
A Look at American Pediatric Physician Perspectives



Relative to swimming instruction,
water survival, aquatic programs as well as
drowning prevention & water safety

by Steve Graves

Why talk about the Physicians views?

- American physicians are emulated
- There may be helpful information and perspective for our learn to swim programs
- What other any professionals say about us and our programs should be considered for merits & valid points



American Academy of Pediatrics (AAP)



- An association of professionals
 - Focused on the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults
 - 57,000 physicians are members
 - Issue policy statements
-

AAP Policy Statements

- "We want our information to be available. We publish material meant for pediatricians, meant for parents and meant for legislators and government officials"
 - AAP Associate Executive Director
Roger F. Suchyta, M.D., FAAP.
 - (and should we add - also for reducing our legal liability?)
-

AAP Policy Statements - Currently 2

- Prevention of Drowning in Infants, Children & Adolescents
- Swimming Programs for Infants & Toddlers

AMERICAN ACADEMY OF PEDIATRICS
Committee on Sports Medicine and Fitness and Committee on Injury and Poison Prevention

Swimming Programs for Infants and Toddlers

ABSTRACT. Infant and toddler aquatic programs provide an opportunity to introduce young children to the joys and risks of being in or around water. Generally, children are not developmentally ready for swimming lessons until after their fourth birthday. Aquatic programs for infants and toddlers have not been shown to decrease the risk of drowning, and parents should not feel secure that their child is safe in water or safe from drowning after participating in such programs. Young children should receive constant, close supervision by an adult while in and around water.

ABBREVIATION: AAP, American Academy of Pediatrics.

Drowning is a leading cause of unintentional injury and death in the pediatric age group. In the United States, drowning rates are the highest among children ages 1 through 2 years. In Arizona, California, Florida, and Texas, drowning is the leading cause of death in this age group.¹ Other reported medical risks to infants and toddlers that involve being in water include hypothermia,² water intoxication,³ and the spread of communicable disease.⁴ Serious consequences from these medical conditions are rare and can generally be reduced by following existing guidelines published by the American Red Cross⁵ and the YMCA.⁶ The policy statement published in 1993 by the American Academy of Pediatrics (AAP) entitled "Drowning in Infants, Children, and Adolescents"⁷ also provides an excellent review of the subject. This AAP policy statement on infant swimming programs is an update of the 1993 policy.⁸

Infant and toddler aquatic programs are popular throughout the United States. An estimated 5 to 10 million infants and preschool children participate in formal aquatic instruction programs. Infant and preschool programs have been developed by such organizations as the American Red Cross⁵ and the YMCA.⁶ These programs, which focus on aquatic adjustment and swimming readiness skills, may also include water safety instruction for parents and guardians. They provide enjoyment for parents and children but were not designed to teach children to become accomplished swimmers or to survive independently in the water. Other infant/toddler aquatic programs, however, attempt to develop water survival skills.

The recommendations in this statement do not address an exclusive cause of drowning as a result of limited data. Therefore, using the term "water safety" instead of "swimming" may be appropriate.

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Regardless of the program design or focus, infant and toddler aquatic programs are unable to ensure that children will understand water hazards, use appropriate avoidance strategies, or attain program safety goals. Currently no data are available to determine if infant and toddler aquatic programs increase or decrease the likelihood of drowning. Programs that claim to make children safe in water or safe from drowning are misrepresenting what is possible and are giving parents a false sense of security about their child's safety in the water.

Swimming skills (ie, the ability to perform standard swimming strokes) should be distinguished from water safety skills (ie, survival flotation, energy conservation, "swimming," or poolside safety behavior). Without specific training, children can perform rudimentary swimming movements in the water sometime around their first birthday.⁹ The types of swimming movements a young child first demonstrates are not traditional strokes, such as the front crawl, but are more basic movements similar to the dog paddle. The optimum time to master more complex skills of swimming has not been thoroughly researched and has not been determined. A recent study by Blankley et al¹⁰ showed that swimming skills are acquired more readily once motor development has reached the 5-year-old level. Although some children may acquire swimming skills earlier, Parker and Blankley¹¹ found that children younger than 4 years require longer instructional periods to learn skills and are limited by their neuromuscular capacity. Therefore, having children begin swimming lessons at an earlier age does not translate to a more rapid mastery of aquatic skills or a higher level of swimming proficiency compared with those taking lessons at a later age.

