

Keep Kids in Stages Longer, Says AAP

New policy statement reaffirms—and strengthens—recommendations to stay in each CR stage as long as possible.

Keep kids rear facing to age 2— or until they have outgrown their CR by height or weight—is now the clear recommendation of the American Academy of Pediatrics (AAP). On March 21, the AAP announced its updated policy statement, along with a supporting technical report and considerable media coverage.

In its April 2011 issue of *Pediatrics*, the AAP published the updated policy statement: “Child Passenger Safety.” In the statement, it takes a major policy step by specifying age 2 as the appropriate time to consider turning young children from the rear- to forward-facing position (though it also makes it clear that children must fit the CR, and that children who still fit rear facing at age 2 should continue to ride this way).

This rear-facing guideline is one of the most significant changes from the AAP’s earlier policy statement, which was released in 2002. When read carefully, the former statement, which recommended that children ride rear facing as long as possible, said essentially the same thing on this subject as the new policy statement. However, the addition in the new statement of age 2 specifically as a guideline has garnered the new policy much attention, as that message more strongly conveys what is meant by “as long as possible.”

Though the new rear-facing advice was the focus of much of the attention after the new policy was released, the document covers all stages of child passenger safety. The information regarding riding in a harness forward facing and use of a booster seat likewise indicates that these stages should be continued as long as possible. The booster seat advice notes that this stage may likely extend up through age 12, which has proven to be another eye-opener.

The statement emphasizes the importance of encouraging parents and caregivers to delay the transition from one type of CR to the next, stating bluntly that: “every transition is associated with some decrease in protection.”

Furthermore, the diagram of the best practice recommendations eliminates the old “age 4” guideline for harness use, instead showing three groups of children, those under age 2, those 2 to 8, and those over age 8. In the 2- to 8-year-old group, it presents the options of a convertible or forward-facing CR with a harness or a belt-positioning booster, depending on whether the child’s weight and height are within the range for the CR with a harness. In its accompanying technical report, the AAP notes that two-thirds of the CRs sold today have upper weight limits for harness use of 50 pounds or more.

Five best-practice recommendations include one each for the four types of restraints for children and a fifth that states that children should be transported in the back seat of the vehicle up to age 13 years.

In addition, the statement recommends that pediatricians be aware of the presence of child passenger safety technicians in most communities to whom families can be referred for details and hands-on assistance.

What This Means for Pediatricians

Though media coverage of the introduction of this policy statement brought the safety messages it contains to the attention of parents across the country, the primary intention of AAP policy is to inform pediatricians. For a pediatrician, AAP policy statements are defined as “organizational principles to guide and define the child health care system and/or improve the health of all children.”

As shown in *Bright Futures*, the AAP’s reference for anticipatory guidance used by pediatricians across the country, discussion of **child passenger safety is the only topic recommended at every well-child visit**. This new policy statement gives pediatricians an evidence-based tool or plan to follow when giving appropriate guidance at all those visits.

To be as easily implementable as possible, the new policy was crafted specifically to provide a detailed yet concise algorithm for doctors so that they can properly advise caregivers on the subject of CPS at various stages of child development. The algorithm is a kind of flow chart that starts with inputs of a child’s characteristics and then guides the user to the best-practice CPS scenario.

Since the policy statement’s algorithm/chart covers CPS details for all stages of child development, some consider it somewhat complex for the general public. However, pediatricians note that this is exactly the type of tool that they typically use for many types of diagnostic situations. In fact, the AAP urges pediatricians to utilize this tool to the fullest by programming it directly into electronic health records.

What This Means for NHTSA

To the benefit of all, NHTSA and the AAP clearly had been communicating with one another well ahead of the AAP announcement, so there was no period of major inconsistency between these two authoritative sources. On the same day that the policy statement was announced, NHTSA posted updated advice on its Four Steps for Kids guidelines that reflects the research and wisdom of the new policy statement. NHTSA's new guidelines, however, do not exactly mirror those provided by the AAP.

In particular, NHTSA now identifies the stages as "Birth to 12 Months," "1 to 3 years," "4 to 7 years," and "8 to 12 years," and the advice for ages 1 to 3 years does not specifically mention age 2 as a guideline to consider transitioning to forward facing. A NHTSA regional administrator explained to *SRN* that this is because NHTSA wants parents to consider keeping children rear facing for the entire range of ages in that category, if the CR still fits properly that way.

Both NHTSA and the AAP have made it clear in public interviews that, though their wordings are not identical, the intention of the statements of both organizations is the same.

What This Means for CPSTs

The new policy statement arms CPSTs with strong evidence that can be used to continue to promote the same mantra as always, "Keep kids in each stage as long as possible."

The document itself is short and should be a relatively easy read for a trained CPST. CPSTs should note that the technical report that supports it, which is much longer, provides an excellent review of the various scientific studies and other influential trends and events that have occurred in CPS over the past two decades. In this respect, it provides both fascinating reading and a useful reference guide.

An informative Webinar featuring the policy's lead author, Dr. Dennis Durbin, was aired on April 5. A recording of this webinar, geared specifically to CPSTs, should be posted at www.chop.edu/carseat by the time this issue reaches readers. Any CPST who wants to learn more about the new policy, and the research that backs up its stance, is encouraged to view it.

Editor's Note:

By specifically urging pediatricians to seek help from, and make connections with, CPSTs in their community, the new policy statement helps to pave the way for new outreach efforts that have the potential to be extremely effective. However, it is likely that CPSTs will often need to take the lead in instigating such collaboration.

So, the ball is in your court! Become familiar with and help spread the word about the new policy statement to local pediatric and family practice communities. A great approach would be to team up with an involved, local pediatrician to present a "grand rounds" session on the new child passenger safety policy.

Resources:

AAP documents can be found at: <http://aappolicy.aappublications.org> and www.aap.org/cpstfaqs

NHTSA's guidelines can be found at: <http://www.nhtsa.gov/Safety/CPS>

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