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WISCONSIN STATE LEGISLATURE ...
PUBLIC HEARING - COMMITTEE RECORDS

2005-06

(session year)

Assembly

(Assembly, Senate or Joint)

Committee on ... Children and Families (AC-CF)

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
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INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
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- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
  (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
  (**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

* Contents organized for archiving by: Stefanie Rose (LRB) (May 2012)

Testimony submitted to
the Wisconsin Legislature
in support of
the Shaken/Impacted Baby Prevention Act, LRB 0788/8

May 10, 2005

My name is George Lithco. My wife Peggy and I reside at 1011 Dutchess Turnpike, Poughkeepsie, New York.

We offer this written testimony in support of the Shaken/Impacted Baby Prevention Act introduced by Senator Lassa. It will do much to help protect the children of this State from suffering death or serious injury as the result of being shaken by a parent or caregiver.

We applaud Senator Lassa and the other sponsors of this bill for your initiative. As far as we know, only three other states - Pennsylvania, New York, Missouri has undertaken a statewide effort to require that all new parents have the opportunity to learn how to prevent their children from shaking injuries, although Illinois, Minnesota, Virginia, Texas and Massachusetts are also considering legislation.

The reason for our support for this bill is very personal. On November 30, 2000, our eleven month old son, "Skipper," was shaken by an "informal" child care provider. She was a 51 year old grandmother with four children of her own, who was also caring for her grandson and one other toddler that day. Skipper died three days later.

Unfortunately, our tragedy is not unique. Even here in Dutchess County, New York, a quiet suburban county of 225,000 people, home to Vassar College, Marist College, the Culinary Institute of America, Franklin D. Roosevelt's home and several large IBM manufacturing facilities, there were 7 shaking cases between June 2000 and March 2003.

Research reported in the Journal of the American Medical Association in August, 2004 estimated that there are 1400 to 1600 cases each year where a caregiver inflicts head injuries on a child so severe that medical attention is required. Like Skipper, one-quarter of those children die. Half of the surviving children suffer serious disabilities.

Since our son died, we have been working with family, friends and concerned parents as The SKIPPER (*Shaking Kills: Instead Parents Please Educate and Remember*) Initiative to educate everyone who cares for young children about the danger of shaking children as old as 5 years of age, and the need for caregivers to be prepared for the inevitable frustrations that are part of caring for children.

Educating new parents about the danger of shaking, the need to cope with the inevitable moments of frustration, and ways that they can help protect their child from injury is the single most important way to protect babies - and children as old as 5 years of age - from shaking injuries.

We have learned that it is not sufficient just to give parents information. They have to hear it and realize it will help them protect their children. And they have to learn how to talk to every caregiver who takes care of their child and make a commitment to do that.

It is not easy. If you have a young child yourself, or if you are a grandparent or know a relative, friend or employee who has a child under age 5, have <u>you</u> talked about the danger of shaking, or even the

SIDS "Back to Sleep" campaign, with other caregivers of that child? The babysitter? The child care provider?

We have learned that some parents and caregivers do not realize how dangerous shaking can be even to babies, but many more do not realize the danger to infants and toddlers. And most parents do not realize that in most states, even licensed child care providers are not trained about the danger of shaking young children.

Parents assume that day care professionals, foster parents, grand-parents, siblings, babysitters and other trusted caregivers know about the danger of shaking. But some recent surveys indicate that 25-50% of the general public are not aware of the danger of shaking young children.

Nearly 50% of the licensed day care provider we surveyed in our training classes tell us that they didn't know that children up to age 5 are vulnerable to shaking injuries. Fortunately, we have been able to work with New York's Office of Children and Family Services on a statewide teleconference dealing with Shaken Baby Syndrome in child care settings. That program, called "Skipper's Story", was seen by more than 6,000 licensed providers.

But we tell parents that they cannot assume that any caregiver knows about that danger. We know the danger of assumptions.

Shaking and other inflicted injries take an enormous toll on our children. The good news is that education of new parents makes a dramatic difference in the incidence of Shaken Baby Syndrome. With the support of the Hoyt Children and Families Trust Fund, Dr. Mark Dias developed a simple program at Children's Hospital of Buffalo to educate new parents.

It uses a short video called "Portrait of Promise", which tells the story of three children and their families who have been affected by Shaken Baby Syndrome, seven minutes of a nurse's time, and a "commitment statement" signed by the parents after watching the video, to educate new parents and ask them to make a commitment to never shake their child.

The April, 2005 edition of *Pediatrics*, the journal of the American Academy of Pediatrics, reports on the extraordinary success of this program. Since it was introduce in 1998, the rate of shaking incidents in the Buffalo area has decreased by nearly 50%, and very few of the cases that have occurred since the program was implemented involved parents who had seen the video and signed the commitment statement.

Under the auspices of the Upstate New York SBS Prevention Project, the Dias program has been expanded to serve nearly 40 hospitals in western and upstate New York. When Dr. Dias relocated to the Penn State medical school, he worked with the Pennsylvania legislature and state agencies to set up a statewide prevention program that now includes nearly 95 hospitals.

It has also been adopted by hospitals in New York City, Westchester County, Utah, Massachusetts, Arizona, Idaho and Ohio. Last year, New York and Missouri adopted legislation that requires hospitals to offer new parents information on the causes and consequences of Shaken Baby Syndrome and the opportunity to watch this video.

Shortly after Skipper died, we found out about this program. With the support of Vassar Brothers Medical Center and the Junior League of Poughkeepsie, we implemented the program at Cassar in August of 2001. Over the next year, it was extended to the five other hospitals that serve Dutchess

County. At the outset, staff at each hospital was concerned about the reactions of parents. Administrators were concerned that the prevention program would impose burdens on the hospitals and their staff..

We hope we can use this opportunity to share some lessons we have learned from helping to implement that program at Vassar Brothers Medical Center in Dutchess County, New York.

Vassar serves the City of Poughkeepsie and surrounding areas of Dutchess County. It has 28 birthing suites, and averages about 2,500 births a year. In August of 2001, it became the first hospital in New York south of Albany to offer Shaken Baby prevention education to new parents.

The issue of SBS was added to the discharge protocol. A nurse discusses SBS awareness, advised new parents that three awareness brochures were included in their maternity information handbook, and invited them to watch the Portrait of Promise video. After the video, they sign a short evaluation form that asks if they have learned about the danger of shaking young children.

The nurse's message is simple: "as you probably realize, there have been several cases of shaken baby syndrome in the news. We want to help you learn how to protect your baby by watching this short video."

To date, the parents of nearly 7,000 babies have chosen to participate in the Shaken Baby prevention program. With the assistance of the Junior League of Poughkeepsie, we conducted a follow up survey of a representative sample of those parents.

The results are compelling:

1. **Parents remember the information**. 100% of the parents surveyed say that they remembered the SBS video; 93% said it was the most memorable part of the SBS education program;

2. **Parents recommended the video.** 100% of the parents recommend that all new parents watch the video;

3. **Parents use the information.** 86% of the parents report that they are talking with other caregivers about the danger of shaking injuries. This is especially important because the *Zero to Three Foundation* reports that **48%** of babies between birth and 6 months of age are regularly cared for by someone other than their parents;

4. **Most parents only get information in the hospital.** Even though there were seven (7) shaking incidents in Dutchess County since 2000, only 21% of parents reported that they received any information about SBS from their pediatrician or other community sources after discharge;

5. **Brochures are not sufficient.** Although Vassar gives all new parents three (3) different SBS awareness brochures in their instruction book for new parents, 10% of the parents we surveyed say they don't remember getting a brochure (those members of the Legislature who have raised children will understand).

We are using these lessons and our experience working with Dr. Dias, the Hoyt Trust Fund for Children and Families, the New York State Office of Children and Family Services and the New York

State Department of Health to promote the extension of the program here in New York. Last year, Westchester Medical Center coordinated a regional program that started education for new parents at 22 hospitals in the eight counties north of New York City.

There is a compelling need for education. The best information available, which includes baseline data developed by Dr. Dias, indicates approximately 1 child in 2400, on average, will be shaken seriously enough to require medical attention.

According to the National Center for Health Statistics, Wisconsin had approximately 70,000 births in 2003: that means approximately **twenty-nine (29)** children will be shaken, on average, every year seriously enough to require medical care.

Since the program developed by Dr. Dias has been implemented in Buffalo area hospitals, **shaking incidents in the areas served by those hospitals have dropped by nearly 50%.**

Moreover, Dr. Dias has advised me that continuing surveillance by the Upstate New York State SBS Prevention Project indicates that nearly all of the cases which have occurred do not involve parents educated by the hospital program (significantly, a significant number of cases have involved day care providers). **A reduction of comparable scale statewide would mean that fiften (15) children, on average, would not be shaken each year.**

The hospital education program is a vitally important element in preventing shaking injuries to children for a number of reasons.

1. It is an effective and efficient opportunity to educate nearly all new parents. Prenatal and postnatal education misses a substantial number of families. Even when families do enroll, it is not less common for the father to attend classes, yet fathers and boyfriends are responsible for the majority of shaking injuries.

2. The video is ***significantly*** more memorable than brochures or other traditional means of "pushing" information to parents. Not only does it contain a constant message, but it features parents of shaken children talking to new parents about how they can prevent their child from being inured.

As our survey shows, when the message is delivered by video it is much less abstract and much more compelling. It is not a happy video to watch, but parents commonly tell us they appreciate the knowledge and they think it is important that all new parents see it.

Although SBS information has been available in New York for nearly 10 years, few parents just ask for it or recognize how important awareness is to their child's safety. Relying on parents and caregivers to "pull" brochures or other available information has been, and will be, ineffective to protect babies and infants from the risk of shaking injuries.

3. We believe the message is more effective when delivered by a health professional or hospital volunteer in the hospital setting. We have found that even pediatricians and other health professionals find it difficult to initiate a discussion about the danger of shaking because it typically has had a connotation of "child abuse."

In Dutchess County, where there have been six SBS cases in the last three years, fewer than one-quarter of the parents (21%) who we surveyed said their pediatric office had provided information about the causes or consequences of shaking a young child.

Moreover, relying on an expectant mother or a new mother to deliver this important message to the spouse and other caregivers in many cases is not only unrealistic, but unfair to the mother and to the other caregiver. Most importantly, it is unfair to the child.

Both parents should get this education for a neutral third-party who has been trained to present the information in a positive, non-accusatory manner that emphasizes helping the parents prevent injury to their child.

4. The hospital is also the point when new parents are most receptive to information about prevention. Birth makes the experience real and immediate, yet the parents are not yet exhausted and isolated by caring for a new born child.

Once they have heard their baby cry, new parents can truly understand why they will need to develop coping techniques to deal with the frustration and anger that comes when a baby cries inconsolably. Only through experience do they come to learn that frustration and anger is a normal part of caring for infants.

5. Crying is far more common that parents anticipate. A recent research study reported in the *Archives of Pediatrics and Adolescent Medicine* indicates that nearly 20% of all babies will cry inconsolably during the first four months of birth. Dr. Ronald Barr, a researcher at McGill University, reports that crying precipitates 95% of shaking injuries to babies.

Inconsolable crying is frequently cited as the cause of shaking. In a study reported last year in *Lancet*, 5.6% of new Dutch mothers admitted they had smothered, slapped or shaken their child by age 6 months. In a study that was jsut published in *Pediatrics* in March, 2.6% of mothers in North Carolina admitted they or someone in their household has shaken a child under 2 years of age.

When we talk with parents, new and old, about how crying is frequently cited as the precipitating factor in shaking an infant, stories of their own frustration and uncertainty about dealing with crying area nearly universal. Many new parents have told us that their strong feelings of frustration led to feelings of inadequacy and failure as a parent that they were ashamed to discuss even with their spouse.

Mark Dias is a pediatric neurosurgeon. He tells the story of the moment he was inspired to start the program: he was up early in the morning caring for his infant son and realized that the only difference between his reaction and that of someone who shakes a child is that he knew the consequences.

Our second son was born on March 20, 2002. I have similar memories. Every new parent does. In that moment, they need to know and remember how dangerous shaking can be.

6. The hospital education covers a topic that has not been comfortable for parents or professionals to talk about. One issue that we discovered early on is that many parents are upset or offended by the message that "*you* should never, ever shake *your* baby."

Instead, we tell parents that this is information that "you need in order to protect your baby by educating others who care for your child." Nurses and other educators tell us that this makes the education experience much more positive.

The Vassar program is successful because it teaches parents two things: the danger of shaking infants and that they can help protect their child from that danger by educating - in a positive, non-

accusatory manner - every caregiver who looks after their child so that they are prepared to cope with frustration.

Educating parents in the hospital to advocate for the safety of their children is the most efficient way we have available, in the short term, to get this important message to those who care for infants.

7. Developing a means to evaluate the effectiveness of individual hospital programs is also critical for two reasons. First, it allows the educators to ensure that they continue to effectively communicate with parents and that parents have been able to use that information to talk to other caregivers. Second, parents will tell you the true value of the program, which is wonderful motivation for the educators and those administering the program.

Other Forums

Initiating a hospital education program offers the opportunity to bring SBS prevention education into two other critical venues: day care settings and school parenting programs.

Once parents become aware of the danger, they recognize the importance of educating all of the caregivers who look after their children. Hospital programs show the community that awareness is important.

The SKIPPER Initiative has made presentations to day care providers, high school students, foster parents and social services about preventing Shaken Baby Syndrome. It is more and more common for us to find that someone has already heard about Shaken Baby Syndrome because of the education program at Vassar. We also hear that message from pediatricians.

That message needs to be available and reinforced in school and child care settings. In that regard, the Shaken/Impacted Baby Syndrome Action would require training for child care providers and education in schools, including an opportunity for students to watch an effective SBS prevention video.

