# From Inspiration to Action: The Shaken Baby Prevention Project in Western Sydney

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## ABSTRACT

The Shaken Baby Prevention Project developed an audiovisual based education strategy to inform parents, carers, perinatal health educators and other stakeholders about the dangers of shaking a baby combined with knowledge about positive and safe strategies to respond to a crying baby. The three-minute animated film and the accompanying brochure and poster were collaboratively developed by professionals, community members and parent representatives. The resources were designed to promote positive parental attributions towards an infant by increasing understanding of crying as normal behaviour rather than indicating that the baby is naughty, spoilt or demanding. Our hope is that the new knowledge will encourage reflection and, as a result, an empathic and safe response to a crying baby. The resources were trialled in a range of hospital and community settings with over 180 parent and professional participants. Questionnaire measurements were undertaken pre and post the participants viewing the film and receiving the brochure. The results indicated that participants' attributions about a crying baby and their knowledge of the negative impact of shaking changed significantly, and this change was sustained at the three-month follow-up. The film is now being used in clinical, medical and university settings around the world.

## KEYWORDS

shaken baby syndrome prevention; health education; crying; child abuse; brain injury; multimedia.

## INTRODUCTION

Inflicted traumatic brain injury resulting from "shaking" or "shaking with impact", often referred to as shaken baby syndrome (SBS), is considered to be a preventable form of child abuse most commonly perpetrated on infants under 12 months of age (Showers, 1992b). The injuries sustained can have a significant impact at the individual, family and community levels, and death is a potential outcome (Kelly & Farrant, 2008; Showers 1992b).

Studies from numerous developed countries, including Australia, reveal that the mortality rate in children who have sustained non-accidental head injuries is approximately 15% to 25%. (Holloway, Bye & Moran, 1994; Jayawant et al., 1998; Karandikar, Coles, Jayawant, & Kemp 2004; Kelly, MacCormick & Strange 2009; King, MacKay & Sirnick 2003; Ricci, Giantris, Merrium, Hodge & Doyle 2003). Those children who survive commonly experience multiple neurological deficits and other disabilities (Barlow, Thomson, Johnson & Minns, 2005), with one long-term Australian study indicating that almost all victims of non-accidental head injury suffer at least some morbidity (Stephen 2010). This form of child abuse occurs in families from a range of socioeconomic and culturally and linguistically diverse backgrounds (Russell, Trudeau & Britner, 2008).

Clearly, the prevention of shaken baby syndrome is an extremely important goal for universal health and community services (e.g. Russell, Trudeau & Britner, 2008). A range of programs have been developed internationally aimed at the prevention of shaken baby syndrome (Smith & deGuehery, 2008). These include the Period of Purple Crying, which is widely used in Canada (Barr, 2009); and the Love Me Never Shake Me education program (Dias, Smith, DeGuehery, Mazur, Li, & Shaffer, 2005), which was recently evaluated and published (Deyo, Skybo, & Carroll, 2008; Dias et al., 2005) and uses parent contracts as well as educational pamphlets and a DVD film called *Elijah's Story*(National Center on Shaken Baby Syndrome, 2000). Fulton reported on one such initiative from New York State Women's and Children's Hospital, which demonstrated a 75% reduction in children presenting to hospital with shaking injuries (Fulton, 2000). This program, in the postnatal unit, used a film and a handout in a short intervention together with a signed commitment statement. (Foderaro, 2001).

In Australia, the prevention program Never Shake a Baby (Calvert, 2001) was implemented for a three-month period in 1998 and again in 2000. Auspiced by New South Wales (NSW) Health and the NSW Department of Community Services, it involved promotional broadcasts on radio, television and at sports events as well as a telephone support Cry Line for parents and carers. Unpublished evaluations recommended a range of strategies to continue the dissemination of prevention information (Boland, 2001; Carroll, 2001). These strategies included the development of locally relevant parent education and research and the further development of strategies to increase awareness within the broader community.

## DYNAMICS OF CHILD ABUSE RISK

The research literature and reported cases illustrate that men, women, parents, babysitters and nannies have all been suspected perpetrators of non-accidental head injuries (Hiscock & Jordan, 2004; Rodriguez & Green, 1997; Starling et al., 2004; Stephens, 2007). Information on risk factors for shaking injury is limited by the low incidence of reported and treated shaking injuries and the limited availability of perpetrator accounts. (Barr, Trent & Cross 2006; Biron & Shelton 2005). From the perpetrator accounts that are available, crying appears to be a proximal stimulus to a shaking event (Biron & Shelton, 2005; Stephens, 2007). However, these events occur within the context of a range of vulnerability factors (Kelly & Farrant 2008). Child abuse prevention in this area requires an understanding of the dynamics of vulnerability and the factors indicating potential risk of harm for babies.

