WI CAN Educational Series-
The Crying Infant: Strategies to Prevent Abuse

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Objectives

• Normal infant crying
• Some medical causes of crying
• The association between crying and abuse
• How to help caregivers cope with crying
• State and local initiatives and resources

Disclosure Information for:
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The Crying Infant: Strategies to Prevent Abuse

• There are no relevant financial relationships related to this presentation/program
• There is no sponsorship/commercial support of this presentation/program
• The content being presented will be fair, well-balanced and evidence-based
• Learners who wish to receive Continuing Education Credit (CME/CLE/CE) must complete and turn in evaluations to successfully complete this program
Normal Crying

- Progressively increases after 2wks, peaks in second month of life
- Delayed about one month in premature infants
- Peaks in the late afternoon and evening
- May be prolonged and resistant to soothing
- Decreases by 4-5mos


Normal Crying

- Consistent among
  - Methods of recording
  - Caretaking styles
  - Cultural groups
  - Socioeconomic status
The Period of PURPLE Crying

Concerns about Crying are Common

- 303 infants in CHW ED or Urgent Care with complaints of fussiness and crying (2015)
Medical Causes of Crying

Colic

- Wessel’s Criteria
  - At least 3hrs a day
  - At least 3 days per week
  - For at least 3 weeks
  - In a healthy infant
- Starts between 3 and 21 days of age, subsides by 3-4mos
- In evenings
- Flexed legs with “pained” look on face

Colic

- Cause is unknown
  - Gastrointestinal dysfunction (milk protein or lactose intolerance, immaturity of the gut)
  - Gastroesophageal reflux
  - Excessive gas
- Treatments for medical disorders are inconsistently effective, objective testing inconclusive
- May be within normal, more based on temperament or caregivers responses to crying, combination of factors
Gastrointestinal Dysfunction
• Constipation
• Gastroesophageal Reflux Disease
• Cow and/or soy milk protein allergy or intolerance
• Lactose intolerance is extremely rare
• More likely if crying is associated with
  – Vomiting
  – Poor growth
  – Blood in stools
  – Temporally related to feeds

Making a diagnosis of GERD or milk/soy allergy or intolerance:
– First assess feeding volume and technique
– DO NOT put baby to sleep on stomach or side, or use positional devices while sleeping
– Try whey hydrolysate formula- up to 40% of vomiting and pain in reflux is caused by inflammation from milk protein allergy
– Try probiotics
– Implement changes one at a time and for at least 2wks
– Then try medications for reflux

Rosen, R. 2018

Diagnostic Pitfalls
• Urinary tract infection
• Drug reactions
  – Prenatal: benzos, amphetamines, heroin, methadone, buprenorphine, other opioids, some antidepressants and anxiolytics
  – Postnatal: cocaine, amphetamines, opiates, fluoxetine, caffeine, pseudoephedrine
• Intracranial process
  – Neuro exam is a poor screen in infants

Increased concern when:
• Other symptoms of illness
• Ill appearing
• Sudden and/or persistent inconsolability
• Unexplained poor growth, developmental delay
• History of previous neurological symptoms or suspicious injuries
• Other suspicion for abuse

Questions?
The effects of crying

• On the infant
  – Self-resolving
  – Most don't have continued problems on re-evaluation at 2yrs of age
  – Premature cessation of breast-feeding
  – Excessive weight gain
  – When combined with family dysfunction are at higher risk for ongoing behavioral problems

The effects of crying

• On the caregiver
  – Higher rates of depression
  – Strained family relationships
  – Guilt about inability to calm infant
  – Beliefs about the cause of the crying can have a lasting effect on how they interact with child and beliefs about the child’s health

Infant Distress and Child Maltreatment

• Infant Distress:
  – Description by parent describing infant as excessive crier, fussy, colicky, irritable
  – Feeding issues
    • Formula changes, intolerance
    • Use of OTC for distress
    • Prescriptions for reflux
  – Teething <6mos
Infant Distress and Child Maltreatment

- Retrospective study of 314 infants, some of whom were abused and some not abused.
- 30% of abused infants had a previous sentinel injury.
- A history of infant distress was much more common in abused versus non-abused infants.

