A Million Messages (AMM) Case Studies
Answer Key for Facilitators

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As a supplement to the A Million Messages (AMM) Online Learning Modules, the AMM case studies provide an opportunity for a level of learning that is key to best practice: the application of knowledge, critical thinking and communication skills when discussing injury prevention with parents/caregivers. **Suggested answers to the case studies are provided below.** Though not exhaustive, these give ideas to spark discussion and enrich the groups' understanding of injury prevention in practice.

Transportation Safety Case Study - Liam

During a December postpartum home visit you meet Jon, Melissa and their newborn son, Liam. Liam was born at 37 weeks gestation with a birth weight of 2.5 kg (5 lbs. 8 oz). In the foyer you see a rear-facing-only car seat with a bunting bag added. Jon volunteers that he added the bunting bag for warmth, but mainly because Liam slouched so much without it and didn't stay centred. He eagerly puts Liam in the car seat to show you. Once Jon buckles his son up, you see that the shoulder harnesses are loose and they are not staying on Liam's shoulders.

1. **What risks exist for Liam's safety in the vehicle? How can Jon and Melissa improve Liam's position and safety in the seat, particularly now when he's a smaller newborn?**

Answer:

- Risks include: low-birth weight, pre-term and newborn babies have small shoulders; bunting bag padding and the locations of the holes in the bunting bag can re-route the shoulder straps away from the baby; bulky clothing or blankets can re-route the shoulder straps away from the baby.
- Snug shoulder straps hold the child in the car seat, protecting them in a crash. Loose or out-of-position shoulder straps increase the risk of the baby being ejected from the seat when a crash occurs. See the *Rear-facing Car Seat YES Test.*
- See *Preterm or Low Birth Weight Babies and Rear-facing Car Seats.*
  - If the baby slides down in the car seat, a small, rolled up receiving blanket or towel can be placed between their legs and the crotch strap.
  - If the baby needs help staying in the centre of the car seat, a small, rolled up receiving blanket or towel can be placed on either side of their body.

2. **What information could you give them about keeping Liam warm during travel? Is there any difference in safety if the bunting bag came with the car seat compared to if it was purchased as an after-market product?**

Answer:

- Use as few layers as possible between the child's body and the shoulder straps. Check that the straps are snug each time. A blanket or cover can be placed on top of a child once they are properly secured in the car seat. In the winter, use thin, warm layers like fleece or a light snowsuit. If using bulky or puffy winter clothing, compress the material to make sure that the harness system is tight. See *Keeping Your Child Content in a Car Seat*.
- Any accessories that came in the box with the new car seat can be used according to the manufacturer's instructions.

- Information in the next two bullet points comes from Transport Canada's website (http://www.tc.gc.ca/eng/motorvehiclesafety/safedrivers-childsafety-notices-d200401-menu-336.htm, accessed Sept 6, 2017.):
  - **Padded Car Seat Bags:** Child seat manufacturers state in their instructions not to use bulky clothing and never add anything between the shell of the restraint and the child. The padded car seat bag can re-route the harness system and add slack and increase compressibility. Check with the car seat manufacturer before using and ensure that the product does not compromise the harness routing path.
  - **Winter Clothing:** When using bulky winter clothing ensure that the harness system is tight, compressing the material to ensure a snug fit. Check with the car seat manufacturer for alternative methods of clothing during the winter.

3. What key messages and resources from AMM about the use of Liam's car seat are important for Jon and Melissa? How could you continue the conversation to address the key messages? Where can they get the resources?

Answer:

Key messages

- The main steps in using a car seat or booster seat are *getting ready*, *securing the seat*, and *buckling the child in the seat*. The *Car Seat YES Tests (Rear-facing, Forward-facing, Booster Seat)* are organized according to those steps.

To continue the conversation, the PHN could:

- Ask whether Jon and Melissa are familiar with the *Rear-Facing Car Seat YES Test*, and the supplementary *Preterm or Low Birth Weight Babies and Rear-facing Car Seats*.
- Check that Jon and Melissa found the *Rear-Facing Car Seat YES Test*, either in the *Healthy Parents, Healthy Children - The Early Years* book or online, and used it to check Liam's seat in their vehicle.
- Remind Jon and Melissa that reading their vehicle owner's manual and the car seat instructions that came with Liam's seat is a key part of the YES Test and the best way to know what to do
- Emphasize that when they can answer YES to all the check points in the YES Test, they can be confident Liam is riding safely for every ride.
- Reinforce that, with the help of the YES Test, they are capable of installing and using the car seat correctly to make every ride a safe ride.