Child abuse risk appears to be associated with factors in the child, parent and environment. Babies

are at risk of shaking injuries due to their vulnerable physiology and total dependence on carers to meet their needs (Mok, 2010, Dias 2005). Barr, Trent and Cross (2006) found that the cry of a baby seems to be pitched at a level to elicit a response. Crying is the developmentally appropriate communication of infants. Distressed babies and unwell babies cry to let their carer know they need proximity and comfort. Hungry babies cry for food. However, parents or carers may not be in a position to respond safely to a crying baby. In particular, this may be a risk if they are stressed, depressed, overwhelmed, frightened or highly emotionally aroused, vulnerable, significantly fatigued or unwell. Other contributing factors include isolation, having an unsupportive family situation or responding to a baby in the middle of the night (Ricci, Giantris, Merriam, Hodge & Doyle, 2003; Sanders, Cobley, Coles & Kemp, 2003). There are cultural differences among parents and carers with regard to their understanding of, and response to, a crying baby (Rinne, Saenz & Michelsson, 1990; Reijneveld, Wal, Brugmanm, Sing & Verloove-Vanhorick, 2004; van der Wal, 1998). Perpetrator accounts identify inconsolable crying as one of the commonly cited reasons for aggression towards children (Altimier, 2008; Becker, Liersch, Tautz, Schlueter & Andler, 1998; Biron & Shelton, 2005; Crouch, Skowronski, Milner & Harris, 2008)). Negative attributions about infant crying can lead to hostility and aggression and a focus on parent-centred as opposed to child-centred responses (Dix & Reinhold, 1991).

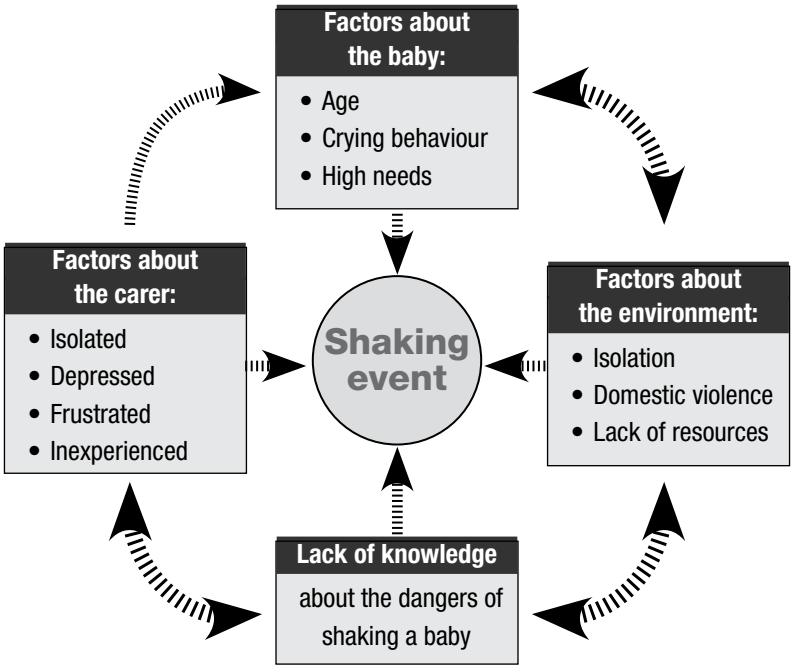
The following diagram illustrates one way of formulating the risk factors that influence shaken baby syndrome. This model was developed by the multiagency, multidisciplinary Shaken Baby Prevention Team based at Westmead in Sydney to diagrammatically represent the complex contributing and precipitating factors leading to a shaking event. These factors were derived from the literature and clinical experience of the team members. .

Safe and nurturing parenting or caring interactions involve cognitive, behavioural and emotional or affective responses (Crittenden, 1999). Of importance to the strategic family education embodied in this project was the need for the materials to present a strong message about building positive relationships between parents/carers and their babies and to promote and offer strategies to respond safely to crying infants (Martin, 1984; Milner, Halsey & Fultz, 1995).

