Help new parents choose and use child restraints correctly

All newborn infants need special attention to be comfortable and safe in the car. Child restraints or car beds exist to meet the needs of most babies.

Parents look to nurses and doctors as authorities in child passenger safety. You can help parents by:

- Developing a discharge policy and protocols for education of all parents, and for car seat challenge/angle tolerance testing for preemies.
- Offering current materials specific to the needs of new parents and referrals for additional information.
- Knowing where to get low-cost car seats and car beds when needed.
- Not going beyond your level of expertise. Avoid giving hands-on assistance to patients with regard to using or installing restraints unless you are certified as a Child Passenger Safety Technician.
- Refer families to technicians in your area or to national resources (see Resources).

Key messages for parents

- Limit the amount of time baby spends in a car seat. Staying in a car seat for long periods is not healthy for babies. Use a car seat only for travel.
- Put infants in the back seat. NEVER put a baby in front with an active air bag. The back is safer for all children.
- Face an infant toward the rear of the vehicle to protect the spinal cord. Keep baby rear-facing as long as possible, ideally to 24 months or longer.
- ALWAYS follow advice in the car seat and vehicle manuals, including the upper and lower weight/height limits.
- Dress an infant so the harness will fit between the legs. Do not swaddle.
- Put harness shoulder and buckle straps in the correct positions, per instructions. Make the harness snug. After the harness is buckled and adjusted, a blanket may go over the harness.
- Small blanket rolls may be placed beside the baby’s body and head to keep him centered (picture). Put a rolled washcloth behind the crotch strap if necessary to prevent slumping. Do not add thick padding under or behind baby.
- Follow manual for use of pads that come with a car seat. Be sure head pads do not push baby’s head forward.
- Secure the seat tightly. It should move less than an inch if pushed while holding it near the installation strap.
- Recline seat far enough back so baby’s head does not flop forward. Never recline it more than the car seat’s recline guide or instructions allow.

Types of restraints for newborn infants

Rear-facing-only car seats are for infants up to 22 to 40 pounds. This type has a handle for carrying. A 5-point harness is preferred; 3-point models are nearly all expired.

Convertible car seats can be used rear facing for children up to 30 to 50 pounds (often age 2 or older). They then can be faced forward (but never before a minimum of age 1 AND over 20 pounds). If a convertible seat is used for a newborn, it should have a five-point harness that fits snugly, with straps that go through the car seat at or below the infant’s shoulders.

Car beds are for infants whose medical condition requires that they lie flat. The most common conditions are oxygen desaturation, apnea, and bradycardia when seated semi-reclined. (See page 2.)

Air Bag Warning

Infants must ride in rear-facing restraints and must never ride in the front seat of a vehicle with an active passenger air bag. In a crash, the impact of the air bag against the back of the infant’s seat could kill the infant.

The only exception is if the air bag has been turned off with an on-off switch or sensor (see vehicle manual). On-off switches are sometimes found in small pickup trucks or sports cars.

Newer cars have air bag sensors that shut off the air bag or reduce its power when a child is in the front. Check the light on the dashboard to see that the sensor has turned off the air bag. The back seat is still much safer.
Premature and low birth weight babies

The most common special condition affecting car seat choice is low birth weight, below 2500 grams (5.5 pounds). Very small infants do not fit well in many rear-facing-only or convertible car seats.

When a baby is discharged at a very low weight, parents may need to use a different car seat than the one they already have. Give parents guidance regarding features to look for, especially if baby weighs less than 5 pounds.

- Some infants have medical problems when seated semi-reclined, and the doctor may say to use a car bed instead (see next column).
- Infants who can safely sit semi-reclined should use a car seat that fits by weight. Some car seats state a 5-pound minimum, but many rear-facing-only and a few convertible car seats allow use by smaller babies. Check labels.
- The car seat should have small harness dimensions. Suggest one with shoulder strap positions as low as 5 or 6 inches from the bottom cushion and a buckle strap that’s close to the back pad.
- Select a car seat with a five-point harness. Harnesses with a three-point or shield harness are too old to be used now.