Rear-facing Car Seat Resources can be found in the following places:

Healthy Parents, Healthy Children - The Early Years

- **Rear-Facing Car Seats**
  - Vehicle Safety
  - Take the Rear-facing Car Seat YES Test

Take the Car Seat YES Test

- Rear-facing
- Preterm or Low Birth Weight Babies and Rear-facing Car Seats

Other Car Seat Information on MyHealth.Alberta.ca

- Keeping Your Child Content in a Car Seat

- Tips for Buying a Car Seat or Booster Seat
- The Tether Strap and Universal Anchorage System (UAS)

Transportation Safety Case Study - Mikaela

At her six-month immunization visit, Mikaela weighs 9.5 kg (21 lbs.) and is 71.5 cm (28 in.) long. Her mom, Vania, tells you she'll soon need a new car seat because the current one only takes her baby to 10 kg (22 lbs.) and 74 cm (29 in.). Vania asks for information about choosing the next car seat and wants to know how she can keep Mikaela safest. She's seen a number of used seats available locally on-line and wants to buy second-hand if she can to save money.

1. **According to AHS, how long should an infant remain in a rear-facing car seat? What challenges might PHNs encounter when providing this information to parents and caregivers?**

Answer:

- AHS updated the recommendations for car seat and booster seat use in 2017 based on evidence that a rear-facing seat provides the best protection for a child's head, neck and spine in a sudden stop or crash. The updated rear-facing recommendations say:
  - A child is safest in a rear-facing car seat until they are at least 2 years old or reach the maximum weight or height limit for the rear-facing seat (as stated by the manufacturer).
  - Rear-facing car seats that have higher weight and height limits are preferred and will keep a child in the safer, rear-facing position beyond age 2.
- A rear-facing only (infant) seat can be used, or a larger, rear-facing/forward-facing convertible seat. See *Tips for Buying a Car Seat or Booster Seat* for more information.
- Once a child has outgrown the rear-facing only (infant) seat, use a larger rear-facing seat, like a rear-facing/forward-facing convertible car seat, or a 3-in-1 car seat. Keep the child rear-facing for as long as they still fit the larger rear-facing seat.
- PHNs provide information to help parents/caregivers making an informed decision. The decision of when to turn the baby forward-facing is up to the parent/caregiver. Every situation is different based on a number of factors including: the age, weight, height and physical development of the baby, the type of car seat being used, and the weight/height limits of the seat.

2. **What types of car seats are available for this child? If you're unsure, refer to the *Tips for Buying a Car Seat or Booster Seat* brochure for more information. Are second-hand seats safe to use? Why or why not?**

Answer:

- Refer to *Tips for Buying a Car Seat or Booster Seat:*
  - 3 types of car seats are available for this child:
    - **Rear-facing only (infant) with base** – this is the type of seat Mikaela is riding in. Other models of the same type may have higher rear-facing height/weight limits, but this type would not be the best replacement as it can't be used forward-facing.
    - **Rear-facing/forward-facing (convertible)** – this type can be used as a rear-facing seat and then changed to a forward-facing seat. Many models of this type have higher rear-facing weight/height limits than rear-facing only seats. This type of seat could be a good choice for Mikaela if it has higher rear-facing weight/height limits

compared to her current seat. Vania should check the weight/height limits for rear-facing use before buying this seat to ensure that Mikaela will be able to stay rear-facing longer.

- **Rear-facing/forward-facing/booster (3-in-1)** – this model combines all three types of seats. As with the rear-facing/forward-facing convertible type, many models of this type have higher rear-facing weight/height limits than rear-facing only seats. This type of seat could be a good choice for Mikaela if it has higher rear-facing weight/height limits compared to her current seat. Vania should check the weight/height limits for rear-facing use before buying this seat to ensure that Mikaela will be able to stay rear-facing longer.

- **It is not a good idea to buy a second-hand safety seat.** Used seats may be missing parts, damaged or recalled, and may not meet current safety standards.
- A parent/caregiver may ask about a used seat given to them by a close friend or family member, or they wonder if they can re-use the seat they used for an older child. In these situations, knowing the history of the car seat, having all of the original parts including a copy of the instructions, and checking for any recalls are necessary steps prior to choosing to re-use the car seat.
- Under Health Canada's consumer product safety act, the car seat must meet the latest requirements set out by Health Canada and Transport Canada and the seat must not be expired.
- Car seat and booster seat manufacturers say to replace **any** seat involved in a crash. There may be no signs of damage but small cracks or weakened areas may make the safety seat fail to protect a child in the next crash.

