

# **Power to Protect (Shaken Baby) Education**

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# **Purpose**

To ensure that safe and consistent practices are followed by Health New Zealand – Te Whatu Ora Waitaha Canterbury staff when educating caregivers on power to protect programme.

# **Policy**

This policy outlines the basic principles of the power to protect programme and describes the steps to follow when caregivers receive the education.

If you are concerned about the safety and/or care of a child in terms of child protection, refer to organisational child protection policies.

Audits are undertaken regularly to monitor the quality and consistency of the provision of the shaken baby prevention programme.

# **Applicability**

This policy applies to all Health New Zealand staff within West Coast / Canterbury who are working with pregnant women and families with newborn and infants (up to the age of 2 years).

### **Definitions**

In this policy 'Caregiver' refers to any person who has the responsibility of caring for an infant under 2 years old. This includes prospective caregivers, eg. pregnant women and their families.

# Supporting material

### Other policies

- Child Abuse and Neglect Policy
- Code of Health and Disability Services Consumers Rights Regulation (1996)
- Health information and privacy policy
- Informed Consent policy
- Treaty of Waitangi

### Legislation

- Health Act 1956 (As of June 2024)
- Oranga Tamariki Act 1989 (As of June 2024)
- Privacy Act 1993 (and Health Information Privacy Code 1994)

#### Other

- http://www.kidshealth.org.nz/crying-what-do
- Pamphlet 'Power to Protect. Coping with a crying baby'
- DVD 'Never ever shake a baby. You have the power to protect'.
- Health Learn Module: Power to Protect Shaken Baby Prevention (2023) RGCH003

# **Background**

Shaken Baby Syndrome (SBS) is a description for babies and young children who suffer serious inflicted head injuries. On average, 20 babies are admitted every year to NZ hospitals with such injuries. New Zealand data suggest that our incidence may be increasing over time. International studies suggest the community incidence is much higher than hospital admissions.

This type of injury can occur in any family and any ethnicity, and is more likely to be missed in higher socio-economic groups.

The Power to Protect programme has a universal approach and is aiming to educate the caregivers of all newborn babies about how to cope with a crying baby and the dangers of shaking a baby. It also provides helpful tips to support parents on what they can do if they are feeling stressed, and where they can go for help. This programme is based on international research.

#### **Principles**

- Offered to caregivers of newborn babies and children under 2 years of age.
- Education resources are available to enable caregivers about the programme.
- Staff members trained in programme delivery.
- · Audit of programme delivery.

# Programme delivery

The programme is short and simple. Delivery should take no more than ten minutes of the educator's time and a maximum of 20 minutes of caregiver time, as they will be invited to view the resources.

Before you provide the education, check whether an interpreter and/or cultural support are needed. For some parents, hearing this information may be upsetting. It is important to adopt a sensitive approach.

### The programme involves six simple steps

- 1. Encourage the caregiver(s) to view the 'Power to Protect' resource
- 2. Reinforce the six key messages (use the script if needed) and answer any questions
  - **Crying is how babies communicate**, and it is normal for caregivers to get frustrated when the crying doesn't stop. Make a plan so that you know what to do if you are feeling frustrated.

- It's ok to walk away. First you should check if your baby is sick or needs feeding, changing etc. If you can't find a reason for the crying and you're getting upset, it's okay to walk away. Put baby in a safe place, close the door and take a break. Do not pick baby up until you have calmed down.
- Never, ever shake a baby. A single moment when you lose control may damage your baby forever.
- **Never leave your baby alone** with anyone you think may lose control.
- **Share this information** with anyone who is looking after your baby.
- If you ever think your baby has been hurt, call 111. Don't let fear or pride stand in your way. It could save your baby's life.
- 3. Document that education has been provided to the caregiver
- 4. Invite the caregiver(s) to read the pamphlet Note: be sensitive to the caregiver who may be unable to read

Caregivers have a right not to take part. If they decide not to take part, it is still important for you to offer them a link to the resources or a brochure to take away and view/read in their own time.

#### **Documentation**

In all cases where the shaken baby prevention programme has been provided actions must be recorded in the health record with time, date, legible signature and designation.

# Concerns about the safety of a child

If concerns are raised regarding the safety of a child, these should be fully documented as per requirements of the Child Abuse and Neglect Policy. Document facts and observations as soon as possible after the event or discussion.

These concerns should be discussed with the appropriate staff, according to the Child Abuse and Neglect Policy.

### **Quality improvement**

Compliance with this policy, it is a requirement from Manatu Hauora to submit a 6 monthly audit report and will be audited by the Child and Family Safety Service and reported through Clinical Governance processes.

### References

Dias, MS., Smith, K., deGuehery, K., Mazur P., Veetai L., & Shaffer M. (2005). Preventing abusive head trauma amongst infants and young children: a hospital based, parent education program. Paediatrics, 155(4), 470-477.

Friedman, J., Reeds, P., Sharplin, P & Kelly, P. (2012) Primary prevention of paediatric abusive head trauma: A cost audit and cost-utility analysis. Child Abuse & Neglect, Nov-Dec; 36(11-12):760-70.

Kelly, P. & Farrant B. (2008). Shaken Baby Syndrome in New Zealand, 2000-2002. Journal of Paediatrics and Child Health, 44(3), 99-107.

Barr, R., Rivara, F., Barr, M. Cummings, P., Taylor, J., Lengua, L., & Meredith-Benitz, E. (2009). Effectiveness of educational materials designed to change knowledge and behaviours regarding crying and shaken-baby syndrome in mothers of newborns: a randomised controlled trial, Paediatrics, 123(3), 972-980.

Jenny, C., Kent, H. & Ritzen, A. (1999). Analysis of missed cases of abusive head trauma. JAMA, 281(7), 621-627

Kelly, P., Wilson, K., Mowjood, A., Friedman, J. & Reed, P (2016) Trialling a Shaken Baby Syndrome Prevention Programme in the Auckland District Health Board: NZ Med J, Feb 19;129(1430):39-50.

Zolotor AJ, Runyan DK, Shanahan M et al. (2015) Effectiveness of a Statewide Abusive Head Trauma Prevention Program in North Carolina. JAMA Pediatr. Oct 26:1-6.