



UNITED STATES  
CONSUMER PRODUCT SAFETY COMMISSION  
WASHINGTON, DC 20207

CPSC/OFC OF THE SECRETARY  
OFFICE OF INFORMATION

2000 AUG -4 A 11:08

Memorandum

Date: AUG 4 2000

TO : The Commission  
Sadye E. Dunn, Secretary

FROM : Michael S. Solender, General Counsel *M.S.S.*  
Stephen Lemberg, Assistant General Counsel *SL*  
Patricia M. Pollitzer, Attorney *PM*

SUBJECT : Petition requesting ban of baby bath seats

BALLOT VOTE due: AUG 11 2000

The Office of the General Counsel has determined that correspondence from the Consumer Federation of America and others requesting that the Commission ban baby bath seats should be docketed as a petition. The petitioners assert that the bath seats pose an unreasonable risk of injury or death by drowning.

In accordance with the Commission directive on procedures for petitions (0605), the Office of the General counsel has drafted a notice for publication in the Federal Register inviting comments on the petition for a period of 60 days. The draft notice is attached. EXHR recommends that the Commission issue the notice.

Please indicate your vote on the following options.

- I. Approve the draft Federal Register notice without change.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTE: This document has not been reviewed or accepted by the Commission.  
Initial SD Date 8/4/00

*CPSC 6 8370 Closed*  
*8-4-00*  
*X No MR/Pr...*  
*Process re...*  
*...*

II. Approve the draft Federal Register notice with the following changes (please specify):

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Signature

\_\_\_\_\_  
Date

III. Do not approve the draft Federal Register notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

IV. Take other action (please specify):

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CONSUMER PRODUCT SAFETY COMMISSION**

**Petition Requesting Banning of Baby Bath Seats**

**AGENCY:** Consumer Product Safety Commission.

**ACTION:** Notice.

**SUMMARY:** The Commission has received a petition (HP 00-4) requesting that the Commission ban bath seats and bath rings used for bathing infants in bathtubs. The Commission solicits written comments concerning the petition.

**DATES:** The Office of the Secretary must receive comments on the petition by [insert date 60 days after publication in the **Federal Register**].

**ADDRESSES:** Comments, preferably in five copies, on the petition should be mailed to the Office of the Secretary, Consumer Product Safety Commission, Washington, DC 20207, telephone (301) 504-0800, or delivered to the Office of the Secretary, Room 501, 4330 East-West Highway, Bethesda, Maryland 20814. Comments may also be filed by telefacsimile to (301) 504-0127 or by email to cpssc-os@cpssc.gov. Comments should be captioned "Petition HP 00-4, Petition to Ban Bath Seats." A copy of the petition is available for inspection at the Commission's Public Reading Room, Room 419, 4330 East-West Highway, Bethesda, Maryland.

**FOR FURTHER INFORMATION CONTACT:** Rockelle Hammond, Office of the Secretary, Consumer Product Safety Commission, Washington, D.C. 20207; telephone (301) 504-0800, ext. 1232.

**SUPPLEMENTARY INFORMATION:** The Commission has received

correspondence from The Consumer Federation of America ("CFA") and other consumer groups requesting that the Commission issue a rule banning baby bath seats and bath rings. The petitioners assert that these products pose an unreasonable risk of injury primarily by giving parents and other caregivers a false sense of security that children using the products will be safe in the bathtub. They argue that recent research indicates that parents using bath seats are more likely to engage in "risk-taking behavior," such as leaving the infant alone briefly and using more water in the bathtub, than caregivers who do not use bath seats. The petitioners state that, to date, 66 incidents of drowning and 37 reports of near drowning involving bath seats have been identified. The Commission is docketing the correspondence as a petition under provisions of the Federal Hazardous Substances Act, 15 U.S.C. 1261-1278.

Interested parties may obtain a copy of the petition by writing or calling the Office of the Secretary, Consumer Product Safety Commission, Washington, DC 20207; telephone (301) 504-0800. A copy of the petition is also available for inspection from 8:30 a.m. to 5 p.m., Monday through Friday, in the Commission's Public Reading Room, Room 419, 4330 East-West Highway, Bethesda, Maryland.