Not only is it important to educate future parents - in local high schools, over 50% of students are babysitting now for siblings, relatives and for hire. They need this education, and the children in their care need for them to have it.

Consider that the *Wall Street Journal* reported last year that nearly 6 million children under the age of 5 are in day care for all or part of a day.

Unfortunately, I have read a number of news reports in the past year about children who have shaken infants in their care: the youngest is a 9 year old boy in Cleveland who allegedly shook one of two 21 month old twins he was watching.

Again, there is good new. We have presented prevention information to students and teachers in nearly 25 middle school and high school classes, and worked with educators who teach parenting at other schools: students are receptive, and they appreciate the opportunity for this education.

We have also worked with our local day care councils to offer education about the causes and consequences of Shaken Baby Syndrome. Providers appreciate the education, but still find it difficult to talk with parents about this issue.

In response to requests by nearly every provider for posters that can serve as "icebreakers", we have prepared a series of awareness posters for day care centers. I have forwarded a few examples. We are working with the child care licensing agency to make them available statewide to schools and hospitals, as well as child care providers, in order to create a continuum of awareness.

Costs

Dr. Dias estimated last year that expanding the Upstate New York SBS Prevention Project statewide would cost $10 to $15 per birth (which would include an extension of his associated data collection and research on the effectiveness of the program).

We are aware that some hospital administrators express concern about the burden on overworked nursing staffs. The nursing staff at Vassar and the other local hospitals has been remarkably supportive of the program. Nearly 80 % of the parents at Vassar watch the video before they leave.

It may take seven minutes of a nurse's time to introduce the video, answer questions and have the parents complete an evaluation form/commitment statement. If you ask the nurses at maternity hospitals in New York State to help prevent shaken babies they will do this.

In Utah, Dr. David Corwin has convinced private insurors and the State Medicaid program to share the cost of educating parents by making a payment for SBS education for each birth, using the analogy that education essentially is a "vaccination" against shaking injuries that saves the Medicaid program money that will otherwise be spent on treating shaking injuries.

For instance, the Utah Medicaid program pays $6 per birth. In Wisconsin, the AAP reported that Medicaid covered about 35.5 of births in 2000, or about 25,850 children. Using the 1 per 2,400 birth incidence rate, anticipate that about 10 of those children would be shaken each year, and 5 of those children would require sustained medical treatment.

If only half of those shaking cases were prevented, the Medicaid program would not have to spend an average of $75,000 in medical and other costs for survivors each year. A conservative estimate is that the direct savings to Medicaid would likely exceed **$150,000**, which would be more than the Medicaid payment required to educate the parents of everyone of those children.

This program not only prevents injury to children, but makes economic sense.

Of course, the State has should also have to add into that equation the costs of rehabilitation for survivors, special education for children who develop learning disabilities, and the costs of investigating, prosecuting and incarcerating the perpetrators. These are all costs that the taxpayers are paying today.

Absent education, significant liabilities can result. Merced County in California was recently held liable for $8.3 million for negligently placing a child with a foster parent who shook her so hard she went blind. And the Cochran Law Firm filed suit against New York City seeking $500 million in damages for a child who was allegedly shaken in foster care.

Shaken baby prevention not only saves the lives of young children, and prevents tragedies that affects the lives of their families, but it is cost effective.

Conclusion

We support this bill without reservation. If the members of the Legislature have any doubt about the need for education in hospitals, schools and child care centers, I urge them to ask family, friends and acquaintances with young children whether they have experienced moments of frustration and anger when caring for their child.

Then ask them whether they know about the danger of shaking injuries.

Take testimony from new parents who have already participated in the program at hospitals in Wisconsin. You may to make some accommodation to get that testimony, because new parents are bound up in the lives of their children.

But that is the single point when they can best inform you about the reality of becoming a parent, about the need for this program and how they feel about learning how to protect their child from shaking injuries.

Take testimony from those high school and middle school students who babysit. Or those who have children of their own. As them if they know that danger of shaking infants and young children.

Listen to those voices. They will tell you that this is a necessary thing.

And also listen to the voices you will not hear.

The voice of Mason Maciosek, of Muskego, a nine week old boy who died on April 20, 2005. He was allegedly shaken by his nineteen year old babysitter.

In New York, the silent voices of children include our son, Dale Anderson, Jr., Brittney Sheets, and Cynthia Gibbs. They died between November 2000 and June 2001. They were all shaken by a child care provider. Listen to the ventilator that breathes for the foster care child who was shaken in Wappinger Falls in 2003 and now lives in a nursing home on Staten Island.

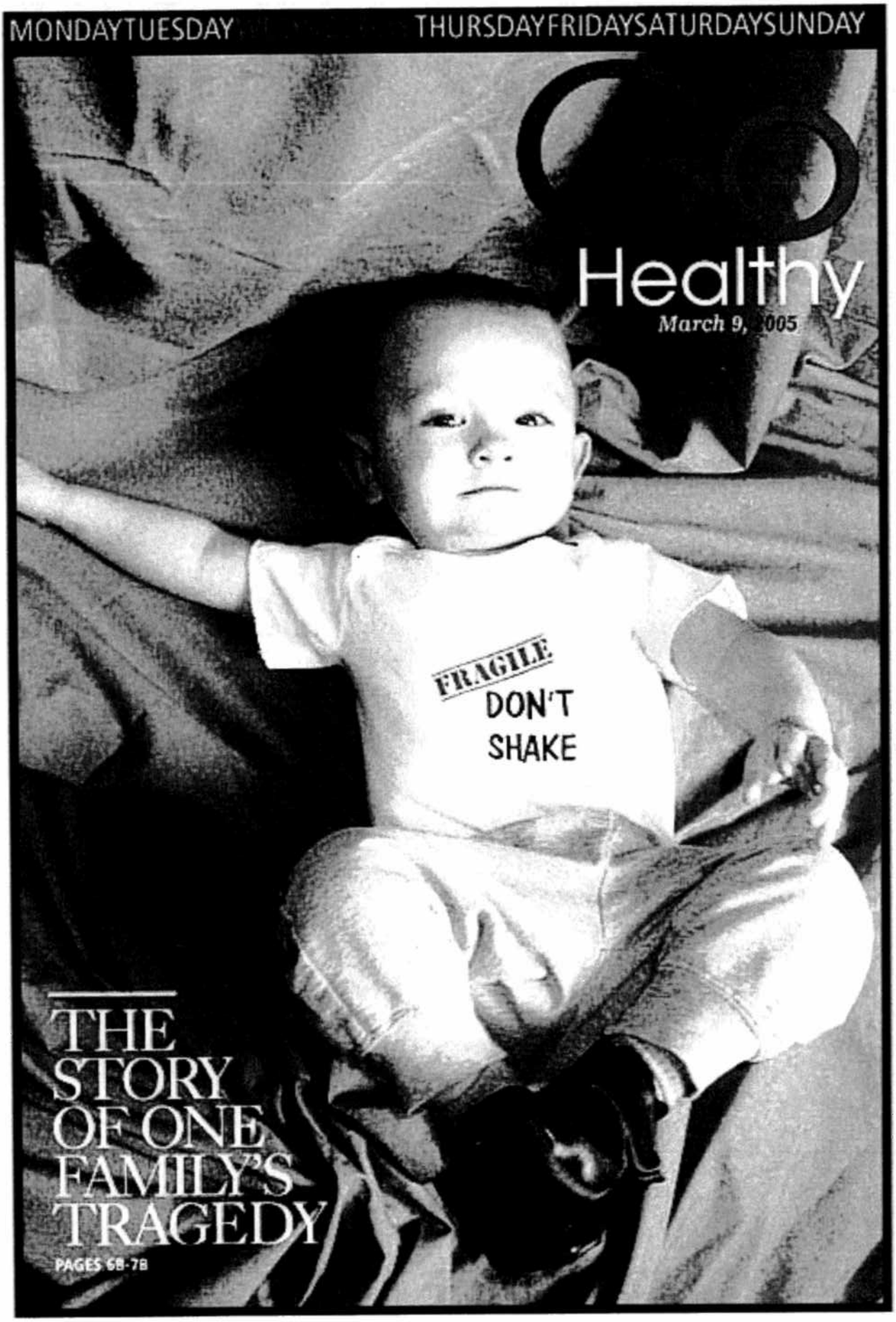
If we all had learned about the danger of shaking young children and how to protect them by talking to all caregivers about the danger, those voices might not be still today. If you visited Hyde Park this summer or brought your child to Vassar College this fall, you might hear their laughter as they ran and played in the fields.

And the State of New York would not be paying to incarcerate the four women who shook them.

We can't change the past. But you and the other members of the Legislature have the opportunity to change the future for some of the children who will otherwise be shaken this year.

George Lithco
1011 Dutchess Turnpike
Poughkeepsie, New York

(845) 778-2121


MONDAYTUESDAY
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FRAGILE
DON'T
SHAKE
THE STORY OF ONE FAMILY'S TRAGEDY
PAGES 68-78

It was the most heart-breaking of obituaries.

By Beth Quinn
Times Herald-Record
bquinn@th-record.com

George "Skipper" Lithco III was born on Dec. 24, 1999, Christmas Eve, in Vassar Brothers Hospital, Poughkeepsie. After a medical ride to Westchester Medical Center, he passed through to the afterlife on Sunday, Dec. 3, 2000. He was 11 months old.

Skipper began smiling on Feb. 23, 2000, and never stopped. He attended the YWCA Mothers' Club and the Red Oaks Mills Gymboree, summer and fall programs.

He lived in the Town of Poughkeepsie, where he indulged a lifelong fascination with trucks and motorcycles on Route 44 and reveled in all of his accomplishments in learning to grow. He was an active walker and backpack rider and enjoyed swimming, baths and picking up balls and putting them down. His numerous friends and admirers were enchanted by his good looks, charm, ready smile, engaging manner and contagious laugh.

He is loved by his mom, Peggy Whalen, and dad, George Lithco Jr., at home.

Continued on next page

He is loved, still, by his mom and dad, who keep his memory alive by educating others about the perils of what killed Skipper: Shaken Baby Syndrome.

"Hard shaking for even a few seconds can injure or kill a small child," says Lithco, a lawyer in Walden who spends much of his free time talking to educators, lawmakers, district attorneys and hospital officials about improving prevention efforts. "And it can happen to anyone."

In Skipper's case, it happened to his baby-sitter, a 51-year-old woman who was having a bad day.

On Nov. 30, 2000, a Thursday, she was baby-sitting for her own grandson, Skipper and one other child. She was depressed over her recent divorce, but not noticeably so. Lithco learned only later that she had spent Thanksgiving Day alone the previous week.

The kids were giving her a hard time that day. Her grandson and the other child were fussing with colds. Skipper was cranky from teething. He was cutting some molars.

When he spit up while being fed, it was the baby-sitter's last straw. She picked him up from the high chair. And she shook him. Hard. Hard enough to cause his brain to slosh around inside his skull.

The emergency vehicles were still in the driveway when Lithco's wife, Peggy, arrived to pick up Skipper.

Three days later, on Sunday at 5:25 p.m., the couple watched as a doctor turned off their baby's life support. Skipper was brain dead.

Lithco knows that the baby-sitter who killed his child – the child who found laughter in picking up balls and putting them back down – was not a bad person.

"With 'Shaken Baby', most times it's not a bad person doing a bad thing," he says. "It's often a stressed-out person losing control."

And it is that understanding that gave rise to The Skipper Initiative, a grass-roots group organized by Lithco and his wife to increase awareness about the causes and consequences of Shaken Baby Syndrome.

Their efforts are both broad-stroked and highly focused. The Skipper Initiative successfully lobbied state legislators to pass a law requiring hospitals to offer new parents information about Shaken Baby Syndrome.

Lithco speaks to students in schools about how easy it is to harm a child they're baby-sitting for. And the group has made an education video for use by hospitals, day-care centers and other points of entry for child-care providers.

"We're trying to shift the emphasis from the negative (don't do this) to a positive message (here are some strategies to help keep your baby safe)," says Lithco. "Parents and sitters need to have a coping plan in place if they start to feel stressed."

And that stress can come all too easily. New parents often feel they're losing control of their lives – running on empty because of lost sleep, being unable to go out when they feel like it and coping with a wailing baby.

