

Parenting Matters

Quarterly Publication

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For Colorado Parents

Shaken Baby Syndrome

by Susan Palmer, Ph.D., Project Director, Department of Research and Program Services

What is shaken baby syndrome?

Shaken baby syndrome is caused by vigorous shaking of an infant or young child by the arms, legs, chest or shoulders. Forceful shaking can result in brain damage leading to mental retardation, speech and learning disabilities, paralysis, seizures, hearing loss and even death. It may cause bleeding around the brain and eyes, resulting in blindness. A baby's head and neck are especially vulnerable to injury because the head is so large and the neck muscles are still weak. In addition, the baby's brain and blood vessels are very fragile and easily damaged by whiplash motions, such as shaking, jerking and jolting.

Shaken baby syndrome has been identified by other names such as abusive head trauma, shaken brain trauma, pediatric traumatic brain injury, whiplash, shaken infant syndrome and shaken impact syndrome.

Who is responsible for shaking babies?

While shaken baby abuse is not limited to any special group of people, males tend to predominate as perpetrators in 65 to 90 percent of cases. In the United States, adult males in their early 20's who are the baby's father or the mother's boyfriend are typically the shaker. Females who injure babies

by shaking them are more likely to be baby-sitters or child care providers than mothers (Showers, 1997).

Frustration from a baby's incessant crying and toileting problems have been described as events leading to severe shaking. The adult shaker also may be jealous of the attention which the child receives from his or her partner.

What happens to a child who has been severely shaken?

Immediate medical attention can help reduce the impact of shaking, but many children are left with permanent damage from the shaking. While data on outcomes are limited, fewer than 10 to 15 percent of shaken babies are believed to recover completely. The remaining victims exhibit a variety of disabilities, including partial or complete loss of vision, hearing impairments, seizure disorders, cerebral palsy, sucking and swallowing disorders, developmental disabilities, autism, cognitive impairments, behavior problems and permanent vegetative state.

The treatment of survivors falls into three major categories - medical, behavioral and educational. In addition to medical care, children may need speech and language therapy, vision therapy, physical therapy, occupational therapy and special education services. Some may need the assistance of feeding experts and behavioral consultants (Showers, 1997).

Message to

Caregivers:

Prevent Shaken Baby Syndrome

Don't Shake a Baby! Do not handle a baby if you are angry.

- Shaking can cause brain damage, vision loss and other injuries.
- If you are afraid you might hurt your child, follow these three simple steps:

1. STOP

- Place the baby in a safe place such as a playpen or a crib.

2. CALM DOWN

- Sit down or walk out of the room—but not too far away that you can't hear the child.
- Listen to music for a short time. Call a friend or relative for support and advice.
- Run the vacuum cleaner to drown out crying noise. This noise also calms some babies.
- Remember that crying may indicate hunger, pain or illness, discomfort, teething, ear ache or other problems. If you can't calm the baby and the crying continues for a long time, call the doctor.

3. TRY AGAIN

- When you have calmed down, resume trying to help the baby.

Source: The Arc of the United States, Maryland, <http://thearc.org/>
Original article not represented in full and was shortened to fit publication.

Facts about Diabetes

What is Diabetes?

Diabetes is a chronic metabolic disorder which afflicts 16 million people in the United States, over two million of whom have its most severe form, childhood diabetes (also called juvenile, type 1 or insulin-dependent diabetes).

How do Insulin-Dependent Diabetes and Adult Onset Diabetes differ?

Insulin-dependent diabetes appears suddenly, but the start of the illness can usually be detected with blood tests years prior to onset. In type 1 diabetes the pancreas ceases to manufacture insulin, a hormone necessary to convert the food we eat into energy for the body. Victims of insulin-dependent diabetes must take multiple daily injections of insulin to stay alive. But insulin is not the cure

In adult-onset (type 2) diabetes, the pancreas can still make insulin and treatment is usually through oral medication and strict diet.

Diabetes can cause:

Retinopathy: Nearly 24,000 Americans lose their sight to diabetes each year

Nephropathy: Approximately 28,000 Americans develop kidney failure from diabetes

Arteriosclerosis: Diabetes can cause arteriosclerosis which leads to heart disease, gangrene and loss of extremities. People with diabetes are 2-4 times more likely to have heart disease than the general population.

Neuropathy: Diabetic neuropathy leads to severe pain or loss of sensation in extremities. Intestinal problems may also occur. Over 56,000 amputations are performed each year on people with diabetes.