The effects of training on the acquisition of water survival skills in young children have been studied by Asher et al¹² in a population of children averaging 24 months of age. Water parties were conducted after a training program. Safety training, however, did not result in a significant increase in the poolside safety skills of these children. The correlation between measurable safety skills and risk of drowning has not been established.

For any water safety or swimming class, children learn better if they are developmentally ready, properly motivated, positively reinforced, and if the experience is enjoyable. When instruction attempts to optimize learning by reducing fear of water, children may unwittingly be encouraged to enter the water without supervision.

Regardless of an infant's or toddler's apparent

AMERICAN ACADEMY OF PEDIATRICS

POLICY STATEMENT
Organizational Principles to Guide and Define the Child Health Care System and to Improve the Health of All Children
Committee on Injury, Violence, and Poison Prevention

Prevention of Drowning in Infants, Children, and Adolescents

ABSTRACT. Drowning is a leading cause of injury-related death in children. In 2004, more than 1400 US children younger than 10 years drowned. A number of strategies are available to prevent these tragedies. Pediatricians play an important role in prevention of drowning in children and adolescents.

ABBREVIATION: CPR, cardiopulmonary resuscitation.

BACKGROUND.

From 1993 to 2003, drowning was the second leading cause of unintentional injury death among US children between 1 and 13 years of age.¹ Rates of drowning vary with age, gender, and race. Age groups at greatest risk are toddlers and adolescent males. After 1 year of age, males are at greater risk than are females. After 5 years of age, American Indian/Alaska Native, black, and Asian/Pacific Islander males have higher drowning rates than do white males of the same age.

Non-drowning events, in which victims survive for at least 24 hours, also result in significant numbers of injured children. It is estimated that for each drowning death, there are 1 to 4 nonfatal submersions serious enough to result in hospitalization.² Children who still require cardiopulmonary resuscitation (CPR) at the time they arrive at the emergency department have a poor prognosis, with at least half of survivors suffering significant neurologic impairment.³ Additional details regarding childhood drownings are available in the accompanying technical report available online.⁴

PREVENTION OF INJURY.

Preventive interventions are dependent on the age of the child, the site of submersion, and the circumstances surrounding the event. Installation of a safety fence that isolates the pool from the house and yard is effective in preventing more than 50% of swimming pool drownings among young children.^{5,6} Supervision of young children around any water is an essential preventive strategy, but navigable lapses make supervision alone insufficient. Data regarding the effectiveness of other potential preventive strategies, such as swimming instruction,

are lacking, as discussed in the accompanying technical report (available online).⁴

RECOMMENDATIONS.

Pediatricians should alert parents to the dangers that water presents at disparate ages and in disparate situations.

For Newborn Infants and Children Through 4 Years of Age.

1. Parents and caregivers need to be advised that they should never—even for a moment—leave children alone or in the care of another young child while in bathtubs, pools, spas, or wading pools or near agitation dishes or other open-standing water. They should also be reminded that infant bath mats or supporting rings are not a substitute for adult supervision.⁵ They should remove all water from containers, such as pails and Sphero buckets, immediately after use. To prevent drowning in tubs, young children should not be left alone in the bathroom, and unsupervised access to the bathroom should be prevented.
2. Whenever infants and toddlers are in or around water, be it at their own home, the home of a neighbor, a party, or elsewhere, a supervising adult should be within an arm's length providing "touch supervision." The attention of the supervising adult should be focused on the child, and the adult should not be engaged in other distracting activities, such as talking on the telephone, scrolling, or texting to household devices.
3. If a home has a residential swimming pool, it should be surrounded by a fence that prevents direct access to the pool from the house. Rigid, not-aud pool covers, pool slabs, and other protective devices, which may offer some protection if used appropriately and consistently, are not a substitute for 4-sided fencing.
4. Children are generally not developmentally ready for formal swimming lessons until after their fourth birthday. However, because some children develop skills more quickly than others, not all children will be ready to learn to swim at exactly the same age. For example, children with motor or cognitive disabilities may not be developmentally ready for swimming lessons until a later age. The

1980 AAP Policy Statement - 1 page

Committee on Pediatric Aspects of Physical Fitness, Recreation, and Sports

Swimming Instructions for Infants*

Children less than 3 years old are most vulnerable to drowning, and organized efforts to reduce the toll are indicated.

