
 - Note: Please ask permission if required.
- Decorate a tree with Blue Ribbons (store bought or home-made)
 - Hang ribbons on trees to represent any of the following:
 - The number of new babies born in your community
 - The confirmed number of abused and neglected children in your county
 - Something significant to your agency, program, or community (i.e. number of families served by your program/agency)
 - Or use the ribbons to show your community support for children in general
 - (benefit - NO counting ribbons on this selection)
- Get logged in the **Tree Registry!**
- Don't forget to clean up after CAP month is over!



**The six protective factors for
strengthening families**

- **Nurturing and attachment—**
 - Building a close bond helps parents better understand, respond to, and communicate with their children.
- **Knowledge of parenting and of child and youth development—**
 - Parents learn what to look for at each age and how to help their children reach their full potential.
- **Parental resilience—**
 - Recognizing the signs of stress and enhancing problem-solving skills can help parents build their capacity to cope.
- **Social connections—**
 - Parents with an extensive network of family, friends, and neighbors have better support in times of need.
- **Concrete supports for parents—**
 - Caregivers with access to financial, housing, and other concrete resources and services that help them meet their basic needs can better attend to their role as parents.
- **Social and Emotional Competence of Children -**
 - When a child has the right tools for healthy emotional expression, parents are better able to respond to his or her needs, which strengthens the parent-child relationship.



What Is Child Abuse and Neglect?



- **Neglect** is failure to provide for a child's basic needs.
- **Physical abuse** is physical injury as a result of hitting, kicking, shaking, burning, or otherwise harming a child.
- **Sexual abuse** is any situation where a child is used for sexual gratification. This may include indecent exposure, fondling, rape, or commercial exploitation through prostitution or the production of pornographic materials.
- **Emotional abuse** is any pattern of behavior that impairs a child's emotional development or sense of self-worth, including constant criticism, threats, and rejection.
 - www.childwelfare.gov/responding



Reporting Child Maltreatment

It is against the law not to report suspected child abuse!

- You don't have to prove anything. Report if you *suspect*.
- If they find there was no abuse, they will get the family help to deal with stress and parenting.
- There are lots of people and agencies that want to help families.
- Call the Child Abuse Reporting Hotline if you suspect a child is being abused.

1-800-522-3511

- Call Child Guidance if you need help making a report, parenting or finding services for your family.

405-425-4412



When Parents and Children are Having Trouble in Public

There are things you can do and say to help.

- It is not helpful to criticize parents or give them harsh looks. Being critical or outwardly bothered may make them angrier and could make the situation worse for the child.
- Focus on the positive. Say something like, "What beautiful curly hair he has!"
- Try to distract the child's attention by talking to him/her, playing peek-a-boo, or some other little game.
- Say something nice or supportive to the parent such as, "You're doing a great job ignoring that screaming!"
- If a child calls for help, **PAY ATTENTION!**
- If a child is in danger, offer assistance. For example, if the child is left unattended in a grocery cart, stand by the child until the parent returns.

Report if you need to:

The Oklahoma Department of Human Services has a toll free, 24 hour hotline for reporting child abuse: 1-800-522-3511.



BUILD A COMMUNITY THAT CARES!

Studies have shown that neighbors can prevent child maltreatment in a community simply by increasing their awareness and working together.

GET INVOLVED! TEN WAYS TO SAVE A CHILD IN THE NEIGHBORHOOD CIRCLE

1. Learn the names of all the kids on your block.
2. Invite a neighbor with kids for dinner.
3. Have "safe houses" clearly marked where kids can go if they need help.
4. Hold gatherings of adults and kids throughout the year - picnics, barbecues, winter walks, pumpkin carvings, game days.
5. Create spaces in your neighborhood where adults and children can gather - benches near a basketball hoop, for example.
6. Remember, the sounds of skateboarding means kids are doing something constructive (getting exercise and not getting into trouble).
7. Put up signs: "Drive slowly! We love our kids."
8. Get the kids on your block involved in drawing up a neighborhood map and creating a phone tree network.
9. Adopt a "senior citizen" on the block and watch out for him or her. (Kids can shovel walks, rake leaves, etc.)
10. Take a walk through your neighborhood on a regular basis; admire the flowers, get to know the dogs, and acknowledge the kids.

Source: Stopping at Every Lemonade Stand, James V. Braxton

It's Your Turn!

