

Participant Guide

Reducing the Risk of Abusive Head Trauma and Sudden Unexpected Infant Death

This course is part of the Rule 2/Rule 3 training
requirements for Child Care providers
August 2024

2 hours

Reducing the Risk of Abusive Head Trauma (AHT)

Knowledge and Competency Framework (KCF) Content Area and CDA Content Area

The Knowledge and Competency Content Area and the CDA Content Area are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

KCF Content Area: VII. Health, Safety, and Nutrition

CDA Content Area: Safe, Healthy Learning Environment

Learning Objectives:

If learners are engaged and participatory they will learn to:

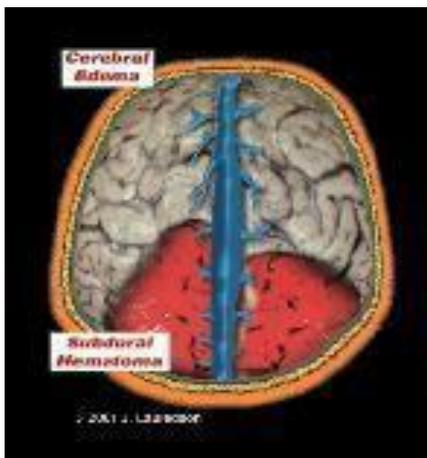
- Describe pediatric abusive head trauma.
- Discuss symptoms and consequences of abusive head trauma
- Identify risk factors for abusive head trauma.
- Identify strategies to use when stressed, angry or frustrated

Session Outline

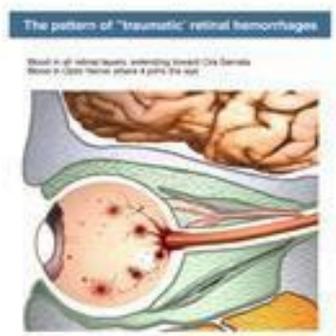
Section	Overview
1. Welcome and Introduction	<ul style="list-style-type: none">• Large group discussion
2. Pediatric Abusive Head Trauma (AHT)	<ul style="list-style-type: none">• Small group activity• Large group presentation
3. AHT: Symptoms and Consequences	<ul style="list-style-type: none">• Large group presentation
4. Risk factors and the child care provider role	<ul style="list-style-type: none">• Large group presentation
Reflection and Wrap Up	<ul style="list-style-type: none">• Large Group Discussion• Individual Reflection• Evaluation



Infants are believed to be particularly susceptible to abusive head trauma because of their relatively large and heavy head, making up about 25% of their total body weight. Their neck muscles are too weak to support such a disproportionately large head (NCSBS). Infants also have thin, pliable skulls.



- Substantial rotational shearing forces are generated causing the brain to rotate within the skull cavity.
- When shaking occurs, blood vessels feeding the brain can be torn, leading to bleeding around the brain.
- Blood pools within the skull, sometimes creating more pressure within the skull and possibly causing additional brain damage.



Retinal (back of the eye) bleeding is very common

The symptoms of AHT may include but are not limited to:

Immediate Symptoms:

The symptoms may include but are not limited to:

Immediate symptoms:

- Difficulty breathing
- Pale or bluish skin
- Extreme irritability, or other changes in behavior, especially fussy, and fretful behavior, despite attempts at comforting and soothing
- Seizures
- Decreased muscle tone
- Rigidity or posturing
- Inability to lift head
- Decreased level of consciousness, alertness, lethargy, sleepiness
- Decreased responsiveness
- Vomiting; poor feeding
- Poor sucking or swallowing
- No smiling or vocalizing
- Heart may stop
- Grab-type bruises on arms or chest
- Head or forehead appears larger than usual
- Soft spot on the head appears to be bulging
- Loss of vision
- Inability of eyes to focus or track movement
- Unequal size of pupils
- Death

Long-Term Consequences:

- Learning disabilities
- Physical disabilities
- Visual disabilities or blindness
- Hearing impairment
- Speech disabilities
- Cerebral Palsy
- Seizures
- Behavior disorders
- Cognitive impairment

What to look for:

It is important to seek medical attention right away if an infant or child is experiencing any of the following symptoms:

- Significant changes in sleeping patterns or inability to be awakened
- Vomiting (more than usual)
- Convulsions or seizures
- Increasing irritability
- Inability to be consoled, and

- Inability to nurse or take to the bottle.

