

European Child Safety Alliance and ANEC joint position statement:

Baby walkers

In many European countries, such as Sweden, Greece and Portugal, baby walkers are linked to more injuries than any other type of nursery equipment, causing an unacceptably high number of severe falls, burns and scalds, and poisonings.^{1, 2,3} Injury Database (IDB) data from 9 European countries between 2002 – 2007 show that over 90% of baby walker injuries are injuries to the head, with 31% of them causing brain injury, and 35% causing skull injury.⁴ Austrian hospital records show that a baby walker injury severe enough to cause a skull fracture or concussion occurs at least once a week.⁵ In the United Kingdom in 2002, over 2,350 children were taken to the hospital after being injured in a baby walker.⁶ Research in Wales showed that 25% of babies hospitalised with burns and scalds had been in a baby walker when the injury occurred.⁷

Most parents have the impression that a baby walker will keep the baby safely entertained while they perform other tasks, or will help the baby learn to walk. Both of these notions are incorrect: baby walkers actually inhibit a child's ability to learn to walk while putting babies at an increased risk of injury.^{8,9,10}

Two features of baby walkers make them particularly dangerous: (1) the increased mobility and rate of speed of the child and (2) the elevated height and reach the child obtains while seated in a walker. Babies move uncontrollably across the room at a rate of up to 1 metre per second, putting them at risks for falls down stairs, tip-overs on uneven flooring or violent collisions with objects. Babies are also more likely to reach and pull down objects such as electric appliances, hot drinks, or chemicals.^{9,10,11}

In the European Union, standard 1273:2005 aims to reduce baby walker injuries by reducing stair fall injuries. However, it is too early to say whether the standard will be effectively adopted, implemented and enforced. A market surveillance study performed in 2008 by the Swedish Consumer Agency showed that over 50% (6 out of 11) baby walkers failed to comply with the requirements of the 2005 standard.¹² Initial IDB analysis also indicated there has not yet been a consistent pattern of reduction in baby walker injuries since 2005.⁴ Further market surveillance studies are being carried out in 2010 in 12 EU countries, the results of which should be closely monitored and when possible, compared with accident data.

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Many European expert organisations have called for bans on baby walkers due to the level of risk and injury they pose to children, combined with their lack of tangible benefit or necessity. Their voices are joined by experts in the United States, Iraq, Australia and New Zealand. Canada has already implemented a total ban on use, possession, and sale of baby walker, with a fine of up to 150,000 Canadian dollars and/or 6 months imprisonment for non-compliance.¹⁰ There are already many safer alternatives to baby walkers on the market, such as play pens and stationary activity centres.¹³

Therefore, the European Child Safety Alliance and ANEC state that:

Whereas baby walkers do not help babies learn to walk, and serve no beneficial function for children, in fact impeding walking ability rather than aiding it;

Whereas babies are at a highly increased risk of head injury while using a baby walker;

Whereas increased risk of falls, burns and scalds and poisonings are associated with use of a baby walker;

Whereas there are numerous safer alternatives already available to be used in place of baby walkers:

The European Child Safety Alliance and ANEC recommend that parents and caregivers use safer alternatives to baby walkers and urges health care providers not to promote baby walker use.

To support these recommendations, we suggest:

1. Parents of newborns should be educated by health care providers on the risks of baby walkers at the first well-baby check-up or earlier. Safer alternatives to baby walkers, such as play pens and stationary activity centres, should be promoted in their place
2. Education about baby walkers should emphasise the risk of falls down stairs and "reaching" risks, such as when the baby pulls an appliance or hot kettle onto himself.
3. Education about baby walkers should clarify that baby walkers hinder walking ability instead of helping it.
4. Education about baby walkers should emphasise the importance of constant supervision and the use of products complying with EC 1273:2005.
5. The standard EN 1273: 2005 should be properly enforced by the market surveillance bodies, and the development of the accident figures carefully monitored. If there is no significant reduction of accidents observed, further measures including a ban should be considered.
6. Results of these prevention strategies should be evaluated regarding their effectiveness in reducing baby walker injuries.

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This position statement is supported by the members of ANEC and by the following European Child Safety Alliance country partner organisations:

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*Kuratorium fuer Verkehrsicherheit
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*Kind en Gezin
Belgium*

*OIVO-CRIOC
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*Center for Injury Prevention, Charles
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Czech Republic*

*National Institute for Health and Welfare
Finland*

*Bunderarbeitsgemeinschaft Mehr Sicherheit
fuer Kinder
Germany*

*National Institute of Child Health
Hungary*

*Icelandic Safety House
Iceland*

*Population Health: Children and Young
People's Team
Health and Safety Executive
Ireland*

*National Center for Children's Safety and
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*Ministry of Health
Latvia
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*Ministry of Health
Luxembourg*

*The Consumer Safety Institute
The Netherlands*

*Norwegian Safety Forum
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*Institute of Public Health, Jagiellonian
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*Portuguese Association for Child Safety &
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*Ministry of Health
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*Spanish Paediatric Surgeon Society
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*The Child Safety Council
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*Swiss Council for Accident Prevention
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For more detailed information on baby walker injuries, also see the background paper by ECSA and ANEC available on www.childsafetyeurope.org and www.anec.eu.

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