Dated:

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Sadye E. Dunn, Secretary  
Consumer Product Safety Commission



UNITED STATES  
CONSUMER PRODUCT SAFETY COMMISSION  
WASHINGTON, DC 20207

OFFICE OF THE SECRETARY  
FREEDOM OF INFORMATION

2000 AUG -4 A 11:07

Memorandum

Date: AUG 4 2000

TO : The Commission  
Sadye E. Dunn, Secretary

FROM : Michael S. Solender, General Counsel *M.S.S.*  
Stephen Lemberg, Assistant General Counsel *SL*  
Patricia M. Pollitzer, Attorney *PM*

SUBJECT : Petition requesting ban of baby bath seats

BALLOT VOTE due: AUG 11 2000

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Please indicate your vote on the following options.

I. Approve the draft Federal Register notice without change.

*Michael Solender  
for  
Thomas H. Moore*  
Signature

08/10/00  
Date

NOTE: This document has not been reviewed or accepted by the Commission.  
Initial SL Date 8/4/00

CPSC 6 (17) Closed  
8-4-00  
X No Min/Preside  
Previous submitted  
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II. Approve the draft Federal Register notice with the following changes (please specify):

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Signature

\_\_\_\_\_  
Date

III. Do not approve the draft Federal Register notice.

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Signature

\_\_\_\_\_  
Date

IV. Take other action (please specify):

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Date



II. Approve the draft Federal Register notice with the following changes (please specify):

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Date

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Date

IV. Take other action (please specify):

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Signature

\_\_\_\_\_  
Date



UNITED STATES  
CONSUMER PRODUCT SAFETY COMMISSION  
WASHINGTON, DC 20207

CPSC/OFC OF THE SECRETARY  
FREEDOM OF INFORMATION

2000 AUG -4 A 11: 07

Memorandum

Date: AUG 4 2000

TO : The Commission  
Sadye E. Dunn, Secretary

FROM : Michael S. Solender, General Counsel *M.S.S.*  
Stephen Lemberg, Assistant General Counsel *SL*  
Patricia M. Pollitzer, Attorney *PM*

SUBJECT : Petition requesting ban of baby bath seats

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Please indicate your vote on the following options.

I. Approve the draft Federal Register notice without change.

Ann Brown  
Signature

Aug 9 2000  
Date

NOTE: This document has not been reviewed or accepted by the Commission.  
Initial SD Date 8/4/00

*CPSC & OIG Clearance*  
*8-4-00*  
*[Handwritten initials]*

Dist 8/4/00



UNITED STATES  
CONSUMER PRODUCT SAFETY COMMISSION  
WASHINGTON, DC 20207

OFFICE OF THE SECRETARY  
FREEDOM OF INFORMATION  
2000 AUG -4 A 11: 07

Memorandum

Date: AUG 4 2000

TO : The Commission  
Sadye E. Dunn, Secretary

FROM : Michael S. Solender, General Counsel *M.S.S.*  
Stephen Lemberg, Assistant General Counsel *SL*  
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SUBJECT : Petition requesting ban of baby bath seats

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTE: This document has not been reviewed or accepted by the Commission.  
Initial SD Date 8/4/00

CPSC & BHTD Cleared  
8-4-00  
SL  
PM  
SD

II. Approve the draft Federal Register notice with the following changes (please specify):

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

III. Do not approve the draft Federal Register notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

IV. Take other action (please specify):

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CONSUMER PRODUCT SAFETY COMMISSION**

**Petition Requesting Banning of Baby Bath Seats**

**AGENCY:** Consumer Product Safety Commission.

**ACTION:** Notice.

**SUMMARY:** The Commission has received a petition (HP 00-4) requesting that the Commission ban bath seats and bath rings used for bathing infants in bathtubs. The Commission solicits written comments concerning the petition.

**DATES:** The Office of the Secretary must receive comments on the petition by [insert date 60 days after publication in the **Federal Register**].

