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Big Changes in AAP Car Safety Guidelines

BY JANE ANDERSON

FROM PEDIATRICS

The American Academy of Pediatrics, citing a substantial increase in scientific evidence backing best practices for child passenger safety, is recommending changes in child car seat use that include keeping most infants and toddlers in rear-facing safety seats until they reach age 2 years, according to a new policy statement.

The new guidelines also recommend forward-facing car safety seats for most children until they outgrow the weight or height limits on those seats; belt-positioning booster seats for most children through age 8 years or well beyond; and lap-and-shoulder belts for all those children who have outgrown booster seats. In addition, the policy statement recommends that all children ride in the back seat of vehicles through age 12 years (Pediatrics 2011;127:788-93).

Although the AAP policy recommendations are not binding, states use them in crafting and revising child safety seat laws, said Dr. Benjamin Hoffman, an expert in child passenger safety and associate



LOUISE A. KOENIG/ELSEVIER GLOBAL MEDICAL NEWS

AAP policy is not binding, but states use it in crafting child safety seat laws.

Instead of making the switch to a lower level of protection as soon as they're legally able, parents should keep their children in safety seats until they outgrow the weight and height limits.

professor of pediatrics at the University of New Mexico, Albuquerque. Previous academy recommendations regarding the use of booster seats prompted many states to enact laws requiring booster seats for older

children, which has improved safety dramatically, he said.

"The best way to get people to use child safety seats appropriately is to have state laws requiring their use," Dr. See **Car Safety** page 6

Asthmatic Children Are at High H1N1 Risk

Asthma symptoms were more severe.

BY DOUG BRUNK

FROM THE ANNUAL MEETING OF THE AMERICAN ACADEMY OF ALLERGY, ASTHMA, AND IMMUNOLOGY

SAN FRANCISCO – During 2009's peak influenza season, children with asthma were nearly twice as likely to be infected with the novel H1N1 influenza virus compared with other viruses, results from a prospective single-center study demonstrated.

In addition, H1N1 influenza infection caused increased severity of both cold and asthma symptoms compared with other infections.

Although reasons for the association remain unclear, "this really proves that asthmatics need to be vaccinated for the flu, because we can see that they're more susceptible to be infected when they're exposed, and they're more susceptible to have loss of asthma control when they get it," lead inves-

tigator Dr. Kirsten M. Kloefer said in an interview during a poster session at the meeting.

Dr. Kloefer, a fellow in allergy and clinical immunology at the University of Wisconsin, Madison, and her associates evaluated 161 children aged 4-12 years who provided at least six of eight consecutive weekly nasal samples between Sept. 5 and Oct. 24, 2009. The children also submitted daily cold symptom diaries, and when applicable, asthma symptom diaries including frequency of albuterol use and daily peak flow. The researchers used reverse transcriptase polymerase chain reaction testing to evaluate the nasal specimens.

Of these 161 children, 94 had asthma and 67 did not. Their mean age was 9 years, and 60% were male.

Dr. Kloefer reported that the incidence of H1N1 influenza infection was 39% in

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Hoffman said in an interview. "Our job is to help consumer organizations and states understand what the best practice is."

The new AAP guidelines represent big changes in the way car safety seat use has been viewed, said Dr. Hoffman, a new member of the AAP's committee on injury, violence, and poison prevention, which crafted the recommendations. Now, there's much more emphasis on the transitions between different types of seats – rear-facing seats to forward-facing seats, forward-facing seats to booster seats, and booster seats to seat belts.

"In these transitions, you lose protection every step of the way," he noted. "Therefore, you need to delay these transitions for as long as possible."

However, many parents and even older children themselves view the transitions as milestones, which encourages them to make the transition as quickly as they legally can, he said. "Parents are really viewing these transitions as graduations. There's a perception that this graduation is a positive thing. It's not."

Instead of making the switch to a lower level of protection as soon as

they're legally able, parents should keep their children in safety seats until they outgrow the weight and height limits, Dr. Hoffman said. For example, many rear-facing seats can handle children up to 35 pounds, and parents should use these seats in their rear-facing configuration until their children no longer can fit in them.

Likewise, parents should keep their children in forward-facing car seats until they have outgrown the weight or height limits on those seats, and should use a belt-position-

ing booster seat until the vehicle lap-and-shoulder belt fits properly, typically when children have reached 4 feet, 9 inches in height and are between 8 and 12 years of age.

According to the technical report by committee member Dr. Dennis R. Durbin, professor of pediatrics and epidemiology at The Children's Hospital of Philadelphia, research in Sweden shows that rear-facing child safety seats reduce the risk of significant injuries by 90% relative to unrestrained children. Many infants and children in Sweden remain in rear-facing seats until age 4

years, when they transition directly to booster seats, according to the report (Pediatrics 2011;127:e1050-66).