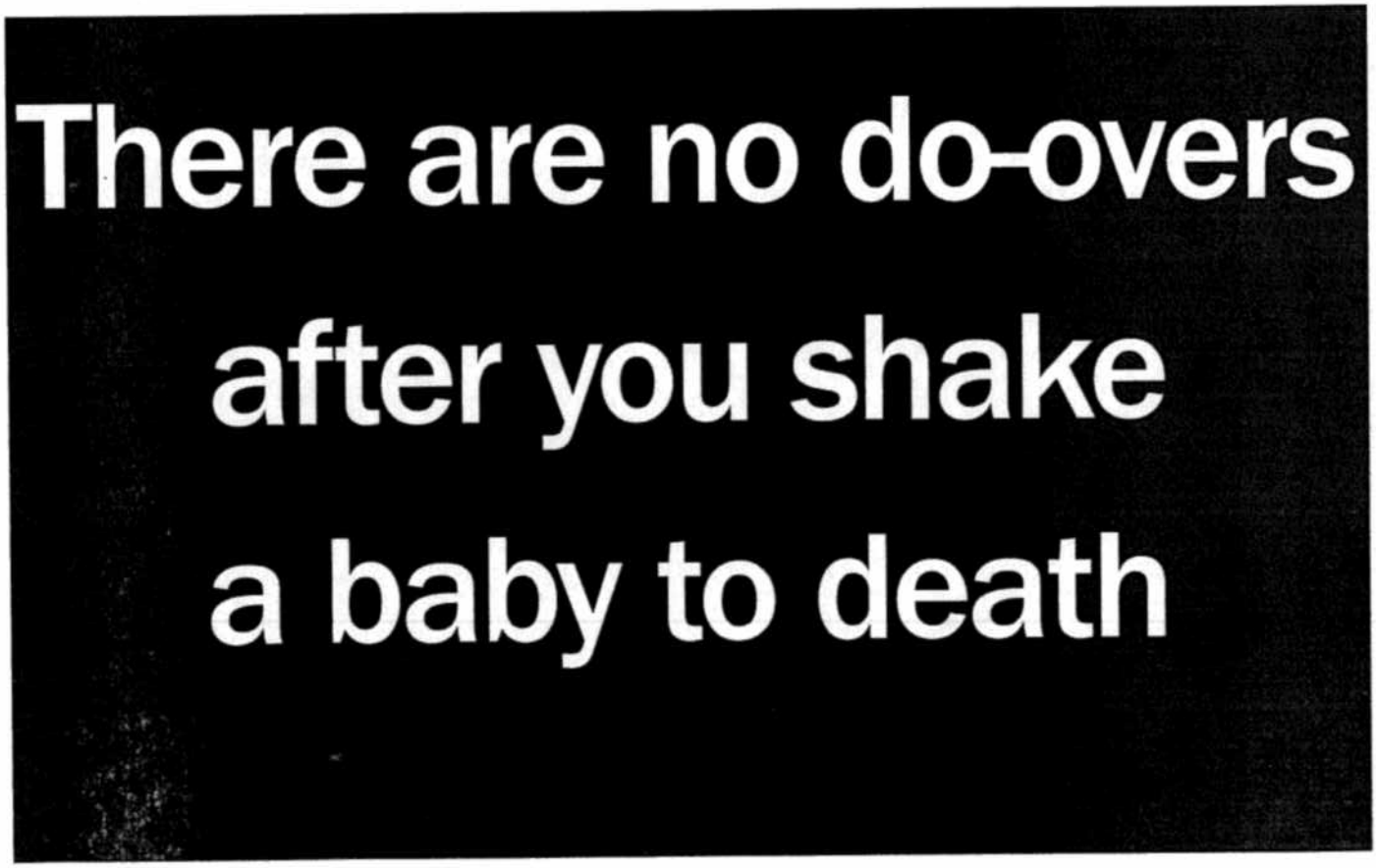
"If you're not prepared for that – if you don't have a plan for what to do when your frustration level rises – then there's a potential for losing control," he says. "We've all got that potential. But this is something where you can't go back and say you're sorry."

The Lithcos have had another child since Skipper's death. Their son John, who appears on today's Go Healthy cover, is now nearly 3 years old. He will never know what a little character his older brother was.

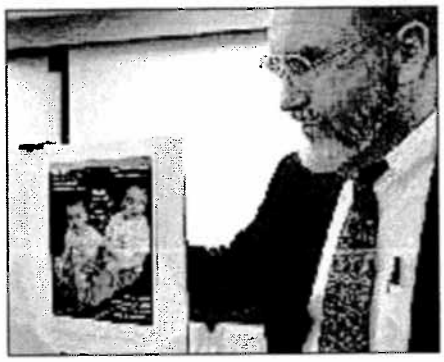
His parents are left only with some photos, some videotape and a desperate longing to hold Skipper again.

"How do I begin to describe the vastness of our loss?" asks Lithco. "How do I define something whose boundaries just keep expanding every day? But try as we might, we cannot change the past. So we're doing what we can to change the future."

If you would like more information about The Skipper Initiative, go to www.skippervigil.com.



Education efforts under way in local hospitals and schools



The Associated Press

George Lithco shows off a series of posters with children wearing shirts that say "FRAGILE DON'T SHAKE" at the Vassar Brothers Hospital in Poughkeepsie.

By Beth Quinn
Times Herald-Record
bquinn@th-record.com

There are an estimated 5,000 cases of Shaken Baby Syndrome nationwide each year. Many of those children suffer serious injuries and permanent damage. Some die.

Parents are responsible in 75 percent of reported cases. Many say they didn't know they could hurt their child by shaking him. Most say they didn't mean it.

That's why education and prevention are so critical. It's what grass-root groups such as The Skipper Initiative have been lobbying for.

The Skipper Initiative was begun by Walden lawyer George Lithco and his wife, Peggy Whalen, after their son Skipper died at the hands of his baby-sitter.

Last fall, the Hudson Valley Shaken Baby Prevention Initiative got under way to educate new parents before bringing their babies home from the hospital. The Skipper Initiative was instrumental in its development.

The project involves 22 hospitals in the region – every hospital that has a maternity department, including those in Orange, Sullivan and Ulster counties.

"Some of the hospitals were already providing education materials to new parents, but we've standardized the program so everyone is doing the same thing," says Dr. Jennifer Canter, a forensic pediatrician at Westchester Medical Center, which is spearheading the initiative.

As medical director of the Children's Advocacy Center at Westchester's Children's Hospital, Canter is the regional expert on Shaken Baby Syndrome. Part of her job is to evaluate children in suspected cases of child abuse.

And Shaken Baby Syndrome is child abuse even if the person doing the shaking "didn't mean it." The baby sitter who killed Skipper Lithco – a 51-year-old grandmother – is serving 3¼-10 years after pleading guilty to second-degree manslaughter.

Through the Hudson Valley initiative, nurses in our hospitals' maternity departments are trained to show new parents an 11-minute video about Shaken Baby Syndrome called "Portrait of Promise."

The nurses also talk about how exhausting and frustrating newborns can be – and what to do instead of taking it out on the baby.

PARENTS ARE ASKED TO sign a commitment that they will never shake their baby – and to educate everyone who takes care of their child.

The program dovetails with a state law that went into effect Nov. 24, requiring that all hospitals offer information about Shaken Baby Syndrome.

Benedictine Hospital in Kingston, which is taking part in the Hudson Valley initiative, already had put its own program in place two years ago.

"We've been asking all new moms to watch the video," says Dori Krolick, the hospital's nurse manager of obstetrical services. "It's got a very powerful, great message."

The hospital also shows the video on its in-house station, the Newborn Channel. "And we have posters up all over the place about it," says Krolick.

Young people in our local high schools also are being educated about the dangers of Shaken Baby Syndrome.

At Monroe-Woodbury High School, for example, Shaken Baby Syndrome is a component of the school's semester-long Parenting Class. The class was developed about five years ago by teacher Eileen Garvey.

In addition to showing students the "Portrait of Promise" video, Garvey uses Jello in a Tupperware container to show what happens to a baby's brain when shaken.

"When she gives it a little shake, you can see cracks begin to form," says Gail O'Mara, chair of the school's Family and Consumer Sciences Department. "Then she gives it a violent shake. It's a powerful visual for these kids."

Students also take turns caring for a Baby Think It Over Doll – a computerized doll that simulates the needs of an infant.

"A lot of kids come in the next day very frazzled," says O'Mara.

BUT THERE IS MORE to be done.

Lithco says he'd like to see all high schools offer parenting programs like Monroe-Woodbury's. Schools must now offer a "unit" of parenting education – a state requirement that's often satisfied by a couple of weeks' instruction in health class.

"But this is something that should be done thoroughly," says Lithco.

Orange County Health Commissioner Dr. Jean Hudson says another point of entry could be the Red Cross, which offers a baby-sitting course.

"We'd like Shaken Baby included in their curriculum, too," she says.

Because there's so little expertise in evaluating Shaken Baby Syndrome, Canter suspects that many cases are incorrectly diagnosed.

Hudson agrees. "There's always an undercount," she says. "In the ER, you have to be sure of the cause before you can diagnose it."

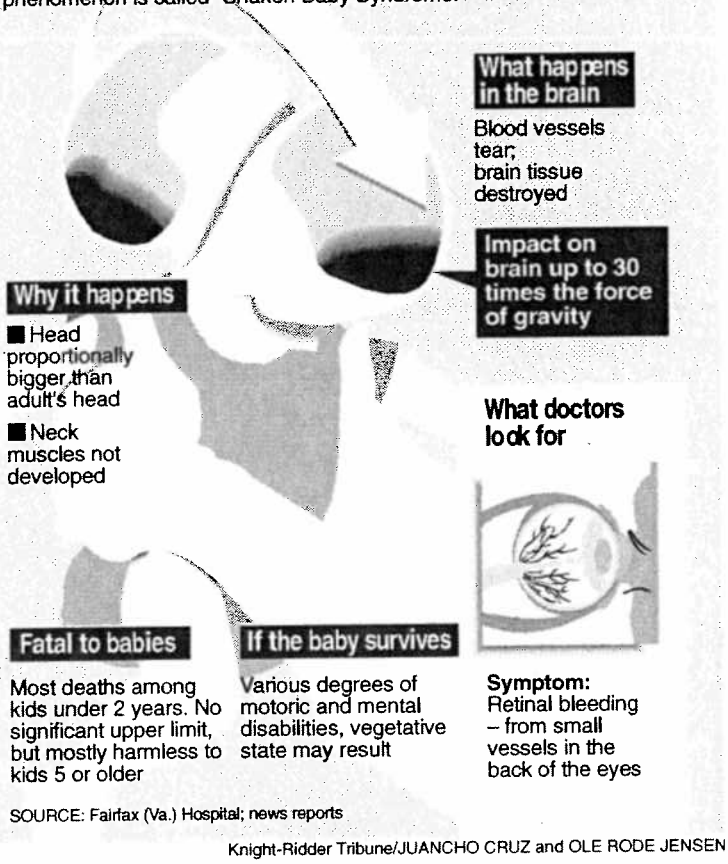
By then, though, it's too late to help a child, says Lithco. The damage is done.

"We want to prevent this in the first place," he says. "That's why everyone who comes in contact with a child should watch that video."

The 11-minute video, "Portrait of Promise," can be viewed on the Internet at the state Department of Health Web site. Go to: www.health.state.ny.us/nysdoh/consumer/sbs/portrait_of_promise.htm.

Shaken baby syndrome

It can be fatal for an infant to try to stop its crying by shaking it. The phenomenon is called "Shaken Baby Syndrome."



What happens in the brain

Blood vessels tear; brain tissue destroyed

Impact on brain up to 30 times the force of gravity

Why it happens

- Head proportionally bigger than adult's head
- Neck muscles not developed

What doctors look for

Symptom: Retinal bleeding – from small vessels in the back of the eyes

Fatal to babies

Most deaths among kids under 2 years. No significant upper limit, but mostly harmless to kids 5 or older

If the baby survives

Various degrees of motoric and mental disabilities, vegetative state may result

SOURCE: Fairfax (Va.) Hospital; news reports

Knight-Ridder Tribune/JUANCHO CRUZ and OLE RODE JENSEN

WHAT TO DO WHEN YOUR BABY CRIES

Crying is a normal activity in the lives of babies. It's the only way they have to communicate their needs. They might be hungry or lonesome or tired or in need of a diaper change. Crying also might mean a baby is sick, in which case a parent or caregiver should check with the doctor.

But if none of the above seems to be the cause of crying, here are some suggestions:

Rub her back or stroke her head as you count slowly out loud.

Let him listen to a repeating sound, such as a clothes dryer.

Walk outdoors with her.

Gently rock him in your arms or walk with him against your shoulder.

Hum or sing to her.

Try a pacifier or help him find his thumb to suck on.

Put her in a car seat and take a ride.

Carry him in a "snuggly."

IF CRYING IS GETTING TO YOU:

Stop

Place the baby in a comfortable and safe place (a crib or playpen) and walk away. It's OK to let your baby cry while you calm down.

Relax

Walk outside for a couple of minutes or go into another room where the crying isn't so loud. Sit down and take 10 deep breaths. Listen to music, take a shower or do a bit of exercise.

Ask for help

If possible, call a friend, neighbor or family member to help you for a while. Or call the New York State Parent Helpline at 800-342-7472.

Source: The Hudson Valley Shaken Baby Prevention Initiative


FORWARD
E PLURIBUS UNUM

Members of the Children & Families Committee,

The National Center on Shaken Baby Syndrome fully supports Senate Bill 221 sponsored by Sen. Julie Lassa and its measures to provide preventative shaken baby syndrome (SBS) education and training in schools, day care facilities and hospitals in the state of Wisconsin.

The National Center on Shaken Baby Syndrome's mission is to conduct research, train professionals, support parents, and provide local and state programs that will prevent the shaking and abuse of infants in the United States. As a national organization, we rely on active participants in every state working to implement SBS education and programs in their communities.

It is vital that SBS education and prevention programs become incorporated in every state due to an estimated 1,200 to 1,400 children who are injured or die from SBS in the United States every year. This is likely just the tip of the iceberg since many cases go unreported.

It is our hope that you will support Senate Bill 221 and help the state of Wisconsin become a proactive leader in its efforts to protect innocent children from SBS.

Sincerely,

Marilyn Barr
Founder and Executive Director
National Center on Shaken Baby Syndrome


FORWARD

STATEMENT

By

CAROLYN NASH, M.D., M.P.H.
DEPARTMENT OF PEDIATRICS
MARSHFIELD CLINIC

SENATE BILL 221

There is a team of medical specialists at Marshfield Clinic that meets frequently to review the care of pediatric patients at Saint Joseph's Hospital. The team includes Marshfield Clinic's radiologists, pediatric neurologists, neurosurgeons, geneticists, intensive care physicians and pediatricians among other doctors. This team of medical experts meets to review children that are suspected of having abusive head trauma or *Shaken Baby/Shaken Impact Syndrome.* Some of these infants have died from these injuries. Other infants may be severely disabled.

Many of you have heard about Shaken Baby Syndrome, perhaps from the news. In the United States it is estimated that 1200-1400 infants become victims of SBS each year. About one in four children will die of their injuries.