- As you leave today, please think about small acts of kindness you can offer toward children.
 - Fasten a child's car seat
 - Hug a child
 - Listen to a child
 - Talk with a child
 - Send a child a kind text message
 - Tell a child a joke
 - Be sure to smile at a child and a parent today!



CLICK YOUR KNITTING NEEDLES TOGETHER TO PREVENT INFANT ABUSE

Knit or crochet caps using **any newborn baby cap pattern**. Caps should be made using **any shade** of soft, baby-friendly purple yarn, be **at least 50% purple in color**, and **free of straps, strings** or other potential choking and strangling hazards. For baby boys, please remember to include blues, browns, grays and other "boy friendly" colors in your cap designs.

Your knitted or crocheted caps will be given to baby boys and girls in November and December to help educate parents about the Period of PURPLE Crying, a normal, but frustrating period of increased crying all infants experience in the first few weeks and months after birth.

Send your PURPLE newborn baby caps, as many as you like, to be received no later than October 1, 2013 to:

Oklahoma Child Death
Review Board
Oklahoma Commission on
Children and Youth
1111 N. Lee, Ste. 500
OKC, OK 73103

For more information and resources, including patterns for caps, tools to spread the word, and FAQs visit:

CLICKforBabies.org



CLICK for Babies
Period of PURPLE Crying Caps™

Preparing
for a
Lifetime
It's Everyone's Responsibility



Supplementary
Curriculum
for Home
Visitation
Programs

ALL BABIES CRY

IT'S IMPORTANT TO HAVE A PLAN!

Created with the overarching mission of preventing and reducing incidents of Abusive Head Trauma (AHT) victims in the state of Oklahoma.

LESSON PLAN

OSDH
Never, Never Shake a Baby!
Compiled by the Home Visitation Leadership Advisory Coalition



Welcome Page

Goal

Created with the overarching mission of preventing and reducing incidents of Abusive Head Trauma (AHT) victims in the state of Oklahoma.

Purpose

To assist the home visitor in educating parents about their new baby's crying and what they can do to keep baby safe, including:

- What's normal and why babies cry.
- Tips and strategies to help comfort a crying baby.
- Suggestions for coping with a crying baby and keeping the baby safe.
- Review of why shaking a baby is so dangerous.
- Emphasizing the importance of sharing this information with others who care for their baby.
- **Create a plan!**

Objectives

- Parent/caregiver will understand that inconsolable crying may be a natural stage of infant development.
- Parent/caregiver will understand the severe health consequences of AHT on infants.
- Parent/caregiver will learn strategies to prevent the likelihood of AHT from occurring while caring for their infant.
- Parent/caregiver will share information regarding inconsolable crying and strategies to prevent AHT with others who care for their infant.

What's Included in Packet

<u>Module I</u>	<u>Module II</u>	<u>Module III</u>
<p>Basic Lesson Plan For Prenatal Mothers</p> <p><i>Target Group:</i> Soon to be Moms in their last trimester of pregnancy (preferably 34 - 36 weeks gestation).</p>	<p>Postpartum Lesson Plan Home From the Hospital</p> <p><i>Target Group:</i> Moms home from the hospital during the early postpartum period (no later than three weeks after delivery).</p>	<p>Postpartum II Lesson Plan Growing Baby</p> <p><i>Target Group:</i> Moms home from the hospital during the later postpartum period (six to eight weeks after delivery).</p>

Important Note

SBS/AHT (shaken baby syndrome/abusive head trauma) are terms used interchangeably to describe the constellation of signs and symptoms resulting from violent shaking or shaking and impacting of the head on an infant or small child. From this point forward, AHT will be the term used interchangeably when referring to either SBS or AHT.

Target Group

Soon to be Moms in their last trimester of pregnancy (preferably 34 - 36 weeks gestation).

<p><i>Module I Contents</i> BASIC LESSON PLAN OBJECTIVES/GOALS TO WORK TOWARD IN PRESENTING THIS MODULE</p>	<p>MATERIALS NEEDED FOR HOME VISIT</p>
<ul style="list-style-type: none"> ▪ Introduce "The Period of Purple Crying" ▪ Understanding Babies and Crying <ul style="list-style-type: none"> ○ <i>All babies cry... What to expect? What's normal?</i> ○ <i>Why babies cry or reasons babies cry?</i> ▪ Tips for Comforting a Crying Baby ▪ Strategies for Handling Frustration (helping caregiver manage emotions) ▪ Shaken Baby Syndrome (SBS)/Abusive Head Trauma (AHT) ▪ Keeping Baby Safe ▪ Develop an Action Plan <p>Emphasize... <i>NEVER EVER SHAKE A BABY!</i></p>	<p>Parent Educator Resources</p> <p>All Babies Cry Module I Lesson Plan Period of Purple Crying DVD Period of Purple Crying Booklet (9 pages) All Babies Cry Action Plan All Babies Cry Parent Acknowledgement Form</p> <p>Parent Handouts Calming a Crying Baby Handout</p> <p>All Materials for Optional Activities All Babies Cry Pre-test Baby Doll & Receiving Blanket</p> <p>Other Resources (DVDs, etc)</p>

