



## Shaken Baby Syndrome (SBS)

**Shaken Baby Syndrome occurs when an infant or young child is shaken forcefully. Shaking can cause serious brain injury and even death!**

CRYING is the #1 trigger for shaking a baby or toddler

All babies cry. Some babies cry A LOT! Have a plan of what to do if you can't calm your crying baby. Keep a list of emergency numbers by or in your phone. Call a friend. Call your doctor if you fear something is wrong. If you feel yourself getting upset, gently put your baby in a safe place and walk away.

## How To Help Your Crying Baby



Check to see if your baby needs to be fed, burped or changed.

Check to see if the baby has a fever or if they are too hot or too cold.

Hold your baby close to you. Gently walk, rock or sing to your baby.

Some babies can get fussy if there is too much noise, light or too many people. Find a quiet, safe place for baby to nap.

Make sure that EVERYONE who cares for your child knows about the dangers of shaking. Tell them to NEVER SHAKE your baby. You could save your baby's LIFE!

MORE RESOURCES FOR PARENTS & CAREGIVERS

[www.erikson.edu/fussy-baby-network](http://www.erikson.edu/fussy-baby-network)

[www.text4baby.org](http://www.text4baby.org)

[www.dontshake.org](http://www.dontshake.org)



**Prevent Child Abuse  
Illinois™**

[www.preventchildabuseillinois.org](http://www.preventchildabuseillinois.org)

# Take the Safe Baby Pledge

## My Pledge To

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### Baby's Name

I pledge to have a safe place for you to sleep, to learn all I can about what you need, to make sure NO ONE SHAKES YOU, and above all else I pledge to always love you with all my heart!

Love is having a plan.

Love is gently putting you down in a safe place if I'm feeling stressed.

Love is finding a way to calm myself when I can't calm you.

Love is calling a friend, relative, or neighbor to talk to or to take over for a little while when I need a break.

Love is providing a safe sleep environment for you every night and every nap.

Love is talking about Shaken Baby Syndrome to others who may take care of you.

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**Parent Signature**

**Date**

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**Date**