In more severe cases, babies may be:

- Unresponsive or
- Unconscious

Or there may be no physical indicator of AHT at all and the child can still have a severe injury.

- Infants with AHT may look completely normal or uninjured from the outside
- Signs and symptoms can be vague and easily mistaken for another medical concern

Emergency Medical Services (911) should be called and babies should be taken to the emergency department immediately if they are experiencing any of these *severe* signs and symptoms of AHT listed above

Parent Education

- Reassure parents that crying is normal for babies:
 - a) crying is one way babies communicate.
 - b) excessive crying is a normal phase in infant development.
 - c) babies cry most between 2 and 4 months.
 - d) Prolonged, inconsolable crying generally lessens when babies are around 5 months old.
 - e) Most babies who cry a great deal are healthy and stop crying spontaneously.
- Educate parents of babies about the dangers of shaking a baby and what to do if they become angry, frustrated, or upset when their baby has an episode of inconsolable crying or does other things that parents may find annoying, such as interrupting television, video games, sleep time, etc.
- Let parents know that crying can be very frustrating, especially when they're tired and stressed. Reinforce that crying is normal and that it will get better.
- Tell the parent how to leave his or her baby in a safe place while he or she takes a break.
- Be sensitive and supportive in situations when parents are trying to calm a crying baby.

Reflection/Learning Log: 3-2-1 Action Plan

Take a few minutes to reflect on what you have learned in these sessions. Use the spaces below to capture your ideas and plans for action.

3 Important Things I Learned...

2 Things I Will Implement Into My Program...

1 Action I Will Take Immediately...

Resources

American Academy of Pediatrics The American Academy of Pediatrics (AAP) and its member pediatricians dedicate their efforts and resources to the health, safety, and well-being of infants, children, adolescents, and young adults. The AAP has approximately 60,000 members in the United States, Canada, and Latin America. The AAP develops guidelines on a variety of pediatric health issues and distributes a wide range of patient education materials. www.aap.org

The National Children's Advocacy Center Child Abuse Library Online The Child Abuse Library online of the National Children's Advocacy Center is one of the largest professional collections of published knowledge, educational materials, and resources related to child maltreatment in the United States. It provides training, online services, and annotated bibliographies to organizations and individuals, and offers resource packages to decision-makers and researchers. www.nationalcac.org

National Alliance of Children's Trust and Prevention Funds The National Alliance of Children's Trust and Prevention Funds is a membership organization that provides training, technical assistance, and peer consulting opportunities to state Children's Trust and Prevention funds to strengthen efforts to prevent child abuse. www.msu.edu/user/nactpf/National

The National Center on Shaken Baby Syndrome The National Center on Shaken Baby Syndrome has a mission to educate and train parents and professionals and to conduct research that will prevent shaking and abuse of infants in the United States. It provides help to professionals and parents looking for information, ideas, and answers to questions about sbs. www.dontshake.org

National Indian Child Welfare Association The National Indian Child Welfare Association (NICWA) addresses the issues of child abuse and neglect through training, research, public policy, and grassroots community development. NICWA improves the lives of American Indian children and families by helping tribes and other service providers implement activities that are culturally competent, community-based, and focused on the strengths and assets of families. www.nicwa.org

National Scientific Council on the Developing Child The National Scientific Council on the Developing Child is a multi-disciplinary collaboration comprising leading scholars in neuroscience, early childhood development, pediatrics, and economics. www.developingchild.net

Prevent Child Abuse America Prevent Child Abuse America works to prevent abuse and neglect of our nation's children. Through its chapters in 43 states and its voluntary home visitation services provided by Healthy Families America® in more than 400 communities nationwide, Prevent Child Abuse America helps provide healthy, safe, and nurturing experiences for more than 100,000 families every year. www.preventchildabuse.org/index.shtml

