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## TESTIMONIAL

# Preventing Shaken Baby Syndrome One Demonstration at a Time

by Kati Stacy

Around 2005, Kathy Lopez-Bushnell, APRN, EdD, MPH, MSN, Director of Clinical Nursing Research at University of New Mexico Hospital (UNMH), was in a meeting when a community member approached her and said they had a terrible problem.

“She said that we’re not taking care of the families of shaken baby victims,” said Lopez-Bushnell. “So she and I and the CEO and other execs met and she told her story.”

This community member, who represented families going through the legal system regarding Shaken Baby Syndrome (SBS) cases, explained that New Mexico had one of the highest rates of SBS and child abuse death in the country.

“After listening to her story, the execs saw there was a problem and they turned to me and said, go fix it,” Lopez-Bushnell shared.

After researching literature, Lopez-Bushnell found a program in New York state, headed by Mark S. Dias, MD, FAAP. The premise of Dias’ program was that parents who were taught about SBS immediately after their babies were born, when parent-child bonding is very strong, would be less likely to shake their baby. Dias’ program also recognized the effectiveness that these parents could have on disseminating SBS information to others who might be in the position of caring for their child. Dias’ program was so successful that it cut the rates of SBS in the eight-county region of western New York in half.

“I called him and told him we’d like to replicate his study,” said Lopez-Bushnell. “He couldn’t have been more helpful. He sent us volumes of information and we recreated his study here.”

In 2010 UNMH began a program modeled on this study. In 2012, they began using the RealCare™ Shaken Baby simulator by Realityworks®, Inc., with the educational program that was already in place.

### **UNMH Shaken Baby Syndrome Prevention and Awareness Program**

UNMH's Shaken Baby Syndrome Prevention and Awareness Program (SBSPAP) has four main goals:

1. to provide educational materials about SBS to the parents of newborn infants
2. to assess parents' comprehension of the dangers of violent infant shaking
3. to track penetration of the program through the collection of returned commitment statements (CS); and
4. to evaluate the program's effect on the incidence of SBS.

They work to accomplish this by teaching families of newborns as well as families with infants who come into the ICU for various reasons.

"We're a Level II unit in ICU, so we take babies who are usually sick," said Erika Cole, RN, BSN, RNC-LRN, ICN Unit Director at UNMH.

"Upon admission to the unit, we start discharge teaching right away. One of the key pieces that we touch with every parent is the prevention of SBS using the Shaken Baby simulator."

The program incorporates several tools during this education process. A handout gives tips about how to cope with infant crying and stats about what SBS is, etc. Nurses are given training on how to speak with parents and caregivers about how babies cry, that it's okay if they cry and giving parents the okay to put them down and walk away if the need to. When Babies Cry, a video which comes with the Shaken Baby simulator, is shown. Finally, there is a demonstration with the Shaken Baby simulator to dramatically depict how easy it is to cause damage to an infant and what harm can potentially occur. From January 2016 to August 2016, 786 parents have participated in UNM's program.

The Shaken Baby simulator looks, feels and sounds like a real infant, with the exception of its clear head, which is equipped with



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### Desiree Torrez

Mathematician and  
Research Volunteer  
UNMH Shaken Baby  
Syndrome Prevention  
and Awareness Program

*"It's a hard topic to discuss, and many parents might think, 'Who doesn't know not to shake a baby,'" said Cole. "But surprisingly 1 out of 6 parents we've talked with say that this was the first time they heard that [shaking a baby] was dangerous."*

LED lights. When shaken, the lights illuminate areas of the brain that have been damaged by the shaking event.

"It's a hard topic to discuss, and many parents might think, 'Who doesn't know not to shake a baby,'" said Cole. "But surprisingly 1 out of 6 parents we've talked with say that this was the first time they heard that [shaking a baby] was dangerous."

Seven months later the families are called and asked what they remember of this education. According to Desiree Torrez, mathematician and research volunteer with the program, most parents remember working with the simulator.

One story that sticks out the most is a conversation she had with a Dad who called back.

"He said, 'I remember the doll the most,'" Desiree Torrez recounted. "He continued, stating 'whenever my baby cries and I start to get frustrated, I just remember you guys making me shake that doll and I know it's time to put my kid down. I just don't want to do that to my child.'"

The program has recently expanded its efforts to prevent child abuse by incorporating 30 additional Shaken Baby simulators into their program. Created by Realityworks, Inc., these electronic simulators have helped the hospital significantly reduce rates of Shaken Baby Syndrome since they were first implemented in 2012.

"There is a substantial amount of child abuse in NM, and a need for education as a potential preventative measure, given the significant morbidity and mortality in our state," said Christopher Torrez, MD, Pediatric Resident Physician, PGY 3 at UNMH. "The doll leaves a lasting impression on our parents. Often, when we complete the 7-month follow-up, one of the things they remember the most is interacting with the doll."

Christopher Torrez explained that they usually see babies at between 10-14 days of life for their first general pediatric follow-up and they are working to train parents then as well.

"I spoke with one [new] mom about it, and told her how between now and when I see you again in a few months, there's this period of crying that can vary, but it's expected, and it's ok, and it's hard," he shared. "So we go over how to handle that crying, if you need to step away, that's ok; feed the baby, change the baby, put it in a safe

*Right now, our program runs because, well, like the Lorax says, unless someone like you cares a whole awful lot, nothing is going to get better, it's not.... and we care a whole awful lot."*



### **UNMH Shaken Baby Syndrome Prevention and Awareness Program Members:**

Erika Cole  
Kathy Lopez-Bushnell  
Jayme Robertson  
Dr. Leslie Strickler,  
Christopher Torrez  
Desiree Torrez

place, etc. After that first interaction, the mom came back and told me she did just that. How she was frustrated, and the conversation we had came to mind, and she made a safe choice. And she told other family members about it, which means they've learned, too. That conversation has stuck with me in regards to how this information is remembered – and passed."

### **Funding an expanding program**

Ultimately, the goal for the program is to see it implemented statewide in all hospitals. They are being invited to schools for presentations and, in December of last year, they provided training to the 22 different home visitation programs in the state of NM.

"We will be providing a doll to every hospital that participates in our program so they can provide the training also," said Desiree Torrez. "The response has been very positive. There hasn't been a hospital that we've contacted yet that hasn't wanted the education."

This past legislative session the group presented two bills to the legislature: one was an appropriations and one was a mandate to expand this program state-wide. Unfortunately, they had a short session and the bills were being presented on the last day so they weren't able to go through. They did, however, get wording in House Bill 2, the general appropriations fund for the state, and the governor left the wording in that directed UNM and their program to provide this education state-wide to all hospitals and birthing centers in NM that are open to having it.

"With the legislation we've gotten some funding to purchase the dolls, but we weren't able to get all of the funding," Desiree Torrez said of the team's efforts, which are entirely voluntary. "Our funding comes from a very small percentage of the general funding from the UNM's general funding and it's decreasing. We're looking at other sources, NIH grants, etc. Right now, our program runs because, well, like the Lorax says, unless someone like you cares a whole awful lot, nothing is going to get better, it's not.... and we care a whole awful lot."