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M/253

MANDATE IN THE FIELD OF STANDARDIZATION TO CEN
RELATIVE TO THE SAFETY OF CONSUMERS - BABY WALKERS

1. Introduction.

Baby walkers are, in essence, a type of seat harness on wheels, into which a baby can be put. The intention is that a baby can sit or stand and will be "supported" in an upright "walking position". The baby's feet can touch the ground so that with the support of the baby walker the baby can "walk". These features are integral to baby walkers of all current designs.

The result is that the baby walker increases the mobility and speed of mobility of the child at an earlier age than normally be the case. The child is also able to reach objects which would ordinarily be beyond its reach.

Parents buy baby walkers often in the belief that their children will learn to walk more quickly, sometimes to entertain/occupy the child whilst the parents are busy or to prevent the child from crawling along the ground. A study found that 49% of parents considered that baby walkers encouraged their child to walk; 76% thought they were useful to occupy the child when the parents were busy and 80% used them because the child enjoyed it.¹

It has been recognised since 1974 that baby walkers do not promote learning to walk and that they are the cause of injuries to children². Nevertheless, generally parents have a very positive perception about baby walkers, often allowing children to continue to use them even after an accident which caused them to visit hospital.

Many commentators call for a complete ban on the product; however others consider that the problems which exist may be reduced by design improvements to increase stability, warnings and in particular, reduced mobility and speed of mobility of baby walkers.

2. Identification of risk.

¹ See reference 1 of the bibliography.

² See references 2, 3, 4 and 5 of the bibliography.

Accidents are common in European member countries and other major states.

The pattern of accidents are often very similar and are explicable on the basis of product characteristics of instability, mobility and speed. The root of the problem seems to be the increased mobility afforded to the child that does not match with their developmental stage. The radically increased mobility of the child means that it has increased access to a wider range of hazardous situations: steps, stairs, hot or uneven surfaces, radiators, heaters, oven doors. The baby walker may be unstable and tip up or topple onto a hazard (depending on design, the weight of the child and the speed at which it was travelling). The child may be able to travel too fast or not knowing what it is doing and without recognising the danger, may propel itself into a situation, down the stairs for example (this is one of the common situations.) These situations can, as a result, lead to serious injury to the child. It can also make it possible for the child to create danger for third persons, e.g. burns, when the child is out of control of the parents.

The rate of accidents has increased over the period 1986-1993 (*see below*).

Almost all the injuries during that period involved children below the age of 15 months; typically the child is 8-11 months old (60% male). The majority of injuries were sustained to the head. About 85% of injuries involved a fall down stairs. In addition there were cases involving falls out of the walker, burns or scalds, pulling an object down, gaining access to toxins and incidents relating to collapse of part of the baby walker, including suffocation.

The cause of the accident does not relate to the severity of the outcome; fractures to the skull or concussion can occur even when the baby walker just tips over.

Fatal incidents involve falls, drowning, entrapment and creation of burns.

More often than not injury occurs even if there is a carer on hand, as the carer cannot reach the child in time. Stair falls persist even when stair gates are in place either being left open or failing when hit.

3. National and European regulation.

Specific legislation on baby-walkers exists only in France.

However, directive 92/59/EEC on General Product Safety provides that products put on the market, intended for consumers must be safe. Therefore, the national legislation implementing this legislation can be applied when a dangerous baby-walker is on the market. According to the general principles of this Directive, the fulfilment of the relevant applicable European standard gives a presumption of a product being safe. It is therefore, also in this context, important to have coherent standards for baby-walkers to determine what could be considered to be an unsafe baby walker.

In 1995 Austria notified a draft regulation under Directive 83/189 concerning an obligation to supply warnings and affix them to the products (not. 95/0262/A).

As regards other countries, for instance in the USA an advance notice of rule making with a view to issuing a compulsory standard reducing the mobility of the products, has been issued. Canada is considering, following the USA, after a voluntary ban on the

products failed. Australia is also considering banning the products but are monitoring the situation.

4. Notifications pursuant to Directive 92/59.

Two notifications on baby-walkers have been made under Directive 92/59, both concern activity boards for baby walking frames constituting risk of suffocation since the boards contain small parts. In the first case (notified by Denmark) three accidents had occurred in Denmark and at least one in Norway. In the second case (notified by Norway) no accidents had been reported.

5. National statistics.

There are various statistical data from different sources in relation to accidents with baby-walkers. Hereafter follows a short description for a number of countries.

The sources used are the PORS (The Netherlands Privé Ongevallen Registratie Systeem), NIR (Norwegian National Injury Register), NEISS (US National Electronic Injury System), VISS (Australia's Victoria Injury Surveillance System) and Plunket (research body into maternal and child health in New Zealand). Other sources or similar systems used are HASS (UK's Home Accident Surveillance System) and EHLASS (European Home and Leisure Accident Surveillance System-European Commission).

The figures in the text do not necessarily refer to the same years as the figures in the table.