Shaken Baby Syndrome (SBS) usually involves infants less than one year old. The majority of victims are less than 6 months of age. Shaken baby syndrome or non-accidental head injury is caused by violent shaking of an infant's head. It may also involve an impact of the baby's head. It is considered shaking to such a degree that any reasonable person witnessing the shaking would regard it as a violent act. It does not occur from throwing a baby in the air in play, bouncing a baby, burping a baby or generally from a minor fall. The type of trauma that can cause the injuries seen in SBS include high-speed motor vehicle accidents.

In many cases, we believe the shaking is not a single episode. Many of these children have evidence of prior abuse or neglect. The medical findings associated with Shaken Baby Syndrome include subdural hemorrhage or bleeding in one of the layers of the brain. This occurs because during violent shaking the brain moves at a different speed than the outer covering of the brain, the dura, causing blood vessels to tear. The acceleration and deceleration also causes injuries within the brain. Bleeding in the back of the eye or retinal hemorrhages are commonly seen in victims of SBS. Many of these infants also have fractures of their ribs and long bones or bruising.

Young infants are especially susceptible to the effects of violent shaking.

A child who has SBS may have mild symptoms of irritability, increased sleepiness, decreased responsiveness, poor feeding or vomiting. More severe symptoms may include seizures, coma or abnormal breathing.

Of the infants that do not die, many have significant medical complications. They may have developmental delay, spasticity, blindness or seizures.

There are many risk factors for this type of physical abuse. Families with stress or alcohol or drug abuse are an increased risk. Infants in homes with domestic violence, young caretakers or socially isolated parents are at increased risk also.

People who have confessed to shaking an infant have described being frustrated with an infant's crying and may have unrealistic expectations about infants. They may lack the skills to care for a crying infant.

New programs to decrease the incidence of shaken baby syndrome have focused on supporting parents and caretakers with skills to calm a crying infant. Successful programs target new caregivers around the birth of a child, giving information at this crucial time.

A recent study by a Neurosurgeon in New York, Doctor Mark Dias, describes a prevention program in which parents were provided educational materials including a video on the dangers of shaking a baby and given strategies to calm a crying infant.

Some of these strategies included feeding tips, offering a pacifier, finding support by calling a friend or the doctor. I think one of the simplest suggestions for frustrated caregivers is the advice to *place the baby in a safe place and walk away to get calm.* People that offer this prevention advice like to underscore its effectiveness by saying that "**no baby has every died from crying.**" Doctor Dias' program was supported by nurses in the hospital who actively reviewed the information with parents. Parents also signed a commitment statement stating they knew the dangers of shaking a baby and would not shake their baby. This program reported a decrease in the incidence of abusive head trauma by 47%.

Those of us who work with children who have been victims of child abuse including physicians, nurses, social workers, detectives and other professionals, believe that shaken baby syndrome is preventable. One infant with these abusive injuries is too many. In April, Child Abuse Prevention Month, we were delighted to invite Senator Lassa to speak about her proposed Shaken Baby Prevention legislation. The legislation includes many of the components of the Doctor Dias' program as well as other Shaken Baby prevention measures. It emphasizes supporting caretakers with skills to cope with a crying infant. I am very pleased that this issue is being recognized. Senator Lassa has sought the input of many experts in crafting this legislation. As a pediatrician involved in the evaluation of abused children, I am very pleased to offer my support for this legislation. Thank you for your time today.

H:\gov_rel\Hearing Statements\Nash Testimony Shaken Baby Syndrome Prevention.doc


FORWARD

PRIMARY CARE NEWS

Preventing Shaken Baby Syndrome: States Mandate Education in Hospitals, Schools

Everyone knows babies cry. But sometimes they cry a lot and for a long time. Nearly 20 percent of infants will cry inconsolably during their first four months, according to research in the *Archives of Pediatrics and Adolescent Medicine*. Sometimes the intense, nonstop crying produces such frustration in parents and other caregivers that they violently shake the infants – sadly, it doesn't take much motion to produce serious injuries (including cerebral hemorrhage and retinal detachment) and/or death.

Shaken baby syndrome (SBS) is the name given to the signs and symptoms that result from the aggressive shaking of an infant or small child. Every year, 1,200 to 1,400 children require medical attention for the severe head injuries inflicted by caregivers, says a 2004 study in the *Journal of the American Medical Association*. Of these victims, 25 to 33 percent die, and many suffer lifelong neurological complications.

Parents and their partners are responsible for three-quarters of SBS incidents, with fathers (37 percent) and step-fathers (21 percent) accounting for the majority of cases. Mothers account for roughly 13 percent of abusive head injury cases. On average, victims of SBS are between five and nine months of age, with nearly all younger than 36 months.

Besides the undying heartache that comes from losing a child, the economic costs of SBS are substantial. Initial hospitalizations average $18,000 to $30,000, while long-term medical services including speech, physical and occupational therapy can amount to $300,000 per child. Cost analyses show that Medicaid pays a substantial share of the medical and rehabilitative services for children who are injured by shaking. Societal costs also include incarcerating perpetrators and lost productivity.

PREVENTION EDUCATION

Most caregivers, including day care providers, don't realize how dangerous it can be to shake an infant or young child; children up to five years old are susceptible to shaking injuries. Educating new parents, however, can dramatically reduce the incidence of shaken baby syndrome.

A study in the April 2005 issue of *Pediatrics* reports on the tremendous success of an SBS prevention program developed by Dr. Mark Dias, a pediatric neurosurgeon at Children's Hospital in Buffalo, **New York**. Every parent of every newborn infant is given information on the dangers of violently shaking infants. Parents are given a one-page pamphlet and watch a videotape entitled "Portrait of a Promise: Preventing Shaken Baby Syndrome."

The 11-minute video features three parents talking about their shaken babies—two who were severely disabled, one who died—interspersed with advice from health-care professionals. The clip discusses the dangers of shaking infants, helps parents to understand how frustrating a newborn can be and offers alternative responses to persistent crying. The program also asks parents to sign a commitment statement affirming their receipt and understanding of the materials.

Researchers found that the prevention program reduced the incidence of abusive head injuries by 47 percent, from 41.5 cases per 100,000 to 22.2 cases per 100,000 during the six-year study period. "A brief intervention by hospitals right after birth really can make a difference," said George Lithco, an anti-SBS activist from New York.

Part of the program's message is that parents can be advocates for their children by informing other caregivers of the dangers of shaking. "Parents don't believe they are capable of abusing their baby," said Lithco. "But this can happen to anyone. It's not whether you have the feelings of frustration, because all parents do, it's how you deal with them." By focusing on prevention rather than abuse, parents are more receptive to the "take home" message.

Advocates and some lawmakers also want to implement prevention programs in middle schools and high schools. Targeting teens makes sense because many students serve as babysitters for family members, or to earn pocket money, and a vast majority will eventually become parents themselves, said Lithco.

Since 1994, nine states – **California**, **Illinois**, **Indiana**, **Minnesota**, **Missouri**, New York, **Tennessee**, **Texas** and **Virginia** – have passed laws requiring hospitals to provide education to parents about SBS. While some states just require hospitals to give parents written information, others mandate more extensive video education and require parents to sign commitment statements or affidavits that they know about the hazards of shaking and will educate other caregivers about the risks.

STATE ACTIVITY

In **Wisconsin**, 66 children were shaken in 2004, 17 of whom died. In the spring of 2005, Sen. Julie Lassa introduced the Prevent Violence Against Children Act (SB 221). The bill would require that all new parents, before leaving the hospital or birthing center, receive information on how to prevent SBS and that they view the "Portraits of Promise" videotape. Hospital staff also would have to provide new parents with a form explaining how to get help taking care of their baby, and who to call during parental stress emergencies.

In addition, the bill proposes that school districts be required to teach, or arrange with a nonprofit organization such as the American Red Cross or Shaken Baby Association volunteers to teach, SBS prevention. The bill would mandate that all individual child care licensees, or employees and volunteers of a licensed child care organization receive training on SBS approved by the Department of Health and Family Services.

Like Lithco, Lassa stressed the importance of providing prevention messages in schools. Research in the November issue of *Pediatrics* found that children living with adults unrelated to them are 50 times more likely to die of inflicted injuries than children living with their two biological parents. In 74 percent of surveyed households, the mother's boyfriend was the perpetrator. "Reaching these 'unbonded males' is extremely important, and schools offer that opportunity," said Lassa.

"We've made the bill as flexible as possible so that schools don't feel like it's another unfunded mandate," Lassa added. For example, video materials are available to schools free of charge from the Children's Trust Fund. The bill passed the Senate with unamimous support Nov. 1, and Lassa is optimistic that it will be supported in the House of Representatives. "Shaken baby syndrome is preventable, and through education we really can stop this tragic form of child abuse from happening," she said. *+ACS*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Preventing Abusive Head Trauma Among Infants and Young Children: A Hospital-Based, Parent Education Program

Mark S. Dias, Kim Smith, Kathy deGuehery, Paula Mazur, Veetai Li and Michele L. Shaffer

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Preventing Abusive Head Trauma Among Infants and Young Children: A Hospital-Based, Parent Education Program

Mark S. Dias, MD, FAAP*; Kim Smith, RN‡; Kathy deGuehery, RN‡; Paula Mazur, MD, FAAP§; Veetai Li, MD‡; and Michele L. Shaffer, PhD‖

ABSTRACT. *Objective.* Abusive head injuries among infants (shaken infant or shaken impact syndrome) represent a devastating form of child abuse; an effective prevention program that reduces the incidence of abusive head injuries could save both lives and the costs of caring for victims. We wished to determine whether a comprehensive, regional, hospital-based, parent education program, administered at the time of the child's birth, could be successfully implemented and to examine its impact on the incidence of abusive head injuries among infants <36 months of age.

Methods. All hospitals that provide maternity care in an 8-county region of western New York State participated in a comprehensive regional program of parent education about violent infant shaking. The program was administered to parents of all newborn infants before the infant's discharge from the hospital. The hospitals were asked to provide both parents (mothers and, whenever possible, fathers or father figures) with information describing the dangers of violent infant shaking and providing alternative responses to persistent infant crying and to have both parents sign voluntarily a commitment statement (CS) affirming their receipt and understanding of the materials. Program compliance was assessed by documenting the number of CSs signed by parents and returned by participating hospitals. Follow-up telephone interviews were conducted with a randomized 10% subset of parents, 7 months after the child's birth, to assess parents' recall of the information. Finally, the regional incidence of abusive head injuries among infants and children <36 months of age during the program (study group) was contrasted with the incidence during the 6 preceding years (historical control group) and with statewide incidence rates for the Commonwealth of Pennsylvania during the control and study periods, using Poisson regression analyses with a type I error rate of 0.05.

Results. During the first 5.5 years of the program, 65 205 CSs were documented, representing 69% of the 94 409 live births in the region during that time; 96% of CSs were signed by mothers and 76% by fathers/father figures. Follow-up telephone surveys 7 months later suggested that >95% of parents remembered having received the information. The incidence of abusive head injuries decreased by 47%, from 41.5 cases per 100 000 live births during the 6-year control period to 22.2 cases per 100 000 live births during the 5.5-year study period. No comparable decrease was seen in the Commonwealth of Pennsylvania during the years 1996–2002, which bracketed the control and study periods in western New York State.

Conclusions. A coordinated, hospital-based, parent education program, targeting parents of all newborn infants, can reduce significantly the incidence of abusive head injuries among infants and children <36 months of age. *Pediatrics* 2005;115:e470–e477. URL: www.pediatrics.org/cgi/doi/10.1542/peds.2004-1896; *shaken baby syndrome, shaken impact syndrome, nonaccidental head injury, abusive head trauma, child abuse, head trauma, injury prevention.*

ABBREVIATIONS. WCHOB, Women and Children's Hospital of Buffalo; WNY, western New York State; CS, commitment statement.

Caffey[1,2] first used the term whiplash-shaken infant syndrome to describe the association of intracranial injuries, retinal hemorrhage, and certain long bone fractures attributable to child abuse among infants (the majority <1 year of age). Other terms for this condition include shaken baby syndrome or shaken infant syndrome, shaken impact syndrome,[3] infant shaken impact syndrome,[4] infant whiplash-shake injury syndrome,[5] abusive head trauma,[6] and inflicted, nonaccidental, or intentional head injury. Shaken infant syndrome is the most widely used and recognized term, although shaking alone may not account for all injuries.[3] Whatever the terminology and pathogenesis, abusive head injuries among infants represent one of the most severe forms of child abuse, with 13 to 30% mortality rates[4,5,7,8] and significant neurologic impairments in at least one half of the survivors.[9]

The economic costs of abusive head injuries are significant; initial inpatient hospitalization costs average $18 000 to $70 000 per child, and average ongoing medical costs can exceed $300 000 per child.[10–12] Many children require long-term medical services, physical, occupational, speech, and educational therapies, and lifelong custodial care. Long-term management costs exceeded $1 million in 1 case.[11] Additional costs associated with loss of societal productivity and occupational revenue and with prosecution and incarceration of a perpetrator are

From the Departments of *Neurosurgery and ‖Health Evaluation Sciences, Pennsylvania State University College of Medicine, Milton S. Hershey Medical Center, Hershey, Pennsylvania; and Departments of ‡Neurosurgery and §Pediatrics, State University of New York, Kaleida Health Women's and Children's Hospital, Buffalo, New York.

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Reprint requests to (M.S.D.) Department of Neurosurgery, H110, Milton S. Hershey Medical Center, 500 University Dr, Hershey, PA 17033. E-mail: mdias@psu.edu

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unknown. An effective prevention campaign could potentially save the lives of many children and improve the lives of many others; the costs of such a campaign could be recovered from the economic savings to society.

