



A Journalist's Guide to **Shaken Baby Syndrome:**

A Preventable Tragedy

A part of CDC's "Heads Up" Series



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

While no one wakes up and says, “Today I plan to shake or harm a baby,” excessive frustration and exhaustion can lead individuals to a breaking point. However, there are other factors that can also increase the risk for an action that can harm a baby. These factors include:^{22, 23, 24}

- Having unrealistic expectations about child development and child-rearing
- Having been abused or neglected as a child
- Being a victim or witness to domestic violence
- Being a single parent

The following increases an infant’s risk for being shaken^{25, 26, 27} particularly when combined with a parent or caregiver who’s not prepared to cope with caring for a baby:

- A history of previous child abuse
- Infant prematurity or disability
- Being one of a multiple birth
- Being less than 6 months of age
- Inconsolable and/or frequent crying



The When (& How): Tips for Accurate Reporting

SBS is more than a story for the Metro section editor or crime reporter—it’s a health story about a tragedy that can be prevented by greater community awareness. Prevention is a community effort that includes recognizing and communicating the risk factors and common characteristics of perpetrators and victims, and also sharing ways to lessen the load on stressed out parents and caregivers.

Following are tips and recommendations to consider as you craft your story.

Tips

- Examine SBS as a public health issue versus solely reporting it from a criminal perspective.
- Reinforce prevention messages for parents and caregivers (see tips on page 6).
- Connect the dots between a parent’s or caregiver’s loss of control and other factors in his/her life and/or community that increase risk or build protection (include history of abuse in the family or lack of support or isolation). Also outline the types of stressors that trigger behavior that can lead to SBS.
- Emphasize that everyone has a role in preventing SBS through better education, awareness within the community, and better support for parents and caregivers.
- Provide your audience with resources for additional information to help them prevent SBS.
 - ◆ Promote local parenting helplines
 - ◆ Highlight child maltreatment programs in your community

A list of tips for parents and other caregivers follows. Also see the list of resources in the next section—The Where: CDC Experts & Other Sources.

Recommendations for Your Readers/Viewers:

If you are the parent or caregiver of a baby:

- Babies can cry a lot in the first few months of life and this can be frustrating. But it will get better.
- Remember, you are not a bad parent or caregiver if your baby continues to cry after you have done all you can to calm him/her.
- You can try to calm your crying baby by:
 - ◆ Rubbing his/her back
 - ◆ Gently rocking
 - ◆ Offering a pacifier
 - ◆ Singing or talking
 - ◆ Taking a walk using a stroller or a drive with the baby in a properly-secured car seat.
- If you have tried various ways to calm your baby and he/she won't stop crying, do the following:
 - ◆ Check for signs of illness or discomfort like diaper rash, teething, or tight clothing
 - ◆ Call the doctor if you suspect your child is injured or ill
 - ◆ Assess whether he/she is hungry or needs to be burped
- If you find yourself pushed to the limit by a crying baby, you may need to focus on calming yourself. Put your baby in a crib on his/her back, make sure he/she is safe, and then walk away for a bit and call a friend, relative, neighbor, or parent helpline for support. Check on him/her every 5 to 10 minutes.
- Understand that you may not be able to calm your baby and that it is not your fault, nor your baby's. It is normal for healthy babies to cry much more in the first 4 months of life. It may help to think of this as the Period of **PURPLE** Crying® as defined by the National Center for Shaken Baby Syndrome (NCSBS). **PURPLE** stands for:

Peak Pattern: Crying peaks around 2 months, then decreases.

Unpredictable: Crying for long periods can come and go for no reason.

Resistant to Soothing: The baby may keep crying for long periods.

Pain-like Look on Face.

Long Bouts of Crying: Crying can go on for hours.

Evening Crying: Baby cries more in the afternoon and evening.

For more information about the Period of **PURPLE** Crying® and NCBS, visit: www.dontshake.org.

- Tell everyone who cares for your baby about the dangers of shaking a baby and what to do if they become angry, frustrated, or upset when your baby has an episode of inconsolable crying or does other things that caregivers may find annoying, such as interrupting television, video games, sleep time, etc.
- Be aware of signs of frustration and anger among others caring for your baby. Let them know that crying is normal, and that it will get better.
- See a health care professional if you have anger management or other behavioral concerns.

If you are a friend, family member, health care professional or observer of a parent or other caregiver:

- Be aware of new parents in your family and community who may need help or support.
- Provide support by offering to give them a break, sharing a parent helpline number, or simply being a friend.
- Let the parent know that the crying can be very frustrating, especially when they're tired and stressed. Reinforce that crying is normal and that it will get better.
- Tell the parent how to leave his or her baby in a safe place while he or she takes a break.
- Be sensitive and supportive in situations when parents are trying to calm a crying baby.
- Think about policies or services that could be resources for new parents in your community—advocate for those that don't exist.