

Shaken Baby Syndrome: A preventable calamity

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Madam, Shaken Baby Syndrome (SBS) also called Abusive Head Trauma or Whiplash Shaken Infant Syndrome as described by Caffey,¹ popularly associated with its chief diagnostic triad of subdural haematoma, retinal haemorrhage and encephalopathy can also present with multiple symptoms such as metaphyseal fractures, frontal bossing, rib fractures, scalp injuries and respiratory problems. According to statistics, it accounts for 30 per 100000 injuries in children who are less than a year of age.² It results due to violent shaking as indicated by its name or by striking of the head with a hard surface, mostly at the hand of caretaker. Associated risk factors are male child, young parent, low socioeconomic status, and unstable family conditions.³ As per the severity and nature of injury instigated, it could result in death or a lifelong neurologic, intellectual and physical disability.

In Pakistan where male dominated households are not uncommon; particularly in the rural setting, frequent cases of domestic abuse originally directed against females are later diverted towards the children of the house. A case in local news made to the headlines where a father smashed his daughter to death in exasperation.⁴ After thoroughly searching the databases namely PubMed, PakMediNet, we found that there is no data present on the incidence of Shaken Baby Syndrome in Pakistan. A case report by Durrani et al., states that a young mother of 14, inflicted injury onto her infant due to her post-partum depression and incessant pregnancies.⁵ The trend of early marriages, untimely pregnancies and instances of domestic violence in Pakistan indicates a need for the assessment of the risk factors associated with SBS in order to curtail the appalling yet preventable fatality.

From 1998-2004, a hospital based programme conducted in Western New York State, included

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educating parents about the syndrome, introducing the dangers of violent shaking and suggesting them proper ways to handle the cry of their baby, proved to be fruitful. This programme resulted in a rewarding 47% reduction in the incidence.⁶ Another effective example is the "Safe Baby Project" in Romania whose primary goal was to educate the caregivers about SBS.⁷

Even though, hospital based projects seem to be impractical for Pakistan due to lack of inter- hospital coordination, a more suitable approach would be to use the electronic and print media campaigns comparable to Polio, HIV, Hepatitis programmes which address certain subjects like combating post-partum depression, the methods to properly handle and cater a crying infant and imparting awareness about the dangers of vigorous shaking. Another vital solution to the problem could be the role of primary health care providers and non-government organizations who would educate parents, exclusively those early in their parenthood.

Aforementioned endeavors could prove to be instrumental in saving children, who are considered a blessing, from pain and lifelong disabilities.

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