

PRACTICE GUIDE

COPING WITH CRYING/SBS PREVENTION

WHAT BABIES DO

- ★ REASONABLE EXPECTATIONS FOR NEW BABIES ★
- ★ CRYING BABIES ★

2 Weeks to 4 Weeks-Introduce

2 Months-Reinforce

All babies are different, but they all cry.

Babies cry-this is what they do. Crying, especially in the late afternoons and early evening, may increase during the first 6 to 8 weeks. Two to three hours of crying a day in the first 3 months is considered normal. However, crying is also a major trigger for most physical abuse and death from physical abuse for infants and young children. All parents can understand and relate to feelings that a crying baby evokes. Therefore, focusing on crying, and assessing the impact that it is having on the household, rather than stressing, "don't shake your baby," which no parent believes they would ever do, is more universally appealing and is more likely to help prevent abuse. Also, reminding parents that responding to an infant crying will not result in an infant being "spoiled" or over coddled. Both infants and their parents vary in temperament, and some variations "fit" better than others. By starting early to help parents recognize the effects of temperamental variation on their child's difficult behaviors, the pediatrician can help them adapt more successfully to their new responsibilities.

Assessment

- How would you describe your baby's personality?
- Is crying a problem?
- Does the parent think child misbehaves?
- Who do you trust to help you if you feel overwhelmed?

Anticipatory Guidance

What to do when a baby cries:

- ⇒ Try to establish a regular routine
 - ⇒ See if you can recognize a hungry cry from other cries
 - ⇒ Swaddle the baby in a blanket
 - ⇒ Gently rock the infant
 - ⇒ Hold the infant calmly and without tightness and quick changes
 - ⇒ Get help if you are feeling overwhelmed or exhausted
 - ⇒ If alone, place the infant in the crib for five or ten minutes and then try again
- Explain how a parent can understand their child's innate temperament
 - Discuss how parents deal with temperamental differences

PARENTAL FRUSTRATIONS

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| 2 Weeks to 4 Weeks-Introduce 2 Months-Reinforce |
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All parents get frustrated.

Parents are more likely to use aversive techniques when they are angry or irritable, depressed, fatigued and stressed.¹ Basic developmental and behavioral information can help parents place their child's behavior in context, set reasonable expectations for the child, and increase their empathy and understanding of normal child behavior, thus decreasing their frustrations.

Assessment

- How do you feel about noise? About new experiences? About loss of control?

Anticipatory Guidance

- Discuss how all parents get frustrated and steps to take when this happens

PARENT EDUCATIONAL MATERIALS

Crying Informational Cards

In 2002, the Georgia chapter of the American Academy of Pediatrics (AAP Georgia) and Prevent Child Abuse American Georgia (PCA Georgia) collaborated to create a pilot program that focuses on coping with crying as a means to reduce physically abusive injuries by frustrated caregivers. The goals of the program are to help parents successfully cope with a crying child and to encourage dialogue between the parent and the pediatrician. Several different tools, such as these informational cards, were created to assist in meeting the project goals. There are two different informational cards, which should be given at different well child visits. At the 2 Week visit, parents should receive the “Babies Cry” informational card. At the 2-month visit, they should receive the “It’s Crying Time Again” card.

Guide for Parents: Swaddling 101

Swaddling is one of many suggestions you can give to a parent who is having issues with calming a crying baby. This simple guide, which was adapted from the book *The Happiest Baby on the Block*, by Dr. Harvey Karp, answers questions about swaddling that parents may have. This could be given to parents as a supplement to the physician prescription pad or alone if appropriate.



Temperament Tip Sheet

This tip sheet is designed to give parents some information on temperament. It encourages parents to recognize and enjoy the unique, individual behaviors each child has and to use the understanding of that child to assist him or her in becoming the best they can be.

“Welcome to the World of Parenting!” Brochure

This brochure, developed through the AAP’s Violence Intervention Prevention Project (VIPPP), will help parents understand some of the normal development of newborns, and the changes that they themselves will undergo. While some parents find great joy and support during this period, others find fatigue, disruption, criticism, and depression. In the extreme, this continues to be a peak age period for child abuse, and more commonly, for profound changes in the way the parents relate to each other as a couple. Use this as a tool to inform parents that crying is normal in babies, that crying upsets parents and that sometimes parents need to just let the baby cry. This brochure will inform new parents on some of the coping skills that they will need and acknowledges that all parents may *lose it* at some point.

OFFICE MARKETING TOOLS

Coping with Crying Posters

These posters are another tool created by AAP Georgia and PCA Georgia. They are larger versions of the parent informational cards that are given out. We are supplying you with some posters and ask that you place these posters in different places throughout the practice (such as the waiting room, exam room and hallways) so parents can learn that their baby is crying because that is what they are supposed to be doing!

STAFF TOOLS

Physician Guide Sheets-Infant Temperament

This guide sheet provides pediatricians and staff with further information on discussing temperament with parents. Also included is a sheet of vignettes for staff to use as a teaching tool.

Physician Prescription Pad

This pad is a tool that pediatricians or staff can give parents to remind them of things they can do to calm their crying baby. These tear off pads are designed to look like a real prescription pad.

MODERATE INTERACTIVES/TANGIBLES

Contract for parents

This contract is another tool created by AAP Georgia and PCA Georgia. Pediatricians should present this crying pledge to parents at the first visit. They should go over it with the parents and explain that this is given to all new parents. Ask the parent to take this home and share it with the other caregivers and encourage parents to put it in a baby's book as a keepsake to the child.

Magnets for fridge

This is another reminder given to parents at the 2-week visit. This magnet has a 1-800-CHILDREN helpline number, which is sponsored by Prevent Child Abuse America. Any call originating from a New Jersey area code is routed to New Jersey Prevent Child Abuse office. The helpline provides ongoing support to parents, grandparents and caregivers who need parenting tips, are struggling with caring for a new baby, have questions about child development or want to find referrals to organizations that provide family support in their respective areas. This magnet also came out of the collaborative project by AAP Georgia and PCA Georgia project.

Timer for parent time out

This tool can be given out to parents on an as-needed basis. The timer can serve several different purposes. However, for the purposes of using it for coping with crying, pediatricians can encourage parents that if they feel that they are highly frustrated by their baby's crying and they are going to "lose it," they should take a break. After putting the baby in a safe place, they can clip the timer to their pants, set it for 5-10 minutes and take a necessary break. Encourage parents to take this time to call a friend or community resource, use some relaxation techniques or do whatever they need to do to calm down. Once the timer goes off, they should go back and check on the baby.

ISSUES MANAGEMENT

If, after completing an assessment and offering Anticipatory Guidance, you still think that the parents need more help, here are some things that you can do:

- Have someone in the office make a follow up phone call to see how the family is doing.
- Consider doing a home visit.
- Schedule another appointment for the family to come in the following week.
- If it seems appropriate, consider calling child protective services.

ⁱ American Academy of Pediatrics, Committee on Psychosocial Aspects of Child and Family Health Guidelines for effective discipline. *Pediatrics*. 1998; 101:723-728