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

  Stephen W. Ronck, MPH
  Deputy Commissioner, Community and Family Health Services

  Annette Wisk Jacobi, JD
  Chief, Family Support and Prevention Service

  Linda A. Terrell, MHR
  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.\(^1\) 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 will die. Of those infants and children that survive, the majority will suffer lifelong neurological damage.\(^2\)

Excessive crying is often cited as the trigger that causes overwhelmed and/or exhausted caregivers to harm their babies,\(^3\) 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.\(^4\)

Crying, even excessive crying such as 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.

The Oklahoma Department of Human Services reports that during State Fiscal Year 2010, there were 47 Abusive Head Trauma allegations made to Child Protective Services. A total of 26 of these incidents were confirmed. During State Fiscal Year 2011, there were 66 Abusive Head Trauma allegations made of which 33 were confirmed.

**TASK FORCE BACKGROUND**

The Shaken Baby Prevention Education Initiative was created by Oklahoma law\(^5\) 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

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2. Ibid.
5. Title 63 O.S. 1-232.2
Force’s efforts. As dictated by the Act, Task Force members were not reimbursed for their time or travel expenses. Staff from the Oklahoma State Department of Health (OSDH), Maternal and Child Health Service and the 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 Howard Hendrick**
Designee: Kelli Litsch

**The Director of the Oklahoma University Health Sciences Center 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.
OU Children’s Physicians

Pediatrician submitted by the Oklahoma State Medical Association – Senate President Pro Tempore Appointment

Not Appointed

Obstetrician/Gynecologist submitted by the American College of Obstetrician and Gynecologist – Senate President Pro Tempore Appointment

Chad Michael Smith, M.D.
OU 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 6
Oklahoma Commission on Children and Youth

**TASK FORCE ACTIVITIES**

Member orientation: Members of the Task Force have been oriented about their duties as prescribed by statute. Copies of the statute have been distributed as well as a membership list. This information is also included on the OSDH Family Support and Prevention Service website.

Additional Member Added to the Task Force: As provided for in statute, the majority of Task Force members voted to add a seat for a representative from the Oklahoma Child Death Review Board.

Chair Elected: Linda Terrell, Executive Director of the Oklahoma Institute for Child Advocacy, was elected Chair of the Task Force.

Period of Purple Crying: Jim Marks, Chair of the OSDH Preparing for Lifetime campaign, 7 Subcommittee on Injury Prevention (Subcommittee), educated the Task Force about the health

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6 As allowed by the Act, the Administrator of the Oklahoma Child Death Review Board was added to the Task Force by a majority vote of the Task Force members at the October 15, 2010 meeting.

7 Preparing for a Lifetime is a broad, multi-agency/partner effort led by the Maternal and Child Service of the Oklahoma State Department of Health in response to Oklahoma’s low national ranking related to infant mortality (46th). Numerous workgroups continue to focus on strategies such as promoting safe sleeping practices and breastfeeding as well as reducing the likelihood of prenatal infections, postpartum depression, secondhand smoke exposure and infant injuries in order to prevent infant deaths.
department’s efforts to reduce infant mortality. The Subcommittee had been exploring evidence-based programs to reduce the incidents of abusive head trauma in young children (often called Shaken Baby Syndrome). The Subcommittee had determined that the Period of Purple Crying (Purple) was the most cost effective, evidence-based program available.

Purple combines a 10-minute DVD and an 11-page educational booklet with reinforcement from trained hospital staff to teach parents about infant crying and ways to soothe their baby. The Purple DVD and booklet are to be shown in the hospital prior to a new mother being discharged after the delivery of her child. The Purple DVD and booklet are then sent home with the mother so that she can share the information with others.