**ADDRESSES:** Comments, preferably in five copies, on the petition should be mailed to the Office of the Secretary, Consumer Product Safety Commission, Washington, DC 20207, telephone (301) 504-0800, or delivered to the Office of the Secretary, Room 501, 4330 East-West Highway, Bethesda, Maryland 20814. Comments may also be filed by telefacsimile to (301) 504-0127 or by email to cpsc-os@cpsc.gov. Comments should be captioned "Petition HP 00-4, Petition to Ban Bath Seats." A copy of the petition is available for inspection at the Commission's Public Reading Room, Room 419, 4330 East-West Highway, Bethesda, Maryland.

**FOR FURTHER INFORMATION CONTACT:** Rockelle Hammond, Office of the Secretary, Consumer Product Safety Commission, Washington, D.C. 20207; telephone (301) 504-0800, ext. 1232.

**SUPPLEMENTARY INFORMATION:** The Commission has received

correspondence from The Consumer Federation of America ("CFA") and other consumer groups requesting that the Commission issue a rule banning baby bath seats and bath rings. The petitioners assert that these products pose an unreasonable risk of injury primarily by giving parents and other caregivers a false sense of security that children using the products will be safe in the bathtub. They argue that recent research indicates that parents using bath seats are more likely to engage in "risk-taking behavior," such as leaving the infant alone briefly and using more water in the bathtub, than caregivers who do not use bath seats. The petitioners state that, to date, 66 incidents of drowning and 37 reports of near drowning involving bath seats have been identified. The Commission is docketing the correspondence as a petition under provisions of the Federal Hazardous Substances Act, 15 U.S.C. 1261-1278.

Interested parties may obtain a copy of the petition by writing or calling the Office of the Secretary, Consumer Product Safety Commission, Washington, DC 20207; telephone (301) 504-0800. A copy of the petition is also available for inspection from 8:30 a.m. to 5 p.m., Monday through Friday, in the Commission's Public Reading Room, Room 419, 4330 East-West Highway, Bethesda, Maryland.

Dated:

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Sadye E. Dunn, Secretary  
Consumer Product Safety Commission



# Consumer Federation of America

July 25, 2000

Ms. Sadye Dunn  
Secretary  
U.S. Consumer Product Safety Commission  
4330 East West Highway  
Suite 502  
Bethesda, MD 20814

Dear Ms. Dunn:

Enclosed for filing please find a petition being submitted by Consumer Federation of America and eight additional petitioners concerning baby bath seats.

Thank you for your attention to this document.

Sincerely,

Mary Ellen R. Fise  
General Counsel

*POSSIBLE PETITION*

CPSA 6(b)(1) Cleared  
 No Other Prohibits  
Products Identified \_\_\_\_\_  
Excepted by \_\_\_\_\_  
Firms Notified, \_\_\_\_\_  
Comments Processed \_\_\_\_\_

**In the United States of America<sup>”</sup>  
Before the Consumer Product Safety Commission**

**In the Matter of the Petition of  
Consumer Federation of America,  
The Drowning Prevention  
Foundation, et. al.  
to Ban Baby Bath Seats**

No. \_\_\_\_\_

Pursuant to the Administrative Procedures Act, 5 U.S.C. section 553 (e) and regulations of the Consumer Product Safety Commission (CPSC), 16 C.F.R. sections 1051 and 1500.201, Consumer Federation of America, The Drowning Prevention Foundation, The Danny Foundation, Intermountain Injury Control Research Center, California Coalition for Children's Safety and Health, California Drowning Prevention Network, Contra Costa County Childhood Injury Prevention Coalition, Greater Sacramento SAFE KIDS Coalition, and Kids in Danger, hereby petition the CPSC to determine, under section 3 (e) of the Federal Hazardous Substances Act (FHSA), 15 U.S.C. section 1262, that baby bath seats intended for use by children present a mechanical hazard and, therefore, pursuant to section 2 (f) (1) (D) of the FHSA, 15 U.S.C. section 1261, are hazardous substances. Accordingly, pursuant to section 2 (q) (1) (A) of the FHSA, 15 U.S.C. section 1261, these baby bath seats are banned hazardous substances.