## DEVELOPING THE PARENTING EDUCATION AND PREVENTION RESOURCE

The project team recognised that the strategy should

**Figure 1.** The child protection perspective.



target carers in homes, community settings and childcare facilities in particular. A multidisciplinary team of health and welfare professionals (social workers, paediatricians, clinical and research psychologists, antenatal and adult educators) comprised the Shaken Baby Project in the Western Sydney (SBPP) Steering Group. They worked with the additional expertise of a community reference group involving representatives from nongovernment organisations, such as Uniting Care Burnside, parents and families from the Nepean community health centres in Western Sydney, NSW Health and an indigenous health representative.

At the planning phase of the SBPP, 11 intervention programs were reviewed and their approaches were considered. This process informed the initial development of the SBPP. At that time, none of the programs had published their outcome data. The filmmakers who submitted expressions of interest for producing the film and associated educational resources represented two styles: traditional documentary and purpose developed animation. The project team decided, in consultation with the reference group, that the animation style had the greatest potential to meet the project objectives.

In these deliberations, there was extensive discussion about the effectiveness of animation as a way to engage the target adults and its capacity to educate and promote behavior change as part of a health education process. Animation provides a number of advantages, including its appeal to a wide audience; its usefulness over time (i.e., lack of era-specific details, such as clothing); its capacity to be dubbed and edited; and its accessibility across diverse cultural groups. The rhythmic text and animated characters used throughout the project's film enhance the safe parenting strategies and assist in the recall of the key messages, including:

- No matter how upset you feel, shaking your baby is just not the deal
- If you're in a muddle, stop and think, take a step back, get back on track
- Ask for help, pick up the phone
- Their heads are too large, their necks are too weak, to ever be shaken to sleep.

Images from the film are easily replicated on supporting written educational materials, including brochures and posters. The short length of the film allows it to be placed on the Internet and in-house television in health settings to improve accessibility.

The key messages contained in the film are in five sections:

1. Parenting is challenging. The text says, "Parenting is not easy. It's about doing your best. Sometimes you'll feel like you've been put to the test."

2. A baby is vulnerable because, "Their heads are too large, their necks are too weak to ever be shaken to sleep."

3. Shaking a baby is dangerous: "If your baby is shaken, her brain will be bruised, causing serious injury, possibly even death."

4. Crying is normal: "Normal babies cry for two or three hours a day. In many ways, they are just having their say. She may be hungry, upset or unwell. Sometimes it seems there's just no way to tell."

5. There are strategies which can support safe parenting. For example, "Try a massage, sing or dance. Make baby laugh. Wrap her in a blanket snuggled close to your heart and take her somewhere quiet and dark."

The effectiveness of various types of health education strategies, such as the use of aversive health messages rather than positive behaviour messages, is widely explored in the literature. A thorough review of this is beyond the scope of the current paper (Evans et al., 1998; Macaulay, 2003; Mathews et al. , 2002; Mayer & Moreno, 2002; Raphael, 2000). However, Soames Job (1988) suggests that health promotion campaigns are typically designed to elicit fear despite the fact that fear is often ineffective in achieving the desired behaviour change. Further, a positive reinforcement approach may prove more effective. In their Connecticut study, Russell,

Trudeau and Britner (2008, p. 956) conclude that "Interventions targeting child abuse during infancy may benefit from including video materials in their outreach efforts…."

## INFORMATION AND CONTENT OF THE DESIGN

The initial script was developed by the film writer and producer and refined through consultation with the project reference group and a review of the published research on shaken baby prevention programs (Showers, 2001; Showers, 1992a). The majority of these projects use a "documentary-style" approach and teach parents about the dangers of shaking using case examples of children who have suffered shaking injuries. Barton questioned the use and efficacy of this approach in an oral conference presentation at the National Communication Association in 2007. (Barton, Simkins, Vincent & Mortenson, 2007; National Center on Shaken Baby Syndrome, 1995; National Center on Shaken Baby Syndrome 2000; Smith & deGuehery, 2008). By contrast, the SBPP script provides helpful and practical information to parents, carers, perinatal health educators and other stakeholders about the dangers of infant shaking. In addition, the film and associated materials present positive strategies to deal with crying infants. A study conducted in Connecticut identified that "…the addition of video material and in particular material focusing on teaching alternative [sic] behaviours significantly increased the likelihood of positive changes in SBS awareness" (Russell, Trudeau, & Britner, 2008, p. 949). The SBPP reflects this ethos.