Heretofore, swimming instruction has concentrated on school-aged children, but in recent years some emphasis has been placed on teaching younger children to swim, even during the first year of life. Although it may be possible to teach young infants to propel themselves and keep their heads above water, infants cannot be expected to learn the elements of water safety or to react appropriately in emergencies. No young child, particularly those who are preschool aged, can ever be considered "water safe." Parents may develop a false sense of security if they feel their young child can "swim" a few strokes.

Additional problems may be associated with admission of infants to public swimming pools. Incontinent infants pose an aesthetic problem and make it difficult to maintain the effectiveness of chlorination.

The Committee recognizes the increasing popularity of swimming programs for infants and the enjoyment of the parent and child in this shared activity, and makes the following recommendations:

1. If a parent wishes to enroll his/her infant in a water adjustment and swimming program, it should be on a one-to-one basis with the parent or a responsible adult. Organized group swimming instruction should be reserved for children more than 3 years old.

2. Instruction should be carried out by trained instructors in properly maintained pools.

3. Infants with known medical problems should receive clearance from their physician.

4. Controlled studies clarifying the possible risks to infants from swimming programs should be carried out as soon as possible.

5. People who own pools should be encouraged to receive cardiopulmonary resuscitative training.

6. Efforts to reduce the number of drownings in children should concentrate on three methods of proven effectiveness: (a) More adequate fencing and other protective measures to exclude infants from pool areas and areas of excavation. (b) The assurance of constant parental or other adult supervision for nonswimmers in swimming areas. (c) The use of flotation jackets for all nonswimmers close to bodies of water or in boats.

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* This statement has been reviewed and approved by the Academy's Council on Child and Adolescent Health. PEDIATRICS (ISSN 0031 4005). Copyright © 1980 by the American Academy of Pediatrics.

1980 AAP Policy Statement

- Swimming children aged two years had appeared in US magazines since the late 1940's
 - Virginia Newman's book *Teaching an Infant to Swim* was first published in 1967
 - YMCA's had formal infant toddler programming beginning in the early 1970's
 - By 1980 – the pediatric physicians began to question program goals and operation
-

1980 AAP Policy Statement

- Y's were the first 'hit' by the statement
 - YMCA of America office reacted quickly – too quickly it has been said – and discouraged submersion for those < three years of age
 - Statement renewed in 1984 the same year CNCA published Guidelines for Programs
 - Late 1980's the American Red Cross ads infant toddler program. Points to CNCA stds.
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2000 AAP Policy Statement - Current

AMERICAN ACADEMY OF PEDIATRICS

Committee on Sports Medicine and Fitness and Committee on Injury and Poison Prevention

Swimming Programs for Infants and Toddlers

ABSTRACT. Infant and toddler aquatic programs provide an opportunity to introduce young children to the joy and risks of being in or around water. Generally, children are not developmentally ready for swimming lessons until after their fourth birthday. Aquatic programs for infants and toddlers have not been shown to decrease the risk of drowning, and parents should not feel secure that their child is safe in water or safe from drowning after participating in such programs. Young children should receive constant, close supervision by an adult while in and around water.

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Drowning is a leading cause of unintentional injury and death in the pediatric age group. In the United States, drowning rates are the highest among children ages 1 through 2 years. In Arizona, California, Florida, and Texas, drowning is the leading cause of death in this age group.¹ Other reported medical risks to infants and toddlers that involve being in water include hypothermia,^{2,3} water intoxication,⁴⁻⁶ and the spread of communicable diseases.⁷ Serious consequences from these medical conditions are rare and can generally be reduced by following existing guidelines published by the American Red Cross⁸ and the YMCA.⁹ The policy statement published in 1993 by the American Academy of Pediatrics (AAP) entitled "Drowning in Infants, Children, and Adolescents"¹⁰ also provides an excellent review of the subject. This AAP policy statement on infant swimming programs is an update of the 1993 policy.¹¹

Infant and toddler aquatic programs are popular throughout the United States. An estimated 5 to 10 million infants and preschool children participate in formal aquatic instruction programs. Infant and preschool programs have been developed by such organizations as the American Red Cross⁸ and the YMCA.^{9,12} These programs, which focus on aquatic adjustment and swimming readiness skills, may also include water safety instruction for parents and guardians. They provide enjoyment for parents and children but were not designed to teach children to become accomplished swimmers or to survive independently in the water. Other infant/toddler aquatic programs, however, attempt to develop water survival skills.

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. PEDIATRICS (ISSN 0031-4035). Copyright © 2000 by the American Academy of Pediatrics.

