

Injury caused by baby walkers

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TO THE EDITOR: The article on the risks of baby walkers by Thompson is welcome.¹ However, he used a broad definition of "serious" (ie, those children who required admission to hospital).

Readers should be aware that some of these accidents cause major disfiguring injuries with life-long consequences. Burns sustained as a result of being in a baby walker are more extensive and deeper than those of the average patient admitted to our Burns Unit.

In the 5 years to July 2000, 24 patients were admitted to the Burns Unit at The Children's Hospital at Westmead (the NSW State Paediatric Burn Referral Unit) with burns as a result of being in a baby walker. As baby walkers are used by children before they can walk, all were 13 months old or younger (range, 6–13 months), whereas only 15% of all admissions are under one year. In the same 5-year period, 178 patients were under 12 months, with the number rising to 246 if those under 13 months are also included. Only one of the group with burns from using a baby walker was older than 12 months, and only by a day. (Ironically, he was burnt while playing in a baby walker that he had been given for his birthday the day before.)

The baby-walker burns were extensive — the largest burn covered 48% of the body surface, with the average being 17%. Deep burns were more common than average, 19 of the 24 children needed grafting (80%) versus only 50% of all admissions. Grafting means that the burns are deep enough to cause permanent scarring. Eight of the 24 required admission to the intensive care unit.

Of the 24 children, 21 had scald burns, mostly due to the child being able to reach a cord, tablecloth or container; two had contact burns because the child could reach out to a hot stove; and one sustained a flame burn, because the child moved close to a parent starting a fire with flammable fluid. Thus, the danger results from the child being able to reach higher and move faster than expected.

No improvement has been evident in the last 2 years. From July 2000 to June 2002, seven more children were admitted with burns caused by baby walkers: six spill scalds (four water and two oil) and one contact burn (iron pulled down). This helps confirm Thompson's contention that regu-

lations (introduced in September 2000) will not stop baby-walker injuries.

Apart from the danger of severe injury, baby walkers impede normal balanced muscle development and so are deleterious to every child who uses one. Apart from being a child-minding device, they have only potential for harm. Now that Thompson has shown that the "safety standards" do not protect children from injury, it is time for them to be banned altogether.

1. Thompson PG. Injury caused by baby walkers: the predicted outcomes of mandatory regulations. *Med J Aust* 2002; 177: 147-148. □

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TO THE EDITOR: Thompson's report highlighting the danger of baby walkers and the applicability of the proposed Australian mandatory standard is welcome.¹ However, we have some concerns with the statement that the injury data used in the analysis are "largely representative of such events in the major proportion of metropolitan Australia". The only data sources used were the South Australian Department of Human Services Injury Surveillance System and the original Victorian Injury Surveillance System. Equivalent data from Queensland, although readily available, were not used.

An analysis of 177 baby-walker injuries recorded in the Queensland Injury Surveillance Information System (ISIS) for the period 1989–1994 shows that only 9% of injuries were not stability related, and that 73% were associated with steps and stairs. Among the cases admitted to hospital, only one was not related to stability or falls down steps or stairs. Examination of more recent Queensland injury surveillance data, although not directly comparable, reveals a similar pattern.

These results, which appear to contradict the findings of Thompson, are not altogether surprising considering the differences in architectural styles between Queensland, with its high-set houses with verandahs and wooden steps, which present quite a different injury-prevention challenge to the style of housing more common in Adelaide and Melbourne. The introduction of a baby-walker standard to address the problem of stability and falls down steps and stairs would thus appear worthwhile in this setting. However, we accept that, in other parts of Australia, baby-walker-related injuries may be less amenable to prevention through this intervention. It is also of concern that the new standard is

being promoted by the Commonwealth as able to *prevent* stair-related baby-walker injuries. In reality, this is not the case: a recent study by the US Consumer Product Safety Commission found that 15% of stair-related injuries involved the new-style walkers.²

Furthermore, introduction of the standard, and its ensuing publicity, may result in an increase in use of baby walkers, along with a perception that they are now *safe*. This has the potential to increase baby-walker injuries. It is our belief that, in this particular case, it may be better to keep publicity very low key.

Finally, use of baby walkers has also been associated with a delay in normal physical development.³

For all these reasons we would continue to advocate that the use of baby walkers be actively discouraged.

1. Thompson PG. Injury caused by baby walkers: the predicted outcomes of mandatory regulations. *Med J Aust* 2002; 177: 147-148.

2. US Consumer Product Safety Commission. Briefing package: rulemaking proceeding on baby walkers. Washington, DC: US Consumer Product Safety Commission, 2002.

3. Garrett M, McElroy AM, Staines A. Locomotor milestones and babywalkers: cross sectional study. *BMJ* 2002; 324:1494. □

Donald D Beard

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TO THE EDITOR: The article by Thompson recommended that baby walkers be banned.¹ He described various injuries caused by baby walkers:

■ An 8-month-old baby in a walker pulled the cord of a deep fryer and was splashed by oil, sustaining full-thickness burns to chest, abdomen and upper arms.

■ A 10-month-old baby in a walker sustained severe finger laceration when a fly-screen door slammed shut.

It is suggested that baby walkers allow babies to reach hazards, such as heaters, ashtrays, hot drinks, etc. However, all of these injuries result from lack of supervision. In any case, within a couple of months these babies will be standing and then walking and, without supervision, exactly the same injuries may occur.