PREPARING FOR THE HOME VISIT

1. Review **Module I** Lesson Plan. Gather and prepare all materials.
2. Choose 1 - 3 activities to accompany **Module I** (available in addendum section). Some of these suggested activities are already inserted at various points in Module for optimal timing. Preview any videos selected ahead of time and be prepared to discuss.

Module I Activities - Pretest, Viewing and Demonstration of Dr. Harvey Karp's 5 S's for calming a baby, ETC ←add more (complete list of activity options included in the addendum section).

PROCESS WITH PARENT
 INTRODUCING MODULE I (what to say)

[Before you launch into discussion, you may wish to pass out the handout "Crying Curve" so the parent can refer to it during the presentation.]

Review What to Expect - In our discussion of babies and crying today, I'll be covering the following topics: normal crying patterns in babies; tips for comforting a crying baby and how

to handle frustration when a baby cries for prolonged periods as well as the dangers of Abusive Head Trauma (AHT) and how to keep baby safe.

Introduce the Period of Purple Crying (PPC) DVD - To go along with our discussion, I will be introducing the "Period of Purple Crying" materials. [Show the PPC materials to client. Alert Mother to watch for this DVD when in the hospital although you will not show it at this time.] Explain that the Period of PURPLE Crying does not mean the baby will cry so much they turn purple. The Period of Purple Crying was developed to help parents remember and understand the crying patterns of normal, healthy infants and why the crying can be frustrating to you... and how to keep your baby safe.

Purple stands for...

- ♥ **P**eak of Crying (increases at two months, decreases between 3-5 months)
- ♥ **U**nexpected (crying can come and go without reason)
- ♥ **R**esists Soothing (may not respond to soothing)
- ♥ **P**ain-Like Face (baby looks to be in pain)
- ♥ **L**ong Lasting (crying spells may be lengthy)
- ♥ **E**vening (may increase in late afternoon and evenings)

****Stress the importance of sharing DVD with all people who will be caring for their baby.***

I would be happy to address any other topics you'd like to discuss along the way, too.
[After introduction to contents for this session, proceed with PRETEST ACTIVITY.]

A-C-T-I-V-I-T-Y

ALL BABIES CRY - PRETEST!

Let the client know you want to find out how much they already know on the subject of "babies and crying". Have client complete the brief "Crying Baby" quiz while you wait. Review the quiz; provide positive feedback for their knowledge and efforts. Review the rest of the quiz and explain how the information you are reviewing today. Will answer any questions they were not sure about. Proceed with session beginning with TALKING POINTS.



TALKING POINTS - KEY TOPICS

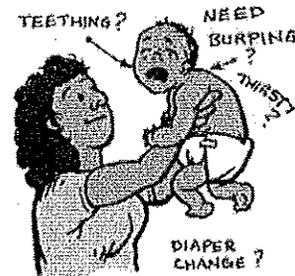


- ✓ **MOST IMPORTANT MESSAGE: *NEVER EVER SHAKE A BABY!***
Make sure that any caregiver who comes into contact with baby understands shaken baby syndrome/abusive head trauma, how it happens, possible consequences, and how to prevent it (including all relatives, babysitters, ANYONE who might come into contact with their baby).
- ✓ **Crying patterns in normal healthy babies. *All* babies cry!**
[refer to Normal Crying Curve handout located in addendum section]
 1. Babies can cry anywhere from 20 minutes a day to five hours a day.
 2. Amounts of crying vary – all babies are different.
 3. Increased crying begins at 2 weeks, peaks at 6-8 weeks, and decreases at 3-5 months.

- Most of the time, holding, feeding, changing, or playing with your baby is comforting and will stop their crying. However, there are times when a baby may cry despite many attempts to calm.