Infant crying is a trigger for abuse

- Parental reports
  - Survey of parents\(^1\)
    - By 1mo 2% had taken “detrimental action” to stop the crying, by 6mos 6% had smothered, slapped or shaken infant.
  - Confession studies
    - Crying is the trigger in 67% of AHT\(^2\).
    - 55% admitted to repeated episodes of shaking because the shaking stopped the crying\(^3\).


Normal Crying Curve: AHT Incidence

Why is Crying Frustrating?

- Not the fun experience parents expected
- Feelings of resentment toward the baby
- Social pressure to have a "good baby"
- Fear of being a bad parent
  - the parent personalizes the crying as poor parenting
- Fear that the crying will never end

The effects of crying

- "I got advice from everyone, friends, family, and the doctors... My mother in law told me it was because I fuzzed over her too much. My confidence was so low about being a good mother that I was beginning to think that I was the cause. I felt so inadequate as a mother because my child cried every night and I could not make her feel better."

- One evening after months of crying, I had had enough. I remember my mind drifting off to a horrible place... and visions of me screaming at the top of my lungs... grabbing Jadyn... shaking her."

Risk factors for abuse

- Recurrent presentation to medical for crying or expressing significant frustration
- Prematurity (less than 36 weeks gestation or history of prolonged neonatal hospital stay)
- Chronic Illness – FTT
- Children with Special Needs
- Multiples (twins, triplets etc.)
- Families with DV
- Families with AODA issues
- Families with Mental Health Issues
- Poor understanding of normal development
- Poor social supports
Post Partum Depression

- "The baby blues"
  - 80% of new mothers
  - Starts 3-4 days after delivery, lasts up to 2wks
  - Normal
- Postpartum depression
  - From to 10-16% of new mothers
  - Onset within the first few months of delivery
  - It's treatable

How to help caregivers cope with crying

Evidence-based strategies to decrease crying in infancy

- Carrying and feeding on demand in the first few months of life
- Room sharing in first 3mos
- Prompt attempts to soothe before the crying becomes inconsolable (in first few months)
- Consistent routine
Comfort measures

- Period of Purple Crying
- Happiest Baby on the Block
- AAP Resources
- Common themes:
  - Swaddling
  - Decreased stimulation
  - Pacifier, rocking, noise and vibration
  - Warm bath

Drug exposures

- No significant or reproducible effect
  - Simethicone
  - Gripe water
  - Fiber enriched formula
  - Lactase enzyme
- Dangerous
  - Sedating medications (Benadryl, cough meds, opiates)
  - Topical anesthetics for teething

Education for caregivers

- Sometimes there is nothing you can do
- Crying peaks in the second month, then improves
- Infants have trouble stopping themselves once they start
- You can’t spoil a very young infant
- Most cry-fuss problems are not predictive of ongoing behavior problems
**REALLY IMPORTANT MESSAGES**

- Put the baby in a safe place and walk away if frustrated
- Never shake, squeeze, smother, hit, or roughly handle an infant
- Don’t use medications to calm an infant
- Have a plan to handle the crying- find a support person
- Share the education and tips for coping with all who care for the infant

**State and Local Initiatives and Resources**

The Period of PURPLE Crying program is an evidence-based shaken baby syndrome/abusive head trauma prevention program available since 2007.