Despite the severity of the injuries and enormous societal costs, previous studies suggested that 25 to 50% of people have not received information about this problem.[13–16] In some cases of abuse, the perpetrators admitted to shaking the infant violently but confessed that they were unaware of the dangers of doing so.[17] However, the American Academy of Pediatrics suggested that "the act of shaking leading to shaken baby syndrome is so violent that individuals observing it would recognize it as dangerous and likely to kill the child."[18] Moreover, recent news coverage of individual cases and scattered public awareness campaigns in the past 2 decades might have increased significantly public awareness about this problem. Therefore, the role of prevention might be not to educate the general public but to remind the right people at the right time.

Parents and their partners are responsible for nearly three fourths of cases, with fathers or stepfathers (37% of cases) and boyfriends (21% of cases) accounting for the majority of cases and mothers accounting for an additional 13%.[6] The average age of the victims is 5 to 9 months, and almost all are <36 months of age.[3,9] The temporal proximity to the child's birth, the relatively short period during which infants and children are at risk, and the preponderance of parent perpetrators afford unique opportunities to intervene through a program of hospital-based parent education administered at the time of the infant's birth and to study the impact of such a program on the frequency of these injuries.

In December 1998, a comprehensive, hospital-based, parent education campaign began in an 8-county region of western New York State (WNY) served by the Women and Children's Hospital of Buffalo (WCHOB). The goals of the program were (1) to provide a universal consistent education program to parents of all newborn infants in the region, (2) to assess parents' knowledge about the dangers of violent infant shaking, (3) to track the dissemination of information through the return of commitment statements (CSs) signed by 1 or both parents, and (4) to assess the impact of the program on the regional incidence of abusive head injuries among infants and children <36 months of age. The 8-county region of WNY is well suited to studies of the effectiveness of a prevention campaign because (1) the region is surrounded on 3 sides by state or international borders and therefore is geographically isolated, (2) a review of regional insurance databases and the Statewide Planning and Resource Cooperative Systems database of hospital discharge diagnoses confirmed that essentially all infants with head trauma in this region are referred to a single center, the WCHOB, and (3) the minimal historical incidence of abusive infant head injuries during the preceding 6-year period (December 1992 through November 1998, inclusive) could be calculated from WCHOB admission data and Erie County Medical Examiner's Office records and compared with data collected prospectively during the subsequent study period.

METHODS

In December 1998, a hospital-based, parent education program, provided at the time of the infant's birth, was administered through nurses at all 16 hospitals that provide maternity services in the 8 counties of WNY. In October 1998, the principal investigator (M.S.D.) provided a 1-hour training session for nurse managers from these hospitals during an annual, regional, perinatal outreach conference, emphasizing the dangers of violent infant shaking, discussing the program methods, and providing a short set of written instructions to train the nurses on their units. A few nurse managers who were not in attendance were contacted individually after the conference. All nurse managers were asked to train nurses on their units (both maternity wards and intensive care nurseries) to administer the program to parents. The unit nurses were asked, at a minimum, to disseminate information about violent infant shaking to both parents of newborn infants before the infant's discharge from the hospital and to have both parents sign a CS affirming their receipt and understanding of the materials. Nurses were encouraged to seek actively fathers or father figures for education whenever possible, to provide program information separate from other materials, so as not to detract from the central message, and to answer parents' questions about violent infant shaking and shaken infant syndrome.

The program and its message were intentionally kept very simple, to maximize hospital compliance. Nurses were asked to have parents read a 1-page leaflet (*Prevent Shaken Baby Syndrome*; American Academy of Pediatrics) and view an 11-minute videotape (*Portrait of Promise: Preventing Shaken Baby Syndrome*; Midwest Children's Resource Center, St Paul, MN) that discussed the dangers of violent infant shaking (but not striking, slamming, or other mechanisms of abuse) and suggested ways to handle persistent infant crying. Educational posters (*Never, Never, Never, Never Shake a Infant*; SBS Prevention Plus, Groveport, OH) were displayed on the wards, to provide information for families and visitors. All educational materials were available in both English and Spanish.

Both parents were also asked to sign voluntarily a CS affirming their receipt and understanding of the materials (Fig 1). In the few cases in which the parents chose not to sign, the nurse was instructed to expunge all individually identifying information and return the CS (indicating that the parents had been exposed to the program). The CSs were collected by the nurses and returned monthly to the study coordinators. The CS asked simple demographic questions about the parents' ages, highest educational level, marital status, and type of insurance and the town of the infant's residence, to ensure that the program reached a broad cross-section of parents. The CS also asked parents whether the information was helpful, whether this was the first time they had heard that shaking an infant was dangerous, and whether they would recommend this information for all new parents. Parents were asked to consent to a brief, follow-up, telephone survey 7 months after the child's birth and to provide their home telephone number. Ten percent of the parents who had consented to the follow-up survey were selected randomly and were contacted 7 months later, to test their recall of the program information. A 7-month follow-up period was chosen because it is in the middle of the range of average ages of victims reported in the literature.

The regional incidence of abusive head injuries among infants and children <36 months of age was tracked prospectively during the 66-month period of the study (December 1998 through May 2004, inclusive) and was contrasted both with the minimal regional incidence during the 60 months immediately preceding the program (December 1992 through November 1998, inclusive) and with incidence rates of substantiated abusive head trauma in the Commonwealth of Pennsylvania (determined through judicial ruling or by the Office of Children and Family Services and obtained from the Child Line Database, Pennsylvania Department of Public Welfare) during the years 1996–2002, inclusive, with Poisson regression analyses with a type I error rate of 0.05. Because the exact mechanisms of abuse (shaking versus impact) might not be known with certainty in individual cases, all infants and children <36 months of age evaluated at WCHOB with either the *International Classification of Diseases, Ninth Revision*, code for shaken infant syndrome (code 995.55) or an *International Classification of Diseases, Ninth Revision*, code for intracranial injury, skull fracture, or retinal

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KALEIDA HEALTH
The Children's Hospital of Buffalo

STRONG HEALTH
Strong Memorial Hospital
Children's Hospital at Strong

Patient ID Area

Prevent Shaken Baby Syndrome!

Please help us to track the effectiveness of our program!

I have received information about Shaken Baby Syndrome, and have been asked to voluntarily sign a commitment statement acknowledging that I have received, read, and understand this information. I have also been asked to voluntarily provide a phone number where the study coordinators may call me in approximately 9 months to ask me a few questions regarding my recollections about the information I received today. I can refuse to participate in this project, and neither the medical care for myself nor my baby will be affected in any way. All information I provide is confidential. The collective results from all of the participants in this study will be presented at scientific meetings, but no identifying information about any individual will be disclosed. I am free to withdraw from the project at any time. I have read this information, my questions have been answered, and I consent to participate in this project. If I have further questions I can call either of the study coordinators, Dr. Mark Dias (716) 878-7386, or Dr. Linda Barthauer (716) 275-7815.

I have received the educational material about Shaken Baby Syndrome, and I understand that violent shaking is harmful and potentially deadly to a baby. I agree to participate in this study.
(Do not sign for your spouse; they should sign themselves!)

Mother's Name _____ **Signature** _____

Father's Name _____ **Signature** _____

Witness Name _____ **Signature** _____

Baby's Date of Birth _____/_____/_____ **Hospital where baby was born** _____

In what city or town will the baby live? _____ **Zip Code** _____

What is your age? Baby's Mother _____ Baby's Father _____

What is your highest education?	Baby's Mother	Baby's Father
Some high school	☐	☐
High school graduate, no college	☐	☐
Some college	☐	☐
College graduate	☐	☐
Post-college degree (Masters, PhD)	☐	☐

What best describes the baby's home situation?
- ☐ Mother and father are married and living together, with the baby
- ☐ Single mother, living with the baby and the father of the baby
- ☐ Single mother, living with a man who is not the father of the baby
- ☐ Single mother living with the baby's grandparents
- ☐ Single mother, living alone
- Other _____

What type of medical insurance do you have (check all that apply)?
- ☐ None
- ☐ Medicaid, Medicaid sponsored HMO, or other government sponsored program (Medisource, Family Health Plus, etc.)
- ☐ Private Insurance or HMO
- ☐ Unsure / Don't know

Was the information you received helpful to you? ☐ Yes ☐ No
Is this the first time you've heard that shaking a baby is dangerous? ☐ Yes ☐ No
Would you recommend this information be given to all new parents? ☐ Yes ☐ No

May we call you in 9 months to ask about your recollections of this information? ☐ Yes ☐ No
If you answered yes, please provide a phone number where we may reach you (_____) _____ - _____

Any comments about our program?

_____

_____

_____

STUDY COORDINATOR COPY

Fig 1. CS that parents were asked to sign voluntarily, affirming their receipt and understanding of the program materials.

hemorrhage with an external cause of injury code for known or suspected homicide or child abuse (codes E960–E968 and E980–E989) were included. One of the authors (P.M.) served on the regional child fatality team and maintained contact with child protective services workers, law enforcement officials, and medical examiners to identify additional cases. Local television and newspaper coverage was reviewed. Finally, abusive head injury admissions to Strong Memorial Hospital, the tertiary referral center in Rochester, New York, for the adjacent 9-county region of upstate New York, were reviewed, to ensure that cases from the involved counties had not been referred out of the region. Each identified case of abusive head injury in WNY was cross-referenced to the study database, to identify a signed CS.

All suspected cases of abusive head injury during the historical and study periods were reviewed in detail by the same multidisciplinary medical team, which included a dedicated child abuse physician (P.M.) and 2 pediatric neurosurgeons (M.S.D. and V.L.) working with pediatric ophthalmologists, pediatric radiologists, pediatric orthopedists, and pediatric surgeons (when necessary) and New York State Children, Youth, and Family caseworkers, to confirm the nature of the inflicted injuries in all identified cases. A common definition of abusive injury was used throughout both the historical and study periods and included intracranial injuries and/or skull fractures without a history of trauma, a trauma history that was wholly inconsistent with the identified injuries or developmental age of the child, a pattern of intracranial injuries (such as subdural and retinal hemorrhage with diffuse brain hypodensities) that fit a pattern of abusive injury without an adequate explanation, or intracranial injuries associated with other identified abusive injuries (rib or long-bone fractures or abdominal injuries) that fit a pattern of abuse without an adequate explanation. Cases involving only extracranial soft-tissue injuries (scalp swelling or facial bruising), without an accompanying intracranial injury or skull fracture, were not included during either period.

The number of cases per year and the number of cases per 100 000 live births for both the historical control and study periods were compared with a Poisson regression model.[19] In addition, in an attempt to avoid the inevitable lag time for infants born during the control period but abused during the study period, the 2 groups were also analyzed by assigning each infant to the year of birth (rather than the year of abuse) and assessing the incidence of abusive head injuries during the subsequent 36 months. To do this, a correction factor was calculated for infants born during the second half of the third year and during the fourth and fifth years

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of the study period (who would not have been monitored for the full 36 months). The correction factor was determined on the basis of the number of live births in WNY during the corrected years and the empirical, cumulative, distribution function[20] of age at injury for case subjects born during the control and treatment periods with a full 36-month follow-up period. This correction estimated the number of additional cases expected if these children had been monitored for the full 36 months. The study was approved by the WCHOB institutional review board before implementation.

RESULTS

Of the 16 regional hospitals providing maternity care, 13 participated fully during the entire 66-month study period. One hospital, accounting for 3% of the region's deliveries, and 1 of 2 wards at a second hospital began participating during the third year. The ward at the second hospital cared for mothers of infants in the hospital's intensive care nursery, an unknown number of whom had been transferred from other hospitals where they might have received program materials. Two hospitals, accounting for 19% and 2% of the region's deliveries, provided educational materials throughout the program but began collecting CSs 15 and 24 months into the program, respectively. All hospitals in the region have participated fully since the beginning of the third year.

A total of 65 205 CSs were recorded, representing 69% of the 94 409 live births during the study period. Ninety-seven percent of returned CSs were signed by at least 1 parent. Ninety-six percent of the returned CSs were signed by mothers and 76% by fathers. Although there are no specific regional normative values for new parents against which the demographic features of the study group could be compared statistically, the returned CSs demonstrated a broad demographic representation, in terms of parent age, highest educational level, marital status, type of insurance, and town of the child's residence.

Ninety-three percent of the parents who returned the CS acknowledged having heard previously about the dangers of infant shaking, confirming one of the study hypotheses. Ninety-two percent of the parents thought that the information was helpful; many of the rest commented that the reason they did not was that they already knew about the dangers of violent infant shaking. Ninety-five percent of the parents thought that the information should be provided to all new parents. Approximately 10% of respondents provided positive comments about the program. The few negative comments were of 2 types, ie, parents thought that the subject was either emotionally unsettling or redundant and unnecessary.

A survey of nurse managers undertaken at the end of each year suggested that nurses at all hospitals regularly (75–100% of live births) provided brochures, displayed posters, spoke with parents, and had parents sign the CS. Unfortunately, less than two thirds of the hospitals regularly had parents view the videotape. Follow-up telephone surveys with parents confirmed that they remembered the program but many were not shown the videotape. When asked simply what health and safety topics they remembered receiving information about at the time of their child's birth, 27% of the respondents mentioned shaken infant syndrome or infant shaking by name. Among the remaining 73% of respondents, 94% responded affirmatively when asked specifically whether they remembered receiving information about infant shaking. Among parents who could recall the program information, 98% remembered the written materials, 92% the CS, 89% conversations with the nurse, and 60% viewing the posters; in contrast, only 23% remembered seeing the videotape. Because parents remembered other aspects of the program, the assumption is that they were never shown the videotape.

