

Child Restraints for Newborn Infants

A Healthcare Provider's Guide

Child
Safety
Facts
2010

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 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).

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.

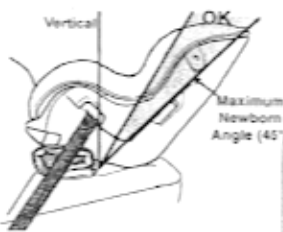
The only exception is if the air bag has been turned off with an on/off switch or sensor (see vehicle manual). On-off switches are usually found in small pickup trucks or sports cars.

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 safer.

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.
- Put infant in back seat of car. **NEVER** put a baby in front with an active air bag. The back is safer for all children.
- Face infant toward the rear of the vehicle to protect the spinal cord. Keep baby rear-facing as long as possible, at least 18 to 24 months or 30 to 35 pounds.
- ALWAYS** follow advice in the car seat and vehicle manuals, including the car seat weight/height limits.
- Dress infant so the harness will fit between the legs. Do not swaddle.
- Put harness shoulder straps in lowest position. **Make harness snug.** After the harness is buckled and adjusted, a blanket may go over the harness.
- Place small blanket rolls 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 put thick padding under or behind baby.

- Support pads that come with a car seat can be used if baby's head is not pushed forward by the head support.
- Secure the seat tightly.** It should not move more than an inch forward or side to side.
- 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

Infant-only restraints are for infants up to 22 to 35 pounds. Use this kind facing the rear only. A 5-point harness is preferred for a better fit.



Infant-only restraint

Convertible restraints are used rear facing for an infant or toddler up to 30 to 45 pounds. They then can be faced forward (but not before age 1 AND over 20 pounds). If a convertible seat is to be used for a newborn, a harness is always preferable to a shield.



Convertible car seat facing the rear

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



Angel Ride car bed

Make
Every Ride
A Safe Ride

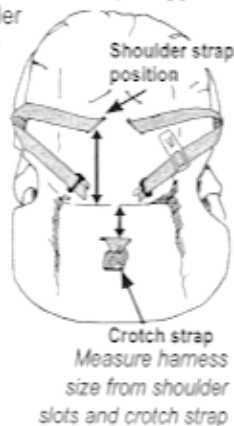


Premature and Low Birth Weight Babies

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 infant or convertible seats. Some premature infants have breathing problems when seated semi-upright. They may need to use a car bed (see next column.)

When a baby is discharged at a very low weight, parents may need to use a different seat than one they already have. It is important to be able to give parents guidance regarding features to consider (see list of seats for preemies at www.saferideneews.com).

- Most car seats have a 5-pound weight minimum. A few are available with lower minimums. Infants weighing less than 5 pounds who can safely sit semi-upright should use a car seat with an appropriate lower weight.
- The car seat should have small harness dimensions to fit a very small baby. Suggest a car seat with shoulder strap positions as low as 6 or 7 inches and a short distance from crotch strap to back (see picture).
- The seat should have straps, but no shield. The American Academy of Pediatrics (AAP) recommends against shields for very small infants because the face or neck could hit the shield in a crash.



Using a Restraint for a Very Small Newborn:

- The support pads/inserts that come with a car seat are safe to use, as long as they do not interfere with proper fit.
- Ensure the car seat's head support does not push the baby's head forward. This can affect breathing. See if it can be removed.
- Receiving blankets or towels can be used along the sides to keep a tiny baby centered in the seat (picture, page 1). Do not add thick padding or blankets under the baby or behind her back. Padding that did not come with the car seat could compress too much, making the harness too loose in a crash.
- A preemie should ride facing the rear until at least 12 months after her full term due date and at least 20 pounds, longer if possible.

Preparing Parents for Car Seat Use

- ❑ Give appropriate SRN FACT SHEETS to expectant parents (see Safe Ride News in Resources).
- ❑ Encourage parents to practice installing the restraint before delivery.
- ❑ Tell parents 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, and refer them to a source for the product (see Resources).
- ❑ Be prepared to handle questions before discharge. Know where to refer parents, such as to a local Child Passenger Safety Technician (see Resources) or a service offering low-cost or free restraints.

When is a car bed needed?

The AAP recommends that all infants born before 37 weeks gestation be monitored before they leave the hospital for oxygen desaturation, apnea, and bradycardia while sitting in a reclining 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-upright 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 Resources).

If an infant demonstrates problems in the car seat, he may be safer riding flat in a car bed. The baby should be retested later to determine when he may safely move to a car seat.

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

Available Car Beds

- Angel Ride Infant Car Bed (birth to 9 pounds or less), designed for preterm and low birth weight infants
- Dream Ride (5 to 20 pounds)
- Snug Seat Car Bed, 4 to 21 pounds, newborn-size bunting available, production discontinued, but may still be available.

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 and Snug Seat beds use two seating positions.)
- Secure the baby on his back unless the prone position is medically necessary.
- Advise parents when the baby can ride in a rear-facing car seat. Performing another angle tolerance test is suggested.

Resources

Professional Information:

American Academy of Pediatrics Clinical Report, *Safe Transportation of Preterm and Low Birth Weight Infants at Hospital Discharge*, PEDIATRICS, May 2009: 847-434-4000, <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;123/5/1424.pdf>

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 including topics such as restraint use during pregnancy and transporting preemies as well as full-term newborns. Contact: 800-403-1424 or www.saferideneews.com

Parent Information:

National Highway Traffic Safety Admin.: Auto Safety Hotline, general information, 888-327-4236, 800-424-9153 (tty); www.safercar.gov

Find a Child Passenger Safety Technician: 866-732-8243, www.seatcheck.org

Safe Ride News Fact Sheets: (see above)

SafetyBeltSafe 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/State Farm, Partners in Child Passenger Safety: www.chop.edu/carseat

American Academy of Pediatrics: www.aap.org/parents.html

**Contact the Following Agencies for information on
scheduling Car Seat Check-ups:**

Anchorage:

Alaska Injury Prevention Center -

Call 929-3939

Anchorage Fire Departments - Call 267-5045

Safe Kids Alaska - Call 212-3194

Mat-Su Valley/Wasilla:

Mat-Su Services for Children and Adults -

Call 352-1229

Fairbanks:

SafeRider Program - Call 458-7233

Central Peninsula/Kenai/Soldotna:

Central Peninsula General Hospital -

Call 714-4539

Juneau:

Juneau Police Department - Call 586-0600

SEARHC Juneau - Call 364-4456

Homer: South Peninsula Haven House -

Call 235-7712

Ketchikan Fire Department -

Call 225-9616

SEARHC Sitka - Call 966-8804

www.carseatsak.org

Terriann Shell, CPST-I
MyBirthCoach@live.com
907-232-5361