## THE CONTEXT OF FAMILY AND COMMUNITY INTERVENTION

Families in Western Sydney, Australia, come from a broad range of socioeconomic and cultural backgrounds. Westmead Hospital in Sydney, Australia, is part of the Sydney West Area Health Service. It manages 4,500 deliveries every year, providing medical, psychosocial and parent education in the antenatal and postnatal periods. At the time the SBPP was developed, the predominant cultural groups accessing perinatal services through Westmead Hospital were Chinese, Vietnamese and Arab. The adjacent Children's Hospital at Westmead (CHW) provides specialist tertiary paediatric care through services such as child protection, psychological medicine, trauma and neurosurgery, social work and brain injury rehabilitation. The Brain Injury Service provides intervention and long-term rehabilitation services for children with acute non-accidental or inflicted brain injury.

Data from CHW (Tzioumi & Oates, 1998), identified that between 1995 and1999, 39 children aged less than four years were treated for inflicted traumatic brain injury. A subsequent study from 2000 to 2003 identified 29 children from 18 days to 30 months who were treated for an inflicted head injury. In five cases, the perpetrator admitted to shaking the infant (Piper, Tait & Ryan, 2000). Tzioumi and Oates (1998) identified the cultural and linguistically diverse backgrounds of children in their cohort who required treatment for a traumatic brain injury. These included Chinese, Vietnamese, Tongan, Anglo-Australian, New Zealand (Maori), New Caledonian and Arabic children. The range of cultural backgrounds of the children influenced the project team's decision to pursue multi-language versions of the film.

### *Evaluation*

The aim of the research implemented by the project team was to determine whether the film, when utilised in an appropriate clinical setting, was effective in improving carers' understanding of a baby's crying and knowledge of the adverse effects of shaking; and options for responding to a baby's crying.

### *Method*

An initial pilot questionnaire was developed and completed by 84 participants at CHW who were predominantly staff members and volunteers as well as parents/carers of children who were hospital patients. The goal of this trial was to refine the research questionnaire. The questionnaire was subsequently redesigned to alter some of the questions and format.

In the ethics approved trial with the target group, the film was shown to 116 parents and carers of newborn babies in the postnatal unit of Westmead Hospital.

Questionnaires were administered before and after the participants viewed the film. They included both multiple choice and free response components regarding knowledge about the dangers of shaking a baby and reactions to the film (see Appendix 1). Participants were invited to contribute to the project through a follow-up telephone interview. Those who agreed were provided with a copy of the film and a pamphlet. Fifty-one members of the initial participant group completed a telephone interview three months later using a modified version of the questionnaire. This asked the participants about their recall of the information presented in the film and how they had used this information subsequently. Results were obtained using correlational analysis.

### *Case Characteristics*

Of the 116 participants, the average age of the parent or carer was 32 years (range 15-72 years) and most were female (74%). Most participants spoke English at home (60%) and 23% ceased formal education at Year 10 (age 16) or below. Thirty-eight per cent were new mothers, fathers or carers and had had no prior involvement in the care of babies.

### *Results*

The results shown in Table 1 indicate that there was a significant change in knowledge between the pre- and post-viewing responses in some areas. While 40% of respondents prior to viewing the film agreed that it was normal for infants to cry two to three hours a day, this changed to 86% on the post-film response ($x^2 = 40.87$, $p<0.0001$). There were 106 participants (91%) who indicated that they had a better understanding of the impact of shaking on babies, including the possibility of brain damage or death, and the baby becoming more distressed from the shaking. There were 109 participants (94%) who stated that they had learned helpful ways of managing when a baby is crying. The data presented in Table 1 indicates that viewing the film changed the existing assumption that shaking leads to a baby becoming more settled.

As a crying baby is vulnerable to harm from a distressed carer, the research sought to understand whether carers could learn to change their focus towards self and environmental regulation, having first ensured that the baby's basic needs were met. Analysis of the data indicated that following viewing of the film there were indications of a change in focus for respondents. They were less likely to use strategies directly related to the baby (pre=84%, post=61%) and more likely to use strategies related to changing their surrounding environment (pre=5%, post=20%) and themselves (pre=11%, post=19%).

