

# The Parent Perspective on Shaken Baby Syndrome

## RESEARCH PROBLEM:

According to the National Center on Shaken Baby Syndrome, it is estimated that 1,200 – 1,400 infants are shaken each year with an estimated 13-30 percent mortality rate (Meskauskas, Beaton, Meservey, 2009).

## RESEARCH QUESTION & HYPOTHESIS

What is the parent perspective on the Shaken Baby Syndrome prevention and education training they received from Family Resource Center Parent Educators?

**Hypothesis:** Based on the literature, we predicted that the majority of the parents and/or caregivers who received Shaken Baby Syndrome education and prevention training found it to be useful to them in the prevention of SBS.

## PURPOSES:

-To bring awareness to the topic of Shaken Baby Syndrome and to examine the effects that early education and prevention training

SBS has on caregivers and families.

- To develop a reliable survey instrument to measure the impact that early education and prevention training has on the prevention of SBS from the perspective of parents.

- That the results of this study would increase awareness of Shaken Baby Syndrome and support future programming of SBS prevention education to parents and/or caregivers.

## THEORETICAL FRAMEWORK:

The Family Systems Theory focuses on the family as a foundation of related parts or members. Each member has specific functions and roles within the subsystem. Subsystems of a family includes a parent/child subsystem and a spousal subsystem. A family system consists of more than just the family members-it is also made up of the pattern of interactions among its family members

(Strong, DeVault, Cohen 2005).

The Family Systems Theory measures the interactions between family members and a change in the family structure affects the whole family unit. Upon receiving SBS prevention training, a mother can share the information she learned with other family members thus potentially eliminating the possibility of an incident occurring.

(Doherty, Boss, LaRossa, Schumm, Steinmetz, 1993).

## LITERATURE REVIEW:

**Stoll & Anderson** completed a literature review assessing past education or prevention strategies that caregivers and healthcare professionals received in hopes of reducing occurrences of Shaken Baby Syndrome in children under two years of age. It was concluded that involvement of the entire community of caregivers and community education is a critical factor in reducing occurrences of SBS (2013).

**Gaoulet et al.** examined how Shaken Baby Syndrome guidelines were created to develop a prevention program for Shaken Baby Syndrome in 2001. It was concluded that the majority of the families who were part of this study preferred to receive the Shaken Baby Syndrome prevention education prior to being discharged from the hospital (2009).

**Meskauskas et al.** developed a program to help prevent Shaken Baby Syndrome after a series of six related Shaken Baby Syndrome tragedies that occurred in central Massachusetts. It was concluded that sharing SBS education and prevention training with all families, caregivers and the community is a good way to reduce the number of Shaken Baby Syndrome incidences (2009).

**Russell et al.** investigated the increasing number of states that are beginning to require all states to provide Shaken Baby Syndrome prevention training and education to all new parents. It was found that face-to-face dialogues with families is a great way to build positive relationships with families and also helps minimize any stigmas that may be attached to people participating in such programs (2009).

**Dias et al.** began his research by investigating the average costs of inpatient care regarding injuries to infants resulting from Shaken Baby Syndrome. It was found that on average costs can range anywhere from \$18,000-\$70,000 depending on the type of care needed and if there is any ongoing medical care that would be needed as well. It was found that comprehensive programs significantly reduce the occurrences of Shaken Baby Syndrome (2005).

# Syndrome

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## FREQUENCY TABLE:

Variable	Strongly disagree	Disagree	Slightly disagree	Slight agree	Agree	Strongly agree	Total
EDU	3.4%	3.4%	3.4%	20.7%	37.9%	31.0%	100%
FCF	0%	0%	0%	17.2%	17.2%	65.5%	100%
SBS	0%	0%	0%	10.3%	31.0%	58.6%	100%
VSI	0%	0%	0%	0%	6.9%	93.1%	100%
SSF	0%	0%	3.4%	10.3%	34.5%	51.7%	100%
CFC	3.4%	0%	3.4%	6.9%	34.5%	51.7%	100%
FSB	10.3%	0%	0%	20.7%	27.6%	41.4%	100%
CCT	0%	0%	0%	0%	34.5%	65.5%	100%
PFT	6.9%	10.3%	10.3%	27.6%	24.1%	20.7%	100%
EPI	10.3%	13.8%	24.1%	10.3%	20.7%	20.7%	100%

## DEMOGRAPHIC VARIABLES:

**GEN** (gender), **AGE** (age), **WDD** (where did you deliver)

**SPT** (I remember receiving Shaken-Baby Syndrome prevention training)

## SCALE VARIABLES:

**EDU** (receiving SBS education and prevention training was useful to me)

**FCE** (I believe that SBS education and prevention training should be given to all that care for my child, including family members, childcare providers and close friends)

**SBS** (I feel knowledgeable about Shaken-Baby Syndrome)

**VSI** (I am aware of the dangers that can occur from violently shaking an infant)

**SSF** (I have a support system of family and friends that I can call when all other efforts to soothe have been unsuccessful)