**I.**

**Interest of Petitioners**

This petition is brought by nine organizations on behalf of their members and all children and their families affected by baby bath seats.

Consumer Federation of America (CFA) is the nation's largest consumer advocacy organization representing over 260 state, local, and national consumer organizations and over 50 million consumers.

The Drowning Prevention Foundation is a nonprofit foundation established to prevent drowning of infants and young children in or around the home or in residential swimming pools.

The Danny Foundation for Crib and Child Product Safety is a non-profit public charity established in 1986 to prevent injury and death from unsafe cribs and other nursery related products.

The Intermountain Injury Control Research Center is a private and federally funded center dedicated to the reduction of injury morbidity and mortality in Public Health Service Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

The California Coalition for Children's Safety and Health is a statewide organization committed to the prevention of unintentional traumatic brain injury among children.

The California Drowning Prevention Network is a California statewide organization of injury prevention specialists whose mission is to reduce toddler drowning and near drowning through policy change and public education.

The Contra Costa County Childhood Injury Prevention Coalition, founded in 1987, is a multi-disciplined coalition of 20 public and private agencies working to reduce childhood injuries in Contra Costa County, California.

Greater Sacramento SAFE KIDS Coalition is a local chapter of the National SAFE KIDS Campaign, which is dedicated to the prevention of trauma injuries to children.

Kids in Danger is a non-profit organization dedicated to protecting children by improving product safety. Kids in Danger educates the public, advocates for children, and promotes the development of safer children's products.

## II.

### The Product

Baby bath seats (or infant bath seats or bath rings as they are also known) are consumer products intended to assist in bathing infants by holding the infant in a sitting position in a full size bathtub. These products usually have suction cups to hold them in place in the bathtub and a plastic seat with leg openings to secure the infant in a sitting position being bathed. With a bath ring (used for the same purpose), the infant sits directly on the tub surface or on a mat attached to the legs of the bath ring.

Baby bath seats have very limited utility. They are not recommended for use until 6 months of age and when the child can sit upright unassisted. Once an infant can pull up or attempt to stand while holding onto objects, baby bath seats should be discontinued, since the infant could climb from the seat. The current standard for childhood development (i.e., the Denver Developmental Screening Test) indicates that infants begin attempts to pull themselves up to a standing position between 7 and 9 months of age. This time interval indicates that bath seats have a useful product life of approximately 2 months.

## III.

### Hazards Presented by Baby Bath Seats

Baby bath seats pose an unreasonable risk of injury and death to children. Each year at least eight babies die as a result of a drowning associated with bath seat use. Additionally, infants who experience "near miss" incidents may experience traumatic injuries. Drownings typically occur when the infant tips over, climbs out of, or slides through the product. In cases where the bath seat tips over with the child in the product, it is believed that the seat may contribute to the drowning because the child is unable to get free of the seat and/or the parent or caregiver is unable to extricate the child from the seat.<sup>1</sup> Two deaths were reported where the caregiver witnessed the event but was unable to free the child from the seat.<sup>2</sup>

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<sup>1</sup> See "The Role of Bathtub Seats and Rings in Infant Drowning Deaths, Rauchschalbe, Brenner and Smith, Pediatrics, vol. 100, No. 4, October 1997, page 5-electronic copy. (See Appendix to this Petition).

<sup>2</sup> Id.

## **A. Previous Consideration by the Consumer Product Safety Commission**

The Commission previously considered rulemaking as well as other options to address bath seat hazards as part of a staff generated briefing package, OS#5348, May 17, 1994. At that time 14 deaths and 7 near-drowning incidents had been identified. On June 15, 1994, the Commission decided by a two to one vote (Commissioners Gall and Jones-Smith in the majority and Chairman Brown in the minority) against initiating formal rulemaking proceedings and instead to work with industry to initiate a public information campaign focusing on the risks taken by parents and other caregivers that leave children unattended in bathtubs.

Events since 1994 have demonstrated that this decision has not been effective and that the Commission must re-examine this product and its decision in light of additional deaths and new information identified in this petition.