Shaken Baby Alliance The shaken baby alliance collaborates with community agencies and professionals to provide support for victim families (including adoptive and foster parents) of SBS to advocate justice for SBS victims, and to increase awareness of the problem. www.shakenbaby.com **Zero to Three** The mission of Zero to Three is to support the healthy development and well-being of infants, toddlers, and their families. The organization accomplishes this by informing, educating, and supporting adults who influence the lives of infants and toddlers. www.zerotothree.org

Sudden Unexpected Infant Death

Session Overview

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas

The primary Knowledge and Competency Content Area and the CDA Content Area are listed here to help participants understand what competencies, content areas and/or indicators are addressed in the training.

KCF Content Area: VII. Health, Safety, and Nutrition

CDA Content Area: Safety, Healthy, Learning Environment

Learning Objectives

- Identify and actively address the reduction of risk factors of Sudden Unexpected Infant Death, SIDS, suffocation, and other sleep-related infant deaths within the attendee's child care program.
- Successfully review the MN Child Care Statute requirements related to safe infant sleep.
- Identify the consequences of non-compliance with regulations.

Session 1 Outline

Section	Overview
Welcome and Introduction	<ul style="list-style-type: none">• Welcome and Introductions• Large Group
Definitions and Incidence	<ul style="list-style-type: none">• American Academy of Pediatrics Definitions and Terms• MN Data• Video• Large Group
MN Legislative Requirements to Reduce the Risk of Sudden Unexpected Infant Death	<ul style="list-style-type: none">• MN Legislative Requirements – MN Statute 245A.1435• Other related MN Statute and Rule• Large Group
Strategies to Reduce the Risk of Sleep-related Sudden Unexpected Infant Death	<ul style="list-style-type: none">• American Academy of Pediatrics Recommendations• Videos• Large Group
Other Safe Sleep-Related Issues	<ul style="list-style-type: none">• Large Group
Consequences for Not Following Safe Sleep Regulations	<ul style="list-style-type: none">• Large Group
Reflection and Wrap-up	<ul style="list-style-type: none">• Large Group• Individual Reflection

AAP Summary of Recommendations with Strength of Recommendations Table 2 2022

ASSB, accidental strangulation or suffocation in bed- An explained sudden and unexpected infant death in a sleep environment (bed, crib, couch, chair, etc) in which the infant’s nose and mouth are obstructed, or the neck or chest is compressed from soft or loose bedding, an overlay, or wedging causing asphyxia.

Bed sharing - Parent(s) and infant sleeping together on any surface (bed, couch, chair). Medical examiners prefer the term “surface sharing.”

Caregivers - Throughout the document, “parents” are used, but this term is meant to indicate any infant caregivers.

Co-sleeping - This term is commonly used in other publications, is not recommended because it lacks clarity, being variably used for sleeping in close proximity (eg, room sharing) and/or sleep surface or bed sharing.

Room sharing - Parent(s) and infant sleeping in the same room on separate surfaces.

SIDS (sudden infant death syndrome) - Cause assigned to infant deaths that cannot be explained after a thorough case investigation, including a death scene investigation, autopsy, and review of the clinical history.

Sleep-related infant death - A sudden unexpected infant death that occurs during an observed or unobserved sleep period, or in a sleep environment.

Sudden unexpected infant death (SUID) - A sudden and unexpected death, whether explained or unexplained (including SIDS), occurring during infancy. Defined by the National Center for Health Statistics to mean deaths with an underlying cause.

Surface Sharing - Surface sharing: Parent(s) and infant sleeping together on any surface. Medical examiners prefer “surface sharing” over “bed sharing.”

Unexplained sudden death in infancy or sudden infant death syndrome (SIDS) - The sudden unexpected death of an apparently healthy infant under 1 y of age, in which investigation, autopsy, medical history review, and appropriate laboratory testing fails to identify a specific cause, including cases that meet the definition of sudden infant death syndrome.⁶ The panel of experts representing the National Association of Medical Examiners recommends the use of unexplained sudden death in infancy and not sudden infant death syndrome.