Most injuries in infants are related to an unsafe environment or inadequate supervision.

One aspect that Thompson does not mention is walkers for disabled children. Does he recommend that these be banned? For infants and young children with severe disabilities, a walker is their only means of locomotion.

1. Thompson PG. Injury caused by baby walkers: the predicted outcomes of mandatory regulations. *Med J Aust* 2002; 177: 147-148. □

Peter G Thompson

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IN REPLY: The support for my study¹ is pleasing, especially the letter from Martin.

I agree with Hockey and Pitt that including Queensland data would have enhanced my study, as Queensland is the only other Australian State with a substantial injury database like South Australia's and Victoria's. However, when I analysed the Queensland data only around 1% of baby-walker injuries could be classified as "proximity", compared with 20%–25% in Adelaide and Melbourne.

Surveillance collection can very easily miss critical details. The SA questionnaire asks "What was the victim doing at the time of the injury?", then "What went wrong?" and, finally, "How exactly was the injury caused?". As an example, "a child in a baby walker accesses the fireplace and burns her hand". If one or two of the above questions are left out, or the coder does not capture all the detail, this narrative easily becomes "child burns hand on fireplace" and the detail that the baby walker facilitated the child's access to the fireplace is lost.

In 1995, after the Victorian Injury Surveillance System moved to a "minimum" dataset, their "proximity" component dropped to just 1%, the same as for Queensland. Analysts at the Victorian Injury Surveillance System recommended that these post-1995 data not be used for my study. In my opinion the Queensland system has the same systematic problem, and discussions with Hockey suggest that this is a possibility (Richard Hockey, Senior Data Analyst, Queensland Injury Surveillance Unit, personal communication).

My assertion — that the data I used are largely representative of baby walker injury events in metropolitan Australia — is

justified, as any variations in "proximity" rates (even if they do exist) caused by different architectural styles in Queensland would represent only a very small proportion of the events Australia-wide.

The presence of additional steps and higher steps would only explain a higher proportion of these types of injuries, and possibly increased severity, but not the almost total absence of "proximity" injuries, as there is no association between them.

The recent finding by the US Consumer Product Safety Commission² that steps and stairs injuries still occur with new-style walkers confirms the need to discontinue the proposed mandatory regulations and instigate an immediate ban.

The letter from Beard is disturbing in its attitude. Inadequate supervision is another name for victim blaming, and an unsafe environment is a perfect description of a baby walker. Moreover, to suggest that the ban would include any form of purpose-designed apparatus, including a commercial baby walker, to assist disabled children is nonsense.

1. Thompson PG. Injury caused by baby walkers: the predicted outcomes of mandatory regulations. *Med J Aust* 2002; 177: 147-148.

2. US Consumer Product Safety Commission. Briefing package: rulemaking proceeding on baby walkers. Washington, DC: US Consumer Product Safety Commission, 2002. □

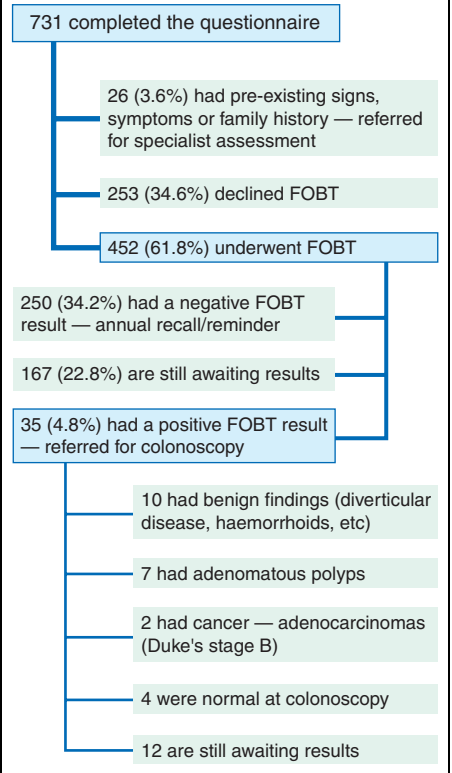
Opportunistic GP-based bowel cancer screening

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TO THE EDITOR: Colorectal cancer is, after skin cancer, the most common cancer in Australia, with 11 245 new cases diagnosed in 1997, and over 4600 deaths.¹ In clinical trials, screening programs using faecal occult blood testing (FOBT) have been

Data reported so far on patients who completed general practice questionnaires for eliciting family history or symptoms of bowel cancer



shown to reduce mortality. The Commonwealth Department of Health and Ageing estimates that implementation of effective FOBT screening programs would save around 400 lives per year.¹ However, such screening programs have not been widely implemented because of perceived difficulties with patient acceptance, funding, and the complexity of support structures.

General practitioners are in the front line of healthcare, and well placed to institute FOBT screening. Thus, we established an opportunistic screening program whereby patients over the age of 50 years attending surgery are asked by reception staff to complete a short questionnaire while in the waiting room. This questionnaire, developed locally to quickly establish whether a patient has symptoms or a family history of bowel cancer, is given to the GP by the patient during the consultation. If the questionnaire indicates colorectal symptoms, appropriate clinical assessment is undertaken. If a family history of colorectal cancer is elicited, the GP further defines the patient's risk by using the established National Health and Medical Research Council guidelines.² If there are neither symptoms nor a family history, the patient is offered annual FOBT screening.

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