3. What AMM resources could you provide to Vania about car seats? Where would you recommend she get these resources?

Car Seat Resources can be found in the following places:

Healthy Parents, Healthy Children - The Early Years

- **Rear-Facing Car Seats**
  - Vehicle Safety
  - Take the Rear-facing Car Seat YES Test
- **Forward-Facing Car Seats**
  - Vehicle Safety
  - Take the Forward-facing Car Seat YES Test

Take the Car Seat YES Test

- Rear-facing
  - Preterm or Low Birth Weight Babies and Rear-facing Car Seats
- Forward-facing
- Booster Seat

Other Car Seat Information on MyHealth.Alberta.ca

- Keeping Your Child Content in a Car Seat
- Tips for Buying a Car Seat or Booster Seat
- The Tether Strap and Universal Anchorage System (UAS)

Transportation Safety Case Study - Macy

Monica, a mother of three, comes in for an 18-month immunization visit for Macy, her youngest, and a preschool booster for her daughter Emma, who just turned five. Her son Ben is eight. She says that with Ben, she had the forward-facing car seat installed for her at a car seat inspection clinic. Monica says Macy has reached the rear-facing height limit so it's time to turn the seat around and use it forward-facing. She would like to know where she could go to have Macy's car seat installed as a forward-facing seat. She says doesn't feel confident and her husband works full-time. She tells you the family bought a new minivan two years ago. She's not sure about using the UAS or seat belt to secure the seat, wonders if it's best to use both. Emma and Ben are in booster seats, which she says are easy.

1. **Based on what you learned in the AMM Online Learning Module, how would you approach this question with Monica? How could you use the *Forward-facing Car Seat YES Test* in this situation?**

Answer:

- Acknowledge Monica's abilities to keep her children safe in a variety of circumstances. She has all it takes to install and use Macy's seat correctly. She uses Macy's car seat every day and is the best person to make every ride a safe ride for all her children.
- Confirm with Monica that now that Macy has outgrown the rear-facing height limit of the larger rear-facing car seat, she's ready to ride in a forward-facing car seat.
- The *Forward-facing Car Seat YES Test* provides a self-check tool to help Monica choose, install and use Macy's car seat in their family vehicle. Other key resources include
  - the instructions that came with Macy's car seat
  - the instructions in Monica's vehicle owner's manual
- The AHS Provincial Injury Prevention Program promotes an empowerment model that supports and encourages parents and caregivers to build skills to use their car seat correctly and be their own car seat inspectors. The role of health professionals is to support parents and caregivers in learning about car seats and booster seats.
- Using the resources available through AMM, parents and caregivers can make sure they have the right seat and are using it correctly every time.

2. **Is it safer to use the UAS (Universal Anchorage System) or the seat belt to secure the base of the forward-facing car seat?**

Answer:

- Refer to *The Tether Strap and Universal Anchorage System (UAS)*.
  - Using the UAS is not any safer than using the seat belt. It is your choice and should be based on whichever you find easier to use correctly.
  - Vehicle or car seat manufacturers give guidelines about the maximum weight allowed for the UAS. Check your vehicle and the car seat manufacturer's instructions to find information on the UAS limit.
  - If a UAS limit isn't given in your vehicle or the car seat manufacturer's instructions, once your child reaches 18 kg (40 lb.), use the UAS, seat belt and tether to install your car seat.

3. **What other resources could you provide to Monica about installing Macy's car seat? Where would you recommend she get these resources?**

Car Seat Resources can be found in the following places:

Healthy Parents, Healthy Children - The Early Years

- **Forward-Facing Car Seats**
  - Vehicle Safety
  - Take the Forward-facing Car Seat YES Test
- **Booster Seats**
  - Vehicle Safety
  - Take the Booster Seat YES Test

Take the Car Seat YES Test

- Forward-facing
- Booster Seat

Other Car Seat Information on MyHealth.Alberta.ca

- Keeping Your Child Content in a Car Seat
- Tips for Buying a Car Seat or Booster Seat
- The Tether Strap and Universal Anchorage System (UAS)

Transportation Safety Case Study - Jet

James comes to clinic with his son, Jet, for his preschool booster immunization. Jet is 4 1/2 years old, up-to-date on his immunizations, weighs 18.5 kg (41 lbs.) and is 113 cm (44.5 in.) tall. When you ask James about how Jet is buckled up in the vehicle, James say Jet's too big for their forward-facing seat but the seatbelt doesn't fit him.