### *Three-month follow-up.*

Fifty-one participants completed the telephone interview three months after initially viewing the film. Each participant was provided with a copy of the film and a brochure. The average age of the parent or carer was 34 years (range 16 to 66 years) and the gender was again predominantly female (71%). Sixty-five per cent of participants spoke English at home and 24% had completed formal education at the Year 10 level (age 16) or below. Thirty-nine per cent had no prior involvement in the care of babies.

### *Results: three-month follow-up.*

Results show a sustained knowledge of the adverse effects of shaking as well as response options to babies crying. All the participants stated that they remembered the film viewed prior to discharge, and 37% had reviewed it since discharge. Ninety-six per cent of the participants stated that they found the film helpful and 85% stated that they also found the accompanying brochure to be useful whilst 47% stated that they had passed the film or brochure on to relatives or friends. In this follow-up group,

**Table 1.** What is the Potential Effect of Shaking a Baby?

| Effect | Pre-view | Post-view | Statistical Significance |
|---|---|---|---|
| Brain Damage | 60% | 89% | x2 = 29.83 p<0.0001 |
| Death | 17% | 82% | x 2 = 96.99 p<0.0001 |
| More Distressed | 4% | 56% | x 2 = 57.85 p<0.0001 |
| More Settled | 64% | 3% | x 2 = 97.99 p<0.0001 |

90% recalled that shaking a baby can lead to brain damage. Forty participants (78%) stated that they had sought assistance for a crying baby in the last three months—35% from a partner, relative or friend, 12% from non-professional support and 31% from health services.

## DISCUSSION AND CONCLUSION

This health education project was initially commenced as a locally based strategy that aimed to assist families to respond safely to a crying baby. The project team all brought a strong commitment to the values of the strategy.

The results of this evaluation show that the film altered people's knowledge about the dangers of shaking a baby. There was evidence that messages regarding alternative strategies for the management of a crying baby were incorporated into caregiving behaviour and maintained over time. Moreover, it was found that the film influenced some carer attributions towards a crying baby, including that crying was not a sign that the baby was spoilt, naughty, bored or demanding. It is hypothesised that this change may increase the capacity of carers to provide an empathic and safe response to a crying infant.

The research results provide evidence that this short, film-based strategy and accompanying material has efficacy in a number of important areas. Whilst this is a small sample, the high level of acceptability of the film and associated resources is encouraging. The use of humour, rhyme, animation and short messages appears to be appropriate for often overwhelmed, busy and sometimes stressed carers (Mayer & Moreno, 2002; Tzioumi & Oates, 1998). There was evidence of increased knowledge of the dangers of shaking infants. This result is consistent with public health research which validates the effectiveness of video educational materials (Nordfeldt, 2002). The results are consistent with those of Russell, Trudeau and Brittner (2008, p. 950) "…that audiovisual educational materials that address more than the consequences of shaking an infant are most likely to promote change in the attitudes which underlie SBS."

It is expected that ongoing use of the film will generate further knowledge about how prevention can be best implemented. The film has been used in individual counselling sessions with families, which have provided the opportunity to directly discuss vulnerability and parenting issues. It has now been accepted widely in international contexts, and multi-language versions have been developed. The film and pamphlet can now be found on the Children's Hospital at Westmead website along with a pre and post viewing questionnaire to assist in ongoing evaluation (http://www.chw.edu.au/parents/kidshealth/crying_baby). A business card has been distributed in the community with the web address and the key message "Remember no matter how upset you feel, shaking your baby is just not the deal".

The project has received local and international acclaim at conferences and in tertiary educational and medical settings. Following this, there has been subsequent interest in the education program being used in other countries with relevant resources and voice-overs to ensure that it is linguistically and culturally appropriate. The United Kingdom Safeguarding Children's Board has used the film in their Shaken Baby Prevention Strategy (Derbyshire County Council, 2007; Russell, Trudeau & Brittner 2008).

The project, exploring the provision of a film-based parent education program as a means of child abuse prevention, suggests that knowledge change and attitude change can be demonstrated. However, as discussed by Petty, Wegener, Fabrigar and Leandra (1997), it is important to acknowledge that attitude change may not necessarily translate to desired behavioural change. Research is required to further evaluate this aspect of the project. The aim of such education is to increase the likelihood that infants will experience safe and nurturing care and that parents will have increased confidence in their ability to respond appropriately when they are also vulnerable, particularly when a baby is crying. The project team hopes that future research will be able to address the impact of primary education strategies on the safety of infants and children.

