



## AAP News Room



### NEWS HIGHLIGHTS

Below are releases on studies appearing in the June issue of *Pediatrics*, the peer-reviewed scientific journal of the American Academy of Pediatrics (AAP).

**For Release:** Monday, May 24, 2010 12:01 am (ET)

#### AAP GIVES UPDATED ADVICE ON DROWNING PREVENTION

Before families head to the beach or pool this Memorial Day, the American Academy of Pediatrics (AAP) has updated guidance on water safety and drowning prevention. In its update, the AAP has revised its guidance on swimming lessons and highlights new drowning risks – including large, inexpensive, portable and inflatable pools – that have emerged in the past few years.

Fortunately, drowning rates have fallen steadily from 2.68 per 100,000 in 1985 to 1.32 per 100,000 in 2006. But drowning continues to be the second leading cause of death for children ages 1 to 19, claiming the lives of roughly 1,100 children in 2006. Toddlers and teenagers are at greatest risk.

"To protect their children, parents need to think about layers of protection," said Jeffrey V. Anderson, MD, FAAP, lead author of the [policy statement](#) and [technical report](#), which will be published in the July print issue of *Pediatrics* and released early online May 24.

"Children need to learn to swim," Dr. Weiss said. "But even advanced swimming skills cannot 'drown-proof' a child of any age. Parents must also closely supervise their children around pools and know how to perform CPR. A four-sided fence around the pool is essential."

A fence that completely surrounds the pool – isolating it from the house – can cut drowning risk in half. Unfortunately, laws regarding pool fencing may have dangerous loopholes. Large, inflatable above-ground pools can contain thousands of gallons of water and may even require filtration equipment, so they are left filled for weeks at a time. But because they are considered "portable," these pools often are exempt from local building codes requiring pool fencing. From 2004 to 2006, the Consumer Product Safety Commission (CPSC) reported 47 deaths of children related to inflatable pools.

"Because some of these pools have soft sides, it is very easy for a child to lean over and headfirst into the water," Dr. Weiss said. "These pools pose a constant danger."

In the new policy, the AAP reinforces its existing recommendation that most children age 4 and older should learn to swim, but the AAP is now more open toward classes for younger children.

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In the past, the AAP advised against swimming lessons for children ages 1 to 3 because there was little evidence that lessons prevented drowning or resulted in better swim skills, and there was a concern parents would become less vigilant about supervising a child who had learned some swimming skills.

But new evidence shows that children ages 1 to 4 may be less likely to drown if they have formal swimming instruction. The studies are small, and they don't define what type of lesson works best, so the AAP is not recommending mandatory swim lessons for all children ages 1 to 4 at this time. Instead, the new guidance recommends that parents should decide whether to enroll an individual child in swim lessons based on the child's frequency of exposure to water, emotional development, physical abilities, and certain health concerns related to pool water infections and pool chemicals.

"Not every child will be ready to learn to swim at the same age," Dr. Weiss said. "Swimming lessons can be an important part of the overall protection, which should include pool barriers and constant, capable supervision."

The AAP does not recommend formal water safety programs for children younger than 1 year of age. The water-survival skills programs for infants may make compelling videos for the Internet, but no scientific study has yet demonstrated these classes are effective, the policy states.

The updated policy also outlines the danger of body entrapment and hair entanglement in a bathtub or spa drain. Special drain covers and other devices that release the pressure in a drain can help prevent such incidents.

