

Newborn Crying



Lyndi Fisher, DO (PGY-2) and Gretchen Stroud, DO (Faculty Advisor)

INTRODUCTION

Shaken Baby Syndrome is a leading cause of child abuse deaths in the United States. Nearly all victims of SBS suffer serious health consequences and at least 1 of every 4 babies who are violently shaken dies from this form of child maltreatment. (1) Babies (newborn to 4 months) are at greatest risk of injury from shaking (1). Inconsolable crying is a primary trigger for shaking a baby (1). 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 (3). Use of the PURPLE education materials seem to lead to higher scores in knowledge about early infant crying and the dangers of shaking, and in sharing of information behaviors considered to be important for the prevention of shaking (2).

OBJECTIVES

Increase the percentage of pediatric visits where residents discuss newborn crying with parents to 75% of visits within 6 months

Help educate residents on how to help soothe a crying newborn and how to teach parents how to do the same.

METHODS

Before pediatric focused rotations the Family Medicine Residents answered a questionnaire. The questionnaire asked how often residents were discussing newborn crying with family/friends and how often they were discussing with parents. Questionnaire also assessed how confident residents felt about their personal ability to discuss newborn crying with parents and how comfortable they are helping calm a newborn.

Following the initial questionnaire the Family Medicine residents listened to a lecture on the topic. The lecture contained information including statistics as above. We then had an open discussion regarding this topic, sharing personal stories about our own newborns.

After our pediatric focused rotations (approximately 6 months) the Family Medicine Residents answered the same questionnaire.

The numbers were self reported by the residents to assess how many visits they were discussing newborn crying. Some of the responses were words: few, many, a lot. I defined these the following. Few: 5, many: 10, a lot: 15.

IRB Exempt

RESULTS

Pre and Post Quiz

1. What year in residency are you? Please circle
PGY-1 PGY-2 PGY-3
2. Gender: Male Female
3. Are you a parent? If so, how many children do you have? _____
4. How many causes of newborn crying can you come up with right now? _____
5. How many times in the last 6 months have you discussed newborn crying with family and friends? _____
6. How many times in the last 6 months have you discussed newborn crying with a patient (in the hospital or clinic)? _____
7. How comfortable are you discussing newborn crying with new parents? Including identifying causes and giving solutions?
Not comfortable Neutral Very Comfortable
1 2 3 4 5
8. If you encountered a newborn crying in the hospital and/or clinic how confident are you that you could help soothe the newborn?
Not comfortable Neutral Very Comfortable
1 2 3 4 5
9. Are you able to swaddle a newborn? Yes No
10. Could you teach a new parent how to swaddle a newborn? Yes No

Average Results. # of surveys = 10

Question #	4	5	6	7	8	9	10
Avg. Before	6.0	7.4	4.3	3.7	3.4	8 Yes, 2 No	8 Yes, 2 No
Avg. After	6.5	14.5	13.3	4.4	4.0	9 Yes, 1 No	9 Yes, 1 No



Permission for photo given



CONCLUSION

Newborns tend to cry more as they get older until peak around 6-8 weeks of life. Crying can be normal and it is important for parents to understand this. It is also important for them to understand how to cope with newborn crying. There are many theories of why babies cry. As physicians, it is important to be aware of this and to help educated parents in order to prevent serious harm to newborns. This education and increased discussion with parents will hopefully prevent harm to newborns.

REFERENCES OR ACKNOWLEDGEMENTS

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3. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/practicing-safety/Pages/Coping-with-Crying.aspx>