## **B. Additional bath seat drownings and near drownings**

There are currently 66 incidents of drowning and 37 reports of near drowning identified by CPSC staff. There have been an additional 52 documented deaths reported in the six years since the Commission made their decision in 1994. This is more than four times the number of deaths identified at the time of the previous decision. In the first six months of 2000 alone, five babies have died in bath seat incidents. This large number of additional drowning deaths (since the 1994 CPSC decision) alone justifies re-examination of this issue.

## **C. False Sense of Security and New Research**

Parents or caregivers who suffer the tragic loss of a child in a bath seat-related drowning are thought to have ignored the warning label printed directly on the product, which warns against leaving a child unattended while using a bath seat. This argument indicts the parent or caregiver for their irresponsible actions and absolves the product of having any causal role in the drowning incidents. However, recent research findings suggest that the inherent design of bath seat products induce a "false sense of security" among users that may over-shadow the message printed on warning labels. This "sense of security" leads to increased risk-taking behavior among those using the product even when the irresponsible nature of caregivers is taken into account. Thus, not only product design but commonly held perceptions among users must be considered when assessing the safety of this consumer product.<sup>3</sup>

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<sup>3</sup> Previous research conducted by CPSC found, among other things, that:

- "[A]lthough parents acknowledge intellectually the hazards involved, they do not truly believe something bad will happen to their child (if left alone in a bath seat). Lack of a direct personal experience with a drowning seems to increase the chance that a parent might engage in high risk behavior."
- "Successful experiences with leaving a child unattended in the bath tend to encourage parents to repeat the high risk behavior."
- "The sturdier, more luxury looking baby bath ring/seat models are preferred by parents and perceived to be safer than the more basic models. Parents indicated that if they were to leave their child unattended in the bathtub they would feel more confident in leaving if the child was in one of the luxury models. Therefore, certain models, more so than some others, potentially make parents feel over-confident that their children will be safe in the bath while using these particular baby bath rings/seats." "A Focus Group Study to Evaluate Consumers Use and Perceptions of Baby Bath Rings/Seats, CPSC-R-93-5839, prepared for CPSC by Shugoll Research. (Included in Appendix to this Petition).

The recent research was conducted under the auspices of the Intermountain Injury Control Research Center at the University of Utah. Dr. Clay Mann reported those findings at the National Congress on Childhood Emergencies meeting in Baltimore, MD on March 27, 2000.<sup>4</sup>

The research compared 32 drowning incidents with a baby bath seat to 32 drowning incidents without any bath seat. Two statistically significant differences were found between these two groups:

1. **Water Depth:** The water was significantly deeper in the incidents involving baby bath seats. Median depth in baby bath seat incidents was 7.0 inches and 4.5 inches among incidents with no bath seat involvement.
2. **Willful versus Impulsive Decision to Leave an Infant Alone:** Dr. Mann reported that 75% of the incidents involving baby bath seats resulted from willful decisions to leave the infant unattended, while only 45% of the incidents without bath seats involved willful decisions. Willful decisions were those considered to be premeditated or thought out in advance by the caregiver (e.g., perform household chores, watch television). While the preponderance of infant drownings with no bath seat involvement were judged to result from impulsive decisions, (25% with bath seat and 55% no bath seat). Impulsive decisions were those judged to be sudden interruptions of the infant's bath, (i.e. answer telephone, and respond to another distressed child).

This research demonstrates that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caregivers not using baby bath seats. Caregivers using bath seats prepare baths with deeper water and are more likely to leave a child unattended in the bath for conscious, willful reasons (e.g., to perform household chores). This study demonstrates that enhanced risk taking behavior persists even when the irresponsible nature of caregivers is taken into account. There is a false sense of safety that is propagated by having a mechanical aid to "help" to hold a slippery baby upright. This "sense of security" promotes the idea that a child could be left alone in the bath for "just a minute."

#### D. Drowning is a Silent and Speedy Event

By age six months, an infant's lungs are well developed, and a baby gives tremendous volume to his or her cries when injured or frightened. Parents and other infant caregivers immediately respond to these high volume cries and rely upon them to signal any danger. Absent any cry from the baby, a parent or caregiver is likely to continue attending to other tasks.

