

## A Million Messages (AMM) Case Studies

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### Introduction

As a supplement to the A Million Messages (AMM) Online Learning Modules, the following 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. They also provide an opportunity for health professionals to integrate client-centered care into their practice and to consider contextual factors, social determinants of health, and challenges/barriers that families may face in everyday life. As adult learners, health professionals benefit from and enjoy the opportunity for discussion and the chance to apply or practice a skill, preferably with other colleagues.

The case studies are categorized into the topic areas of transportation safety, falls prevention, coping with infant crying, and safe sleep. They can be used for large or small group discussion. It works best when participants have already completed the AMM and Safe Sleep online learning modules and are familiar with the AMM core resources for parents. The *AMM Quick Reference Sheets* outline the key messages and core resources for each home and clinic visit. It helps if each participant has a copy of these case studies and questions to refer to and take notes. This is especially important during large group discussions.

For small group discussion, aim for a maximum of four participants in each group. Working in pairs or small groups enables quieter or less confident participants to share their thoughts in a less threatening environment. Provide at least 15 minutes for each group to answer their case study questions. Have each group choose a spokesperson who will report back on their case study to the larger group. If there are several groups, it may help to have a portable microphone system so that the larger group can easily hear each group's report. Small groups could also use flip chart paper to record their responses and have those posted on the walls for everyone to see. That gives the larger group a chance to ask questions and serves as a platform for more discussion. Allow about 10 minutes for each group to share their case study with the larger group.

Suggested answers to the case studies are provided in an accompanying document. Though not exhaustive, the suggested answers 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?
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?
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?

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

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

### **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 says Jet's too big for their forward-facing seat but the seatbelt doesn't fit him.

1. What is a safe restraint for Jet?
  
  
  
  
  
  
  
  
  
  
2. The use of booster seats is not required by law in Alberta. Discuss the following in your small group:
  - Should booster seats be required by law in Alberta? Why or why not?
  
  
  
  
  
  
  
  - What role, if any, could parents and/or PHNs have in the introduction of booster seat legislation?
  
  
  
  
  
  
  
  
  
  
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?

### **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?
  
  
  
  
  
  
  
  
  
  
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?

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

### **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 the 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?
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?
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.





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