THE SHAKEN BABY PREVENTION EDUCATION INITIATIVE

ANNUAL REPORT

December 2012

This report is submitted by the following:
Terry Cline, Ph.D.
Commissioner
Secretary of Health and Human Services

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Chairperson
Shaken Baby Prevention Education Initiative Task Force
Shaken baby syndrome, also known as abusive head trauma, is a form of intentional injury to infants and children inflicted by violent shaking, with or without impact on a hard surface. Such injuries often result in severe head trauma as evidenced by bleeding in and around the brain, retinal hemorrhages and bone fractures. Approximately 25% of those with a clinical diagnosis of shaken baby syndrome die. Of those infants and children that survive, the majority will suffer lifelong neurological damage.

Excessive crying is often cited as the trigger that causes overwhelmed and/or exhausted caregivers to harm their babies, and in many cases, parents do not seek immediate medical attention for their child. Research has shown that up to 50% of diagnosed shaken baby cases have evidence of prior shaking or abuse.

Crying, even excessive crying due to colic, can be a part of a healthy baby's development. For this reason, prevention education that prepares parents for crying, teaches parents ways to soothe their baby and provides parents with strategies for coping with an inconsolable child is critical. While there are program models and educational materials that address shaken baby syndrome, not all are prevention focused, evidence-based or affordable in regards to statewide implementation.

**TASK FORCE BACKGROUND**

The Shaken Baby Prevention Education Initiative was created by Oklahoma law and became effective July 1, 2010. This Initiative created the Shaken Baby Prevention Education Initiative Task Force. The purpose of the task force is two-fold:

1) to identify evidence-based models for reducing the incidence of abusive head trauma in infants in Oklahoma in the area of infant injury and death; and
2) to develop a plan for implementing a model or models statewide to improve outcomes in Oklahoma.

To accomplish its purposes, the Task Force is to obtain the voluntary participation of providers and other relevant stakeholders in its efforts to develop, coordinate, and recommend best practice models to reduce abusive trauma in infants. No funding was provided for the Task Force’s efforts. As dictated by the Act, Task Force members were not reimbursed for their time.

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2 Ibid.
5 Title 63 O.S. 1-232.2
or travel expenses. Staff from the Oklahoma State Department of Health (OSDH), Family Support and Prevention Service provided administrative support.

**TASK FORCE MEMBERS**
The following individuals were named/appointed as members of the Task Force:

The State Commissioner of Health or designee
**Commissioner Terry L. Cline, Ph.D.**
Oklahoma State Department of Health

The Director of the Department of Human Services or designee
**Director Ed Lake**

The Director of the University of Oklahoma Health Sciences Center (OUHSC), Office of Perinatal Continuing Education
**Barbara O’Brien, R.N., M.S., Program Director**
OUHSC Office of Perinatal Quality Improvement

Oklahoma Hospital Association – Governor Appointment
**LaWanna Halstead, Vice President/Quality & Clinical Initiatives**

Association of Women’s Health, Neonatal and Obstetrical Nurses – Speaker of the House Appointment
**Gayle Cudé, Ph.D., Oklahoma Section Chair**

Executive Director or designee of a nonprofit organization that provides services funded by the Child Abuse Prevention Fund in the State Health Department – Speaker of the House Appointment
**Desiree Doherty, Executive Director**
The Parent Child Center of Tulsa

Executive Director or designee of a nonprofit statewide child advocacy organization – Speaker of the House Appointment
**Linda A. Terrell, M.H.R, Executive Director**
Oklahoma Institute for Child Advocacy
Designee: Bonnie Bellah

Neonatologist submitted by the Child Death Review Board – Senate President Pro Tempore Appointment
**Krishnamurthy C. Sekar, M.D.**
University of Oklahoma, Children’s Physicians
Pediatrician submitted by the Oklahoma State Medical Association – Senate President Pro Tempore Appointment  
John H. Stuemky, M.D. 
The Children’s Hospital at the University of Oklahoma Medical Center

Obstetrician/Gynecologist submitted by the American College of Obstetricians and Gynecologists – Senate President Pro Tempore Appointment 
Chad Michael Smith, M.D. 
University of Oklahoma, College of Medicine

Executive Director or designee of a state association representing federally qualified health centers – Speaker of the House Appointment  
Greta J. Stewart, MPH, CAE, Executive Director 
Oklahoma Primary Care Association

Administrator of the Oklahoma Child Death Review Board – seat added by the Task Force  
Lisa Rhoades 
Oklahoma Commission on Children and Youth

**TASK FORCE ACTIVITIES**
Four meetings were scheduled during 2012:
- February 2, 2012
- May 4, 2012
- August 2, 2012
- November 1, 2012

All meetings were cancelled due to lack of quorum with the exception of the February meeting.

However, work related to abusive head trauma continues through the OSDH Preparing for a Lifetime, Injury Prevention Subcommittee and the OSDH Office of Child Abuse Prevention. The following activities were conducted in 2012:

1) A total of 34 out of 59 hospitals providing obstetric care now participate in the *Period of Purple Crying* program. The *Period of Purple Crying* program is an evidence-based program that utilizes a DVD and written material to educate parents about the normality of infant crying, ways to soothe a crying baby and dangers of shaking a child. Mothers delivering at these hospitals view the *Period of Purple Crying* DVD prior to discharge. In addition, the DVD, along with written material, is included in the mother’s discharge packet. This allows the mother to share the educational information with others that will be caring for the infant.

2) Hospitals participating in the *Period of Purple Crying* are also provided with the Oklahoma Home Visitation Directory and referral forms. Hospitals are asked to refer
mothers exhibiting risk factors\textsuperscript{6} associated with child abuse and neglect to home visiting programs in order to further educate the mother about parenting and child development, as well as health and safety issues.

3) Many volunteers from across the state made knitted purple baby caps. These caps are to be distributed to newborns at the hospital beginning in the month of December 2012. The purple caps are part of the national CLICK for Babies campaign, developed to reinforce the Period of Purple Crying’s message.

4) Staff attended the annual Shaken Baby Conference hosted by the National Center for Shaken Baby Syndrome.

5) The “Keep Your Cool” commercial, focusing on men raising young children, ran during the months of April – July 2012.

\textsuperscript{6} Risk factors for child abuse and neglect include, but are not limited to, low economic status, little social support, low educational attainment, lack of stable housing, untreated mental illness, substance abuse, and domestic violence.