Car seats and tiny newborns

- Follow the manual regarding support pads/inserts that come with the car seat. A few models offer special pads for tiny babies that can be ordered from the manufacturer.
- Ensure the car seat’s head support does not push the baby’s head forward. This can affect breathing. See if instructions will allow you to remove it if it is causing this problem.
- Receiving blankets or towels can be used along the sides to keep a tiny baby centered in the seat (picture, page 1). NEVER add padding or blankets under the baby or behind her back. Padding that did not come with the car seat could compress in a crash, making the harness too loose.
- A preemie should ride facing the rear until at least 12 months after her full-term due date and at least 20 pounds; all children are safest riding rear facing to 24 months or as long as they fit the car seat size limits.

Preparing parents for car seat use

- Give up-to-date educational handouts to new and expectant parents (SRN FACT SHEETS are a good option; see Safe Ride News in Resources).
- Encourage parents to practice installing and using the restraint before delivery.
- Tell parents what to bring to the hospital: the car seat and its instructions, baby clothing with legs so the harness will fit, small blankets or towels, washcloth.
- If the infant has a condition requiring a car bed, tell the parents before discharge. Refer them to a source for purchasing or borrowing this type of seat. (See box below.)
- Be prepared to handle questions before discharge. Know where to refer parents locally, such as to a child passenger safety checkup location (see Resources) or a program offering low-cost or free restraints.

When is a car bed needed?

The American Academy of Pediatrics recommends that all infants born before 37 weeks gestation be monitored before leaving the hospital to check for oxygen desaturation, apnea, and/or bradycardia while sitting in a semi-reclined car seat. This is often called a car seat challenge or angle tolerance test. A study confirmed that even premature infants with no other problems may develop one of these conditions in a semi-reclined position.

A protocol for monitoring should include the duration of the observation (for example, 90 to 120 minutes or the length of the ride home, whichever is longer), who is to do it, and how long before discharge it should be done. (See AAP Clinical Report under Resources).

If an infant demonstrates problems in a car seat, he may be safer riding in a car bed. The baby should be retested later to determine when it’s safe to move him to a car seat.

Infants with other conditions, such as spina bifida, hypotonia, Pierre Robin Sequence, or osteogenesis imperfecta, may need to lie flat also. Consult the infant’s physician.

Using a car bed correctly

- Place the bed so the infant’s head is near the center of the vehicle.
- Use the seat belt to secure the bed. Tighten the belt. (The Dream Ride SE and Hope car beds use two seating positions.)
- Secure the baby on his back unless another position is medically necessary.

Car Bed Information:

- AngelRide Infant Car Bed (birth – 9 lbs.)
  Angel Guard, 1-330-723-5928
- Dream Ride SE Car Bed (5–20 lbs.)
  Dorel Juvenile, 800-544-1108
- Hope Car Bed (4.5 – 35 lbs)
  Merritt Manufacturing, 317-409-0148

Distributors:

- Mercury Distributing, 800-815-6330
- Child Source, 1-855-244-5376

Resources

Professional information:


Nat’l Center for Safe Transportation of Children with Special Healthcare Needs, Riley Hospital, Indianapolis, IN: fact sheets, materials, sample protocols, consultation, referral to special needs transportation specialists; 800-755-0912, www.preventinjury.org/specneeds.asp

Technical Training: “Safe Travel for All Children,” Automotive Safety Program, see Nat’l Center (above); Training program on transporting infants and children with medical needs.

Safe Ride News (SRN) Publications: Newsletter for professionals/advocates, Fact Sheets for parents/caregivers on a variety of child passenger safety topics and specific child development stages. 800-403-1424 or www.saferidenews.com

Parent information:


Safe Ride News Fact Sheets: (see above)

SafetBeltSafe U.S.A.: HelpLine, materials, training, recall lists, answers to questions. 1-800-745-7233 or 800-747-7266 (Spanish), www.carseat.org

The Children’s Hospital of Philadelphia www.chop.edu/carseat

American Academy of Pediatrics: www.healthychildren.org