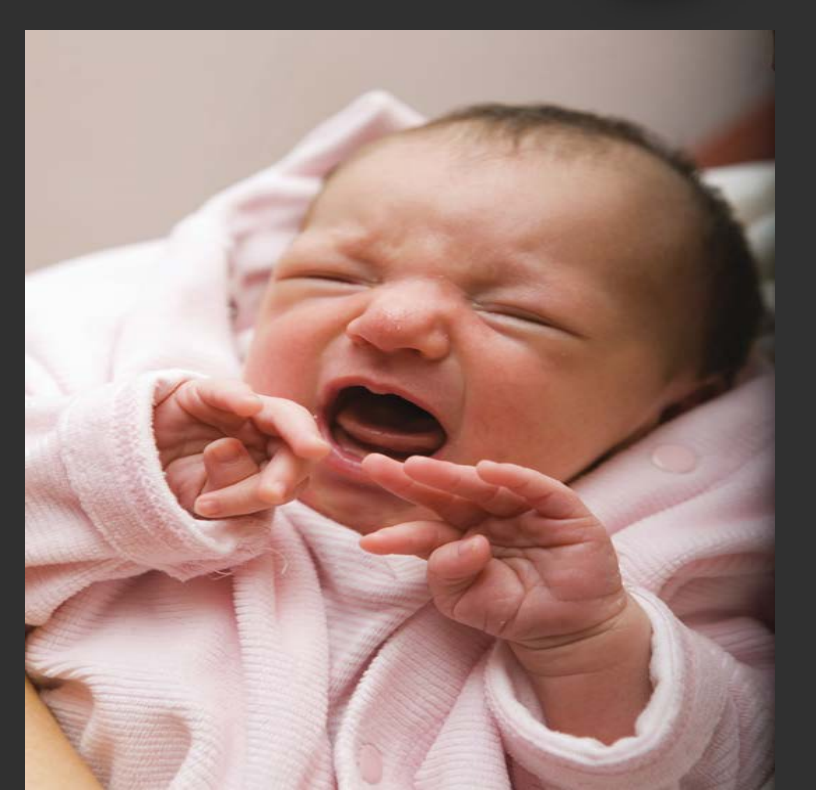
**CFC** (I understand that becoming a parent for the first time puts me at a higher risk for shaking my child because of all the new changes taking place and the frustrations that may come with it)

**FSB** (I am aware that fathers, step-fathers, and boy-friends are most likely to shake an infant and are responsible for most incidences of violently shaking a child)

**CCT** (When feel overwhelmed with my child's crying, I am able to calm myself down by using techniques that I know work for me)

**PFT** (if my hospital had a follow up plan after having received SBS training and prevention education, I would be likely to follow through with their plan)

**EPI** (the best time to receive SBS training and prevention education is in the hospital after the birth of my child)



## METHOD:

**Participants:** 29 parents and primary caregivers (26 females/ 3 males) in the Western Region of Wisconsin.

**Research Design:** Non-random pilot study, cross sectional, purposive sampling.

**Data collection instrument:** IRB approved, informed by literature & theory, implied consent. Administered at the Family Resource Center with four demographics and ten closed-ended questions based on a 1 – 6 Lickert Scale.

**Procedure:** Sent email to collaborator for approval of using the agency. Once approved, questionnaires were administered to parents and primary caregivers that participate in programs offered through the Family Resource Center. Implied consent and confidentiality policies were explained. Special attention was given to reducing any potential pressure on participants and the survey was completed.

**Data analysis plan:** Analyzed data using the Statistical Package for the Social Sciences (SPSS). Frequencies, mean-comparisons, correlations, and Cronbach's Alpha Reliability Analysis.

## RESULTS:

We found very strong support for our hypothesis that the majority of participants would find the SBS training and prevention education useful to them. Approximately 69% of participants found SBS training and prevention education useful to them.

- We found a moderate correlation of .461 between CFC and FSB.
- Cronbach's Alpha was .638 which means that the survey statements that we created were a reliable measure of our research question.

## IMPLICATIONS:

**Practitioners:** Survey question CFC suggests that participants are either not aware of the stresses a newborn can cause, or do not see a newborn infant as a stress factor. The correlation between CFC and FSB suggests that perhaps men handle stress differently and that when Family Resource Center Parent – Educators are administering SBS training to new parents and/or caregivers, all parties involved with the child must be present.

**Future Research:** Research would benefit more in the future from a larger random, national sample in order to generalize the findings nationwide. Using mixed methods and interviewing parents and males would give us lived experience.

## CONCLUSION:

Conducting this research has opened the door to the under-studied area relating to the impact of Shaken-Baby Syndrome and the parent perspective on the topic. It has also been made apparent that there is little attention paid to how men handle the stress of a new infant compared to how women handle the stress of a new infant. The current intervention methods for Shaken Baby Syndrome education and prevention training are done in the hospital with whomever is present in the room at the time, after the birth of the child, prior to being discharged from the hospital, however it was suggested that the training be done prior to the birth of a child, or during a postnatal home-visit instead. The laws currently in place concerning Shaken-Baby Syndrome education and prevention training is that the training is to be done after the birth of a child and prior to being discharged. Based on suggestions from participants, the training would be more effective and more likely to be remembered if it was administered prior to the birth of a child, or during a postnatal home-visit with a Family Professional.