✓ **Why babies cry.**

- Babies cry to communicate (almost everything).
- It is an automatic signal or reflex used by babies to alert their caregivers of their unmet need.
- Babies cry when they are hungry, sick, colicky, wet, tired, too hot/cold, need to change position, and over-stimulated or just want company. (*Note: Crying is not negative and does not make the baby "bad".*)



✓ **Comforting a crying baby.**

[Provide a copy of the [Calming a Crying Baby](#) handout in addendum section]

- Try to stay calm – when you are upset, your baby becomes upset.
- Feed more slowly, burp frequently.
- Try a different holding position (the “football hold”, or hold against your chest), walking, rocking, or swaying.
- Take baby for a ride in the car or a stroller, or place in baby swing.
- If you are nursing, avoid eating spicy foods, onions, beans, or caffeinated beverages.

Dr. Harvey Karp’s 5 S’s to calm baby:

- Swaddling. This is the art of snugly wrapping your baby to provide warmth and security.
- Sucking: pacifier, nursing, finger or bottle.
- Swinging: side to side, riding in car, rocking, walking the room.
- Shushing: white noise such as a vacuum, saying “ssshhh, ssshhh” loudly, etc.
- Side/stomach: hold baby on left side to aid in digestion or hold baby on stomach to provide support.

A-C-T-I-V-I-T-Y

DEMONSTRATION & PRACTICING DR. HARVEY KARP’S 5 S’S!



- View [Happiest Baby on the Block](#)
- Demonstrate Dr. Harvey Karp’s 5 S’s, including the correct swaddling of a baby (with doll). Let the client know you want to find out how much they already know on the subject of “babies and crying”. Have client complete crying baby quiz. Review the quiz; provide positive feedback for their knowledge and efforts. Proceed with session beginning with TALKING POINTS.

Note: It’s very important to respond when your baby cries. They are building trust in you and their environment during this time. Do not worry about “spoiling” the baby during the entire first year.

✓ **Strategies for handling frustration.**

Note: Many parents of young children suffer from lack of sleep and become frustrated at the baby’s prolonged crying. Normalize feelings of frustration. Let the client know that feeling angry or frustrated is normal and okay; it’s how they react to those emotions that are important.

1. Stress the importance of parents taking care of themselves. Not only will they feel better, but will most likely find themselves more physically and emotionally available.

- Adequate rest
- Healthy diet
- Engaging in activities they enjoy

Note: Talk with parent about activities they enjoy and how they will fit "me time" into their schedule.

- ✓ **Encourage parent to reach out for help before the point of losing control, by phoning or visiting with someone that can help, such as:**

- You (their home visitor)
- Their doctor
- Family member or friend
- Any community referrals you have identified

- ✓ **Shaken Baby Syndrome (SBS)** also known as Abusive Head Trauma (AHT): Increased crying is linked to SBS. Crying is the number one reason parents and caregivers shake their babies. SBS happens when parents or caregivers get frustrated and lose control, and violently shake their baby. The shaking may last anywhere from a few seconds to longer periods of time, but can cause severe brain damage and even death. Parents/caregivers cause SBS when they violently shake, slam, hit, or punch a child's head, usually done in frustration while trying to stop the baby from crying. Point out that babies are generally **NOT** shaken by a stranger for the reasons listed above.

1. **Impact of AHT:**

- Approximately 1,300 children in the U.S. experience severe or fatal head trauma each year.
- Nineteen to forty percent of AHT victims die, and of those who survive, 65-80% have significant long term neurological and developmental disabilities.

2. **What makes SBS/AHT so highly dangerous?**

In part, it is so dangerous due to the following:

- An infant's brain is still developing, which makes it easier to injure within the skull during a shaking episode;
- The shaking motion causes acceleration, deceleration and rotational forces on the brain during the shaking episodes which usually result in injury to multiple areas of the brain;
- The baby's head size being larger when compared to the rest of his body;
- The baby's brain is fragile and still developing; and
- Drastic size difference between the baby and caregiver.

3. **Signs and symptoms of SBS: (((MAYBE NEED A DISCLAIMER HERE)))**

- Lethargy / decreased muscle tone.
- Extreme irritability.
- Decreased appetite, poor feeding or vomiting for no apparent reason.
- Grab-type bruises on arms or chest are rare.
- No smiling or vocalization.
- Poor sucking or swallowing.
- Rigidity or posturing.
- Difficulty breathing.

- Blindness.
- Seizures.
- Head or forehead appears larger than usual or soft-spot on head appears to be bulging.
- Inability to lift head.
- Inability of eyes to focus or track movement or unequal size of pupils.