Most parents and infant caregivers expect that they will be alerted to any drowning danger by the baby's distress cries. Most people believe that they will be alerted to someone drowning by cries for help or splashing and gasping by the victim. This is not true for drowning incidents involving infants and toddlers. Water in the airway blocks any effective sound from being heard and can cause tracheal constriction, which fully blocks the airway, and incapacitates the infant. Within moments, brain damage occurs followed by death after 4-5 minutes. Drowning is truly a silent and speedy event.

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<sup>4</sup> "Infant Seat Bathtub Drownings: Who's to Blame?" NC. Mann, R. Rauchschalbe, L. Olson, NZ. Cvijanovich, Intermountain Injury Control Research Center, University of Utah, Salt Lake City, UT and U.S. Consumer Product Safety Commission, Washington, DC. (Abstract included in Appendix to this Petition).

#### IV.

### Voluntary Standards Are Inadequate to Address the Drowning Risk Associated with Bath Seats

#### A. ASTM Voluntary Standard, Infant Bath Seats, F 1967-99

An American Society for Testing & Materials (ASTM) voluntary standard was recently established for baby bath seats.<sup>5</sup>

Although published last year, this standard has been under development for more than five years. Despite knowledge of drowning deaths in bath seats relating back to at least the early 1990s, no changes to products made yet have resulted in decreased number of deaths associated with this product. Instead, the number of deaths has increased during this period.

Additionally, concerns over the adequacy of this standard continue. For example, ongoing concerns include: the size of leg openings and submarining incidents; the efficacy of draft requirements for suction cups; the fact that the warning regarding when product should not be used on a slip-resistant surface is on package only and not on the product; the manufacturers' refusal to mark the product with a water depth line to guide consumers and reduce likelihood of filling bath with more water than needed; and a proposal to delete a requirement that the warning be "readable" when tested for permanence.

Perhaps of greatest concern is the incompatibility of bath seat products currently being sold with their use in bathtubs with textured, non-skid surfaces (see discussion below).

Even if changes were made to the voluntary standard to address the above and any other concerns, we do not believe that the risk of drowning would be eliminated. Others share this concern: "Finally, no design modification can address the major issue that leads to most of the drowning deaths, namely that the child was left unattended, apparently because the care giver thought that it was safe to do so. If anything, making the product more robust may only increase the perception that the child will be safe if left alone for a few moments."<sup>6</sup>

#### B. ASTM Voluntary Standard for Slip-Resistant Bathing Facilities, F 462-79

In 1979, ASTM published a standard for Slip-Resistant Bathing Facilities.<sup>7</sup> This standard was re-approved in 1994. Virtually all new homes and homes with remodeled baths will have the benefit of this slip resistant feature in the bathtub basin. It is expected that this standard will be (and has been) effective in reducing fall injuries in bathrooms, which is a very serious injury problem to the general population and even a more serious injury problem to vulnerable populations, (i.e. elderly, disabled, infants and young children). Specifically, the standard states that it is intended to "reduce accidents to persons, especially children and the aged, resulting from the use of bathing facilities."<sup>8</sup>

Although this is a performance standard, it is our understanding that most if not all of the leading manufacturers of bathtubs choose to use textured surfaces to meet the performance requirements.

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<sup>5</sup> F 1967-99, Standard Consumer Safety Specification for Infant Bath Seats, American Society for Testing and Materials.

<sup>6</sup> Rauchschalbe et. al, Pediatrics, 8 (electronic copy).

<sup>7</sup> F 462-79, Standard Consumer Safety Specification for Slip-Resistant Bathing Facilities, American Society for Testing and Materials.

<sup>8</sup> See section 1.3, F 462-79.