AAP offers specific advice for parents:

1. Never – even for a moment – leave small children alone or in the care of another young child while in bathtubs, pools, spas or wading pools, or near irrigation ditches or streams of water. Bath seats cannot substitute for adult supervision. Empty water from buckets and other containers immediately after use. To prevent drowning in toilets, young children should not be left alone in the bathroom.
2. Closely supervise children in and around water. With infants, toddlers and weak swimmers, an adult should be within an arm's length. With older children and better swimmers, an adult should be focused on the child and not distracted by other activities.
3. If children are in out-of-home child care, ask about exposure to water and the ratio of adults to children.
4. If you have a pool, install a four-sided fence that is at least 4 feet high to limit access to the pool. The fence should be hard to climb (not chain-link) and have a self-latching self-closing gate. Families may consider pool alarms and rigid pool covers as additional layers of protection, but neither can take the place of a fence.
5. Children need to learn to swim. AAP supports swimming lessons for most children 4 years and older. Classes may reduce the risk of drowning in younger children as well, because children develop at different rates, not all children will be ready to swim at the same age.
6. Parents, caregivers and pool owners should learn CPR.
7. Do not use air-filled swimming aids (such as inflatable arm bands) in place of life jackets. They can deflate and are not designed to keep swimmers safe.
8. All children should wear a life jacket when riding in a boat. Small children and nonswimmers should also wear one at water's edge, such as on a river bank or pier.
9. Parents should know the depth of the water and any underwater hazards before allowing children to jump in. The first time you enter the water, jump feet first; don't dive.
10. When choosing an open body of water for children to swim in, select a site with lifeguards. Swimmers should know what to do in case of rip currents (swim parallel to shore until out of the current, then swim back to the shore).
11. Counsel teenagers about the increased risk of drowning when alcohol is involved.

## BATTERY INGESTION INJURIES AND DEATHS ON THE RISE

In the past few years there has been a significant increase in pediatric button battery ingestion resulting in serious complications. From 1985 to 2009, there was a 6.7-fold increase in the percentage of ingestions with severe outcomes, including 13 deaths. In addition, many devastating injuries have been reported such as exsanguination from esophageal perforation, the aorta, destruction of the wall of the esophagus and trachea, vocal cord paralysis and esophageal narrowing. Children swallowing batteries lodged in the esophagus have required feeding or breathing tubes for months or years and multiple surgical repairs. Two new studies suggest that batteries must be removed from the esophagus within 2 hours to prevent the serious injuries. These studies further demonstrate that the increase in the severity of button battery ingestions by children is directly related to the widespread use of 20-mm-diameter batteries as a power source for common household products. The studies, "Preventing Button Battery Ingestions: An Analysis of 8,648 Cases" and "Emerging Battery Ingestion Hazard: Clinical Implications," in the June print issue of *Pediatrics* (published online May 24), determined that 61.8 percent of batteries swallowed by children younger than 6 years came directly from the product, 29.8 percent were loose, and 8.2 percent were obtained from battery packaging. The most hazardous battery ingested, the 20-mm lithium cell, was intended for use in remote controls in 37.3 percent of cases. Study authors suggest that all consumer electronics powered by 20-mm lithium cells should require a secure battery compartment accessible with a tool (screwdriver) or child-resistant lock to prevent further pediatric ingestions. Parents must be vigilant, too, to prevent these ingestions.

## ON-TIME IMMUNIZATIONS ASSOCIATED WITH BETTER NEUROPSYCHOLOGICAL OUTCOMES

A comparison of children vaccinated on time with children whose vaccinations were delayed or incomplete found no benefit in delaying immunizations during the first year of life, according to the study, "On-time Vaccine Receipt in the First Year Does Not Adversely Affect Neuropsychological Outcomes," in the June print issue of *Pediatrics* (published online May 24). The study of data on more than 1,000 children born between 1993 and 1997 looked at their vaccination schedules up to 1 year of age, and studied their performance 7 to 10 years later on 42 different neuropsychological outcomes. Timely vaccination was associated with better performance on numerous outcomes. The less-vaccinated children did not do significantly better on any of the outcomes. For parents who are concerned that children receive too many vaccines too soon, these data may provide reassurance that timely vaccination during infancy has no adverse effect on long-term neuropsychological outcomes, say the authors.

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*The American Academy of Pediatrics is an organization of 60,000 primary care pediatrician, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well being of infants, children, adolescents and young adults.*