During the 6 years before the program began, 49 cases of substantiated abusive head injury were identified. This represented an average of 8.2 cases per year (range: 5–11 cases per year) and 41.5 cases per 100 000 live births (Fig 2). During the 66 months of the study period, 21 cases of substantiated abusive head injury were identified. This represented an average of 3.8 cases per year (a 53% reduction) and 22.2 cases per 100 000 live births (a 47% reduction). This 47% reduction in incidence was statistically significant ($P = .0168$). In addition, statewide incidence rates for the Commonwealth of Pennsylvania between 1996 and 2002 (which bracketed the historical and control periods in WNY) did not change significantly during this time (Fig 2B). The incidence in WNY relative to the incidence in Pennsylvania was 1.40 during the years 1996–1998 (before the program began) and 0.67 during the years 1999–2002 (after the

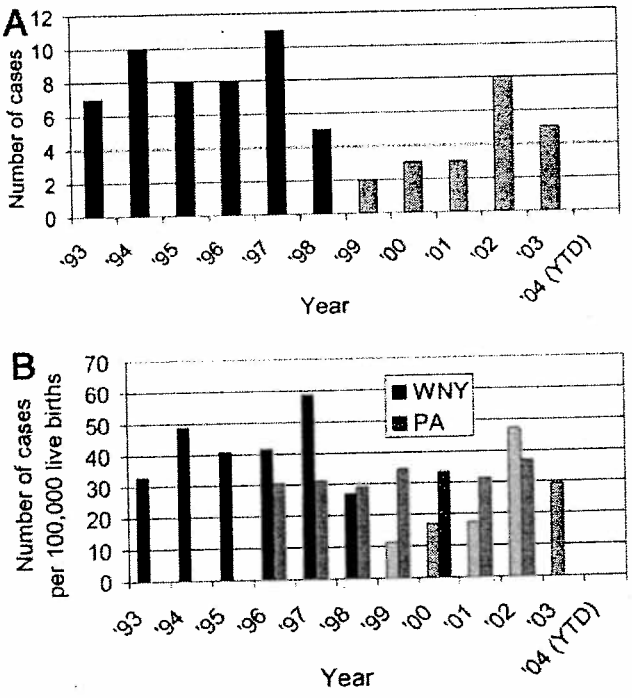

Fig 2. Annual incidence of abusive head injuries in the 8-county WNY region before (December 1, 1992, through November 30, 1998, inclusive) and during (December 1, 1999, through May 31, 2004, inclusive) the prevention program. A, Number of cases per year; B, incidence per 100 000 live births. Pennsylvania (PA) incidence rates for the years 1996–2002 (inclusive) are shown in B for comparison purposes.

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program began); this change was also statistically significant ($P = .0305$).

Recalculation of the incidence figures according to year of birth rather than year of injury also yielded statistically significant reductions in incidence during the study period (Fig 3). The incidence during the historical control period was 42.3 cases per 100 000 live births (2 children born before but injured during the historical control period were excluded from this analysis because incidence figures for the year preceding the historical control period were not available) and that during the study period was 23.1 cases per 100 000 live births (Fig 3A) with the calculated empirical, cumulative, distribution function correction (Fig 3B). The reduction in incidence remained significant ($P = .0221$). Even after addition of 1 additional case per year for the latter 3 years of the study period (an overly conservative analysis), significant reductions persisted ($P = .0461$).

A subgroup analysis demonstrated that 7 of the 21 case subjects identified during the program were born to parents who had not been exposed to the program; 2 were born before the program had begun and 5 were born at hospitals that were not yet participating at the time of the infant's birth. Of the 14 remaining infants, the birth hospital was unknown for 1 and 3 were born at participating hospitals but without a returned CS. The remaining 10 infants were born at participating hospitals from which there was a CS signed by the parents; the perpetrator in each of these 10 cases (the father in 9 and the mother in 1) had signed the CS. Excluding the 2 individuals born before the program began and the 1 individual for whom the birth hospital was unknown, the incidence was 35.3 cases per 100 000 live births for cases with no signed CS (and therefore no record of participation in the program) and 15.5 cases per 100 000 live births for cases with a signed CS. The

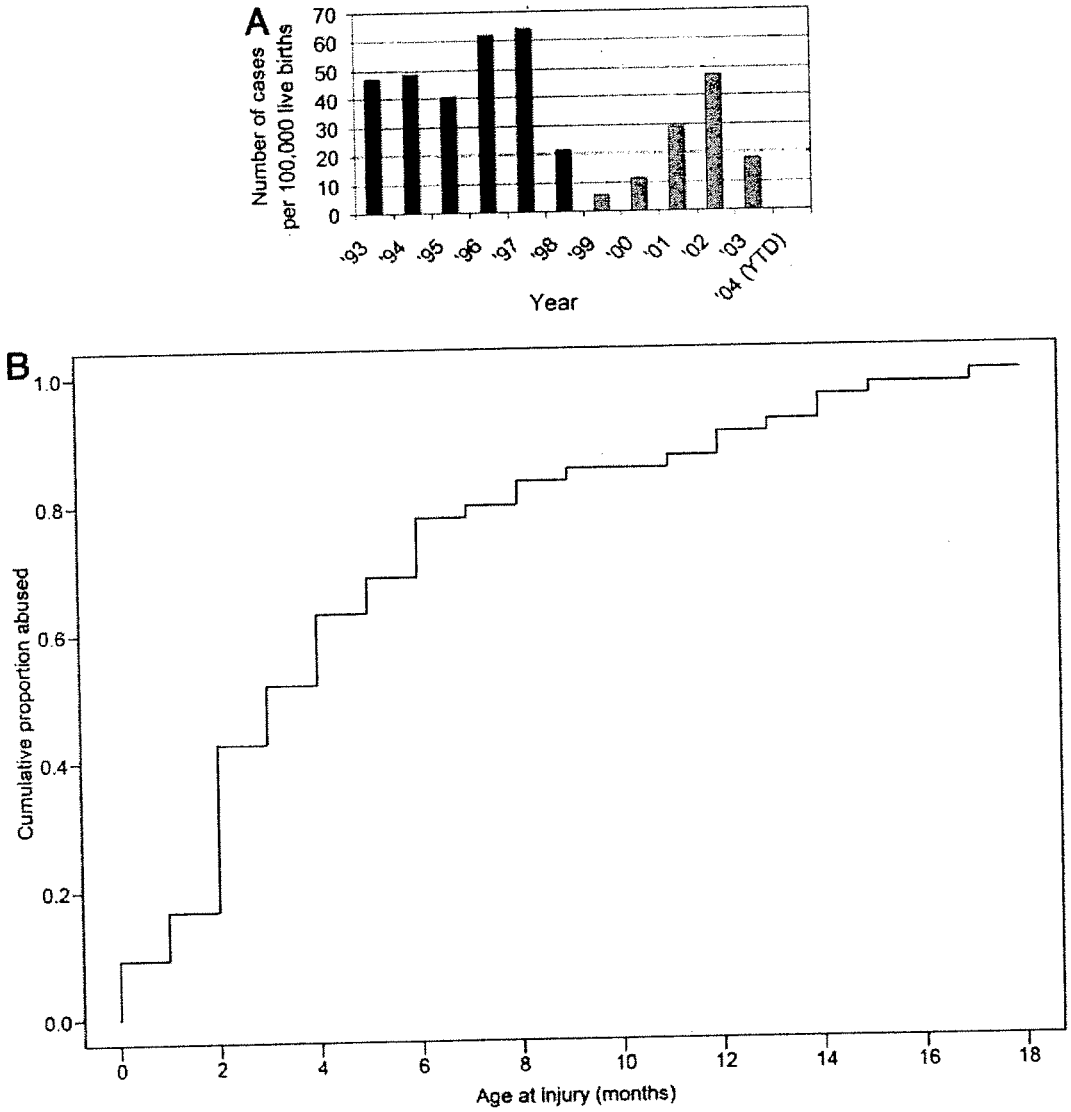

Fig 3. Annual incidence of abusive head injuries in the 8-county WNY region for infants classified according to the year of birth. A, Comparison of incidence per 100 000 live births in WNY for infants born before (December 1, 1992, through November 30, 1998, inclusive) and after (December 1, 1998, through May 31, 2004, inclusive) implementation of the prevention program. B, Cumulative distribution of abused infants as a function of age at injury (used in calculating the empirical cumulative distribution function). All infants were injured before 18 months of age.

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relative risk of sustaining an abusive head injury for infants without a signed CS was therefore 2.3 (95% confidence interval: 0.90–5.77; $P = .0830$).

DISCUSSION

Child abuse prevention efforts are of 3 general types, ie, primary, secondary, and tertiary.[21] Primary prevention efforts, of which this program is an example, address a broad segment of the population (such as all new parents). Secondary prevention efforts, such as the home visitation (or nurse-family partnership) program developed by Olds et al,[22,23] target a specific subset of the population considered to be at higher risk for child maltreatment. Tertiary prevention efforts target perpetrators of child maltreatment and seek primarily to prevent recidivism.

Secondary prevention programs such as home visitation programs have had the greatest demonstrated success in reducing child maltreatment[22,23] but require considerable resources and are impractical for an entire population. Moreover, their effectiveness in specifically preventing abusive infant head injuries has not been assessed. Primary prevention programs designed to educate the public about the dangers of violent infant shaking have included television and radio public service announcements, billboard advertisements,[24] provision of educational materials to health care providers' offices, schools, and/or community agencies,[25] and hospital-based education programs.[17,26] No published study has yet assessed the impact of any of these programs on the incidence of abusive infant head injuries.

Because they must reach large numbers, primary prevention programs must be neither expensive nor time-consuming to administer. A simple program containing a powerful message, administered at the appropriate moment and requiring very little effort or time on the part of those who deliver the message and those who receive it, has the greatest chance of success. This prevention program meets these criteria and can be successfully implemented on a wide scale.

We chose a hospital-based, primary prevention program targeting parents of newborn infants for several reasons. First, parents are the most common perpetrators of abusive infant head injuries. Second, the period of greatest risk is during the months after the infant's birth. Third, childbirth is a time of almost universal contact between parents and the medical community. Fourth, educated parents might be advocates in disseminating this information to others. Finally, research on adult learning suggests that adults learn best when practical and contextually significant information is provided to help them cope with specific life-changing events, such as marriage, a new job, or the birth of a child. Moreover, the greater the life-changing event, the more likely adults are to seek out information and to learn. Adults are willing to engage in learning before, after, or during such a life-changing event.[27]

This program is unique in several respects. First, it is the only attempt to provide universal, consistent, hospital-based, parent education to an entire region; although not yet universal, the program reached the parents of at least 69% of newborn infants in the region during the study period. Second, it is the only program with demonstrated success in reaching large numbers of parents, particularly fathers and father figures. Third, it is the only program to require active parent participation in the process through the signing of the CS, cementing the central theme of the program and perhaps creating a "social contract" between parents and their community. The signing of the CS may be a very important (perhaps even the most important) component of the program's success. Although there might be many possible reasons for the lower incidence of abusive head injuries among those who signed the CS, the degree of protection was significant, which emphasizes the potential importance of this part of the program. Fourth, this is the only program to track program compliance through the return of CSs. Most importantly, this is the only program with demonstrated effectiveness in reducing the incidence of abusive infant head injuries. The observed reductions are likely a minimum, because cases were more likely to have been missed during the control period (when they were identified retrospectively) than during the study period (when they were identified prospectively).

The data also confirmed that 93% of the parents were already aware of the dangers of violent infant shaking, which suggests that parents need only to be reminded at the appropriate time, ie, the child's birth, and the message needs to be retained only for a short period to be effective. Viewed in this manner, the program may be likened to a vaccination program in which parents, once "inoculated" with information, are "immunized" against violent infant shaking during this critical period. The costs of such a program can therefore be compared with the costs of immunizations. The direct cost of administering this program (including the collection and tracking of CSs) was $177 268 per year, including salaries for nurse coordinators to administer the program and to perform data entry, costs of supplies, travel expenses, postage costs, telephone costs, miscellaneous expenses, and in-kind costs for nurses at participating hospitals (we estimated an average of 15 minutes of the nurse's time per family, which was a generous estimate considering that the nurse need not be present during the 11-minute videotape). The costs were therefore approximately $10 per infant, comparable to the costs of many immunizations. Assuming a 47% reduction in incidence, the costs of the program could be reclaimed if the average costs of caring for victims of injury (including initial costs for new cases and ongoing costs for survivors) exceeded $21 925 per case each year, well within the range currently quoted for medical costs of abusive head injuries.[10–12] These costs would be substantially lower if only "face time" between nurses and parents (more realistically estimated at 5 minutes per family) were included and research costs were excluded.

There are at least 5 potential criticisms of such a study. First, it is difficult for some to believe that such a simple intervention could be this effective in changing human behavior. Many have suggested that a more comprehensive program, providing

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more materials or incorporating postprogram self-testing to assess parents' understanding of the materials, might be more effective and/or provide additional information. However, our experience suggests that the more time-consuming the program, the less likely it is to be implemented by nurses and accepted by parents. For practical reasons, the program was designed to require <5 minutes of actual contact time between nurses and parents.

Second, a short intervention implemented at a time of increased parental stress might be unlikely to be recalled months later during a period of frustration and rage. However, adult education principles suggest that adults are capable of learning well during periods of life change. Moreover, the follow-up telephone surveys suggested that the majority of parents remembered having received this information for at least 7 months after the child's birth.

Third, although the program was incapable of reaching every male caregiver (such as a mother's subsequent boyfriend), the program was very successful in reaching a significant proportion of fathers and father figures and also emphasized to participating mothers that they should share this information with all care providers. Follow-up telephone surveys with mothers suggested that a significant number of them shared this information with the child's father if he was not initially present. However, the program might be less effective in a setting in which few fathers are available during the perinatal period.

Fourth, there was not an inverse "dose-response" relationship between the increasing number of CSs signed each year and the incidence of abusive head injuries. Although it may be difficult or impossible to identify accurately a dose-response relationship, given the small numbers of annual cases and inherent random variability, the sharp increase in the incidence during 2002 is interesting to note. It is even more interesting that 5 of the 8 cases identified during 2002 occurred during the autumn, at a time when the national economy was in decline. A slight increase was also noted in Pennsylvania during that year (Fig 2), and an inordinate number of abusive head injury cases were reported in Ohio newspapers during that time. We wonder whether the number of cases in WNY might have been even higher during 2002 without the prevention program.

