

Please check all areas that apply:

- UnityPoint Health-Meriter-Hospital/HOD
- UnityPoint Health-Meriter-Clinics
- UnityPoint Health-Meriter-Medical Staff
- Department/Unit specific: Perinatal Services

TITLE: Car Seat – Infant Discharged from Perinatal Units

CREATED: November 2001

APPROVED: _____

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Carla Griffin, Director
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I. POLICY STATEMENT

All infants discharged from the perinatal units (Newborn Intensive Care Unit, Intermediate Care Nursery, Family Care Center) will be transported home in an infant car seat or car bed that is designed to safely transport newborn and premature infants.

All infants <37 weeks or < 2500g at birth, and those who are identified by their physician as being at risk for respiratory compromise when positioned in a car seat, will have a minimum of 90 minutes of observation in their car seat prior to discharge to monitor for apnea, bradycardia and oxygen desaturation (AAP 2009).

The AAP and ACOG recommend Car Seat Tolerance Screening (CSTS) because of the growing concern that intermittent oxygen desaturations may have an effect on long-term developmental outcomes.

II. Purchasing a car seat from Meriter

A. In the event that parent does not have a car seat or if infant is smaller than car seat rating, please contact the Birthing Center social workers to discuss the Meriter Infant Car Seat Program

1. RN will explore parent's ability to obtain seat independently.
2. If parent is unable to make the suggested contribution, a social work consult must be initiated and they will determine the feasibility of distributing a car seat at no cost
3. Parent is asked to submit a contribution (suggested fee of \$25)
4. RN gets the car seat and voucher (*see appendix A*), from the 5N supply room.
5. RN to complete the car seat log located in the 5N storage room with the car seats, with the following information: patient sticker, date, time, RN initials, mark "Paid for" or "Littlest Angels".
6. The RN gives the completed voucher to the parent and instructs them to go to Guest Services (GS) to pay. RN tells the parent GS will give them a receipt.
7. RN instructs the parent to bring the receipt and voucher back to the RN.
8. RN will affix receipt to Infant Car Seat Program voucher and return it to the 5N supply room.

III. Expiration Date and Recall Verification

B. Determine expiration date of car seat, by looking at the sticker on car seat. Generally, a seat should be less than six (6) years of age unless otherwise indicated. If the car seat is considered expired a new one should be recommended.

REVIEWED									
REVISED	3/2004	11/2006	9/2009	9/2012	12/2014	5/2015	7/2016	5/2017	3/2019

- C. Verify if seat is on recall by checking the website <http://www.safercar.gov> this website can be accessed through the 'Car Seat Challenge Flowsheet' in the EHR. Click on the 'Recall list verified' row. In the 'Row Information' click on the link titled 'Car Seat Recalls'. This will open the safercar.gov website. Go to [Quick Clicks](#) at the bottom of the home page. Under the section "Shortcut search for a recall" select 'by Child Restraints". Under the next section, "Child restraint recalls" select the car seat brand name, i.e. Cosco, Graco, Gerry, etc. Click 'Go'. A list will come up with the make, model and year of any recalls.
1. If seat is on recall list, inform parents, give the parent the manufacturer phone number or website to follow up and document in the EMR.
 2. If the website indicates the car seat should not be used and the patient is unable to obtain new seat, staff may offer Meriter Infant Car Seat Program car seat (see above). This also applies to an expired car seat.

IV. Car Seat Tolerance Screening/Testing Implementation

A. Car Seat Tolerance Screening (CSTS) inclusion criteria:

1. Premature infants < 37 weeks gestational age at birth
2. Infants with birth weights < 2500 grams
3. Any infant discharged on home oxygen therapy or apnea monitor
4. Infants with physiologic immaturity, hypotonia, or cardiorespiratory complications (i.e., down syndrome, congenital neuromuscular disorders, craniofacial anomalies, or infants with congenital heart defects)
5. Any other infant deemed appropriate for CSTS per provider discretion

B. Infant Car Seat Tolerance Screening (CSTS)

1. Gather Supplies
 - a. Cardiorespiratory monitor with pulse oximetry
 - b. Car seat or car bed that infant will be discharged home in
 - i. Parents provide their own car seat.
 - ii. If parent does not have a car seat, discuss purchasing through Meriter Infant Car Seat Program.
 - c. Portable crib, bassinet, or travel play yard (e.g., Pack-n-Play)
 - i. Infants < 5 lbs. should be tested in car seat that is specific for lower birth weight babies. However, if the parents state they will be using a >5lb car seat upon discharge, the infant should be tested in the car seat she will ride in. Advise parents as to risks and document parental decision in EHR.
 - ii. If infant is less than 4 pounds, infant should be tested in and discharged home in car bed. A car bed can be obtained from the NICU loaner program.
2. Prepare and Screen Infant (*Testing should be monitored by someone trained in CSTS testing—All Birthing Center and NICU RNs*)
 - i. Perform prior to discharge within 72 hours of discharge.
 - ii. Place infant on a cardio-respiratory monitor and pulse oximetry for the entire observation period.
 - iii. Place the car seat at a 45 degree angle which is the manufacturer's recommendation for use in a vehicle.
 - iv. Infant should remain undisturbed for 90 minutes, or the duration of travel home, whichever is greater.
 - v. Place car seat within a portable crib, bassinet, or travel play yard and not directly on ground, as this presents a safety risk for tripping/falls
 - vi. Place infant in **their own car seat** following American Academy of Pediatrics (AAP) guidelines: <http://www.healthychildren.org/English/safety-prevention/on-the-go/pages/Car-Safety-Seats-Information-for-Families.aspx?nfstatus=401>