Wedging or entrapment - A form of suffocation or mechanical asphyxia in which the nose and mouth or thorax is compressed or obstructed because of the infant being trapped or confined between inanimate objects, preventing respiration. A common wedging scenario is an infant stuck between a mattress and a wall (or a bedframe) in an adult bed.

Definitions:

MN Legislative Requirements to Reduce the Risk of SUID

AAP Recommendations- Strategies to Reduce the Risk of SUID

Other Sleep Related Issues

Consequences for not following Safe Sleep Regulation

Reflection, Wrap-Up

Thinking through your day-to-day care for safe sleep.

Where do you feed infants?	
What is your practice when holding or having tummy time with an infant and they fall asleep?	
What room do infants sleep in?	

How do you monitor infants when they are sleeping?	
How do you keep infants warm and still follow licensing requirements?	
What do you do to stay awake when having a tiring day?	
Who do you connect with for encouragement?	
It's normal to have difficult days or difficult moments while caring for children. How can you practice good self-care during those difficult moments or days?	

Thinking through your program practices.

How do you plan to ensure infants have a safe sleep space?	
What would you change or add to your practices based on this training? What do you need to eliminate?	
How do you involve parents or inform parents of your safe sleep practices?	
What could you do above and beyond what is required in MN law to reduce the risk of Sudden Unexpected Infant Death?	

American Academy of Pediatrics Links and Resources

- [Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment | Pediatrics | American Academy of Pediatrics \(aap.org\)](#)
 - [AAP Definitions of Terms Table 1 2022](#)
 - [AAP Summary of Recommendations with Strength of Recommendations Table 2 2022](#)
 - [AAP Safe Sleep Guidelines That Have Been Substantially Revised Since 2016 Table 3](#)

Licensing MN Statutes, Rules, and links

- [MN Rule 2 for Family Child Care](#)
- [MN Rule 3 for Child Care Center](#)
- [MN Statute 245A.50 Family Child Care Training Requirements](#)
- [MS, section 245A.40 Child Care Center Training Requirements](#)
- [MS, section 245A.1435 Reduction of Risk of Sudden Unexpected Infant Death in Licensed Programs](#)
- [Family Child Care Licensing: Implementation plan for 2023 legislative changes \(mn.gov\)](#)
- [Licensed Child Care Centers: Implementation plan for 2023 legislative changes \(mn.gov\)](#)
- [MS, section 245A.146 Crib Safety Requirements](#)
- [Help for licensed family child care providers / Minnesota Department of Human Services \(mn.gov\)](#)

Sudden Unexpected Infant Death (SUID) videos- Family Child Care

The Department of Human Services has approved the following series of videos to meet the SUID component when individuals are not receiving face-to-face, classroom, or online SUID training. All videos must be viewed to meet the SUID training requirement.

Please Note: The videos below include portrayals of infant sleep environments in private, non-licensed, homes that are not subject to the requirements of Minnesota Statutes, section 245A.1435. Licensed child care providers must comply with statutory safe sleep requirements when sleeping infants including nothing in the crib except for an infant's pacifier. In addition, attachments or modifications to the crib are prohibited.

- [Safe Sleep](#) (produced by Hennepin County, 4:17)
- [Safe Sleep Practices](#) (Produced by Eastern Virginia Medical School, 5:50)
- [Sleep On It - Preventing Unsafe Sleep Practices](#) (Produced by Dakota County, 6:28)

MN Department of Health

- [Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment \(state.mn.us\) pdf](#)
- [Safe Sleep FAQ \(state.mn.us\) pdf](#)

Additional Resources

- [Federal Register: Safety Standards for Full-Size Baby Cribs and Non-Full-Size Baby Cribs; Final Rule](#)
- [Videos | Safe to Sleep® \(nih.gov\)](#) Learn about the 2022 Recommendations to Reduce the Risk of Sleep-Related Infant Deaths

Consumer Product Safety Commission

- [Recalls | CPSC.gov](#)
- [Enforcement Guidance for Child Care Providers | CPSC.gov](#)