1. The Netherlands

13 accidents reported for the period 1993-1995 under the PORS system, which records home and leisure accidents of these most were mobility related and most from falls down stairs. PORS reported accidents are said to represent 10% of the national total of all accidents thus the true figure is more likely to be 130 over this period.³ Usage of baby walkers is limited in the Netherlands, and few living room areas are adjacent to stairs.

2. Germany

141 paediatric clinics treated 770 children within the period 1993 - 1994, making a yearly average of 335 baby walker accidents. Most of the accidents involved falls down stairs. 82% concerned injuries to the head and face with 344 concussions and fractured skulls. It is alleged by one commentator that 6000 accidents happen with baby walkers each year. A questionnaire survey recorded 519 incidents from 114 hospitals including one death. The average stay was 3.7 days leading to a cost of 1,138,120 DM.⁴

3. Austria

A random sample survey of 240 families with children between 2 - 6 years revealed that 55% used baby walkers, of these 20% were found to have suffered a baby walker related injury. Injuries sustained included: 19 skull fractures, 23 concussions to the brain and

³ See reference 10 of bibliography

⁴ See reference 11 of bibliography

125 contusions and lacerations to the head. Baby walker related injuries represented the third most common mode of injury to children aged between 7 - 14 months.⁵

4. UK

Baby walkers cause more accidents to be reported to the Home Surveillance System than any other nursery item; national estimates for baby walker accidents have risen from 4320 in 1988 (though commentators consider the figure to be nearer 6000⁶) to 5,420 in 1994.⁷

5. Greece

An incidence of 3.5 per thousand babies per year of injuries requiring hospital attention was recorded. This included fractures and major burns.⁸ Baby walkers are so popular that incidents have been recorded amongst children with special needs up to 14 years of age.

6. Ireland

One in eight of a sample of babies who had used a walker had been injured.⁹

7. France

In a report on child care articles, produced by France under the EHLASS system relating to the period July 1986 - July 1988, 21 incidents were recorded involving baby walkers. The injuries sustained were: contusions (47.6%), open wounds (23.8%), fractures and lesions. The head was the area worst affected, accounting for 47.6% of injuries with the face, mouth, nose and hands following on. 52.4% of injuries were to children under 1 year.

8. Norway

69% of injuries were to the child's head. 28 of the accidents involved falls down stairs.¹⁰

Relatively low accident figures for this country (and Denmark) may be explained by the relatively low sales figures of baby walkers, between 3000 - 5000 per year.

9. USA

Out of 23,100 hospital emergency room treatments to children under 15 months, 18500 (80%) were caused by baby walkers falling down stairs. On average 1000 children were hospitalised each year. 50% of users may experience some kind of accident, though may not require medical treatment. The injury rate is estimated as 8.9 per 1,000 infants under one year of age for a hospital visit and 1.7 per thousand for serious injuries.¹¹ There were eleven deaths between 1989 and 1993¹².

10. Australia

50% of accidents involved baby walkers falling downstairs. Baby walkers were the highest single product category implicated in accidents. 5% of all accidents with nursery

⁵ See reference 12 of bibliography

⁶ News from National Federation of Consumer Groups 1988 March / April

⁷ See reference 15 of the bibliography

⁸ See reference 16 of bibliography

⁹ See reference 13 of the bibliography

¹⁰ See reference 9 of bibliography

¹¹ See reference 6 of the bibliography

¹² See reference 7 of the bibliography

products involve baby walkers.¹³ An Australian study found that a child was as likely to be injured after 25 hours in a cot as 1 hour in a baby walker.¹⁴

11. New Zealand

The majority of accidents occurred to children under 12 months and 136 days were spent in hospital.

12. Canada

42% of head injuries to children under 12 months were related to walker use. 36% of walker owning families reported that their child fell in their walker.

In addition to the identification of which based on statistics, there exists a large body of medical literature which describes accidents relating to walkers and their incidence in various communities.¹⁵

SELECTED BABY WALKER ACCIDENT STATISTICS

	1986	1987	1988	1989	1990	1991	1992	1993
NL							11*	
D								770*
A								172*
UK			4320 in 1988 rising to 5420 in 1994					
G			49 year to April 95 and 94 year to April 96#					
Nor					5	10	7	14
USA	22400	23300	20700	24000	24000	28500	28000	24800
Aus								631*
NZ							76*	
Can	2000 a year reducing to 400 following ban in 1989. @							

*Cumulative data.

Athens only

@ Following the ban on sale, injuries are caused by second hand baby walkers and baby walkers purchased in the US and brought back into Canada

Source NEISS, VISS, NIR, PORS Household survey, Plunket research.

¹³ See reference 8 of bibliography

¹⁴ See reference 8 of the bibliography

¹⁵ See reference 17 to 34 of bibliography

More recent figures for many countries are not available as yet. It should also be noted that it has not always been possible to isolate statistics for baby walkers due to the broad categories used in some data collection systems.

