

# Abusive Head Trauma in Infants

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HSCP is supporting the resourcing of ICON – An evidence based programme of brief interventions  
<https://iconcope.org/>

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Any infant who has reportedly suffered a significant head injury (e.g. history of having fallen or been dropped on the head) should be evaluated by an appropriately-trained professional.

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Infants with minor abusive injuries are at risk for more serious abusive injuries including abusive head trauma (AHT). Bruising to the face or head is always of concern.

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AHT should be considered in the differential diagnosis of infants with non-specific illnesses, especially if there are any additional unusual or concerning signs. E.g. an infant's heart rate will usually go up (tachycardia) if they are suffering from an infection; but may be reduced (bradycardia) if they are suffering from a significant head injury.



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Abusive head trauma (AHT) has a higher mortality rate than other types of abuse; and carries a higher risk of significant long-term problems as a result of brain damage. These include abnormal head growth, developmental delay, cerebral palsy, seizures, and sensory loss.

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AHT can be missed because the symptoms in young infants are similar to those of common childhood illnesses.

These include:

- Vomiting (without diarrhoea)
- Lethargy or increased sleepiness
- Unsettled, fussy, or off feeds

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Up to 30% of infants who are diagnosed with severe AHT have been seen previously by a healthcare professional with symptoms which, in retrospect, can be attributed to previous AHT.