The baby bath seat products currently being marketed contain warnings on their packaging and printed instruction sheets (but not on the products) that the seat is "not for use on textured, non-skid surfaces." One manufacturer, in its instruction sheet, also warns against use of the product on a surface that has decals or mats attached. However, it may not be obvious to all consumers that their bath surface is textured even if they see, read and understand the warning accompanying the product. Some of the complying bathtub surfaces have a very subtle texture that would be considered smooth by many people. Furthermore, use of the product by the non-original owner (such as a friend or family member who was loaned the product, or a second purchaser through a used good sale) would be without benefit of this warning since the original box and instruction sheet are almost never kept and passed on to subsequent users. Even an original user may experience the incompatibility problem if using the product away from home (on a bathtub with textured surface) or with a second child after the family's move to a new home.

**The incompatible combination of the bath seat and slip resistant standards in application creates a lethal situation for bath seat use.**

## V.

### **Action Requested**

For the reasons enumerated above, the Petitioners request that the Consumer Product Safety Commission ban baby bath seats under section 3 (e) of the Federal Hazardous Substances Act (FHSA), 15 U.S.C. section 1262, finding that baby bath seats intended for use by children present a mechanical hazard and, therefore, pursuant to section 2 (f) (1) (D) of the FHSA, 15 U.S.C. section 1261, are hazardous substances and accordingly, pursuant to section 2 (q) (1) (A) of the FHSA, 15 U.S.C. section 1261, these baby bath seats are banned hazardous substance. Specifically, the Petitioners request that CPSC issue a rule that states:

Under the authority of section 2 (f) (1) (D) of Federal Hazardous Substances Act and pursuant to provisions of section 3 (e) of the act, the Commission has determined that baby bath seats (including bath rings) intended for use by children present a mechanical hazard within the meaning of section 2 (s) of the Act because in normal use, or when subject to reasonably foreseeable damage or abuse, the design or manufacture presents an unreasonable risk of personal injury or illness, and therefore are banned under section 2 (q) (1) (A) of the Act.

Respectfully submitted,

Mary Ellen R. Fise  
Attorney for Petitioner  
Consumer Federation of America  
1424 16th St., NW  
Suite 604  
Washington, DC 20036  
(202) 387-6121  
direct dial: (410) 296-4290

dated: July 25, 2000

## Appendix

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PEDIATRICS Vol. 100 No. 4 October 1997, p. e1  
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ELECTRONIC ARTICLE:

## The Role of Bathtub Seats and Rings in Infant Drowning Deaths

Rena Rauchschalbe\*, Ruth A. Brenner‡, and Gordon  
S. Smith§

From the \* United States Consumer Product Safety  
Commission, Bethesda, Maryland; the ‡ National Institute of Child Health and Human Development,  
Bethesda, Maryland; and the § Center for Injury Research and Policy; Johns Hopkins University;  
School of Hygiene and Public Health, Baltimore, Maryland.

- ▣ [ABSTRACT](#)
- ▣ [INTRODUCTION](#)
- ▣ [MATERIALS AND METHODS](#)
- ▣ [RESULTS](#)
- ▣ [DISCUSSION](#)
- ▣ [ACKNOWLEDGMENTS](#)
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### ABSTRACT ▣

**Objective.** To describe deaths due to drowning that involve the use of an infant bathtub seat or ring.

**Design.** Case series, cases reported to the US Consumer Product Safety Commission data systems.

**Setting.** United States, 1983-1995.

**Main Outcome Measures.** Death in which an infant bathtub seat or ring was in use at the time of death and the primary cause of death was drowning.

**Results.** Thirty-two drowning deaths involving bath seats/rings were identified and investigated by the Consumer Product Safety Commission over a 13-year period. The majority of deaths (84%) occurred from 1991-1995, with more than 50% occurring in the 2 most recent years. The victims' ages at the time of the incident ranged from 5 to 15 months with a mean and median age of 8 months. In more

than 90% of incidents there was a reported lapse in adult supervision, with a mean reported lapse of 6 minutes and a median lapse of 4 minutes. Focus groups with parents found that while making bathing somewhat easier, bath seats/rings are useful for a relatively short time period, as the child rapidly outgrows the product. They also suggested that care givers are more likely to leave a child unattended in the tub if one of these products is in use.