1. **What is a safe restraint for Jet?**

Answer:

- Once a child has reached the maximum forward-facing weight or height limit of their car seat (as stated by the manufacturer), they should move into a booster seat.
- Use a booster seat until the child reaches the maximum weight or height limit of the seat (as stated by the manufacturer).
- Using a booster seat until a child is at least 145 cm (4 foot 9 inches) tall provides the safest ride.
- There's more than one seat choice for Jet. Refer to the *Tips for Buying a Car Seat or Booster Seat* brochure for more information.
- Refer to *Take the Booster Seat YES Test* to help families choose a booster seat and use it correctly for every ride.

2. **The use of booster seats is not required by law in Alberta. In fact, Alberta is the only Canadian province without booster seat legislation. Discuss the following in your small group:**
   - **Should booster seats be required by law in Alberta? Why or why not?**

Answer:

Evidence shows that:

- Booster seat legislation increases the use of booster seats and lowers the injury and death rates for children 4 - 7 years of age.
- The use of booster seats for children 5 – 9 years of age improves their safety and decreases child motor vehicle injuries.
- Parents of children between 4 and 9 years of age lack awareness of the important role booster seats play in keeping children safe during vehicle travel.

- **What role, if any, could parents and/or PHNs have in the introduction of booster seat legislation?**

Answer:

- Concerned parents who know the importance of booster seats could advocate for booster seat legislation in Alberta. They could:
  - Talk to other parents and children who are under 145 cm (4 foot, 9 inches) tall in the school and neighbourhood to raise awareness about booster seats effectiveness.
  - Start a community 'booster seat initiative' to help make booster seats the norm in their area for kids under 145 cm (4 foot, 9 inches) tall.
  - Write letters to their MLA, the Minister of Transportation and the Premier to raise awareness of booster seat effectiveness and ask for booster seat legislation.
- PHNs can play a role in advocacy and education to help inform and influence parents, community members, decision- and policy-makers about booster seats and the evidence supporting booster seat legislation.
- Collective nursing actions through nursing research, professional nursing associations, health services (AHS) could help support government policies/legislation related to mandatory booster seats use (research, position papers, reports, media campaigns). This could include collaborative initiatives/campaigns between public health nursing and professionals from other disciplines (e.g. transportation, injury prevention coalitions, enforcement agencies, the Canadian Paediatric Society).

3. **What resources could you provide to James about booster seats and/or forward-facing car seats? Where would you recommend he get these resources?**

Answer:

Car Seat and Booster Seat Resources can be found in the following places:

Healthy Parents, Healthy Children - The Early Years

- **Forward-Facing Car Seats**
  - Vehicle Safety
  - Take the Forward-facing Car Seat YES Test
- **Booster Seats**
  - Vehicle Safety
  - Take the Booster Seat YES Test

Take the Car Seat YES Test

- Forward-facing

- Booster Seat

Other Car Seat Information on MyHealth.Alberta.ca

- Keeping Your Child Content in a Car Seat
- Tips for Buying a Car Seat or Booster Seat
- The Tether Strap and Universal Anchorage System (UAS)

Falls Prevention Case Study - Hannah

At the one-year immunization visit, Adrian brings in his 12 month old daughter, Hannah. Adrian says he and his wife, Mira, live with Hannah in a two-storey townhouse. There is a long set of stairs from the main floor to the second level, and another set going down to the basement. He says Hannah is always on the go, loves to climb and it's tough to keep track of her. If he or Mira turn their back for a second, Hannah bolts away and is heading up the stairs. Adrian says he's scared Hannah is going to fall as she climbs. When she started to crawl, he installed a stair gate at the top of the stairs. He's not worried about the basement stairs since they keep the door closed.

1. **What developmental factors contribute to falls among toddlers? Would you consider Hannah at risk for a fall down stairs in her home?**

Answer:

- Early childhood is a period of rapid development. As older babies and toddlers learn to crawl and walk, they are at risk of falling on the stairs. As toddlers learn to climb, they are at risk of falling out of windows and from furniture like bookcases.
- Falls are the leading cause of injuries to babies/toddlers. Hannah is at risk for a fall down stairs in her home because of her age, developing physical skills and active exploration. The home doesn't have a gate at the bottom of the stairs, so Hannah can climb up then fall down the stairs from the height she reached. Although there's a door, a gate at the top of the basement stairs would provide extra safety.

2. **What key messages and resources can you provide to Adrian to help prevent Hannah from falling in their home? Where would you recommend he get these resources?**

Answer:

- Key Messages:
  - Install sturdy, wall-mounted gates at the top of stairs.
  - Install either wall-mounted or pressure-mounted gates at the bottom of stairs.
  - Secure heavy furniture like bookcases and televisions to the wall.
  - Move furniture away from windows and install window safety devices.
  - As your child grows and can sit, move the crib mattress to its lowest position.
  - Move your child to a toddler bed before she is tall enough to climb over the crib rails Install a stair gate at the top and bottom of each stairwell in your home.