Regardless of the program design and toddler aquatic programs are not that children will understand water appropriate avoidance strategies, or safety goals. Currently, no data are available to determine if infant and toddler aquatic programs increase or decrease the likelihood of drowning or decrease the likelihood of drowning that claim to make children safe from drowning after participating in such programs. Young children should receive constant, close supervision by an adult while in and around water. Swimming skills (ie, the ability to tread water, perform basic strokes, and conserve energy) should be taught from water safety skills (ie, survival if conservation "swimming," or poolside supervision). Without specific training, children's rudimentary swimming movements sometime around their first birthday swimming movements a young child's straits are not traditional strokes, such as crawl, but are more basic movements such as dog paddle. The optimum time to teach complex skills of swimming has not been researched and has not been determined by Blanksby et al¹³ showed that skills can be acquired more readily in development has reached the 5-year age group, Parker and Blanksby¹² found that younger than 4 years require long periods to learn skills and are limited by romuscular capacity. Therefore, having swimming lessons at an earlier age translate to a more rapid mastery of a higher level of swimming proficiency with those taking lessons at a later age.

The effects of training on the aquatic survival skills in young children have been studied by Aisher et al¹⁴ in a population of children 34 months of age, water survival chances after a training program. However, did not result in a significant improvement in the children's poolside safety skills of these children. The relation between measurable safety skills and drowning has not been established.

For any water safety or swimming program to be effective, it must be developmentally appropriate, positively reinforced, and enjoyable. When instruction is optimized by reducing fear of water, children are more likely to be encouraged to learn without supervision.

Regardless of an infant's or toddler's

level of comfort and competence in or around water, constant close supervision by an adult is necessary to prevent drowning and near-drowning. Even a brief lapse in supervision can have tragic results.¹⁵⁻²⁰ The concept of "touch supervision" has been advocated, which requires the caregiver to be within an arm's reach or able to touch the swimmer at all times.

RECOMMENDATIONS

Until more clear-cut scientific evidence exists on the effects of infant and toddler aquatic programs, the AAP recommends the following:

1. Children are generally not developmentally ready for formal swimming lessons until after their fourth birthday.
2. Aquatic programs for infants and toddlers should not be promoted as a way to decrease the risk of drowning.
3. Parents should not feel secure that their child is safe in water or safe from drowning after participation in such programs.
4. Whenever infants and toddlers are in or around water, an adult should be within an arm's length, providing "touch supervision."
5. All aquatic programs should include information on the cognitive and motor limitations of infants and toddlers, the inherent risks of water, the strategies for prevention of drowning, and the role of adults in supervising and monitoring the safety of children in and around water.
6. Hypothermia, water intoxication, and communicable diseases can be prevented by following existing medical guidelines and do not preclude infants and toddlers from participating in otherwise appropriate aquatic experience programs.
7. Pediatricians should support data collection, drowning prevention research, and legislation aimed at reducing the risk of drowning in young children in and around water.

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Differences in Statement 1980 to 2000

1980

- 4 brief paragraphs of rationale
- Prepared or reviewed by 10 professionals
- No reference to rationale of the policy
- < 36 months...no - no



2000

- 8 detailed paragraphs of rationale
 - Prepared or reviewed by 33 professionals
 - 20 references rationale
 - < 48 months...no – no
 - More wordsmithing
 - Addressed weaknesses in 1980 statement
-

Historical notes related to Statements

- In the 1960'-70's pediatricians participated in national aquatic conferences
 - Stopped in the 1980's – legal reasons?
 - WABC1993 – AAP wouldn't participate
 - By 2000 – AAP staff sets 'don't debate – don't explain' policy on its statements
 - 'Our policy is Our policy' – legal cover
-

2000 AAP Policy Statement – Abstract

- The opening paragraph – the abstract – summarizes and is the essence of AAP views
 - 4 sentences – each making a different point
 - These points picked up and repeated time and again by media
-

4 Key AAP Statement Points

1. Infant and toddler aquatic programs provide an opportunity to introduce young children to the joy and risks of being in or around water.
-

4 Key AAP Statement Points

1. Infant and toddler aquatic programs provide an opportunity to introduce young children to the joy and risks of being in or around water.
 2. Generally, children are not developmentally ready for swimming lessons until after their fourth birthday.
-