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## APPENDICES

RESEARCH USE ONLY: PRE N/U [ ] POST N/U [ ] OTHER [ ]

### CRYING BABY QUESTIONNAIRE 1

PART 1

Instructions: Please complete each question by writing your response in the space provided or ticking the box ☑ next to the option that best matches your answer.

1. What do you think might cause a baby to cry? (Tick all that apply or you agree with)

| | | | |
|---|---|---|---|
| ☐ The baby is sick | ☐ The baby is tired | ☐ The baby is hungry | ☐ The baby is spoilt |
| ☐ The baby is wet/dirty nappy | ☐ The baby is in pain | ☐ The baby has wrong formula | ☐ The baby is naughty |
| ☐ the baby is bad tempered | ☐ The baby is demanding | ☐ The baby is bored | ☐ The baby is unhappy |
| ☐ The baby whinges | ☐ The baby is stubborn | ☐ Babies just cry sometimes | ☐ The baby is impatient |
| ☐ Babies cry for no reason | ☐ The baby wants to be held | ☐ Carer is distressed | ☐ Environment is noisy |

2 What 3 things could you do if a baby does not stop crying?

1. .....

2. .....

3. .....

Please comment on each of the following statements:

3. Normal, healthy infants may cry for 2-3 hours every day.

☐ Strongly Agree ☐ Agree ☐ Unsure ☐ Disagree ☐ Strongly Disagree

4. Shaking a baby is harmful?

☐ Strongly Agree ☐ Agree ☐ Unsure ☐ Disagree ☐ Strongly Disagree

5. What may happen to a baby if it is shaken? (More than one box may be ticked)

| | | | |
|---|---|---|---|
| ☐ Nothing | ☐ Damage to body | ☐ Damage to head | ☐ Damage to eyes/ |
| ☐ blindness | ☐ Damage to brain | | |
| ☐ Baby becomes more distressed | | ☐ The baby may settle | ☐ Death |

6. Caring for a baby can be frustrating or distressing.

☐ Strongly Agree ☐ Agree ☐ Unsure ☐ Disagree ☐ Strongly Disagree

PART 2

Instructions: Please complete each question by writing your response in the space provided or ticking the box ☑ next to the option that best matches your answer.

1. our age _____

2. Your gender ☐ Male ☐ Female

3. Ethnicity: With which cultural group do you most identify with?

   _____

4. What language is mostly spoken at home?

☐ English

☐ Other (please name) _____

5. Are you a parent or carer? YES ☐ NO☐

6. Have you been involved in the care of babies before?

   ☐ YES ☐ NO

   ☐ Once per week or more

   ☐ Once per month)

   ☐ Less than once per month

7. What is the highest grade you completed in your education?

   ☐ Year 9 ☐ Year 10 ☐ Year 12 ☐ TAFE diploma or certificate ☐ Apprentice Training

   ☐ University bachelor degree ☐ University postgraduate degree

   ☐ other (please name) _____

8. What is your profession or last work title?

   .....

Thank you for your participation in this study.

RESEARCH USE ONLY: PRE N/U [ ] POST N/U [ ] OTHER [ ]

## POST VIEWING OF THE FILM - CRYING BABY QUESTIONNAIRE 2

PART 1

Instructions: Please complete each question by writing your response in the space provided or ticking the box ☑ next to the option that best matches your answer.

1. What do you think might cause a baby to cry?

| | | | |
|---|---|---|---|
| ☐ The baby is sick | ☐ The baby is tired | ☐ The baby is hungry | ☐ The baby is spoilt |
| ☐ The baby is wet/dirty nappy | ☐ The baby is in pain | ☐ The baby has wrong formula | ☐ The baby is naughty |
| ☐ the baby is bad tempered | ☐ The baby is demanding | ☐ The baby is bored | ☐ The baby is unhappy |
| ☐ The baby whinges | ☐ The baby is stubborn | ☐ Babies just cry sometimes | ☐ The baby is impatient |
| ☐ Babies cry for no reason | ☐ The baby wants to be held | ☐ Carer is distressed | ☐ Environment is noisy |

2 What 3 things did the video say you could do if a baby does not stop crying?

1. .....

2. .....

3. .....

