

# Prevention of Abusive Head Trauma in Babies

Trauma Network data shows a significant number of babies are severely injured with 50% being due to suspected child abuse <sup>4, 5</sup>

Nationally, Abusive Head Trauma (AHT) affects up to 25 children per 100,000 in the UK <sup>6</sup>. A well documented trigger is infant crying and evidence suggests male caregivers are responsible for inflicting AHT in about 70% of cases.

The triennial review of Serious Case Reviews <sup>7</sup> highlighted the highest category of fatal physical abuse was a non-accidental head injury.

The stress of a crying baby, which every parent will experience as the increase in infant crying is normal, can impact on parenting ability and can have a potentially negative impact on parental and child welfare <sup>8</sup>.

Death or disability in this group has a high economic burden with health, social care, legal and custodial costs. It also denies children the right to contribute to society and achieve their full potential.

**Research demonstrates how a co-ordinated, hospital based parent education programme targeting parents of all newborn infants can significantly reduce the incidence of AHT in children less than 36 months by between 47 and 75% <sup>3, 1</sup>.**

Messages as part of public health service delivery could change the knowledge and behaviour of parents/caregivers <sup>2</sup>.

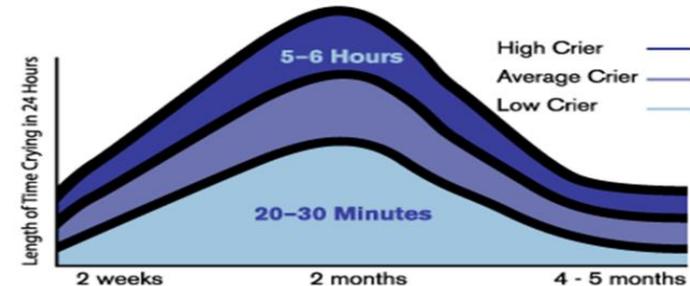
There are other evidence based benefits to an AHT Prevention Programme:

- Improved mental well-being of parents and carers through understanding of how to cope with a crying baby
- Creation of an open culture where parents can ask for help
- A reduction in medical consultation at emergency departments and GPs

## NHS England local and national implementation strategies

- NHS England to collaborate with ICON National Steering Group and scope a national implementation plan, which includes representation from primary, secondary and tertiary services and integration of the ICON programme with other prevention strategies as part of the NHS 10 year plan
- Collaborate with ICON to share coping with crying materials <http://iconcope.org/> and raise public awareness of normal infant crying and coping.
- Make every contact count – Using the ICON programme and taking every opportunity to **engage men**, discuss coping with crying at key touch points including antenatally, prior to discharge post delivery, during the postnatal period and at the 6/8 week check.
- Discuss coping with crying at points of intervention, by social workers, police, Emergency Departments, Children's Centres, nurseries and early year's settings
- Promote coping with crying messages in public areas including GP surgeries, children's centres, pharmacies, sports stadia, libraries etc..
- Ensure parents and carers can refer back to the information provided – sign post to web pages, apps and leaflets
- Promote coping with crying via social media #ICON\_COPE
- Evaluate/Measure outcome of severe injury of babies in the TARN database
- Evaluate/Measure outcome on mortality with the national child mortality database
- Evaluate/measure outcome of impact on parents and caregivers.

## Curves of Early Infant Crying 2 Weeks to 4 - 5 Months



**There is a normal peak in infant crying <sup>2</sup>.**

The crying curve highlights that infant crying increases in intensity and frequency and reaches its peak at around 8-10 weeks of age and then gradually reduces and plateaus at around 4-5 months of age.

## References

1. Altman RL, Canter J, Patrick PA, Daley N, Neelofar K, (2011) Parent Education by Maternity Nurses and Prevention of Abusive Head Trauma Pediatrics: 128;e1164
2. Barr, R, G., Hopkins, B., Green, J, A. (2000) Crying as a sign, a symptom and a signal: clinical, emotional and developmental aspects of infant and toddler crying. London: MacKeith Press.
3. Dias, M. S., et al (2005). Preventing abusive head trauma among infants and young children: A hospital-based, parent education program. Pediatrics, 115, e470–e477
4. Ffion C Davies et al (2015) A profile of suspected child abuse as a subgroup of major trauma patients Emerg Med J 2015;32:921–925.
5. Ffion C Davies, (2017) Major trauma from suspected child abuse: a profile of the patient pathway Emerg Med J 2017;34:562–567.
6. Kemp, A. (2011) Abusive head trauma: recognition and the essential investigation. Arch Dis Child Educ Pract Ed. 96(6):202-8.
7. Sidebotham, Peter, Brandon, Marian, Bailey, Sue, Belderson, Pippa, Garstang, Joanna, Harrison, Elizabeth, Retzer, Ameeta and Sorensen, Penny (2016) Pathways to harm, pathways to protection : a triennial analysis of serious case reviews 2011-2014. London: Department for Education.
8. Smith, S. (2010) 'Helping parents cope with crying babies: decision-making and interaction at NHS Direct', Journal of Advanced Nursing, Vol. 66, No. 2, pp. 381-391