4 Key AAP Statement Points

1. Infant and toddler aquatic programs provide an opportunity to introduce young children to the joy and risks of being in or around water.
 2. Generally, children are not developmentally ready for swimming lessons until after their fourth birthday.
 3. Aquatic programs for infants and toddlers have not been shown to decrease the risk of drowning, and parents should not feel secure that their child is safe in water or safe from drowning after participating in such programs.
-

4 Key AAP Statement Points

1. Infant and toddler aquatic programs provide an opportunity to introduce young children to the joy and risks of being in or around water.
 2. Generally, children are not developmentally ready for swimming lessons until after their fourth birthday.
 3. Aquatic programs for infants and toddlers have not been shown to decrease the risk of drowning, and parents should not feel secure that their child is safe in water or safe from drowning after participating in such programs.
 4. Young children should receive constant, close supervision by an adult while in and around water.
-

Title and Abstract

1. The title of the policy statement is **Swimming Programs for Infants and Toddlers**
2. In the second point of the four they state “Generally, children are not developmentally ready for **swimming lessons** until after their fourth birthday
3. The logic flow and linking goes....

Regarding swimming **programs** – a line of thought? ...
Swimming is the strokes (fly, back, breast and free)
And everyone knows infants and toddlers don't do those
Because they aren't developmentally ready
And because they can't set through formal (real) swim lessons
So swimming programs for infant toddlers aren't really the
swimming programs they say they are.

‘Swimming Program’ according to AAP

- Introduce young children to joy & risk
 - Focus on aquatic adjustment & swimming readiness
 - May include water safety instruction for parents and caregivers
 - Provide enjoyment for parents and children
 - Some attempt to develop water survival skills
 - Not designed to produce swimmers or survivors
-

Words the AAP throws around interchangeably & without definition

- Swimming Programs
 - Aquatic Programs
 - Aquatic Experience Programs
 - Swimming Lessons
 - Survival Skills
-

Words Swim Teachers throw around interchangeably & without definition

- Aquatic Readiness
 - Water Competent
 - Aquatic Adjustment
 - Swimming Readiness
 - Water Awareness
 - Swimming Lead-up Skills
-

Key Statement Points

- Infant and toddler aquatic programs provide an opportunity to introduce young children to the joy and risks of being in or around water.
 - ❑ Risks? Ouch!
 - ❑ Do we introduce students to risks?
 - ❑ 'Risks' gets media attention; somewhat justified
 - ❑ 'Risks' covers failure to warn
 - ❑ Pushes responsibility for risks onto programs
-

Key AAP Statement Points

- Generally, children are not developmentally ready for swimming lessons until after their fourth birthday.
 - ❑ 2 months – able to lift head up on his own
 - ❑ 3 months – can roll over
 - ❑ 4 months – can sit propped up without falling over
 - ❑ 6 months – is able to sit up without support
 - ❑ 7 months – begins to stand while holding on to things for support
-

Key AAP Statement Points

- Generally, children are not developmentally ready for swimming lessons until after their fourth birthday.
 - ❑ 9 months – can begin to walk, still using support
 - ❑ 10 months – is able to momentarily stand on her own without support
 - ❑ 11 months – can stand alone with more confidence
 - ❑ 12 months – begin walking alone without support
-

Key AAP Statement Points

- Generally, children are not developmentally ready for swimming lessons until after their fourth birthday.
 - ❑ 14 months – can walk backward without support
 - ❑ 17 months – can walk up steps with little or no support
 - ❑ 18 months – able to manipulate objects with feet while walking, such as kicking a ball
-

Key AAP Statement Points

- Generally, children are not developmentally ready for swimming lessons until after their fourth birthday.
 - Statement notes a study where water survival skills were enhanced after a training program – ave. age 34 months
 - Yet AAP raises the 1980 bar of 36 months to a 2000 bar of 48 months for entry into swim instruction.
-

Key AAP Statement Points

- Generally, children are not developmentally ready for swimming lessons until after their fourth birthday.
 - Without specific training, children can perform basic swim movements at 1 yr.
 - Programs don't teach swimming (strokes) they teach doggie paddle
 - The optimum time to master more complex skills of swimming has not been thoroughly researched / determined.
-

Key AAP Statement Points

- Aquatic programs for infants and toddlers have not been shown to decrease the risk of drowning, and parents should not feel secure that their child is safe in water or safe from drowning after participating in such programs.
 - In body of the statement – “currently, no data are available to determine if infant and toddler aquatic programs **increase or decrease** the likelihood of drowning.”
-

Key AAP Statement Points

- Young children should receive constant, close supervision by an adult while in and around water.
 - Introduces the concept of “touch supervision”
 - Replaces the previous advisory of parents and caregivers keeping “eye contact”
 - Keeping young children within an arm’s reach or able to touch the swimmer at all times
-

Local Comments

- Dr. Kelli Cross – St Petersburg Pediatrician

“Doctors here feel that if children don’t become chilled and don’t taken in too much water, the programs are fine – my son was in one”.