1. Infant should be positioned in seat with buttocks flat against the back of the car seat. Harness should be snug, and car seat's retainer clip should be positioned at armpit level.
2. Blanket rolls alongside the baby's body or between the crotch are discouraged. Use a seat appropriate for the baby's weight with supports that came with the car seat. If necessary, refer to seat manufacturer's instructions for proper adjustment and use.
 - vii. No additional support products (head rests, harness protectors) can be used **UNLESS** it came with the car seat from the manufacturer.
3. Interpretation of CSTS Test
 - i. **CSTS PASS** Test
 - a. An infant **PASSES** the CSTS if he or she remains undisturbed for at least 90 minutes or the duration of travel home whichever is greater, without having an apnea, bradycardia, or desaturation event as defined below
 - b. Events of apnea, bradycardia and/or oxygen desaturation, stimulation, repositioning and other appropriate interventions performed are documented
 - c. Contact provider with information regarding any interventions, repositioning, stimulation, etc. related to events of apnea, bradycardia and/or oxygen desaturation.
 - ii. **CSTS FAIL** Test
 - a. The CSTS is considered **FAILED** if the infant has a significant event as defined below:
 - a. Apnea: >20 second cessation of respirations
 - b. Bradycardia: <80 beats per minute for > 10 seconds
 - c. Oxygen desaturation: SaO₂ < 90% lasting >20 seconds
 - b. If infant **FAILS** car seat test:
 - a. Transfer infant to crib and continue to monitor in supine position for remainder of testing period.
 - b. **Example:** If infant de-sats to 85% for >20 seconds, the infant should be placed into the crib for the remainder of the 90-minute testing period. Ongoing nursing assessment is required by the nurse during this time.
 - a. If additional failure criteria are met, call newborn care provider to evaluate infant immediately.
 - b. If stable in supine position for remainder of testing period, repeat test in a car bed, prior to discharge
 - c. If the infant **PASSES CSTS test in car bed**, discharge home in a loaner car bed. Call the NICU charge nurse to assist checking out a loaner car bed.
 - i. Parents whose infant is discharged with a car bed should be counseled to avoid use of other upright equipment including infant swings, infant seats, backpacks, slings, and infant carriers until he/she has a passing CSTS
 - ii. Advise families that travel should be limited. Any travel time longer than the duration of the CSTS (passed) must include stops to remove infant from the car seat
 - d. If the infant **FAILS CSTS test in car bed**, consult the newborn provider for further evaluation
 - e. Transitioning from car bed to semi reclined car seat after discharge is recommended after evaluation by newborn provider
 - f. Documentation
 - a. Document testing and results in the EMR "*Car Seat Challenge Flowsheet*".

C. Car Seat Parent/Caregiver Discharge Instructions

1. Nursing staff provides and documents car seat education as part of infant discharge planning
2. Caregivers should be advised to read their car safety seat manufacturer's instructions and their vehicle manual, in addition to practicing installation of their car safety seat prior to discharge.
3. Taxi cabs and buses are exempt from the Wisconsin car seat laws. If using Medical Transportation Management (MTM) for scheduling a Medicaid/BadgerCare cab ride, a car seat will be required in the taxi cab.
4. Parents/caregivers are encouraged to watch a closed loop car seat video "Simple Steps to Infant Safety" on Meriter's closed circuit TV in English or Spanish.
5. Parents/caregivers must independently demonstrate proper car seat use and safe positioning of infant in seat prior to discharge.
6. **Additional instructions:**
 - a. Harness strap should be at or below baby's shoulder.
 - b. Adjust the harness strap to fit snugly so you cannot pinch any slack.
 - c. Chest clip should be positioned at the armpit level.
 - d. The back seat is the safest place for the car seat; never place in front of an airbag.
 - e. Car seat should sit at a 45 degree angle so that the baby's head does not flop forward.
 - f. Avoid using additional products that did not come with the car seat (head support, harness protectors, etc.).
 - g. Plan to use a rear-facing car seat to at least 24 months.
 - h. Car seats are meant for traveling; NOT for sleeping while at home.
 - i. Do not leave a baby unattended in the car seat.
 - j. Infants discharged with a home monitor should use this monitoring equipment during travel. Parents should be instructed to secure monitoring equipment (i.e.: wedge on the floor or under vehicle seat). This prevents equipment from becoming a dangerous projectile in the event of a crash or sudden stop.
7. **Car Seat Inspection**
 - a. Parents are encouraged to schedule a car seat inspection.
 - b. Call the following number to schedule an appointment:
 - i. Safe Kids Child Passenger Safety Program: 608-890-8999 (*See appendix B*)