The Subcommittee recommended to the Task Force that Purple be implemented in Oklahoma for the following reasons:

- There is a body of science supporting its effectiveness.  
- The model normalizes crying and is therefore relevant for all parents – not just those deemed “at-risk” for committing abuse.
- The materials utilize men, women and individuals of varying races and/or ethnicities.
- The materials are available in multiple languages and the dvd is closed captioned.
- There is free online training for those professionals (nurses, social workers, etc.) that will be sharing the materials with parents.
- The DVD/booklet set is affordable - $2.00 each.
- Purple provides additional information for parents at their website: www.PURPLEcrying.info.
- Purple had already been implemented in varying degrees in several Tulsa and Oklahoma County hospitals.

The Task Force members viewed the Purple DVD and encouraged the Subcommittee to move forward with their plans. The Subcommittee utilized one-time, federal funds to purchase 60,000 Purple sets. The amount would allow all birthing hospitals to provide a set to every mother for at least one year. The OSDH Maternal and Child Health Service contracted with the Oklahoma University Health Sciences Center, Office of Perinatal Quality Improvement (OPQI) to promote the Purple Program to the hospitals. In addition, OPQI was to coordinate the online training between the National Shaken Baby Center and the local hospitals.

The following hospitals with obstetrics care have signed agreements to voluntarily implement Purple, have completed online training and have received their shipment of Purple sets:

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9 The Parent Child Center of Tulsa utilized private funds to purchase Purple sets and to hire a part-time social worker to provide the Purple education to mothers in some Tulsa hospitals.
10 The OU Trauma Department partnered with OSDH and utilized federal funds to provide Purple sets to OKC area hospitals. However, this supply only lasted for one year.
11 Approximately 55,000 babies are born in Oklahoma each year.
<table>
<thead>
<tr>
<th>Hospital</th>
<th>City/Town</th>
<th># of English DVDs Distributed</th>
<th># of Spanish DVDs Distributed</th>
</tr>
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<tbody>
<tr>
<td>Valley View Regional Hospital</td>
<td>Ada</td>
<td>600</td>
<td>50</td>
</tr>
<tr>
<td>Mercy Memorial</td>
<td>Ardmore</td>
<td>983</td>
<td>125</td>
</tr>
<tr>
<td>Jane Phillips Medical Center</td>
<td>Bartlesville</td>
<td>811</td>
<td>100</td>
</tr>
<tr>
<td>Grady Memorial Hospital</td>
<td>Chickasha</td>
<td>307</td>
<td>0</td>
</tr>
<tr>
<td>INTEGRIS Clinton Regional Hospital</td>
<td>Clinton</td>
<td>227</td>
<td>0</td>
</tr>
<tr>
<td>Cushing Regional Hospital</td>
<td>Cushing</td>
<td>352</td>
<td>0</td>
</tr>
<tr>
<td>Medical Center of Southeastern OK</td>
<td>Durant</td>
<td>1086</td>
<td>0</td>
</tr>
<tr>
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<td>310</td>
<td>20</td>
</tr>
<tr>
<td>Memorial Hospital of Texas County</td>
<td>Guymon</td>
<td>184</td>
<td>100</td>
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<tr>
<td>Kingfisher Regional Hospital</td>
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<td>105</td>
<td>0</td>
</tr>
<tr>
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<td>0</td>
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<tr>
<td>Muskogee Regional</td>
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<td>50</td>
</tr>
<tr>
<td>Norman Regional Healthplex</td>
<td>Norman</td>
<td>1104</td>
<td>215</td>
</tr>
<tr>
<td>INTEGRIS Baptist</td>
<td>Oklahoma City</td>
<td>600</td>
<td>50</td>
</tr>
<tr>
<td>OU Medical Center</td>
<td>Oklahoma City</td>
<td>2446</td>
<td>1845</td>
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<tr>
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<td>1239</td>
<td>120</td>
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<tr>
<td>Bailey Medical Center</td>
<td>Owasso</td>
<td>300</td>
<td>50</td>
</tr>
<tr>
<td>Pauls Valley General Hospital</td>
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</tr>
<tr>
<td>Stillwater Medical Center</td>
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<td>250</td>
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<tr>
<td>Memorial Hospital of Stilwell</td>
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<td>76</td>
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<tr>
<td>Choctaw Nation Health Services Authority</td>
<td>Talihina</td>
<td>492</td>
<td>0</td>
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<tr>
<td>Hillcrest Medical Center</td>
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<td>300</td>
</tr>
<tr>
<td>St. John Medical Center</td>
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<td>1882</td>
<td>0</td>
</tr>
<tr>
<td>South Crest Hospital</td>
<td>Tulsa</td>
<td>2162</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL DVDS SHIPPED AS OF 11/1/11</strong></td>
<td></td>
<td><strong>22,839</strong></td>
<td><strong>3,275</strong></td>
</tr>
</tbody>
</table>
Currently, almost half of the hospitals with obstetric services have agreed to implement Purple. The OPQI continues to communicate with Oklahoma hospitals regarding the availability of the program to them at no cost. The OPQI also facilitates the administration of the program for participating hospitals.