Local Comments

- Dr. Mark Nichter
Vice Chief of Staff - All Children's Hospital
& Pediatrician

On invitation to speak at this conference and to the suggestion that local pediatricians feel that if children don't become chilled and don't take in too much water that swim / aquatic programs are fine for young children, said ...

Local Comments

- Dr. Mark Nichter – St Petersburg Pediatrician

I am afraid I may not be the speaker for you. As a pediatric intensivist, it turns out that **I have cared for several children who have experienced unwanted harm as a result of young baby swimming and water training programs** while I have not personally experienced a child who was saved by such efforts. Consequently, while I may agree that some children less than 4 years old do benefit from swimming instruction and in spite of many dedicated infant water safety efforts to change my views over the years, I remain opposed to infant water safety instruction or swimming lessons.

Local Comments

- Jonathan D. Reich MD, MSc Lakeland, Fla.
– pediatric cardiologist

*Parents postpone lessons, and the AAP promotes this dangerous choice. I suspect this leads to drowning, but I need data to draw a conclusion; it is unfortunate that the AAP does not. – in letter to editor **Pediatrics***

In the AAP Statement – misc.

- ...(swimming) programs (for infants and toddlers) are unable to ensure that...
 - Will understand water hazards
 - Use appropriate avoidance strategies
 - Or attain program safety goals



In the AAP Statement – misc.

- No nod of approval for survival training
 - However study noted - perhaps to lead up to...
 - ‘however, poolside safety skills were not increased’ according to the study
 - When instruction attempts to optimize learning by reducing fear of water, children may unwittingly be encouraged to enter the water without supervision. See Rec. #6
-

AAP Recommendations - Current

- 1. Children are generally not developmentally ready for formal swimming lessons until after their fourth birthday.
 - *stroke lessons; aquatic experience/readiness?*
 - 2. Aquatic programs for infants and toddlers should not be promoted as a way to decrease the risk of drowning.
 - *swimming lessens risk of drowning*
-

AAP Recommendations - Current

- 3. Parents should not feel secure that their child is safe in water or safe from drowning after participation in such programs. (fss)
*- if so, then the same for other preventatives
if no swim, no fence - no alarm - no cpr*
 - 4. Whenever infants and toddlers are in or around water, an adult should be within an arm's length, providing "touch supervision."
- right-on! Why didn't WE think of that?!
-

AAP Recommendations - Current

- 5. All aquatic programs should include information on ...
 - ❑ the cognitive and motor limitations of infants and toddlers
 - ❑ the inherent risks of water
 - ❑ the strategies for prevention of drowning
 - ❑ and the role of adults in supervising and monitoring the safety of children in and around water.
-

AAP Recommendations - Current

- 6. Hypothermia, water intoxication, and communicable diseases can be prevented by following existing medical guidelines and do not preclude infants and toddlers from participating in otherwise appropriate aquatic experience programs.

*- ending is a concession to
experience/readiness programs;
key health issues are on our heads*

AAP Recommendations - Current

- 7. Pediatricians should support data collection, drowning prevention research, and legislation aimed at reducing the risk of drowning in young children in and around water.
 - *puts it on the pediatricians and not the AAP*
 - *AAP hasn't funded research*
 - *let's help get some data ! 😊 (Guntheroth)*
-

Suggestions

- Read and be familiar with what the AAP says in their policy statements
 - Develop ‘best way to reply’ responses for when parents inquire based on AAP info
 - Re-evaluate what you are doing and what you are saying in light of AAP statements
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Suggestions

- Incorporate items (that you feel you should) into your teacher training and into your program for children, parents & caregivers.
 - Consider connecting with a local university offering to be a site for research projects
 - Stay professional – keep the skid chains on your tongue – respectfully disagree.
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And Most Certainly...

- Continue to accentuate and celebrate the POSITIVES of what we do
 - while minimizing and or eliminating risks or negatives
 - and continually looking to improve teaching and learning processes for the babies & children, parents, caregivers and the communities we serve.