D. Car Seat Orientation for Family Care Center and NICU Staff Nurses

1. Car Seat orientation for all new staff RN's and CNA's in birthing center and NICU will include:
 - a. Basic car seat safety check – the parent is responsible for proper securement of their infant in the car seat and car seat placement. While the patient is still in the hospital room, the nurse will confirm proper placement of the infant in the car seat.
 - i. Confirm chest clip is at arm pit level
 - ii. Confirm no extras in car seat
 - iii. Confirm harness strap is taut and at shoulder level or below
 - b. Review of **Care Policy POL #4 Car Seat – Infant Discharged from Perinatal Units**
 - c. Review of parent/caregiver education and discharge instructions
 - d. Documentation of parent/care giver education & safety check:
 - i. Check for recall status
 - ii. CSTS procedure overview (if done)
 - e. Competency check off on the following skills:
 - i. Ability to assess proper infant placement and positioning in the car seat carrier or car bed
 - ii. Ability to properly demonstrate performance of CSTS
 - iii. View car seat safety video: "Simple Steps to Infant Safety"

E. Annual car seat competency training will be done during skills fair by CPS technician or through the use of a Computer Based Learning (CBL) module. The annual CBL/training will include:

1. Basic safety check review
2. Safe practice updates (if any)
3. Review of parent teaching expectations related to car seat safety
4. Community resources for parents
 - a. www.safekids.org
 - b. Safe Kids Madison: 608-890-8999 (See appendix B)
 - c. Kohl's Safety Center (located in the American Family Children's Hospital): 608-890-8043

F. Non-compliant parent expectations

1. If parent does not have appropriate infant car seat for weight, the parent should be counseled about infant safety and risks. Document this in the EMR.
2. If parent refuses to use a car seat or use of car bed prior to discharge, inform parents this is a Wisconsin State law. Offer the Meriter Infant Car Seat Program. If the parents still refuse, call the newborn provider to inform of the parent's decision not to use a car seat. Document parent refusal and counseling in the EMR. Discharge cannot be withheld.
3. In either circumstance, the parent should be offered the **Meriter Infant Car Seat Program**. If parent is unable to pay for car seat, contact social worker.

V. REFERENCE/RESOURCES.

- A. American Academy of Pediatrics (AAP). (2009). Safe Transportation of Preterm and Low Birth Weight Infants at Hospital Discharge. *Pediatrics*, 123 (5).
- B. NHTSA, AAP. (2014). Hospital Discharge Recommendations for Safe Transportation of Children.
- C. Wilker R, Cotoni B, Mirando C, Bass J. Newborn Care Bed Testing in a Community Hospital: Implementing the American Academy of Pediatrics Recommendations. *Am J Perinatol* 2014; 31:677-682
- D. Merchant J et al. Respiratory Instability of Term and Near Term Healthy Newborn Infants in Car Safety Seats. *Pediatrics* 2011 108(3); 647-
- E. DeGrazia M, Guo C, Wilkenson A, Rhein L. Weight and age as predictors for passing the infant car seat challenge. *Pediatrics* 2010 125(3):526-531
- F. Bass J. Infant Car Seat Challenge: Determining and Managing an "Abnormal" Result. *Pediatrics* 2010 125;597
- G. Davis NL, Rhein L. Test-Retest reliability of the infant car-seat challenge. *Journal of Perinatology*. 2014 34; 54-58
- H. Davis NL et al. Car Seat Safety for Preterm Neonates: Implementing and testing parameters of the infant car seat challenge. *Academic Pediatrics* 2013. 13(3) 272-277
- I. Davis NL et al. Epidemiology and Predictors of Failure if the Infant Car Seat Challenge. *Pediatrics* 2013; 131;951
- J. Schutzman et al. A Comparison of the infant car seat challenge and the polysomnogram at the time of hospital discharge. *Arch Dis Child Fetal Neonatal* 2013; 98: F411-F415
- K. Davis NL. Car seat screening for low birth weight term neonates. *Pediatrics* 2015, July. 136(1): 89-96.

VI. REVIEWED/APPROVED BY

Nursery Committee
Car Seat Committee
Perinatal Services

Appendix A
Infant Car Seat Program Voucher

Patient Label (required)



UnityPoint Health
Meriter

INFANT CAR SEAT PROGRAM: Funded by Meriter Foundation

Car seat distributed from the Postpartum Unit by:

Employee Initials

Date

- \$25 Parent contribution received
- Payment deferred, Social Worker consult completed

Please return to 5N supply room
WITH RECEIPT ATTACHED

Appendix B

CAR SEAT SAFETY CHECK APPOINTMENTS

**4 out of 5 car seats are used incorrectly.
Be sure yours isn't one of them!**

Have your car seat checked by a certified child
passenger safety technician!

**SAFE
K:IDS**
MADISON AREA

Call to schedule a FREE appointment:
(608) 890-8999

*Parents are responsible for securing
the car seat in their car.*



Meriter Nurses are not Certified Car Seat Technicians.

unitypoint.org



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