What are the symptoms of diabetes:

Insulin-dependent (onset is usually sudden)

- ❖ Frequent urination
- ❖ Excessive thirst
- ❖ Excessive irritability
- ❖ Extreme hunger accompanied by loss of weight
- ❖ Nausea and vomiting
- ❖ Weakness & Fatigue

Non-insulin-dependent (may develop slowly)

Any of the insulin-dependent symptoms and/or:

- ❖ Tingling or numbness in hands or feet
- ❖ Recurring or hard-to-heal skin, gum or bladder infections
- ❖ Fatigue
- ❖ Blurred vision
- ❖ Itching



The Barbara Davis Center
for Childhood Diabetes
(303) 315-8796

<http://www.uchsc.edu/misc/diabetes/index.html>

or

The Children's Diabetes Foundation
at Denver

(303) 863-1200 / (800) 695-2873

www.ChildrensDiabetesFdn.org

Source: Children's Diabetes Foundation's
"Facts About Diabetes"

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Fastbreak For Fathers

by Rich Batten

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**NEW: Look for this in
upcoming newsletters throughout
the year!**

Involvement in your child's education

A 1996 study of 20,000 teenagers and their families by Temple University psychologist Laurence Steinberg and his colleagues discovered that "parents exert a profound and lasting effect on their children's achievement in school," but **not the type of involvement parents practice most often** - checking homework, encouraging children to do better, overseeing the child's academic program from home. Steinberg's research shows that "the type of involvement that makes a real difference is the type that actually draws the parent into the school physically - attending school programs, extracurricular activities, teacher conferences, and

'back to school' nights."

Why should this type of involvement make so much difference? According to Steinberg: "When parents take the time to attend a school function - time off from an evening activity or time off from their own jobs - they send a strong message about how important school is to them and, by extension, how important it should be to the child. When this sort of involvement occurs regularly, it reinforces the view in the child's mind that school and home are connected and that school is an integral part of the whole family's life."

- Original article edited to fit publication



IDEAS:

- Meet your child's teacher and principal - early
- Don't wait for report cards or teacher meetings to confirm problems
- Volunteer at your child's school or preschool
- Visit their classroom
- Build in an extra five minutes of "drop-off" and "pick-up time" to observe your child and relate to their teacher and other parents
- Help your child's school be "father friendly"
- Make clear that parents means fathers too
- Join the school's parent teacher association
- Talk to your school's administration to discuss projects that a "Dad Corp" could take on

Drugged Driving: Talking about the issues

by Robin Hewell

When it comes to driving it is risky to gamble with one's judgment and perception. As a parent it is important to illustrate how drugs and driving are two issues that should not be looked at as a game. Here are a few helpful hints provided by *Parent. The Anti-Drug*:

- Make sure drugged driving is part of any conversation you have when you talk about the dangers of drinking and driving.
- Discuss the physical effects that using marijuana and other drugs can have, like making it difficult to judge distances and react to signals and sounds on the road.
- Remind them to never get into a car with someone who has been using drugs or drinking. Tell them to call you so you can pick them up.
- Be a better listener. Ask questions - and encourage them. Paraphrase what your child says to you. Ask for their input about family decisions.
- Showing your willingness to listen will make your child feel more comfortable about opening up to you.
- Use TV reports, anti-drug commercials, school discussions about drugs, or the Web site www.theantidrug.com to help you introduce the subject in a natural, unforced way.
- Don't be afraid to ask where your kids are going, who they'll be with and what they'll be doing. Get to know your kid's friends - and their parents - so you are familiar with their activities.
- Know your community. Get involved in community activities and your local coalitions. Visit www.helpyourcommunity.org to find your local community coalition.
- Build a network of adults you can talk with about school safety issues and alcohol and drug use. Substance abuse should be every parent's concern.
- Familiarize yourself with how drug education is being taught in your child's school.

Adapted from:

- Parents. The Anti-Drug: "Talking with you teen about drugs and driving"



CREATING NEW HOLIDAY TRADITIONS

by Carleton Kendrick

If you sense that your holiday traditions aren't working, perhaps it's time for a change. Holiday traditions that made sense when your kids were younger might not be appropriate any more. Or they may be too costly or take too much time. Whatever the reasons for your traditions outliving their purpose, it's never too late to create new, meaningful rituals that your family will cherish.



Here are some guidelines and tips for creating new holiday traditions:

- Remember your childhood holiday celebrations. Be as objective as you can when assessing what you most liked/disliked about those traditions. Use your most cherished childhood memories as resources for fashioning new traditions.
- Get input from all family members. Ask everyone - your kids, older relatives, and extended family members - about their favorite family celebrations and new suggestions.
- Fantasize. What parts of your "dream holidays" can you make real? Give your imagination free reign.
- Get ethnic. Research and discover different ethnic holiday traditions. Celebrating your cultural traditions gives children a sense of their ancestry.
- Arrive at a consensus. Respect all family members' desires/conflicts regarding old traditions before embracing new ones. Be sure that everyone is dedicated and eager to make these new traditions a part of your holiday celebrations.
- Make a plan together. Discuss the details of your "new tradition," decide which family members will take on each task, and make a calendar of important to-do dates.

Source: FamilyEducation.com

Putting Knowledge to Work



Colorado State University, U.S. Department of Agriculture and Colorado counties cooperating. Cooperative Extension programs are available to all without discrimination.



Alcohol and Drug Abuse Division



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