VIEW ON THE NEWS

Wide Acceptance Anticipated

"I think there's going to be broad acceptance of this," said Dr. H. Garry Gardner. "I personally think that there's enough realization that we're dealing with a safety issue for this to be widely accepted."

Dr. Gardner said he had already counseled two mothers of babies turning 1-year-old on the new recommendations, and both responded very positively. "One mom was relieved to find that she could still use the same rear-facing seat until her baby was 30 pounds – she thought she'd have to buy another car seat," he said. "The other said she was intending to keep her child facing rearward until age 3."

Pediatricians may be concerned

that the new recommendations will take more time to discuss with parents, Dr. Gardner said.

However, he predicted that the new AAP recommendations will be quickly disseminated, especially with the help of the National Highway Safety Traffic Administration and other agencies and groups. "They've been waiting for the academy to take the lead on this," he said in an interview.



DR. GARDNER is professor of clinical pediatrics at Northwestern University, Chicago, and chairman of the AAP committee on injury, violence, and poison prevention that developed the recommendations. He said he had no relevant financial disclosures.

Guidelines Mean Additional Counseling for Pediatricians

The new car seat guidelines from the American Academy of Pediatrics will mean a little more work for pediatricians, at least in the short term, as they educate parents on the recommendations and what they mean for child safety, said Dr. Marilyn Bull.

There's no denying that it may take some additional time at each appointment to explain the updated guidelines, especially to parents of infants and toddlers who previously would have shifted to forward-facing at 12 months but who now generally should remain rear-facing, Dr. Bull said.

To cope, pediatricians need to develop their own "elevator speech," or 30-second speech about the guidelines and why it's important to follow them, she said in an interview. "For the physician doing the counseling, it's really much easier to keep children in the best-protected mode than to try to return them to the best-protected mode once they've moved up a step.

"For example, physicians can say at the 6- and 9-month visits something like, 'Children younger than age 2 are five times less likely to die or have any kind of serious injury if

they're rear-facing,'" she said.

It's also important for pediatricians to emphasize that children who are too short for seat belts to fit properly – generally shorter than 4 feet 9 inches – are safer in booster seats, even if those children don't want to sit in booster seats any longer, Dr. Bull said. "It's the parents' job to make this work. All parents want to do what's best for their child. Our job as health care providers is to help them understand what the best thing is," she added.

DR. BULL, a developmental pediatrician at the Riley Hospital for Children, Indiana University School of Medicine, Indianapolis, founded the hospital's Automotive Safety Program in 1981 to reduce injuries and fatalities resulting from automotive crashes in Indiana. Dr. Bull has worked to develop car seats for infants and children with special needs, including premature infants and children with cerebral palsy. Dr. Bull was a participant in the research leading to the formulation of these recommendations, but was not on the committee. She said she had no relevant financial disclosures.



years, when they transition directly to booster seats, according to the report (Pediatrics 2011;127:e1050-66).

"There's a 500% increased risk of injury" for toddlers between the ages of 1 and 2 years when seated in a forward-facing seat, compared with a rear-facing seat, Dr. Hoffman said.

Analysis of the data also indicates substantial benefits for children aged 2 years and older seated in forward-facing car seats, compared with just booster seats or seat belts, and for children seated in booster seats who have outgrown car seats but who have not yet reached 4 feet, 9 inches, according to the report.

Some forward-facing seats can accommodate children up to 65 or 80 pounds, and should be used until that weight limit, according to the report.

Pediatricians should counsel their patients on these new recommendations at every well-child visit, the guidelines say.

"Pediatricians don't have to know how to install car seats, but they have to know what the best recommendations are," said Dr. Hoffman. "They should know what the resources are in their communities [for car seat installation help], and

it would be even better for them to make contact with those resources" in order to facilitate assistance for patients who might need it.

In addition, pediatricians should counsel parents to follow the AAP recommendations for the utmost car seat safety rather than simply follow state laws, which may allow "graduation" to the next level before the child is large enough, Dr. Hoffman said.

"The laws of physics will always trump the laws of the state," he concluded.

All authors filed conflict of interest statements with the AAP, and any conflicts have been resolved through a process approved by the AAP Board of Directors, according to a statement in the journal.

A list of formal car seat inspection stations is available at www.seatcheck.org. If your community does not have an inspection station, you can find a child passenger safety technician in your area on the National Child Passenger Safety Certification Web site (<http://cert.safekids.org>).

DATA WATCH

Number of U.S. Seniors Filling Pediatric Residency Slots Increased by 3.3% in 2011



Source: National Resident Matching Program