Fall Prevention Resources can be found in the following places:

Healthy Parents, Healthy Children - The Early Years

- Toddlers (1 – 2 years)
- Preschoolers (3 – 4 years)

Babies Don't Bounce

- 6 – 18 months

Coping with Infant Crying Case Study - Ethan

Rachel is 22 with a son, Ethan. Rachel brings him for his 2-month immunization visit. She looks tired. She says she didn't realize Ethan would cry so much. He cries every day, sometimes for an hour or more and doesn't seem to settle. She tries to comfort him but finds it frustrating she can't get him to stop crying, she thinks maybe Ethan doesn't like her. She and Ethan live with her boyfriend, Cody, 19, in a one-bedroom apartment. Cody works days and it seems all Ethan does most evenings is cry. She's worried he cries too much, or she's doing something wrong but doesn't chance a babysitter and doesn't want people to think she's too young to be a good mom. Her parents live in the city.

1. **What challenges does Rachel face with Ethan's crying? Developmentally, how does crying change through infancy?**

Answer:

- Rachel has difficulty coping with Ethan's crying. She is tired, gets frustrated at not being able to comfort Ethan, and he cries most evenings. Rachel said she thinks Ethan does not like her or that she is doing something wrong. She hasn't asked for help with Ethan from a babysitter or her parents. Her self-confidence wavers and she doesn't want people to think she is too young to be a good mom. Ethan's father, Cody, is a young man who works full-time and may struggle to provide a break to Rachel by caring for Ethan in the evenings, especially since Ethan cries a lot at that time of day.
- Development factors related to crying are:
  - All babies cry.
  - There are times when infant crying cannot be soothed.
  - Crying typically peaks around 2 months of age, then gradually decreases.
- Normal infant crying follows a predictable pattern:
  - It is universal and similar peak pattern of crying exists across many different circumstances
  - **Not typically a sign** that a baby has a medical problem or that a parent is not doing a good job
  - Crying normally starts to increase about 2 weeks of age, peaks in intensity during the second month and decreases and stabilizes by the 4th or 5th month
  - Average amount of crying is between 1-2 hrs/day at the peak of crying
  - Some babies cry less than that, some cry more e.g. for almost 6 hrs/day during the peak of crying
  - Period of PURPLE crying: Peak pattern, unpredictable, resistant to soothing, pain-like face, long bouts, evening crying

2. **What key messages from AMM can you discuss with Rachel to help reinforce her existing skills and develop other ways cope with Ethan's crying?**

Answer:

- **Key Messages**:
  - **All babies cry**. Babies cry for many reasons. Your baby might cry to let you know that he is hungry or thirsty, needs a diaper change, needs to be cuddled, doesn't feel well, or is sleepy. Your baby might also cry to release tension. When your baby cries, try to make him feel more comfortable. Remember that there will be times when your baby can't stop crying, no matter what you do.
  - **It is more important to stay calm than to stop the crying**. It is normal to feel tired, alone, sad, or frustrated when you can't comfort your baby. If you feel angry or

frustrated, put your baby in a safe place (like his crib) and let him cry for a few minutes. This is not harmful. When you are feeling calmer, try again to soothe him.

- **It's OK to ask for help**. It's important to plan ahead. Think about what you will do if the crying gets to be too much, like listen to music or go for a walk with your baby. Write down the phone numbers for friends and neighbours you can ask for help if you need it. You can call Health Link at 811, 24-hours a day, to talk to a Registered Nurse.
- **Take a break, don't shake.** You must NEVER SHAKE A BABY. Even a few seconds of shaking can cause a baby permanent brain damage or death. Tell everyone who takes care of your baby to never shake your baby for any reason.

3. **What resources are available to Rachel about coping with infant crying? Where would you recommend she get these resources?**

Answer:

Infant Crying Resources can be found in the following places:

Healthy Parents, Healthy Children - The Early Years

- When Your Baby Cries

When Your Baby Can't Stop Crying* brochures and *The Crying Plan

Coping with Infant Crying Case Study - Garrett

Josh, 23, brings six-week-old Garrett, into the clinic to get weighed and stays for the Parent Drop-In. Josh says Garrett is always fussy, cries a lot, and he just doesn't know how to deal with him. He says he feels bad because Garrett's crying sometimes makes him angry when the things he's doing don't seem to help. Josh is currently unemployed and his girlfriend, Julia, went back to work so they'll have some money. He's happy to be a stay-at-home dad but says he didn't think it would be like this. He says that when Garrett is screaming he sometimes doesn't know if he can stay sane. Josh's older sister, Andrea, and her husband live in the same apartment building as Josh, and Julia's mom lives across town.