4. **KEEP BABY SAFE -- TAKE ACTION!** *SBS causes blindness, seizures, learning disabilities, physical disabilities and death.*
 1. Call 911 and seek immediate emergency care for your infant if you suspect shaken baby injuries.
 2. Keeping Baby Safe: When your baby cries, try soothing techniques. If you find your frustration becomes too high, place your baby in a safe place and **WALK AWAY.**
 3. **CREATE AN ACTION PLAN!**
[refer to Parent Action Plan handout in addendum section]
Point out the toll free numbers on the handout. Encourage client to keep these handy. They are for parents that feel overwhelmed and need someone to talk to.

5. **When to contact Primary Care Provider:**

Important Notes

Plan ahead! It's important to have a plan in place that you can use when your baby is crying and you find yourself getting frustrated. Feelings of anger and frustration are normal and okay, it's what you do with those feelings that are important. The crying will come to an end.
NEVER SHAKE A BABY!

When your baby does cry, make every attempt to comfort him. Sometimes, your efforts to comfort will work and the baby will stop crying. If your frustration becomes too high, it's OK to WALK AWAY. Put the baby in a safe place like their crib, and take a few minutes to calm yourself (5 – 15 minutes). After the short break, go back and check on the child.
If necessary, review your Personal Action Plan!



SUMMARIZE AND CONCLUDE



Addendum Section - Resources

Contact Numbers

OKLAHOMA CHILD ABUSE HOTLINE 24-hour state wide: **1-800-522-3511**

- 24-Hour Parent Hotline: 1-888-435-7553
- Crying Baby Hotline: 1-866-243-2229
- Child Care Warmline (OSDH) 1-888-574-5437

Community Contacts

- Oklahoma Home Visitation Services Directory (by county)
<http://www.ok.gov/health/documents/OK%20HV%20Directory%20BLACK%20AND%20WHITE%20FOR%20PRINTING%202nd%20Final.pdf>
- Oklahoma County DHS Office

Recommended Videos, Books and Websites

- The Happiest Baby on the Block, Harvey Karp, M.D. www.happiestbaby.com
- American Academy of Pediatrics www.healthychildren.org
- Touchpoints (book), T. Berry Brazelton, M.D.
- OSDH/Child Guidance Program <http://cgp.health.ok.gov> or email childguidance@health.ok.gov
- Prevent Child Abuse America www.preventchildabuse.org/index.shtml
- The Period of Purple Crying DVD www.dontshake.org www.purplecrying.info
- *Elijah's Story (DVD)
- *Mighty Like a Rose (DVD)
- *Never Shake a Baby (DVD or VHS)
- *Portrait of a Promise (DVD or VHS)
- * 4 Don't Shake Videos <https://secure.dontshake.org/buymaterials/items.php?cid=3>
- www.text4baby.org/ Text **BABY** to **511411** to get FREE messages on your cell phone to help you through your pregnancy and your baby's first year.

Materials

- Shaken Baby Simulator Doll
<https://www.thinkfirst.org/Documents/SpecialProds/Shaken%20Baby%20Doll%20Simulator.pdf>

References/Bibliography

- Karp, Harvey, The Happiest Baby on the Block www.happiestbaby.com
- Mayo Clinic Staff, (2011) Crying Baby: What to do when your newborn cries. Retrieved November 2, 2011 from <http://www.mayoclinic.com/health/healthy-baby/PR00037>
- www.parentsasteachers.org
- www.purplecrying.info
- www.dontshake.org
- www.children.webmd.com/guide/speech-and-language-development-age-1-3-years
- www.babycenter.com/0_top-tips-for-dads-on-bonding-with-your-baby_3692.bc?page=1

For More Information

Contact:

Oklahoma State Department of Health (Family Support and Prevention Service)
1000 N.E. 10th Street
Oklahoma City, Ok 73117-1299
Phone: 405.271.7611 Fax: 405.271.1011
Email: SherieT@health.ok.gov



Welcome!
ALL
HOME VISITORS!
SAVE THE DATE

The Oklahoma State
Department of
Health
and
Family Support &
Prevention
Service

Invite you to:

The Home Visitors Conference
October 15, 2013
Registration is FREE!



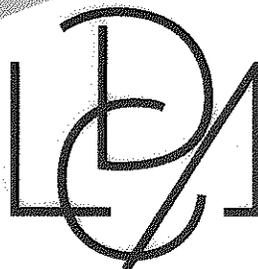
Oklahoma State Department of Health
Creating a State of Health

To be held at:
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University of Oklahoma Outreach
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