Writing Center Review 2006

Persuasive Speech Outline: Shaken Baby Syndrome
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In Dr. Margaret Wick’s COMM 15000: Theory and Practice of Oral Discourse class, students were asked to prepare a persuasive speech and present an outline on a topic of their choice. Constance S. Lapham chose to present her speech on Shaken Baby Syndrome.

Title/topic: Preventing Shaken Baby Syndrome

Specific purpose: To convince my audience that incidences of shaken baby syndrome should be prevented through educating everyone participating in the care of a child.

Central idea: Babies and children under the age of five are at risk of being shaken, and seriously injured or killed by those entrusted to care for them. By expanding the educational component of shaken baby syndrome (SBS) beyond the new parent and baby hospital discharge plan, incidences of this form of child abuse can be prevented.


A. It is 2:00 on a warm and sunny Saturday afternoon. The delicate scents of roses, lilacs and wildflowers fill the air. As you look at and touch the petals of the fragrant flowers, your eyes are drawn to the shiny, gold frame on the table. Contained within the frame is the picture of a beautiful little baby. As your eyes continue to scan the room, you are jolted back into the reality of the occasion. Unfortunately, the baby lying in the small white casket looks nothing like the beautiful little baby in the picture. What went wrong?

B. Three days ago you visited the proud, new parents. As you cuddled and rocked their new little life, the parents had told you that this was the first time the baby had been quiet. They further stated that since they had been home from the hospital, the baby had not stopped crying; no matter what they tried. You acknowledged that they looked worn out, but you assured them that what they were experiencing was normal; you jokingly stated that managing a crying baby was a “rite of passage,” all new parents must face. But now as you gently touch the tiny fingers of this lifeless child, you can’t quiet the persistent shouting in your mind; the words spoken are burning the horrendous image you now face—“Could I have prevented this?”

C. As a second semester junior in Kent State’s Nursing program, I have seen the effects of shaken baby syndrome first hand. I have stood over the cribs of these tiny, defenseless victims, and watched helplessly as they struggled to survive. I have held these babies close and rocked them ever so gently, trying to comfort and ease their pain. I have prayed that they would emerge from these injuries with no memory of the senseless violence that brought them to me. I have seen the letters of love and pictures of those accused, taped to the side rails of their baby’s new home.

D. Babies and children under the age of five are at risk of being shaken and seriously injured or killed by those entrusted to love and care for them. In order to prevent babies and young children from severe damage and death, we must expand the educational component of SBS beyond the new parent and baby hospital discharge plan.

E. During my presentation today I will discuss the serious and devastating problem of SBS, what can be done to help reduce the increasing incidences of SBS, what the impact on society will be should the incidences continue to grow, and what you can do to prevent this tragedy from happening to a child you know.

II. Body Section 1 – The need step.

A. What is the problem? Simply stated, innocent babies and young children have become the targets of out-of-control caregivers. According to the February 9, 2005 edition of the National Institute of Neurological Disorders and Stroke website, shaken baby syndrome is defined as, “a severe form of head injury that occurs whe-
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baby is shaken forcibly enough to cause the baby’s brain to bounce against his or her skull.”

B. Let me give you some important details about 3 key factors that contribute to SBS’s occurrence-- the babies themselves, their caregivers, and the difficulties associated with detecting SBS.

1. First, young babies’ anatomical structures set them up to be vulnerable says the August 2000 Critical Care Nursing Quarterly.
   a. Babies have large and heavy heads comprising about 10% of their total weight; their neck muscles are weak and therefore cannot absorb the energy generated by the whiplash motion of shaking.
   b. Lacking proper head control, infants cannot counteract the forces of injury. If a parent or caregiver shakes a baby like this [demonstrate], the baby’s head is going to flop around worse than an older child’s head would flop under the same conditions.

2. Second, the same article lists characteristics of caregivers that contribute to the problem.
   a. New parents and their caregivers lack the life experience and knowledge of what to expect from their children. Additionally, some babysitters are extremely young and inexperienced.
   b. Caregivers may abuse substances. When they do, the risks of SBS are much greater. In particular, babies born to drug-addicted mothers are at an extreme risk for SBS.
   c. Because new babies spend about 20% of their time crying and this can be stressful enough, any added stresses in caregivers’ lives can make them feel dangerously helpless and frustrated. For parents and other caregivers under severe stress, an inconsolable baby can be the last straw. They explode and direct their anger and distress at the crying infant.

3. The third reason why SBS is so prevalent is that it can be extremely hard to detect. According to the May/June 2003 issue of Orthopaedic Nursing, two factors can influence whether or not a diagnosis of SBS is made.
   a. Typically, no one witnesses the frustrated caregiver and his or her assaults.
   b. When a child is examined by a healthcare worker, his or her symptoms often mimic those of other childhood illnesses. Naturally, health professionals are hesitant to accuse a parent of a crime when they are not sure one has been committed. This leaves the children vulnerable to future abuse.