The program has two aims:
1. To support parents and caregivers in their understanding of early increased infant crying
2. To reduce the incidence of SBS/AHT
Why PURPLE
- Designed and approved by pediatricians, public health nurses, child development experts and parents.
- Evidenced-Based: The program is based on 25 years of scientific research on Infant crying
- Positive approach

Three Dose Model
- Dose 1: Provision of materials, video, and 1 on 1 education
- Dose 2: Reinforcement messaging
- Dose 3: Community campaign

Click for Babies: Dose 3
http://celebrate-children.org/click-for-babies/
**Infant Safety Education in the NICU**

- Survey of mothers with infants at CHW NICU
  - Knowledge and beliefs regarding infant crying
  - Confidence in coping with crying and providing the education to others
  - Distributed at admission, at discharge, and 4mos post discharge

**Infant Safety Education in the NICU**

- Significant increase in knowledge (p<0.0001) and confidence (p<0.0001) between pre- and follow-up survey
- 77% shared the information with others
- 62% remembered a situation in which the education was helpful
- Few received information about coping with crying (35%) and AHT (27%) from a healthcare provider after discharge

**Supporting Families with Fussy Infants in Pediatric Primary Care**

- Survey sent to 21 primary care offices.
  - 80% use in-office counseling regarding infant soothing when parents have crying concerns
  - Only 5% are talking about abusive head trauma
  - 94% felt it was important to have resources and tools to support caregivers
Overview

• Collaboration between Children's Community Services and Children's Hospital
• Funding from The Child Abuse and Neglect Prevention Board to implement Period of PURPLE Crying
• Program implementation areas include:
  – 26 primary care clinics in Milwaukee
  – 6 urgent care locations
  – Children’s Hospital of Wisconsin
  – NICUs in Milwaukee and Fox Valley
  – CHW ED
• Implementation began at the end of 2016

For more information and access to parent education

www.dontshake.org
www.purplecrying.info

Child Help Hotline:
1-800-4-a-child

State Resources

• Parent education materials available through the Child Abuse and Neglect Prevention Board

https://preventionboard.wi.gov
Parent Education is a Piece of the Solution

- Must reach the intended audience
- Must address risk factors
- Self-regulation

Other promising interventions for infants

- Home visiting
  - Patient Protection and Affordable Care Act of 2010
  - Systematic review evidence in reduction of maltreatment
    - Child FIRST
    - Early Head Start- Home Visiting
    - Early Start (New Zealand)
    - Healthy Families America
    - Nurse Family Partnership

Home Visiting Programs in Wisconsin

- Healthy Families America
- Nurse Family Partnerships
- Early Head Start

https://www.dhs.wisconsin.gov/mch/homevisits.htm
Triple P- Positive Parenting Program

• Associated with reductions in county-wide rates for
  – Substantiated child maltreatment
  – Out of home placement
  – Hospital treated child maltreatment injuries


Triple P- Positive Parenting Program

• Multiple levels of interventions
  – Levels 1-5
• Multiple ways to access the program
• Focuses on developing positive relationships with child, particularly those with behavior problems
• Purpose is to equip parents with skills and confidence to manage family issues without ongoing support

Triplep.net

Triple P – Positive Parenting Program

• The Parenting Network
  – Kenosha, Milwaukee, Ozaukee, Racine, Washington, Waukesha

  theparentingnetwork.org
  414-671-0566 (Parent Helpline)

  – Additional programs
    • Education and support for parents (including dads)
    • Confidential phone counseling
    • Referrals to home visiting programs and community resources
Child Abuse & Neglect Prevention Board

For information about local parenting education and resources:
preventionboard.wi.gov

Family Resource Centers

Community focused prevention programs throughout Wisconsin
preventionboard.wi.gov

Other innovative programs

• Fussy Baby Clinics
• Fussy Baby Network (Chicago)
  – Home visiting with infant-parent specialists
  – Medical and behavioral assessment
  – “Warm” line
  – Support group for mothers experiencing post-partum depression and families with fussy infants
Conclusions

- Education about crying is an important piece of prevention
- Should be a part of anticipatory guidance
- Important to recognize families at risk for maltreatment and be prepared to provide additional resources

Resources


Resources


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