Take time to learn about car seat safety

Many pediatricians probably saw or heard the flurry of media activity in response to an article in the March Pediatrics (Pediatrics. 2003;111:588-591) about how difficult it is to read car seat instructions. The study found that most car seat instructions are written at about a 10th-grade reading level even though half of American adults read at an 8th-grade level or less. If you have bought a car seat, as I did for my granddaughter, you know it is very confusing.

This new study has important implications for pediatricians, not just for parents and grandparents. Child passenger safety is an extremely complicated topic, and it is very difficult for parents to get good information. Pediatricians are a valuable resource to parents, but only if we are providing correct information. If we aren’t able to provide our patients with the best information, we become complicit in the fact that at least 80% of car seats are installed incorrectly.

This doesn’t mean that pediatricians need to know everything about car seats. It takes a 32-hour course to become a Child Passenger Safety Technician, and most of us certainly don’t have time for that. However, we should take the time to do two things:

First, learn the basics about car seats. Pediatricians need to be able to answer correctly when parents ask questions related to developmental milestones, such as, “When is it OK to turn a baby forward-facing?” (At least 1 year old and at least 20 pounds, but it would be even better to keep him rear-facing to the highest weight or height his car seat will allow.) Pediatricians don’t need to know how to go out to the car and install the seat themselves, although it would be nice if someone in every office did have such knowledge.

The basic information pediatricians should know is available through “Moving Kids Safely: Introduction to Car Safety Seats,” a new online CME program offered through PediaLink. (See www.pedialink.org/pedialink/ cme/onlinece/ for more information.) Pediatricians also have to be familiar with the current AAP recommendations in the policy statement Selecting and Using the Most Appropriate Car Safety Seats for Growing Children: Guidelines for Counseling Parents (Pediatrics. 2002;109:550-553).

Second, know where to refer parents for more information about car seats. Just like a pediatrician has a referral base for patients with cardiac problems, she needs to have a referral base for patients with car seat problems. Fortunately, there are many resources available. Visit www.nhtsa.dot.gov/people/injury/childs/ to find a child passenger safety technician or inspection station near you and make arrangements to refer parents with questions. The Academy also has valuable brochures that you can give to parents, such as Car Safety Seats: A Guide for Families and Safe Transportation for Children with Special Needs: A Guide for Families.

Motor vehicle crashes were the leading cause of death in children ages 1 to 8 years, and in 2000 were the cause of death for 162 children less than a year old. And if we look at years of potential life lost (YPLL), car crashes are a leading cause of death for any age group, accounting for 10% of YPLL. Used correctly, car seats are 71% effective in reducing infant deaths and 54% effective in reducing toddler deaths in passenger cars. We should all do our part to ensure that as many children as possible have the protection of the correct car seat, used correctly, every time they get in a vehicle.

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members for data analysis. The results of his study were sent to participating pediatricians, both individualized for their own practice patterns and compared to other participants in the study.

The findings showed that more than 90% of the families knew that kids under 5 to 6 years old should not be left alone in a bathtub. Twenty-seven percent felt that being within sight or hearing range was adequate supervision of a 3-year-old near a pool. In a follow-up phone survey to parents, 91% remembered the questionnaire, and 47% said they thought it was helpful. Of the 26 families who received a survey call and who had pools, four put up fences, and two added new locks as a result of the counseling by their pediatrician.

“The results are very encouraging. Parents listen to pediatricians when it comes to the health and safety of their children,” commented Jeff Weiss, M.D., FAAP Injury Prevention Program director at Phoenix Children’s Hospital and an AAP COIVPPM member. “Parents are terrified by the thought of a child drowning. It’s rewarding to give parents strategies that help to prevent these tragedies from becoming a reality.”

The future

As part of Arizona’s Water Safety Week April 7-13, leaders from the business community and water safety proponents will participate in a Water Safety Summit co-sponsored by the Arizona Chapter. The goal of the summit is to discuss the issue and develop a statewide solution to this problem that is consistent and sustainable.

In addition, the Phoenix Children's Hospital/Maricopa Medical Center Pediatric Residency Program is printing in-home cues to action that will include additional reminders for parents about bathtubs, buckets and pool entryways.

“We are asking adults to change their perception of water and their behavior around water. We want them to realize water does not only mean fun, but also equates to danger,” said Nilam Khurana, M.D., resident coordinator of the Drowning Prevention Project at the Phoenix Children’s Hospital/Maricopa Medical Center Pediatric Residency Program. “Any change in adult behavior requires more than counseling alone. We are hoping that these cues to action — the water watcher badges, signs around the house — will help remind them of the need for constant adult supervision.”

For more information on the program, contact Sue Braga, AAP Arizona Chapter executive director, at (602) 532-0137, or e-mail director@azaap.org.