Statewide Home Visitation Directory: In addition to the Purple sets, the Oklahoma Home Visitation Leadership Advisory Coalition had developed a Home Visiting Directory which could be distributed to hospitals along with the Purple materials. This directory would aid hospital staff in making referrals on behalf of mothers to local home visiting programs. These home visiting programs could provide additional education on a myriad of topics related to parenting, connect families to needed resources and provide support to new parents.

Keep Your Cool Commercial: The Oklahoma State Department of Health had an opportunity to purchase television and radio commercials from the West Virginia Children’s Trust Fund for less than $3,000 (English and Spanish versions included). The “Keep Your Cool” commercial was designed to reach men and make them aware of the dangers of shaking a young child. Task Force members reviewed the commercial and agreed it would be useful to air during April, National Child Abuse Prevention Month. One-time federal funds were utilized to purchase the commercials and they aired during the months of April, May and June of 2011.

Child Abuse Prevention Day at the Capitol: Task Force members were encouraged to participate in the Child Abuse Prevention Day at the Capitol activities held on April 12, 2011. Task Force members were particularly interested in the Shaken Baby Syndrome Prevention Press Conference held that day in the Governor’s Conference Room. Linda Terrell, Task Force Chairperson, served as the hostess for the press conference. The press conference included notable speakers, and the Period of Purple Crying Program and “Keep Your Cool” commercials were highlighted.

**TASK FORCE FUTURE RECOMMENDATIONS**

**Period of Purple Crying Implementation and Evaluation:** The Task Force recommends that efforts continue to be made to expand participation of Purple within Oklahoma obstetric hospitals. The OPQI will continue its efforts to increase the number of participating hospitals and to administer/facilitate the program within participating hospitals.

The Task Force also recommends that an evaluation plan be developed and presented prior to the end of State Fiscal Year 2012. With the assistance of OSDH evaluators, an evaluation plan will be developed and presented at a Task Force meeting prior to June 30, 2012.

**Home Visiting Lesson Plan:** The Task Force recommends that Purple be distributed and utilized in home visiting programs to increase the number of families provided prevention education related to abusive head trauma. The National Center on Shaken Baby Syndrome supports the distribution of Purple outside of the hospital setting as a means to reengage families and reinforce the prevention message. Such a distribution plan may also capture
families that did not receive *Purple* education while in the hospital. In response to this recommendation, a shaken baby prevention lesson plan is being developed. This lesson plan will incorporate *Purple*, suggest other activities and be easily adapted by the various home visiting programs across Oklahoma. The lesson plan will be shared with Task Force members prior to June 30, 2012.

**Non-traditional Promotion:** In order to reach young adults and teens about the importance of preventing Abusive Head Trauma in infants and young children, the Task Force recommends the non-traditional forms of communication such as social media, texting and digital imaging (jumbo-trons, billboards) be explored. OSDH Staff will explore such options during State Fiscal Year 2013.

**CONTACT INFORMATION**
For more information regarding the Shaken Baby Prevention Education Initiative, please contact:
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