1. **What risk factors exist with this family that may increase the risk of Garrett becoming a victim of shaken baby syndrome (SBS)? What strengths within the family could you focus on to provide support?**

Answer:

Risk Factors: Garrett's crying sometimes makes Josh angry and he does not know how to deal with it. Crying typically peaks around 2 months of age, then gradually decreases, so the amount or duration of six-week-old Garrett's crying may continue to peak. Josh is a young father, 23, and says Garrett cries more than he expected a baby to cry. Garrett's mom, Julia, works so Josh may be alone when Garrett's crying is inconsolable.

Strengths: Josh is happy to be a stay-at-home dad. He has family living close by, his older sister and her husband are in the same apartment building, and Julie's mom is a phone call away. Julia is working and home in evenings to assist with parenting, to serve as a sounding board for Josh, and give Josh a break.

2. **What key messages and resources from AMM about coping with infant crying might be useful to help Josh and his family? What might you say or ask to open the conversation?**

Answer:

- Acknowledge/validate Josh's feelings of anger/frustration. E.g. "It must be so difficult for you to experience this crying everyday..." Normalize his experiences that many parents face similar stressors with crying babies. Ask open ended questions. Assess Josh's stressors with Garrett's crying, his coping abilities, who he can ask for help, and also what stressors are currently in his life (see discussion questions on Crying Plan Guidelines for assessment).
- E.g. Tell me about your baby's crying? How do you feel when your baby can't stop crying? What have you done in the past when your baby couldn't stop crying? How do you keep yourself calm when your baby can't stop crying....what worked?
- Validate Josh's strengths and highlight possible supports
- Review key messages:
    - **All babies cry**. Babies cry for many reasons. Your baby might cry to let you know that he is hungry or thirsty, needs a diaper change, needs to be cuddled, doesn't feel well, or is sleepy. Your baby might also cry to release tension. When your baby cries, try to make him feel more comfortable. Remember that there will be times when your baby can't stop crying, no matter what you do.
    - **It is more important to stay calm than to stop the crying**. It is normal to feel tired, alone, sad, or frustrated when you can't comfort your baby. If you feel angry or frustrated, put your baby in a safe place (like his crib) and let him cry for a few minutes. This is not harmful. When you are feeling calmer, try again to soothe him.
    - **It's OK to ask for help**. It's important to plan ahead. Think about what you will do if the crying gets to be too much, like listen to music or go for a walk with your baby. Write down the phone numbers for friends and neighbours you can ask for help if you need it. You can call Health Link at 811, 24-hours a day, to talk to a Registered Nurse.
    - **Take a break, don't shake.** You must NEVER SHAKE A BABY. Even a few seconds of shaking can cause a baby permanent brain damage or death. Tell everyone who takes care of your baby to never shake your baby for any reason.

3. **How could you use the Crying Plan resource in this situation? Work through the Crying Plan as you would if you were facilitating the Parent Drop-In session that Josh came to.**

Answer:

- The Crying Plan is a pro-active tool to help parents/caregivers plan ahead for the times when a baby's crying is too much. Reviewing the crying plan gives parents a chance to talk about, think about and plan ahead to deal with infant crying
- Refer to handout: "Coping with crying: Guidelines for assessment and using the crying plan" for discussion questions, key points, and how to use the crying plan for Josh. Choose the priority assessment questions and key tips.
- Key areas to review when discussing the Crying Plan with Josh after you've asked assessment questions:
    - Review soothing strategies on the Crying Plan that might work for Garrett that Josh feels comfortable with and three ideas that Josh could try.
    - Review the self-calming strategies on the Crying Plan and discuss what Josh thinks might work best for him. Have Josh write down three ideas he wants to try.

- Ask Josh “Why do you think it says “take a break, don’t shake” on the Crying Plan?
- Discuss what people in Josh’s family /friends who could be supportive and that he can call to give him a break when he needs it. Have Josh fill in the phone numbers of people he knows/trusts to help when Garrett’s crying gets to be too much.
- Discuss the Health Link phone number in Calgary and other community supports he/family may require (financial help, food bank, Children’s Cottage, respite care).
- Encourage Josh to keep his plan in a place that he would find easily. Provide extra copies of the Crying Plan to Julia and other caregivers/babysitters for them to complete.

