REPORT FROM THE FIELD

Attitudes to and use of baby walkers in Dublin

M Laffoy, P Fitzpatrick, M Jordan, D Dowdall

Abstract

Objectives—To identify the rate of baby walker use, parental attitudes, and associated injuries.

Design—Parents of babies attending clinics for developmental assessment were surveyed by self-administered questionnaire about their use, attitudes, and history of injuries associated with walkers.

Setting—Dublin, Ireland.

Subjects—Parents of 158 babies.

Results—Fifty five per cent of the sample used a walker. The main reasons for doing so included babies' enjoyment of them and the fact that the walker was used for an older sibling. Although none of the users listed safety concerns as a reason to stop using the walker, non-users (45%) did so; 12.5% of the users had at least one walker related injury.

Conclusions—Parents of babies who use a walker perceive them as beneficial. However these babies are placed at unnecessary risk. It behoves all health professionals and child carers to alert parents to these dangers and the sale of walkers should be reviewed.


Keywords: baby walker injuries, parent attitudes.

Baby walkers are popular. They are perceived as being convenient and useful. However, they have been associated with serious injuries, for example, falls and burns, and moreover, have been shown to be of no benefit.1–3 There are also suggestions that they may hinder normal motor development.4 The rate of use of walkers in Ireland is unknown, as are the number of injuries associated with their use. Accordingly, the purpose of this study was to identify the rate of use, parental attitudes, and injuries associated with these walkers.

Methods

In Dublin a developmental assessment is made available for all babies at approximately 9 months of age. Over a two month study period three doctors who conduct these assessment clinics in North Dublin (population 188 660, birth rate 15/1000) surveyed all babies attending these clinics. This sample of 158 parents or guardians completed a self administered questionnaire while waiting to be seen. There were no exclusion criteria. When an injury had occurred, additional information was sought from the parent by the physician. The Epi-Info statistical package was used to analyse the findings.

Results

1991 census data showed that 47.1% of this population were in social classes I–III. Developmental clinic attendance rates range between 52% and 85%, with those in deprived areas having the poorest attendance. Approximately 15% of the area is rural and 28 of the babies (17.7%) surveyed lived in rural areas and attended rural clinics; the remainder attended urban clinics. The mean age of the babies at the time of the survey was 11.4 months (range 8–30 months); 85 were boys and 73 were girls.

The response rate among those attending was 100%. Of the 158 respondents, 87 (55%) said they were currently using, or once used, a walker for this baby, and use rates were similar for boys and girls. The mean age of starting to use a walker was 6 months. Table 1 lists the reasons given by users and ex-users for choosing walkers or discontinuing their use. At the time of the survey, 39 (45%) of previous users had stopped using the walker; however, only 23 of these parents gave definite reasons for this decision.

The attitudes of the 87 users (which include the 39 ex-users) and 71 non-users are shown in

<table>
<thead>
<tr>
<th>Table 1 Reasons given by users and ex-users for using or stopping use of a baby walker*</th>
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</thead>
<tbody>
<tr>
<td>Users (n = 87)</td>
</tr>
<tr>
<td>Used it for an older sibling</td>
</tr>
<tr>
<td>Babies enjoy them</td>
</tr>
<tr>
<td>Received it as a present</td>
</tr>
<tr>
<td>They are good for babies</td>
</tr>
<tr>
<td>Walkers are handy</td>
</tr>
<tr>
<td>They encourage mobility</td>
</tr>
<tr>
<td>They give the child freedom</td>
</tr>
<tr>
<td>They limit mobility</td>
</tr>
<tr>
<td>Baby became too heavy to carry</td>
</tr>
</tbody>
</table>

Ex-users (n = 39)                           |
| The child began to walk                    | 9 (23)  |
| Child got too big for it                   | 3 (8)   |
| Child got bored                            | 3 (8)   |
| Walker was tipping over                    | 3 (8)   |
| Difficulty in supervising                 | 2 (3)   |
| Walker broken                             | 1 (3)   |
| Advised not to use it                     | 1 (3)   |
| Child was climbing out of it               | 1 (3)   |
| Child refused to use it                    | 1 (3)   |
| Felt walker was of no benefit             | 1 (3)   |
| No reason given                           | 16 (41) |

*Parents could give more than one reason.
table 2. Most users felt walkers were beneficial, a source of enjoyment, and safe. However, the large and statistically significant differences between the users and non-users may indicate that when parents internalise the safety message the reasons given all take on less importance. Conversely, it may be that it is these differing attitudes that explain use behaviour.

The reasons non-users gave for resisting the use of a walker included safety (77%), 21% said it was of no benefit; and 15% said that their home was too small. However, 18 (24%) non-users said they would use a walker if offered one; 18 (24%) had used one in the past, and of these, 15 had had an accident. All resulted from the child tumbling out over the walker and injuring the head, lip, or teeth. One child suffered a friction burn from the seat.