Please comment on each of the following statements:

3. Normal, healthy infants may cry for 2-3 hours every day.

☐ Strongly Agree ☐ Agree ☐ Unsure ☐ Disagree ☐ Strongly Disagree

4. Shaking a baby is harmful?

☐ Strongly Agree ☐ Agree ☐ Unsure ☐ Disagree ☐ Strongly Disagree

5. What may happen to a baby if it is shaken? (More than one box may be ticked)

| | | | |
|---|---|---|---|
| ☐ Nothing | ☐ Damage to body | ☐ Damage to head | ☐ Damage to eyes/ |
| ☐ blindness | ☐ Damage to brain | | |
| ☐ Baby becomes more distressed | | ☐ The baby may settle | ☐ Death |

6. Caring for a crying baby can be distressing.

☐ Strongly Agree ☐ Agree ☐ Unsure ☐ Disagree ☐ Strongly Disagree

7. I have a better understanding of why babies should not be shaken.

☐ Strongly Agree ☐ Agree ☐ Unsure ☐ Disagree ☐ Strongly Disagree

8. Do you have some ideas of where the video should be shown?

.....

.....

9. I have learned some ways of managing when a baby is crying.

☐ Strongly Agree ☐ Agree ☐ Unsure ☐ Disagree ☐ Strongly Disagree

PART 2

1. Having watched the video did you find it helpful?

   ☐ Yes ☐ No ☐ Don't know

2. Did you receive a brochure titled 'Shaking Your Baby Is Just Not the Deal'?

   ☐ Yes ☐ No ☐ Don't know

3. Where did you watch the video or receive the brochure titled 'Shaking Your Baby Is Just Not the Deal'?

   ☐ at the antenatal unit
   ☐ at the post natal unit)
   ☐ the early childhood nurse showed me
   ☐ Other (please comment)

4. Are you willing to participate in a further telephone survey about you and your baby in approximately 3 months time?

   ☐ Yes ☐ No

If YES, Please provide your name and a daytime telephone number:

NAME: .....

Telephone: .....

Thank you for your participation in this study.

RESEARCH USE ONLY: PRE N/U [ ] POST N/U [ ] OTHER [ ]

## SHAKEN BABY PREVENTION PROJECT
## CRYING BABY QUESTIONNAIRE – 3 MONTH FOLLOW UP
## TELEPHONE INTERVIEW

PART 1

General introduction by staff member including name, position and the purpose of the call. Explanation of interview and research provided. May ask in general how mother/father and baby have been.

1. Do you wish to participate in this interview?

YES ☐ OR NO ☐ or Could Not be Contacted ☐

If the participant answered NO, thank them for their time and contribution.

PART 2

1. Do you remember seeing the video titled 'Shaking Your Baby Is Just Not the Deal'?

YES ☐ OR NO ☐

2. Where did you first watch the Video/DVD?

.....

Can you provide an example of how the information was useful?
If no, please comment.

3. Have you watched the Video/DVD since then?

YES ☐ OR NO ☐

4. Did you receive a brochure titled 'Shaking Your Baby Is Just Not the Deal'?

YES ☐ OR NO ☐

5. Did you read the brochure?

YES ☐ OR NO ☐

5a: IF YES, was the brochure useful? YES ☐ OR NO ☐

Can you provide an example of how the information was useful?.....

5b: If NO, please comment?.....

5c: Have you passed information contained in the Brochure, DVD or Video on to others who care for your baby?

YES ☐ OR NO ☐

6. What do you think might cause a baby to cry?

.....

7. When your baby does not stop crying, what do you do?

1. .....

2. .....

3. .....

8. How do you manage your own frustration, upset or distress at these times?

1. .....

2. .....

3. .....

If participant identifies that they have contacted a relative, friend or other community or health service in Q8, proceed to question 10.

9. Have you contacted a relative, friend or other community or health service when things have been difficult when caring for your baby? If so, who have you contacted? Select any that apply

   Relative ☐ or Friend ☐ or Community or Health Service ☐

10. From the Video, DVD or Brochure, can you remember what may happen to a baby if it is shaken?

    .....

    .....

11. Do you think shaking a baby can do long term damage?

☐ Strongly Agree ☐ Agree ☐ Unsure ☐ Disagree ☐ Strongly Disagree

12. What do you think you could do if someone shook your baby?

    .....

    .....

13. Are there any further comments you would like to make?

    .....

    .....

    .....

    .....

Thanking the Participant:
Thank you for your participation in this study. We are sure that your contribution will help in further understanding ways we can help parents, families and the community to keep children safe.