Kayla Williams

Dr. Partridge

English 1102

1 March 2018

Rear-facing

From the moment of birth, it is required in all fifty states for a child to be restrained in an appropriate car seat while traveling in a motor vehicle (Black 2). The decision a parent must make regarding car seats, such as whether the child should be rear-facing or forward facing is becoming more difficult (Black 3). The decision is more difficult because of the lack of knowledge regarding car seat safety and inconsistent information given to parents regarding car seat safety (Black 3). Parents depend on pediatricians, law makers, and car seat manufacturers to provide them with the most accurate information, but this is not always happening (Black 3).

The author of *Buckle UP* states that more than five thousand children under the age of twenty-one die in automobile accidents each year. Automobile accidents account for the majority of deaths in children ages four and older (Black 3). The number of automobile related deaths has decreased in the last decade due to new car seat laws (Black 3). However, more lives could be saved if laws were put into motion that reflected recommendations by child safety restraint experts (Black 3).

Today, there are three different types of child safety restraints available for purchase (Black 6). The different types are rear-facing, forward-facing, and booster (Black 6). The rear-facing allows the child to be rear-facing while secured with a five-point harness (Black 6). In a forward-facing restraint, the child is forward-facing with a five-point harness (Black 7). The booster seat is for children who have outgrown the rear and forward-facing seat, but are not yet ready to be secured only by the vehicle safety belt (Black 7).

The American Academy of Pediatrics issued new child safety restraint recommendations in 2011 (Black 7). These recommendations came following evidence-based research (Black 6). One of the recommendations made by the American Academy of Pediatrics recommended infants and toddler rear-face until age two or until they meet the maximum weight and height requirements for their particular seat set forth by the manufacturer (Black 8). The study found that all children from birth to twenty-three months were safer in a rear-facing seat than in a forward facing seat in the event of an automobile accident (Black 9). The study also found that children forward-facing under one year of age were 1.79 times more likely to suffer traumatic injury than those riding rear-facing (Black 9). At this time, there are only four states that require a child to rear-face until they reach two years of age. Those states are California, New Jersey, Oklahoma, and Pennsylvania (Black 16). However, there are twelve states that require children to rear-face until one year old or twenty pounds (Black 17).

Parents have often thought of their child moving up to a different seat as their child transitioning into a “big kid” (Nelson 36). However, parents do not realize that with each change and the child drawing closer to using an adult safety belt the child is less safe (Nelson 36). Rear-facing car seats provide protection for the child’s head and neck while evenly distributing the forces of the crash throughout the seat (Nelson 36). A toddler’s head makes up one quarter of their body weight (Nelson 36). If they are in a front-end collision automobile accident and the child is forward-facing strain could be placed on the child’s fragile neck, which could result in paralysis (Nelson 36).

The American Academy of Pediatrics and the National Highway Traffic Safety Administration has developed guidelines for car seat safety use (Kelly 2). However, the difference is state requirements, American Academy of Pediatrics, National Highway Safety Administration recommendations, pediatric providers, and new research can be confusing to parents about when to transition their child from rear-facing to forward-facing (Kelly 2). The most problematic misuse of car safety seats is transitioning from rear-facing to forward facing too early (Kelly 2). A Georgia study found that 50% of parents were unaware that a child should be rear facing if under one year of age (Kelly 2). The inconsistency among parents and car seat safety use indicate that parents need more education regarding best practices for car seat safety (Kelly 2).

A common concern of critics regarding stricter car seat safety laws to require children rear-face until two years of age is the financial strain (Black 25). A rear-facing car seat can cost anywhere from $60 to $300 (Black 25). However, there are programs that assist parents in obtaining a child safety restraint (Black 26). Despite the cost of the seat, it is clear that the benefit of child safety restraints outweighs the cost (Black 25). Some critics have expressed concern regarding the child comfort, suggesting that the child’s legs are cramped and could be injured in the event of an automobile accident (Black 27). Any potential leg injuries would be much less severe than the potential head or neck injury sustained if the child were forward-facing (Black 29). Other parents are concerned about not being able to see the child if they are rear-facing. However, there are soft mirrors available for purchase that a parent can install so that the child can be viewed from a rear-facing position (Black 28). Another common concern is that the child doesn’t like to rear-face. If the child is placed in a rear-facing position from birth the child does not know the difference between the two unless a parent has introduced forward-facing to the child (Black 29). These concerns regarding the child or parents’ comfort should never precede a child safety (Black 28).

A proper car seat can make the difference between life and death of a child in the event of an automobile accident (Carpenter). The safest seat is not necessarily the most expensive or the one recommended by others (Carpenter). The safest seat is the one that is appropriate for the child’s height and weight and is used correctly every time without fail (Carpenter). According to the National Highway Safety Administration, more than 80% of car seats on the road today are installed or used incorrectly (Carpenter).

Works Cited

Black, Ellen A. “Buckle Up: State Child Safety Restraint Laws Need to Be Strengthened to

Better Protect Children.” *Akron Law Review*, vol. 50, no. 3, July 2017, pp. 537-574.

EBSCOhost, proxygsu-alb1.galileo.usg.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=lgh&AN=124889398&site=eds-live&scope=site.

Nelson, Rodger. “Car Seat Obsession.’ *Wingman,* vol. 3, no.5, Fall2010, pp. 36-37. EBSCOhost,proxygsu-alb.1.galileo,usg.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=fth&AN=54407567&site=eds-live&scope=site.

Kelly, Kimberly, et al. "Car Seat Safety: Typologies of Protective Health and Safety Behaviors for Mothers in West Virginia." *Maternal & Child Health Journal*, vol. 21, no. 2, Feb. 2017, pp. 326-334. EBSCOhost, doi:10.1007/s10995-016-2117-7.

Carpenter, Deborah. "Car-Seat Safety*." Parenting*, vol. 21, no. 5, June 2007, pp. 87-91. EBSCOhost, proxygsu-alb1.galileo.usg.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=hxh&AN=25147000&site=eds-live&scope=site.