Fifth, this was not a randomized, controlled trial, which raises the possibility that confounding variables had an effect on the outcome. Although it was initially considered, a prospective, randomized trial was impractical. A randomized study would require enrollment of many more families to ensure adequate statistical power, given the relatively low incidence of abusive head injuries in the population. Prospectively randomizing certain hospitals to participate and others not to participate is difficult because of the widely disparate sizes, birth rates, geographic distributions, and demographic features of the hospitals' constituent patient populations. Prospectively randomizing families within each hospital would generate the problem of cross contamination; families randomized not to receive information would likely receive information through conversations with medical staff members or other families, room sharing, or posters on the wards. In addition, families going through the program more than once during the study period could potentially be assigned randomly to different arms of the study with each birth. We thought that a study comparing the incidence during the study period both with historical control rates in the same region during the immediately preceding period and with the state incidence rates for Pennsylvania during both the control and study periods would minimize the effects of confounding variables on the results.

It is possible that the dramatic decline in incidence is attributable to other, unidentified, confounding variables. For example, the celebrated conviction of Louise Woodward (the "Boston nanny"), which generated international attention during 1997, could have affected public perceptions about infant shaking. In addition, regional nurse-family partnership programs (2 of which began in 1 county of WNY in 1996, with a third program beginning in a second county in 2001) could have accounted in part for the decline, although the results of this study were much more widespread. Several features suggested that the reductions were specifically related to the parent education program. First, neither the team of physicians identifying cases of abuse at WCHOB nor the criteria on which they based the diagnosis of abusive head injury changed between the control and study periods, and all cases during both the control and study periods fit a common definition of abusive head injury. Second, there was no corresponding decrease in the number of other types of child abuse in the region during the study period. Third, a query of child abuse specialists on the Special Interest Group on Child Abuse listserve (SIGCA-MD, Cornell University) failed to identify a decline of this magnitude in other areas of the country. Fourth, preliminary results from the 9-county region surrounding Rochester, New York, where the program began in January 2000, showed a similar 41% reduction in the incidence of abusive head injuries during the first 3 years of the program (M.S.D., K.S., K.D., and M. Silberstein, MD, unpublished data, 2004). Finally and perhaps most importantly, the statewide incidence of substantiated abusive head injuries in the Commonwealth of Pennsylvania did not change significantly during the period 1996–2002 (which bracketed the period of study in WNY).

This study provides the first firm evidence that a comprehensive program of hospital-based, parent education at the time of a child's birth can reduce effectively the incidence of abusive infant head injuries. The success of this pilot program in WNY is currently being tested on a larger scale in the Commonwealth of Pennsylvania, where there is now a statewide mandate to provide this program to parents of all newborn infants. The program began in May 2002 in central Pennsylvania and expanded to the eastern and western regions in 2004. The WNY program has entered a second phase (as of January 2004) in which the hospital-based information is being supplemented with additional information (and another CS) provided to parents at the time of the

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infant's first visit with the pediatric care provider. It is hoped that a systematic approach to prevention (with appropriate authentication of results), although it will likely not completely eliminate abusive head injury, will at least reduce it to a fraction of its present level.

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Preventing Abusive Head Trauma Among Infants and Young Children: A Hospital-Based, Parent Education Program
Mark S. Dias, Kim Smith, Kathy deGuehery, Paula Mazur, Veetai Li and Michele L. Shaffer
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FORWARD

State Representative

Samantha J. Kerkman

Senate Bill 221
Shaken Baby Syndrome
Assembly Committee on Children and Families
November 17, 2005

By now I'm sure you all realize Senate Bill 221 is very important to me. As a new mother, I have an even greater passion to ensure that our youth, early childhood educators and new parents receive the necessary information on Shaken Baby Syndrome.

Each year roughly 50 babies are *known* to be victims of shaking in Wisconsin with studies showing there are most likely even more victims of this terrible form of child abuse. These children's lives can be saved- with education. By spending just a few minutes in the classroom or a moment with new parents in the hospital we can save lives, money and unnecessary trauma inflicted on families of SBS victims.

The American Journal of Pediatrics has shown that teaching new parents in the hospital about the effects of SBS and how to handle parental stress has reduced SBS cases by 47%. Senate Bill 221 goes even further by educating early childhood care providers and schoolchildren.

Please read the attached guest column from the Milwaukee Journal Sentinel, I believe it truly shows the prevalence of the problem, and how education can work to solve it.

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Phone 608-266-2530 • Fax 608-282-3666 • E-mail Rep.Kerkman@legis. state.wi.us

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Shaking baby never an option

Last Updated: April 3, 2002

Guest Columnist

Ive been in practice for about a year, and already have seen three cases of shaken baby syndrome in my medical career. The first was a lethargic six week old baby who was brought to the emergency room by her grandmother. Seizures developed shortly after and we immediately knew something was terribly wrong. After further evaluation, including a brain scan and eye exam, and a discussion with the family, it was clear that the baby had been shaken.

The number one reason babies are shaken is crying. And the age that babies cry the most is usually between six weeks and four months-which happens to be the peak incidence of shaken baby syndrome. Children with medical problems and parents with significant other stresses are at increased risk for abuse and shaking.

Health Care Report

Health care report on shaken baby syndrome.

Audio: Report 1
Audio: Report 2
Audio: Report 3
Audio: Report 4

This syndrome can vary tremendously, depending on how much and for how long the baby was shaken. Effects can range from mild cold-like symptoms to death within an hour of the shaking incident. Infants are especially vulnerable because their head still carries a significant amount of their weight, yet the neck muscles arent strong enough to support it. This means the head will shake back and forth, 40-80 times, in a matter of seconds. The brain is not fully developed either, so it is susceptible to damage from hitting the inside of the skull and easy bleeding within the skull.

When babies are shaken, a third of the time they will die, another third will have developmental or other problems and a third will recover fully. I dont like those odds and there are no legitimate reasons for subjecting these previously healthy children to such abuse and life long problems. Such is the case with the first child I had cared for. She now has hearing, vision, and developmental problems, along with a seizure disorder and was placed into the foster care system.

Believe it or not, some parents or caregivers think shaking a baby is okay because society is clearly against spanking and they don't know what else to do. Frustration over constant crying is often what leads to shaken baby syndrome and any parent or caregiver at any given time of significant stress and frustration has the potential to shake a baby. But what we all have to remember is that an infant has no other way to communicate, but through crying. What we have to get through to parents is that shaking is not and never is a solution to a crying infant. If the baby will not stop crying after you have tried to find out what may be wrong, put him or her in the crib gently and close the door. Babies never die from crying, but they very well may die from being shaken.

Doctor Janice Litza, *of the Wisconsin Medical Society, practices family medicine at Clarks Square Family Health Center in Milwaukee.*


FORWARD

Baby sitter charged in infant's death

Woman, 19, says child suddenly went limp

By DAVID DOEGE
ddoege@journalsentinel.com

Posted: June 8, 2005

Waukesha - A second-degree reckless homicide charge was filed Wednesday against a 19-year-old Mukwonago woman in connection with the April death of a 9-week-old boy she was baby-sitting.

Christy M. Woppert was charged in a criminal complaint that says the boy died from brain injuries typically associated with shaken-baby syndrome, but that Woppert professed doing nothing untoward while caring for him.

A physician who performed an autopsy on the body of Mason Maciosek concluded that he "died of a severe inflicted head injury," according to the complaint. Yet Woppert told medical personnel that the child simply cried out from his crib one minute then went "completely limp and unresponsive" the next, the complaint says.

The complaint charging Woppert, who turns 20 Saturday, was filed in Waukesha County Circuit Court Wednesday with a warrant for her arrest. Attorney Matthew Huppertz, who was representing Woppert at the time of the boy's death, could not be reached for comment.

The complaint says the boy's mother, Michelle Maciosek, dropped off her son at a Muskego home where Woppert cared for him about 9:45 a.m. April 12 and he appeared normal. Shortly after 2 p.m., however, Woppert called 911 and reported that the child was "breathing but unresponsive," the complaint says. Police have said that Woppert was watching the baby at her boyfriend's residence.

The complaint gives the following account:

Woppert told the first police officer who arrived at the scene that the boy was in a crib on his back while she was in the kitchen making a sandwich and he suddenly began to cry. When she went to check on him he stopped crying and when she picked him up "she noticed he was completely limp."

The child was rushed to Children's Hospital of Wisconsin in Wauwatosa where he was listed in "critical condition with a grave prognosis" and placed on life support. Before life support measures were ended, medical personnel spoke with Woppert to determine what happened.

She said that after his mother dropped him off, the boy went to sleep and she changed his diaper about one hour later. The boy remained calm and playful until about 1:15 p.m. when she changed his diaper again and he "demonstrated an unusual amount of fussiness."

Woppert said she turned on some music to calm the boy, then went to the kitchen to make a sandwich. At 2 p.m., he suddenly cried out, according to Woppert, and when she went to check on him, she found him limp.

In an effort to get the boy to resume breathing, she "undressed him, pinched his feet and blew on his face continuously" while "yelling his name in an effort to wake him up."

After a few minutes passed, she dialed 911.

Woppert insisted that nothing physical occurred to the boy while he was with her.

A nurse told authorities that while Woppert was with the boy in the intensive care unit she was weeping and told him, "I'm sorry this happened. You are such a beautiful baby."

From the June 9, 2005, editions of the Milwaukee Journal Sentinel
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Tue, Jun 21, 2005

Shaken baby

bill should be approved

Every child's death tears at our hearts - so much unfulfilled promise, so many unrealized dreams, so little to explain the loss.

And the death of a child at the hands of a family member or caregiver is doubly incomprehensible.

Most often these sad deaths aren't intentional. They're the result of inexperience and simple frustration. That doesn't make them less tragic, only more so, because they're so easily preventable.

A bill introduced by state Sen. Julie Lassa of Stevens Point intends to make such deaths even more preventable by requiring education about shaken baby syndrome for almost all Wisconsin residents.

Deaths attributed to shaken baby syndrome, which causes massive brain injuries when an infant is violently shaken, have skyrocketed in recent years as physicians have become better at recognizing symptoms.

Anywhere from 1,200 to 1,400 documented cases are reported in the United States every year, and roughly a quarter of the victims die, according to the Shaken Baby Coalition. Most of the rest are left permanently disabled.

Marathon County has been anything but immune to these tragedies. Charges involving local deaths or injuries have been filed almost annually in recent years.

The most recent conviction involved baby-sitter Tammy Millerleile, sentenced in April to 16 years in prison for shaking 14-month-old Jake Mentink to death.

Like many, many others convicted in shaken baby cases, Millerleile told police she shook Jake in frustration when he wouldn't stop crying.

"If (the prison sentence causes) just one person to pause in the future ... long enough to save a child's life, it can have tremendous advantages to the community," Marathon County Circuit Court Judge Vincent Howard said of Millerleile's punishment.

Howard was right. But in addition to relying upon the deterrent value of prison sentences, society should be taking steps to prevent these tragedies before they happen.

Lassa's Prevent Violence Against Children Act requires school districts to teach shaken baby prevention once during grades five through eight and again in grade 11. Licensed child care providers also would be required to receive training.

The bill also requires new parents to receive information and view a video about shaken baby syndrome before leaving the hospital, a rule modeled after a law New York implemented in 2004 that reduced cases in the Buffalo area by 47 percent.

The requirements might seem burdensome. But many of those implicated in shaken baby cases tell authorities they never even knew shaking an infant could be harmful.

A little education can go a long way in preventing these tragedies. Lassa's bill should be passed.

New NICU is welcome
Aspirus Wausau Hospital announced plans last week to open a neonatal intensive care unit, in which premature and seriously ill newborns will be treated. If all goes according to plan, the center will be open by January adjacent to the New Beginnings Birth Center.

The Aspirus NICU is a welcome addition to central Wisconsin - not because the Saint Joseph's Hospital NICU in Marshfield is inferior, but because the Aspirus unit will be handier for Wausau-area residents.

Having a critically ill infant is stressful enough without having to make a 90-minute round trip to visit Marshfield every day - a trip that can be treacherous during the winter.

Two NICUs in central Wisconsin offer more choice and more convenience, and that's a good thing.

canada.com News

Monday » October 31 » 2005

Live-in nanny gets five years for her role in baby's death

'No sentence would be long enough,' mother says. 'I still miss my daughter'

KATHERINE WILTON
The Gazette

October 27, 2005

In the days after the mysterious death of her 5-month-old daughter last year, Davina Abdallah was tormented by her nanny's suggestion that her daughter might have choked on baby cereal because Abdallah overfed her.

Only after police interrogated the infant's nanny, Milanie Baysa, did Abdallah learn that her infant daughter died violently after being shaken vigorously by her live-in babysitter.

Baysa, who pleaded guilty to manslaughter, was sentenced yesterday to five years in prison for her role in the death of Tara Saad, which a pathologist said was a case of shaken-baby syndrome.

In his judgment, Quebec Court Judge Rosaire Desbiens wrote that young Tara was shaken so violently, she suffered severe hemorrhaging in the brain and her retinas became detached.

Baysa, 29, sobbed quietly yesterday as Desbiens admonished her for trying to conceal her role in the crime by blaming the child's mother for giving the girl too much food.

CREDIT: PHIL CARPENTER, THE GAZETTE

Justice for Her Granddaughter: Aruna Abdallah is the grandmother of Tara Saad, who died at 5 months old after being shaken violently by her nanny. The woman "was treated like a member of the family," Abdallah says.

Abdallah, who now lives in Spain, said yesterday she was glad her former nanny was going to prison, adding "no sentence would be long enough."

