

Child Restraints for Newborn Infants

A Healthcare Provider's Guide

Child
Safety
Facts
2008

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 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

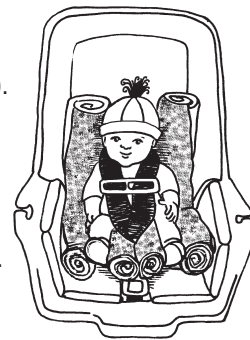
Infants must ride in rear-facing restraints and must **never** ride in the front seat of a vehicle with an active passenger air bag. In a crash, the impact of the air bag against the back of the infant's seat could kill the infant.

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.

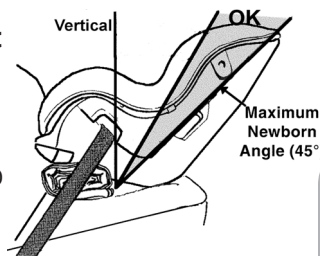
Newer cars have air bag sensors that shut off the air bag or reduce its power when a child is in the front. Check the light on the dashboard to see that the sensor has turned off the air bag.

Key Messages for Parents

- Only use the car seat in the car.** Staying in a car seat for long periods of time 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 18-24 months or 30-35 pounds.
- ALWAYS follow car seat directions and weight limits, and installation information in vehicle manual.**
- Dress infant** so the harness will fit between the legs. Avoid swaddling.
- 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.
- A support pad that came with the car seat can be used if it does not push the baby's head forward.



- 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. Do **not** recline it more than the car seat's recline guide allows.



Types of Restraints for Newborn Infants

Infant-only restraints for

infants up to 22 to 30 pounds. Use this kind facing the rear **only**. A 5-point harness is preferred for a better fit.



Infant-only restraint

Convertible restraints

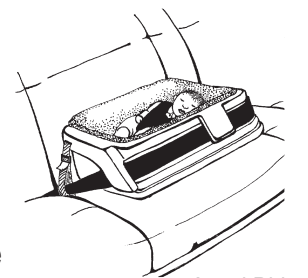
are used rear-facing for an infant or toddler up to 30 to 35 pounds. Then it can be faced forward (but not before age 1 and over 20 pounds). If a convertible seat is to be used for a newborn, a harness is always preferable to a shield.



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

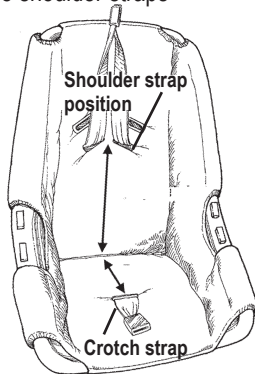


Premature and low birth weight babies

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.saferidenews.com).

- Many car seats have a 5-pound weight limit. Others have a minimum of 4 pounds or none. Infants weighing less than 5 pounds who have no breathing problems 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 shoulder 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.



Measure harness size from shoulder slots and crotch strap

Using a restraint for a very small newborn:

- Padding can be used along the sides to keep a tiny baby centered in the seat (picture, page 1). Do not put thick padding or blankets under the baby or behind her back. Padding could compress, making the harness too loose in a crash.
- Ensure the car seat's head support does not push the baby's head forward. This can affect breathing. Blanket rolls may hold the head up without pushing it forward.
- A preemie should ride facing the rear until at least 12 months after their 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 directions, baby clothing with legs so the harness will fit, small blankets or towels, washcloth.
- ❑ If infant has a condition requiring a car bed, inform 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 angle tolerance testing. A recent 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, one hour 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 should ride lying flat in a car bed until his physician has determined that his condition has improved.

Infants with conditions such as spina bifida, bradycardia, 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

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. (Due to their length, 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 Policy

Statements: *Safe Transportation of Premature and Low Birth Weight Infants* (1999), *Safe Transportation of Newborns at Hospital Discharge* (1999), *Transporting Children with Special Health Care Needs* (1999), 847-228-5005, <http://aappolicy.aappublications.org/>

Nat'l Center for Safe Transportation of Children with Special Healthcare Needs/ Automotive Safety Program: 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.saferidenews.com

Parent Information:

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

Car Seat Inspection Locator: 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

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