In total, 26 walker-related injuries occurred among the 158 children studied (figure). When daily use was examined it was found that babies who spent most of the day in a creche were less likely to use a walker than those who spent most of the day at home (11.5% v 23.9%, p < 0.05). There was also a wide range of reported time spent in the walker, from 30 minutes to three hours, the average being 2-7 hours.

Eleven current or ex-users said that their baby sustained one or more walker-related injury. These babies were more likely to spend over one hour in it each day (p < 0.05) and their parents noted 15 accidents: five babies fell down one or more steps while in it; one child grabbed onto furniture on two occasions and climbed out of it; the rest of the injuries resulted from the walker toppling over door saddle boards, rugs, uneven carpets, or lawns. Six of these babies sustained injuries but only one required medical treatment. However, all injuries involved the face and consisted of bruising and abrasions.

Of these 11 babies, nine were no longer using a walker. The reasons given were that the child began to walk, the walker was broken, or the child became too big for it. When specifically asked, 44 user parents (51%) admitted that walkers could be dangerous. However, none of those whose child had an accident said they stopped for safety reasons.

Discussion

The rate of walker use in this study was 55% and a further 11.4% had used a walker with an older child. Both rates are lower than the rates of 70-80% reported in North America in the latter half of the 1980s. This may suggest a fall in popularity, but as there are no previously documented rates for Ireland, and because this study is limited to one locale, no definite conclusion about trends can be drawn.

Nevertheless, baby walkers have become increasingly recognised as an important cause of injury-related morbidity and mortality among infants. In part this is because they afford babies mobility, independence, and an ability to reach heights far beyond their natural capability and so allow them to enter dangerous situations. Thirteen of 125 6-12 month old children admitted to a regional burns unit in the UK suffered serious burns while in walker frames. Walker have also been implicated in 19% of a group of children under 2 years with head injuries. Moreover, walker-related stairway falls predispose children to more serious injuries than do other falls. While such hazards are recurrently documented, no benefit to development or locomotion has been demonstrated, and some have argued that walker use may be associated with delayed development.

One study reported that 30% of babies who spend less than two hours per day in a walker suffered a non-serious fall, compared with 55% who spent over two hours. In our study 28% of these infants were in a walker for two hours or more each day. Apart from risk associated with this measure of exposure, the decreased risk (cited previously) among those attending a creche suggests that these settings are safety conscious.

In contrast, 75% of user parents in our study felt the walker was 'good for the baby', and 24% of non-users said they would use one if it were offered to them. Surprisingly, perhaps, none of the parents whose babies had an injury in a walker said they stopped using for safety reasons. In fact, two still were continuing to use one. However, 21-1% of non-users gave an accident with an older sibling as their reason for not using a walker with the study baby. Similarly, Rieder et al found that only one third of families stopped walker use because of serious injury.

These findings suggest that the potential for injuries due to walkers are not yet clear to many parents. Just under one third of parents whose baby had an accident did not admit the walker could be dangerous. In the case of a near miss or an injury that does not require medical attention, parents may fail to heed the serious and continued risk to which a walker exposes their
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baby. While none of the accidents reported in this study were serious, they are nevertheless significant in that the ensuing injuries were easily preventable.

Conclusions
Our children's worlds are dangerous enough without adding any needless hazards. Nearly one in eight (12.6%) of the babies in this study who used walkers experienced a related injury. We do not tolerate such injury rates with other nursery equipment, why do we apparently accept them with walkers? Though we acknowledge that most children using walkers may not suffer serious injury, a significant number do and the potential for serious injury is always present. If we are to minimise such injuries it behoves all health professionals to inform parents of the dangers associated with walkers and to strongly discourage their use. Public health nurses, when visiting homes, should suggest alternative ways to occupy babies; publicity is need to highlight their danger, and all walkers should carry a government health warning. In light of evidence of their danger, the sale of all walkers should be reviewed.

We thank Miriam King for her secretarial support.

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A report in the American Journal of Public Health (1994; 84: 1605–8) makes two interesting points: first, that the cost of trauma in the US is more than $100 billion each year, and second, that 'nearly one-third of trauma-related deaths could be prevented by appropriate prehospital and in-hospital care'. Sadly, the report goes on to explain that care may be provided 'less generously to uninsured patients'. The main difference appears related to the likelihood of having surgery because of its high costs. Although these data refer only to adults the message is an important one for those in governments anywhere who doubt the value of a system of truly comprehensive, national health insurance.

* * *

'When I testified here five years ago, there were 40 Safe Kids Coalitions. Today there are 164 in nearly every state and there are thousands of committed volunteers and professionals who have helped to pass the first bike helmet laws in their states, pass smoke detector ordinances, and close loopholes in passenger safety laws'. C Everett Koop, MD, Senate hearing testimony, May 10, 1994.

* * *

'...it is sobering to think that 25% of the 6 year olds in the North Carolina sample have witnessed a shooting' (Wanda Hunter, North Carolina IPRC News, Vol 7, No 1).

* * *

In North Carolina (USA) the fine for littering the highway is between $1000 and $2000. The fine for failure to have a child buckled up is $25.
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