"I haven't forgiven her," said Abdallah, who was waiting anxiously by the phone in Madrid yesterday for her mother to call with the verdict.

"It is still very tough. There is terrible pain. I still miss my daughter all the time."

After being arrested by police last year, Baysa phoned Abdallah and admitted she had shaken the crying infant because the nanny "was out of her mind and lost her patience."

The incident began on March 17, 2004, when Abdallah left Tara in Baysa's care to attend an appointment with her aesthetician. Tara was lying quietly in her crib when her mother left the house. About 11 minutes later, Abdallah received a call from the nanny, saying Tara had stopped breathing.

A panic-stricken Abdallah raced home, called 911 and began administering cardiopulmonary resuscitation on the baby. An ambulance arrived and took the child from her family's home in Dollard des Ormeaux to Lakeshore General Hospital. When the ambulance halted at the Lakeshore, Tara's heart began beating, but she never regained consciousness.

She was transferred to Montreal Children's Hospital, where she died two days later.

Baysa, who has a 5-year-old daughter in the Philippines, had been working for the family for 18 months when Tara died.

Abdallah and her husband have two sons, age 4 years and 6 months.

Baysa continued to live with the couple for several days after Tara's death, until her arrest. A psychologist who examined Baysa said she was a mature woman with no identifiable problems.

Despite writing a letter of apology to Tara's parents, Baysa didn't take full responsibility for her actions because she referred to the death as an accident, the judge said.

Crown prosecutor Helene DiSalvo said she was satisfied the judge imposed a five-year sentence, as she had requested.

"This is 2005, and people have to know that when you shake a baby, it causes severe brain damage that can lead to death," she said.

DiSalvo said it was appalling for Baysa to have let Tara's mother feel she might have been responsible for her daughter's sudden death. "For days, the mother thought it was her fault because she fed the baby too much food."

Tara had been eating solid food for only three weeks before her death.

The child's grandmother, Aruna Abdallah, said her daughter was devastated when she learned her nanny was responsible for Tara's death.

"She said it would have been easier if it was a natural death," Aruna Abdallah said.

"She (Baysa) was treated like a member of the family."

kwilton@thegazette.canwest.com

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Take a look at the face of child abuse

Last Updated: May 1, 2003

County Lines

Laurel Walker
E-MAIL | ARCHIVE

My heart aches for a 9-week-old baby, Roberto.

If all that is spelled out in a criminal complaint against his father, Juan Carmona, is true, Roberto was shaken into submission - his crying quieted - until it almost killed him on Monday.

Carmona, of Menomonee Falls, told police, according to the complaint, "he just wanted the infant to stop crying and was moving the infant in quick motions from side to side" until "he saw Roberto make a 'funny face,' 'kind of like he was going to sneeze, and then he loosened up again' . . . and did this three more times quickly or close together and after the third time . . . he saw the infant was not breathing anymore."

Carmona, 19, is charged with felony child abuse.

Officials at Children's Hospital of Wisconsin, where Roberto was transferred, will not comment on the baby. But two of its doctors are mentioned in the criminal complaint, saying Roberto suffered classic symptoms of shaken baby syndrome.

Fluid on his brain. Bleeding behind his eyes. A crossed eye and indications the baby may have been shaken over the past week or two - which could have made him cry.

Shaking a baby can cause brain damage and death.

Troubling information in the complaint suggests there might have been warnings earlier, somehow overlooked.

The parents had taken the baby to a doctor a week earlier because he was crying so much. Menomonee Falls police said nothing indicates doctors suspected child abuse.

The complaint said that the mother had left the baby in his father's care for a day two weeks earlier and reported that her boyfriend told her, "Please don't ever leave him alone with me again."

When I contacted the mother, she disputed parts of the picture painted in the complaint, including that she had screamed, "What have you done?" to her boyfriend.

"I never had any concerns about leaving my child with his father," she said, declining further comment.

Nearly two dozen organizations are cooperating to raise awareness about shaken baby syndrome, other child abuse, sexual assault, elder abuse and domestic violence. They're calling a 5 p.m. public educational effort and a 7 p.m. vigil Saturday in Waukesha's Frame Park "Life Shouldn't Hurt; A Celebration of Love and Healing."

Life hurt the granddaughter of Janet Goree, who was severely shaken 10 years ago and died at age 3. Goree, now vice president of the National Shaken Baby Syndrome Alliance, will appear at Saturday's vigil. Last year, Florida passed the Kimberlin West Act, named for her granddaughter, and became one of only a few states that require new parents to see a video on shaken baby syndrome after the birth of their baby - before they leave the hospital.

The Wisconsin-based Shaken Baby Association wants a similar law here, and some hospitals are piloting such a program.

Jennifer Horth of the Association for the Rights of Citizens with handicaps, one of the vigil organizers, works on other

approaches, too. She's worked with 50 teens who talk about shaken baby syndrome and child abuse prevention to student audiences. With each presentation, students can take a pledge and sign a handprint signifying they will use their hands only to help kids.

The banner and nearly 5,000 handprints will be on display Saturday night.

"Unless we look it in the face, we're not going to be able to do anything about it," Horth said.

I see a face. A 9-week-old baby's.

From the May 2, 2003 editions of the Milwaukee Journal Sentinel

Laurel Walker Archive

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- Davis' promised 186-page 'tell-all' actually tells little (1/22/05)
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Contacting Laurel Walker

Call Laurel Walker at 262-650-3183 or e-mail: lwalker@journalsentinel.com

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Athens Man Charged in Infant's Death

Local Man Charged in Death of Infant Daughter

Karen Kostko

Four-month-old Madelyn Louis of Athens died Monday night from massive injuries to the brain. This was determined by medical officials from Marshfield Hospital and the Marathon County medical examiner, who concluded that the trauma was non-accidental.

The child's father, Quentin Louis, appeared in court earlier Wednesday on first degree reckless homicide charges.

The Marathon County district attorney's office filed formal charges against Louis. They say the case moved so fast that they're still trying to put all the pieces together that led up to the infant's death.

"This moved quite fast; we learned about it yesterday, or the day before, then child died Monday night," says assistant district attorney Lamont Jacobson.

Criminal complaints say Louis was Madelyn's primary caretaker, and at one point, the DA's office says the father admitted to shaking the baby and then realized the child was unconscious.

The district attorney's office says there was at one time unexplainable injuries to the older child in the family, who is now two and a half.

The Marathon County Sheriff's Department and the Athens Police Department are involved in this joint investigation. Louis is scheduled to appear back in Marathon County Court April 4 for a preliminary hearing.

Find this article at:
http://www.wsaw.com/home/headlines/1395557.html

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STEVENS POINT JOURNAL

Baby sitter to testify in shaken baby case

BY JESSICA BOCK
For the Journal

NEWSSCAN

◆ Last we knew: Tammy Millerleile, 31, of Wausau was charged with first-degree reckless homicide in the death of 14-month-old Jake Mentink. Millerleile was baby-sitting Jake the day he died, March 8, 2002.

◆ What's new: The prosecution is expected to wrap up its case today, and the defense will then begin its presentation. Millerleile is scheduled to testify.

◆ What's next: Today is day four of the five-day jury trial.

The baby sitter accused of fatally injuring a toddler by shaking him will testify today about what occurred the day that 14-month-old Jake Mentink died.

The jury will determine whether the baby sitter, Tammy Millerleile, 31, is guilty of recklessly causing the death of Mentink, who died on March 8, 2002.

Prosecutors expect to wrap up their case today, the fourth day of what is scheduled to be a five-day jury trial.

Defense attorney Jim Connell will then begin his presentation, which will include testimony from Millerleile about what happened the morning Jake died and from a Chicago forensic pathologist. That doctor will testify about biomechanical engineering used to determine the impact of a fall on a brain, Connell told the jury Monday in his opening statement.

"She will tell you this child's death was caused by blunt impact trauma," he said. "She will tell you that a fall down the stairs could have caused the death of this child."Marathon County Circuit Court Judge Vincent Howard appointed Connell in 2002 to represent Millerleile after Howard determined she could not afford a lawyer.

On Wednesday morning, the jury saw images of Jake's brain taken when he was brought to Aspirus Wausau Hospital.

Craig Hackworth, a doctor and diagnostic radiologist who examined CT scans of Jake's brain the day he died, showed the jury the swelling and bleeding in the images that led to his death.

When a child is violently shaken, the motion causes the blood vessels around the brain to swell, which affects functioning of the heart and breathing, Hackworth testified.

Prosecutors say Millerleile first told police Jake had fallen down five or six steps while she had her backed turned. After learning that Jake had died and that an autopsy would be conducted, Millerleile confessed to shaking the baby to quiet him, police say. She also told police that after shaking Jake she "plopped" him on the floor from about a foot in the air.

Jeffrey Jentzen, the forensic pathologist who conducted on autopsy on the toddler, testified Wednesday afternoon that Jake's injuries were consistent with those that would have been caused by the actions Millerleile described to police.

RACINE JOURNAL TIMES
10/14/05

Police say baby was shaken

Journal Times staff

RACINE — A 25-year-old Racine man was arrested Thursday afternoon on a charge of physical abuse to a child with intentionally causing great bodily harm.

Cardell H. Gallagher allegedly caused serious head trauma to his 7-week-old daughter on or before Oct. 5, said Sgt. William Macemon, public information officer with the Racine Police Department.

Gallagher

The child was taken to St. Mary's Medical Center and later flown by Flight for Life to Children's Hospital in Wauwatosa, Macemon said.

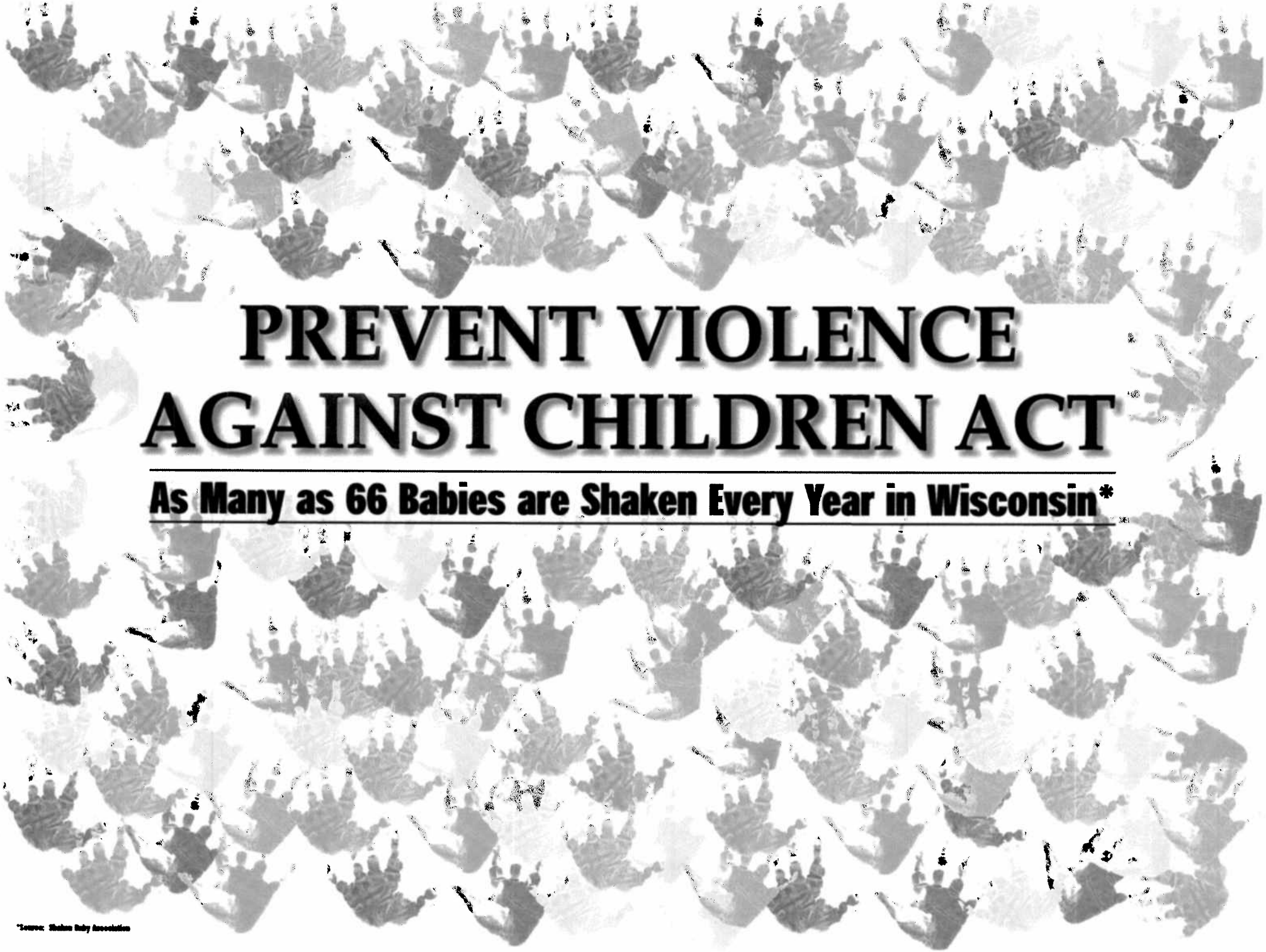
The child's condition is improving, but she remains hospitalized. Medical personnel indicated that her injuries are consistent with shaken baby syndrome or other trauma, Macemon said.

Police are expected to refer the case over to the Racine County District Attorney's office today for possible felony charges.

There is another child in the home where the alleged assault occurred, but police said there was no reason to believe that child had been abused.

Gallagher has a prior record for misdemeanor disorderly conduct in 2003, failure to maintain sex offender registry in 2002 and battery in 1999.

Gallagher played for the Racine Raiders from 2001 through the current season.



*Source: Shaken Baby Association