6. Studies.

A study, "Falls in relation to child care accidents", was prepared by the BEUC for the Commission in October 1990. This was an enquiry on articles of nursery equipment used by children. It refers to a plethora of research, articles and tests.¹⁶

It concludes that many, if not all, baby walkers are potentially unstable, such instability being exacerbated when the child meets some obstacle. Accident data they refer to show that the baby walker can tip up on even the smallest deviations of surface but falls down stairs are the most frequent and injuries arising most severe.^{17 18} Most alarming is the fact that most accidents do occur even when the baby is being "guarded", most people do not expect the child to be able to move so quickly, but the mobility of the child has been radically changed.

The test results the report refers to were also quite alarming as, for example, the Institute National de la Consommation, France¹⁹ found only 3 out of 13 brands were deemed acceptable in relation to stability and solidity in their country.

The Consumers' Association in the UK backed the Australian position in calling for a ban or not to use them, as in their view even the most soundly built baby walker could not be safe and the baby could not be protected because of the unexpected and increased mobility it gave.^{20 21} A report conducted by the Belgian Consumers Association in 1986 "Child Safety In the European Community" refers to the problem of instability of baby walkers and the problems with falls causing injuries to young children, in general and suggests that these types of incident are a main cause of injuries in this category.

The United States American Academy of Injury Prevention Committee on Injury and Poison Prevention has reviewed the evidence available on walkers and recommended a ban on their manufacture and sale in the United States.²²

7. Standardisation work in progress.

A report prepared by BEUC in October 1990²³ states that a great number of standards exist in relation to child care articles, including baby walkers, but that they diverge and contained gaps.

¹⁶ See reference 37 of bibliography

¹⁷ Graaf AP Children's products: Accidents, hazards and minimal safety requirements. Stichting Consument en Veiligheid no 31 1987 pg 13

¹⁸ See reference 24 of the bibliography

¹⁹ See reference 14 of the bibliography

²⁰ See reference 14 of the bibliography

²¹ Which? "Inside story - A question of balance 2 Consumers Association June 1989, pg 264. Daily Star Consumer News 26 - 09 - 1990

²² See reference 7 of bibliography

In Europe, standards do exist at national level, for example, in the UK and France.

In the first half of 1990 a CEN Technical Committee was set up to look at the question of child care products such as baby walkers (CEN TC 252 Child use and care articles WG1 Seating and bodycare).

The Committee has produced a draft standard pr EN 1273 "Baby Walking Frames Safety Requirements and Test Methods". It has been developed on the basis that all baby walkers have wheels or castors. The draft standard does not however cover the question of mobility though stability is dealt with. Nor are speed of mobility (brakes or locking castors are specifically excluded), design or special construction methods dealt with. The standard will soon be circulated for final vote.

In 1990 ISO produced guidelines for standards which they considered should apply in protecting children's safety. These included a recommendation that there should be the adoption of national or international standards including stability testing.²⁴

MANDATE

Given that:

- ☛ many accidents involving baby walkers occur, which often result in severe injury to very young children;
- ☛ these accidents often occur as a result of instability, increased mobility and speed of mobility;
- ☛ there is a need for the safety of these products to be improved and the safety of children protected,

pursuant to the mandate in the field of Standardization relative to consumer interests, the European Commission after having consulted the Committee set up under Directive 83/189, asks CEN to indicate whether it intends to give favourable consideration to the questions raised in this specific mandate covering the risks related to baby-walkers resulting from the mobility and speed of mobility of baby walkers.

It is not the intention of this mandate to delay the finalization of the standard EN 1273.

4. EXECUTION OF THE MANDATE.

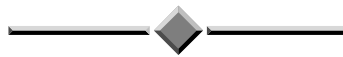
1. CEN shall inform the Commission of the arrangements to be adopted for the execution of the work within three months of acceptance of this mandate.
2. CEN shall present the target dates for the presentation and adoption of the standard to the Commission, within six months of acceptance of this mandate.

²³ See reference 35 of the bibliography

²⁴ See reference 36 of the bibliography

CEN shall present the draft standard listed therein by the target dates specified. Where, in elaborating the work, it becomes necessary to amend the programme, CEN shall inform the Commission of the changes, with target dates in the case of additions to the programme; the programme as amended will in principle then be covered by this mandate. The Commission will in its turn inform the Committee on Standards and Technical Regulations.

3. The European Standard (EN) shall be adopted by the target date specified. At these date, it shall be available in German, English and French.
4. The European standard adopted shall be transposed into national standards and differing national standard shall be withdrawn from the catalogues of the national standards organisations in the Member States within six months of their adoption.
5. Acceptance by CEN of this mandate starts the standstill period referred to in Article 7 of Council Directive 83/189/EEC²⁵ as last amended by Directive 94/10/EC of the Council and Parliament²⁶.



²⁵ OJ N° L 109 of 26 04 1983

²⁶ OJ N° L100 of 19 04 1994

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