C. How serious is this problem? Unfortunately, it is serious because it’s both common and catastrophic.

1. Sadly, it is common locally. The February 9, 2005 edition of the Akron Beacon Journal headline read, “Murder case filed over baby; Mother’s boyfriend charged; shaken baby syndrome blamed.” Unfortunately, this type of headline details an all too familiar story, in what seems to be a weekly occurrence in our area.

2. On a national level, the May/June 2003 issue of Orthopaedic Nursing states that an estimated estimated 1.9 million children are the victims of physical violence severe enough to cause physical injury. Most victims are younger than two years old, but SBS can also occur in children between the ages of 2 and 5. The November/December 2003 Child Abuse Review stated that the youngest infant presenting with symptoms of non-intentional head injury was just 19 days old.

3. According to the August 2000 Critical Care Nursing Quarterly, “head trauma is the most frequent cause of permanent damage or death among abused infants and children.” Additionally, “a significant number of cases of head trauma are a direct result of shaken baby syndrome.” The May/June issue of Orthopaedic Nursing adds that the injuries sustained cause more than “two out of five deaths (43%) of children aged 1 through 4 years.” Therefore, the damages are serious, long-term, and costly to taxpayers. According to the March 2002 state of Utah’s Health and Safety Training Manual, consequences of SBS other than death include:
   a. Neuromotor impairments such as cerebral palsy, physical disabilities, speech disabilities, and seizure disorder.
   b. Visual impairments, including blindness.
   c. Developmental delays, such as learning disabilities and behavior disorders.
   d. There is evidence that private insurance companies will refuse payment for treatment of injuries resulting from SBS, forcing the parent(s) to apply for Medicaid.
D. Why should we care?
   1. I, like many other parents, have raised children, and I know the frustration and inadequacy experienced when my babies would not stop crying. At that time, new parents-to-be were required to attend childbirth classes if the father was to be present for the birth. However, never once were my husband and I informed about how to take care of our baby once we got home. Would we have benefited from this education— you bet!
   2. God forbid, we could be guilty of SBS, or one of our children or grandchildren suffer such a horrendous injury at the hands of a parent, babysitter, or another child-care provider.
   3. What if we know someone who has committed this crime?

III. Body Section 2 – The solution or satisfaction of the need step.

A. Can anything be done to prevent shaken baby syndrome besides throwing a caregiver in jail after the fact? Yes. We must increase the number of opportunities to educate everyone in a caregiver role or in contact with a caregiver about how to prevent SBS and we must support them.
   1. According to November/December 2003 Child Abuse Review, an effective strategy in preventing SBS incorporates the use of education and publicity. When these two components are used appropriately, the incidences of SBS can be greatly reduced.
   2. Another important aspect of preventing SBS is support. We cannot prevent SBS unless people know what it is, that it is a common problem, and that we are willing to help people when they need it.

B. Let me explain my specific strategies for educating and supporting parents. In order to reach as many caregivers as possible we have to pass the message along. Allow me to outline two categories of suggestions for educating caregivers, those that should be mandated by law, and those that should be strongly encouraged.
   1. First, let's look at the ones that should be required by law.
      a. Obstetricians and Midwives should be required to counsel parents about stress and SBS in the prenatal as well as postnatal periods.
      b. Childbirth classes, usually taught by nurses, should be required for all parents and should include an animated video.
      c. Birthing units before discharging new mothers should provide a class on SBS. Nurses and the physician can teach the class.
      d. Intensive care units should be required to provide classes for all parents with children in the unit.
      e. Family physician providing well baby check-ups, illness treatment, and immunizations should be required to counsel all parents about SBS.
      f. Local school systems should be required to teach students about SBS in health classes.
   2. In addition to these programs that should be required by law, I also urge several more measures:
      a. Churches should be encouraged to bring in nurses or emergency personnel to teach everyone in the church about shaken baby syndrome. I challenge churches to advertise themselves as places where frustrated parents can find someone to help.
      b. At baby showers, each guest could be asked to share a tip for comforting the new baby.
      c. Family/friend provide a key support system. They should periodically call the family to see how things are going. Be alert for any behavior or signs that suggest inappropriate responses to the baby’s crying. Family and friends should visit often because personal interaction can ease the feelings of isolation new parents often feel.
      d. Parents should require their babysitters to attend a hospital or community sponsored training class before they care for their children.

