

# factsheet

## baby walkers

The European standard for baby walkers changed in 2005. Baby walkers complying with the new standard, BS EN 1273:2005, differ from older ones in two significant ways:

- they are designed to move more slowly, making it easier to control babies
- they should stop when one of the walker's wheels goes over the edge of a step, reducing the risk of falls.

It is too early to know what the impact of the changes to the standard and hence to products has had on injuries. However, in the United States where similar products have been available for longer, there appears to have been a reduction in injuries associated with baby walkers.

The information presented in this factsheet relates to baby walkers available before the changes outlined above.

### How many babies are injured while in baby walkers?

Baby walkers are associated with more injuries than any other type of nursery equipment. They allow babies to move very quickly and raise them to a height where they can reach for hazardous items such as knives or hot drinks.

In 2002, the last year for which data are available, over 2,350 babies were taken to hospital after being injured while in a baby walker, almost 70% of them aged under 1 year.

Research has shown that at least a third of babies using baby walkers will be injured [1].

### What types of injury happen when babies are placed in baby walkers?

#### **Falls**

Most injuries associated with baby walkers are caused by falls. Baby walkers can tip over and the baby may be thrown down stairs or steps, crash into sharp furniture or fall onto fires, heaters or hot ovens.

The combined weight of the baby and walker hitting the floor, steps, stairs or other object can increase the likelihood of injuries being severe.

#### **Burns and scalds**

As well as the danger of falling onto fires, heaters and the hot surfaces of ovens, there is also an increased risk of scalds due to a child reaching up for hot liquid or food.

Research in a Welsh burns unit revealed that a quarter of babies aged 6-12 months who were in hospital with burns and scalds had been in a baby walker when the injury occurred [2]. The baby's upright position in the walker also means that many of these scalds are on the face and head.

#### **Poisonings**

An increase in reach can also increase a baby's access to household poisons – including perfumes or alcoholic drinks. A study in Australia found that baby walkers were the second most common factor associated with poisonings in children under 12 months old [3].

### Child development and baby walkers

Many parents believe that baby walkers help to teach children to walk. Paediatricians have repeatedly stressed that this is not true. In fact there is increasing evidence to suggest that baby walkers may delay normal child development [4]. Rolling, sitting, crawling and playing on the floor are the building blocks for learning to walk and for normal child development.

## Parental supervision and baby walkers

Some parents believe that a baby walker is a safe place for a child to be left. However, a child in a baby walker needs much greater adult vigilance and supervision than they would if they were not in a baby walker.

Baby walker accidents typically happen very quickly and there may be little that a parents can do to prevent them. An American study has shown that in nearly 70 per cent of baby walker injuries the child was being supervised at the time [5]

## International concern

Safety experts and paediatricians around the world have expressed concern about baby walker injuries. Voluntary standards have been introduced as well as injury prevention strategies including parent education and warning labels. In many countries design modifications have been introduced to try to make baby walkers "safer".

In Canada, the sale of baby walkers has been banned.

## Further information

The statistics used in this factsheet are drawn from a number of sources. The government's Home and Leisure Accident Surveillance System that collected information throughout the UK from 1978 was closed down in May 2003. The enquiry service will be maintained for 5 years. Enquiries should be directed to Information Centre, Royal Society for the Prevention of Accidents, Edgbaston Park, 353 Bristol Road, Birmingham B5 7ST, email: [infocentre@rospa.com](mailto:infocentre@rospa.com), fax: 0121 248 2001, tel: 0121 248 2066.

Copies of the Annual Reports of the Home and Leisure Accident Surveillance System can be downloaded from [www.ndad.nationalarchives.gov.uk/CRDA/58/DD/1/detail.html](http://www.ndad.nationalarchives.gov.uk/CRDA/58/DD/1/detail.html). The reports for 1998 – 2002 inclusive can be downloaded from [www.hassandlass.org.uk/query/reports.htm](http://www.hassandlass.org.uk/query/reports.htm). Visit [www.hassandlass.org.uk](http://www.hassandlass.org.uk) to interrogate the database for 2000-2002 yourself.

Factsheets on other child safety issues can be found on the Child Accident Prevention Trust website. Additional factsheets can also be posted on receipt of a stamped address envelope and a list of the subjects you require.

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<sup>1</sup> NSW Health (1998) Baby walkers, stairs and nursery furniture as potential factors for head injuries in infants. A case control study. State Health Publication (HP) 980064, North Sydney.

<sup>2</sup> Cassells, O. C. S. et al (1997) *Baby walkers – still a major cause of infant burns*. Burns, 23, 451-3

<sup>3</sup> Gaudreault, P. M. et al (1996) *Poisoning exposures and use of ipecac in children less than 1 year old*. Annals of Emergency Medicine, 15, 808-10

<sup>4</sup> Petridou, E. et al (1996) *Hazards of baby walkers in a European context*. Injury Prevention, 2(2), 118-120

<sup>5</sup> Smith, G. et al (1997) *Baby walker related injuries continue despite warning labels and public education*. Pediatrics, 100(2), E1

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