Safe Sleep Case Study - Jade

At a home visit, Claire and Carter are happy to show you their newborn daughter Jade's room. In the room you see a crib, a bassinet, a change table, a rocking chair and a baby monitor. Claire explains that Jade will sleep in this bedroom in the bassinet to start, with the baby monitor right beside her so Claire and Carter can hear her when she wakes up in the night. Claire says she and Jade have had early success with breastfeeding in their first few days together and hopes she will get used to waking up at night, coming in here, changing Jade's diaper then feeding her in the rocking chair. Carter says he will help as much as he can and if it gets too much, Claire can bring Jade back to their bed to settle and sleep. As new parents, Carter says they are not sure how to dress Jade at night so she stays warm. Carter's mother told him that Jade needs blankets to prevent her from getting chilled when she sleeps.

1. **What things about the planned sleep environment may increase Jade's risk of sudden infant death syndrome (SIDS)?**

Answer:

Risk Factors

- Jade sleeps in a separate room from her parents and during the first six months the risk of SIDS is the highest.
- Carter has suggested bed-sharing as a solution when they are overwhelmed with waking up at night to care for the baby. Bed-sharing increases the risk of SIDS and the baby suffocating.
- Uncertainty about how to dress Jade at night could end up with her getting too hot by being overdressed or covered with blankets.

2. **What strengths already exist in terms of Jade's sleep arrangements? How can you help her parents to come up with ways to provide a safer sleep environment for their daughter?**

Answer:

Strengths of the current sleep arrangements include that Jade and Claire are breastfeeding, the availability of both a bassinet and a crib, Carter's offer to help as much as he can, Jade's parents were motivated to plan and set up a sleep area for her, and they are asking you questions about sleep safety.

3. **What key messages and resources about safe sleep from AMM about might be useful to Claire and Carter?**

Answer:

- Key Messages
  - **Put baby on back to sleep.** Always put Jade on her back to sleep whether nap time or night time, at home or with a caregiver.
  - **Choose a safe place.** Jade needs a firm, flat, uncluttered surface for sleeping to reduce the risks of SIDS, being trapped, or smothering. A safe crib (cradle or bassinet) is in good condition and has:
    - a firm, flat mattress no more than 15 cm (6 inches) thick for a crib, or 3.8 cm (1.5 inches) thick for a cradle or bassinet; has no rips or tears, and fits snugly into the frame
    - a tight-fitting bottom sheet for the mattress
    - slats that are no more than 6 cm (2 3/8 inches) apart; a sticker saying it was made after September 1986

- both crib sides up and locked in place, if they are moveable
- no pillows; no bumper pads; no plastic mattress covers; no heavy blankets, quilts or sheepskins; no toys or stuffed animals; no positioning devices (e.g., wedges or rolls)
- cradles and bassinets have weight limits. Be sure to follow manufacturer's guidelines

- **Keep baby warm, not hot.** Jade will be safest when the room temperature is comfortable for adults wearing light clothing. If the room is cool, choose a warmer sleeper rather than overdressing or over-bundling the baby. Overheating increases the risk of SIDS. In the Joint Statement on Safe Sleep (2011) the Public Health Agency of Canada says:
  - infants are safest when placed to sleep in fitted one-piece sleepwear that is comfortable at room temperature and does not cause them to overheat.
  - infants do not require additional blankets as infants' movements may cause their heads to become completely covered and cause them to overheat.
  - if a blanket is required, infants are safest with a thin, lightweight and breathable blanket.
- **Share a room with your baby.** Room-sharing means Jade sleeps in her own crib or bassinet in the same room as her parents. Room-sharing keeps Jade close without the risks of bed-sharing. When you are in the same room, it is easier to learn and respond to Jade's cues. This helps keep Jade safe, and builds a strong bond between you and your baby. Room-sharing is recommended until the baby is at least 6 months old. Bed-sharing or sleeping together with a baby anywhere else is not recommended.
- **Breastfeeding helps.** Breastfeeding may reduce the risk of SIDS and other illnesses. Room-sharing makes breastfeeding easier, especially at night. Babies brought into bed for feeding are safer when put back in a crib to sleep. The Canadian Paediatric Society, Public Health Agency of Canada and Alberta Health Services recommend exclusive breastfeeding for the first 6 months of life.