C. How does my solution solve the problem?
   1. First, it is common knowledge that in order to put the pieces of a puzzle together, it is important to see how the pieces fit together.
2. By educating current and potential caregivers on the anatomical structure, associated risk factors, and encouraging early medical care, each of us can bring those puzzle pieces together, thus creating a much brighter future for a child.

3. Describing the child’s expected developmental abilities can help diffuse unrealistic expectations posed upon the child by the parent or caregiver.

D. How do we know that education will work?

1. In an effort to raise public awareness about shaken baby syndrome, in 1997, Akron Children’s Hospital in collaboration with Ohio District Kiwanis clubs launched the “Never, Never, Never Shake a Baby” campaign, aimed at educating the public about the dangers of shaking a baby.

2. As a result of this campaign and introduction of House Bill 76 (the Shaken Baby Bill), Akron Children’s Hospital has created a handout called “Tips to Grow By,” an informational sheet outlining the symptoms, causes, and ways to prevent shaking a baby, as well as when to call the doctor.

3. According to the November/December 2003 Child Abuse Review, three years ago, it was difficult to find a book solely dedicated to the topic of Shaken Baby Syndrome. Unfortunately, a current search of Amazon.com yielded only 9 titles, thus confirming this finding. However, researching this topic using the search engine Google, resulted in 101,000 hits on the subject of SBS.

E. Could anyone be against educating caregivers to the extent I am proposing?

1. Yes. According to the August 2000 issue of Critical Care Nursing Quarterly, a form of Hispanic folk medicine known as “Calda de Mollera,” is performed in order to raise the soft spot on the top of an infant’s head. The practice includes holding infants upside down over pans of hot water, and slapping their heels while shaking the infants in an up-and-down motion. As shocking as this practice is, one may encounter resistance during an explanation as to why this practice is dangerous to the infant. Identifying the portions of the culture where this practice exists will provide an opportunity to educate the population about the dangers of this custom.

2. Others would debate that shaking a baby is acceptable for the purpose of resuscitation, since minor head injuries are to be expected in young children, as reported in the November/December 2003 Child Abuse Review. However, no research was found that supported shaking a baby as a means of resuscitation.

3. An even greater debate occurs over how someone can shake a baby simply because they can’t help it; even though they know it’s wrong. This aspect is the most troubling of all because more incidences of SBS occur at the height of emotional upset. In order to reverse this form to reverse this form of child abuse, caregivers must be educated about how to handle their own emotions as well as how vulnerable a child is to severe injury. Additionally, we as a society and as individuals must be ready to support the desperate parent.

4. Some people might say it is a waste of time and money to educate everyone. Why not just focus on the babies most at risk? The problem with this suggestion is that every caregiver has the potential to commit SBS. Therefore, it would be a tragic mistake to focus solely on those families considered to be a high risk.

5. Won’t this plan be costly? Yes, it might be costly in the short run, but if we can save children from SBS and its consequences, we will be saving untold dollars in reduced medical and educational costs. If we can prevent it from happening, we will even save the costs of incarcerating those who might abuse their children.

IV. Body Section 3 – Visualizing the results: The negative method

A. Without a strong educational base, babies and young children will continue to suffer needless injuries or death by shaken baby syndrome. Caregivers will believe that shaking a baby or a child is acceptable, and expected if the child’s behavior is difficult to manage. Parents and caregivers who injure infants will live with the guilt for the rest of their lives.

B. Since private insurance companies won’t foot the bill for treating a shaken baby, the government will

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to take responsibility for the tab, and we fund the government’s tab.

V. Conclusion – the call to action.

A. Today I have discussed how babies and children under the age of five are at risk of being shaken and seriously injured or killed by those entrusted to care for them. I have proposed that by expanding the educational component of shaken baby syndrome beyond the new parent and baby hospital discharge plan, incidences of this form of child abuse can be prevented, and that choosing to do nothing will only increase the incidences of placing an innocent child in harm’s way.

B. What can you do to help?

1. It’s simple really. The next time you go to the doctor, ask what information about shaken baby prevention your doctor provides new parents or caregivers.

2. Don’t go to the doctor often? Take the opportunity to discuss the dangers of shaking a baby shaking a baby with friends, family members or someone you know who cares for a child.

3. If you are the parent of young children, insist that your child’s, or children’s caregiver(s) take a class or watch a video about SBS. Go with them and talk about what you learn in the class.

4. If you have older children, teach them about SBS and what to do if they become frustrated while caring for a baby.

C. As you are standing amongst the seemingly endless bouquets of fragrant flowers, your attention drifts from the picture of that precious, beautiful baby to the still, lifeless body in the box. Is that child at peace? Not as long as the voice you hear racing through your mind continues, repeatedly asking the same question, “What could I have done?”

References


