

SPLINTERS & FRAGMENTS

Hazardous environments for babies

It seems that some parents are too ready to rely on 'babysitters' to give them a break from their babies. An Adelaide study highlights the dangers of V shaped pillows (*Journal of Paediatrics and Child Health* 1997; 33:171–3).



Four infants died while propped on the pillows. At least two were found to have had their faces covered after sliding under the pillows (see figure), leading to the deaths being attributed to unintentional asphyxiation rather than SIDS. Polystyrene filled cushions, which were extensively marketed in the US before being banned in 1992, were associated with 35 infant deaths, 1985–92. The authors of this review (*American Journal of Forensic Medicine and Pathology* 1996; 17: 202–6) estimate that many of the 900 000 sold are probably

still in use. A study of the use of seating devices for babies too young to sit independently (*Archives of Pediatric and Adolescent Medicine* 1997; 151: 233–5) found that babies were left in various kinds of seats for an average of 5.7 hours per day, some more than eight hours. Nearly half spent some time sleeping in the seats as well. The authors query the long term effect on development of such devices. Parents should be advised that most of these products are for short term use only and that some, for example babywalkers, should not be used at all.

Cost-benefit of poison control centres

An analysis of the costs associated with poisonings (*Annals of Emergency Medicine* 1997; 29: 239–45) found that the average cost of a medically treated poisoning was \$US925 compared with the cost of a call to a poison control centre of \$US28. Poison control centres can handle at least 75% of poisonings. The authors estimate the saving in other medical costs of a call to a poison centre at \$US175, which represents an excellent return on investment, although funding is constantly under threat. The difficulty lies in the funding arrangements. The federal government gets an estimated 20% saving but contributes only 6% of the bill; private health insurers make 36% of the savings but contribute only 11% of the costs.

Children's travel patterns

It is true that there has been a considerable reduction in child pedestrian and cycling mortality in Britain. It is also true that children's walking and cycling have been considerably curtailed in the last several years, to be replaced by increasing travel by motor vehicle. This study (*BMJ* 1997; 314: 710–3) indicates that children walked 20% less, cycled 26% less, and travelled by car 40% more from 1985 to 1992. The reductions in mortality were not as impressive as the overall declines in childhood mortality

from other causes. Additionally, the authors speculate that reduced independent mobility will have adverse health effects in the long term.

Do safety rules work? Is supervision as important as we think?

Two studies shed some light on these questions. The first (*Journal of Behavioral Medicine* 1996; 19: 317–31) looked at the consistency with which mothers of 8 year old children applied safety rules. Of the 718 injury incidents recorded during the 12 month study involving 60 children, rules applied to only 30% of cases, probably because rules usually address predictable events. Consistency among mothers was high and the majority of injured children had not violated safety rules. The finding that the number of rules a mother advocated and the number of injuries her child sustained were significantly and negatively correlated suggests that rules are protective. It is possible that more information needs to be given to parents about what rules are appropriate for different age groups. The second study (*Journal of Pediatric Psychology* 1997; 22: 89–104), of child pedestrian behaviour in situations where they are supervised one-to-one, supervised in groups, unsupervised in groups, or alone, found that impulsive behaviour was more common among groups, both supervised and unsupervised. The authors anticipated that children with poorer developmental skills would be more closely supervised, but that was not the case. The study suggests that children of parents who supervise are more likely to become competent than unsupervised children.

School and hospital based safety curriculum

An injury minimisation program for schools was established by a multidisciplinary team from the John Radcliffe Hospital, Oxford, for use with 10–11 year old students, just before the age when they tend towards risk taking behaviours (*Accident and Emergency Nursing* 1996; 4: 139–44). A curriculum package for teachers and students included topics like safety skills, road safety, home safety, sport and leisure safety, and resuscitation skills. The components were designed for use in mathematics, art, music, drama, history, geography, English, and science classes. On completion, the students participated in the second phase at the hospital, learning emergency life support and how to handle given situations. The evaluation phase, not yet completed, was designed to assess children's knowledge and skills and to gather feedback from teachers.

Impact of paediatric trauma on families

A US study of 120 children examined some of the work and financial difficulties of paediatric trauma for families (*Pediatrics* 1996; 98: 890–7). Marital, work, social, and financial problems abounded, especially if one parent had to give up paid employment. Some problems were of short duration, but many remained six months after the injury. The socioeconomic group most affected was the middle class; lower income earners are eligible for assistance and the more affluent have greater resources to call upon.

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