Safe Sleep Resources can be found in the following places:

Healthy Parents, Healthy Children - The Early Years

- Safe sleeping for your baby

AHS Safe Sleep Webpage

Safe Sleep Case Study - Amar

Parmindar and her husband Dinesh have brought their 1 month old baby Amar into the postpartum clinic to have him weighed and to get help from the public health nurse with breastfeeding. Amar was born 4 weeks premature and his parents have been concerned about his weight gain. They say he fusses, cries and is difficult to settle sometimes. Parmindar admits she is so exhausted some days that she ends up sleeping on the sofa with Amar. She says Amar settles best when he is sleeping on his tummy on her chest after breastfeeding. The family has no relatives in the city as they immigrated to Canada a few months before Amar was born. They could not afford to buy a new crib; however, Dinesh found a crib at a garage sale a few weeks before Amar came home. Dinesh was wondering if the used crib is safe, and mentioned that since Amar likes to sleep on his tummy with Parmindar, they put him on his tummy in the crib as well.

1. **What risk factors exist in the sleep environment that may increase Amar's risk of sudden infant death syndrome (SIDS)?**

Answer:

Risk Factors

- Amar is premature
- The second-hand crib may not provide a safe sleep environment if it does not meet Canadian government safety standards
- Amar is placed in a prone sleeping position
- Parmindar falls asleep on the sofa with Amar on top of her.

2. **What key messages and resources about safe sleep from AMM would be essential to communicate to Parmindar and Dinesh?**

Answer:

- Key Messages:
  - **Put baby on back to sleep.** Remind Parmindar and Dinesh to always put Amar on his back to sleep whether nap time or night time, at home or with a caregiver. Let them know that sleeping on his back lowers the risk of SIDS.
  - **Choose a safe place.** The safest place for Amar is a crib that meets Canadian government safety standards and is put together and used according to manufacturer's instructions. Gently let them know that sleeping with a baby on a sofa or similar soft, padded surface should be avoided. Information on crib standards can be found at: www.healthcanada.gc.ca/cps. Let them know that a safe crib is in good condition and has:
    - a firm, flat mattress no more than 15 cm (6 inches) thick for a crib, or 3.8 cm (1.5 inches) thick for a cradle or bassinet; has no rips or tears, and fits snugly into the frame
    - a tight-fitting bottom sheet for the mattress
    - slats that are no more than 6 cm (2 3/8 inches) apart; a sticker saying it was made after September 1986
    - both crib sides up and locked in place, if they are moveable
    - no pillows; no bumper pads; no plastic mattress covers; no heavy blankets, quilts or sheepskins; no toys or stuffed animals; no positioning devices (e.g., wedges or rolls)
  - **Keep baby warm, not hot.** Amar is safest when the room temperature is comfortable for adults wearing light clothing. Overheating increases the risk of SIDS.
  - **Share a room with your baby.** Room-sharing means Parmindar, Dinesh and Amar sleep in the same room with Amar in his own crib, cradle or bassinet. Room-sharing reduces the risk of SIDS. Room-sharing keeps your baby close without the risks of bed-sharing. Share a room, not a bed. Room-sharing is recommended until the baby is at least 6 months old. Bed-sharing or sleeping together with a baby anywhere else is not recommended. If Parmindar and Dinesh choose to bed-share with Amar, share with them the information on bed-sharing outlined in the *Safe Sleep Brochure* on the AHS Safe Sleep Webpage. Gently remind them that the harm reduction information won't make bed-sharing safe.
  - **Breastfeeding helps** Breastfeeding may reduce the risk of SIDS and other illnesses. Room-sharing makes breastfeeding easier, especially at night. Babies brought into bed for feeding are safer when put back in a crib to sleep. The Canadian Paediatric Society,

Public Health Agency of Canada and Alberta Health Services recommend exclusive breastfeeding for the first 6 months of life.

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3. What other resources, either AHS or in the community, would be helpful to this family in providing a safe sleep environment, to assist their transition into parenthood, and help them develop adequate coping strategies?

Answer:

Dinesh and Parmindar say that Amar fusses, cries and is difficult to settle sometimes. Although not related to SIDS, based on Amar's age, fussiness and crying. Parmindar and Dinesh may also benefit from information about infant crying.

Additionally, Dinesh and Parmindar could benefit from continuing their connection with public health staff and other parents for support and friendship. They may like to come to Parent Drop-In or other post-partum family programs offered in the health centre, or programs through other community agencies. If their current crib isn't safe, a community agency may be able to provide help.

One example in the city of Calgary is NeighbourLink Calgary. This community resource has an *Infants and Children Under 2 (ICU-2)* program to help infants born into low-income households get the best possible start in life by providing baby essentials their parent(s) cannot afford.

Available support varies by community and zone – PHNs are often very knowledgeable about government, community and other sources of support for immigrant or low-income families in their area.