*Conclusion.* Bath seats/rings are associated with an increasing number of reported infant drowning deaths. The use of such products may increase the risk of drowning among infants by increasing the likelihood that an infant will be left alone in the tub. However, in the absence of exposure data in a suitable comparison group it is difficult to assess the overall risk inherent in their use. Educational efforts reinforcing the need for continuous adult supervision of infants and children around all bodies of water should now also include a reminder that bath seats/rings are not safety items and are not a substitute for adult supervision. Infants and toddlers should never be left in the bathtub unsupervised, even for brief moments.

*Key words:* drowning, submersion, infant, bathtub.

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## INTRODUCTION

Drowning is the third leading cause of unintentional-injury death among children in the United States.<sup>1</sup> Young children under the age of 5 are at particularly increased risk of drowning, with drowning rates peaking among children ages 1 to 2 years.<sup>2</sup> Since the 1970s drowning rates have decreased markedly in most age groups with the exception of toddlers, where rates have remained fairly stable, and infants, where rates may have actually increased.<sup>3</sup> For the 12-year period from 1983-1994, 1219 infants drowned (2.60/100 000 infants), of which 1036 (85%) were coded as unintentional intent.<sup>6</sup> In contrast to toddlers, who are likely to drown in residential swimming pools,<sup>3,7</sup> more than 50% of unintentional infant drowning deaths occur in the bathtub.<sup>6</sup> As part of our ongoing investigation of infant and toddler drownings, we became aware of a number of incidents in which a bath seat or a bath ring was in use at the time of the drowning event.

According to the first major US manufacturer, bath rings were developed by a pharmaceutical company in Johannesburg, South Africa, where they sold for 7 years before introduction into the US market in 1981 (Consumer Product Safety Commission [CPSC], unpublished report, 1983). The intended use of these products is as a bathing aid, supporting the infant in the sitting position while in the bath. The bath ring typically consists of a plastic ring and three or four attached legs, 6 to 8 inches in length. The infant sits directly on the tub surface or on a rubber mat attached to the legs. There is usually a discernible front and the infant's legs are meant to straddle a particular bath ring leg. In 1991 a modification, the bath seat, was introduced (Fig 1). Similar to the bath ring, the seat contains the infant within a plastic ring and has plastic legs for straddling, but the bath seat also provides a molded plastic seat for the infant to sit on. Both the bath seat and the bath ring are attached to the bathtub surface via suction cups during use.

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Fig. 1. Eight-month-old infant in bath seat showing one possible sequence of events.

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Currently, there are four major manufacturers with bath seats/rings on the US market. With a price range of about \$8 to \$16 dollars, these products are affordable for most families. Although precise data are not available on the total number of seats/rings sold per year, estimates from leading manufacturers indicate sales, since 1991, to be about 1 million units per year, or about 1 unit for every 4 live births. In addition, as with other child products that are developmentally appropriate for only a short time period in the child's life, these seats/rings may be passed down to younger friends or relatives, or resold.

Review of the medical literature found no previous reports of drownings involving the use of bathtub seats or rings. Because of the increasing number of drowning deaths associated with these relatively new products, we reviewed all deaths, reported to the US CPSC, which involved the use of a bathtub seat or ring (hereafter referred to collectively as bath seats).

## MATERIALS AND METHODS

Data were obtained from the US CPSC on drownings involving bath seats. To obtain reports of product-related injuries or deaths, the CPSC has multiple surveillance systems including: contracts with newspaper clipping services; a toll-free 800 line for consumer complaints and reports of hazardous products (1-800-638-CPSC); an emergency room-based injury surveillance system (National Electronic Injury Surveillance System or NEISS); both a voluntary and paid Medical Examiner's and Coroner's Alert Program that solicits reports of product-related deaths; and agreements with each of the 50 states, New York City, and Washington, DC for obtaining copies of death certificates for certain types of unintentional injury deaths, including drownings. Once a drowning involving a bathtub seat is identified through one of the above mentioned sources, CPSC staff complete an in-depth investigation. These investigations may include reviews of medical and police records as well as interviews with care givers, medical professionals, social workers, and/or police officials.

In this case series, information from in-depth investigations was abstracted for incidents that occurred on or before December 31, 1995. To be eligible for inclusion, a bath seat had to be in use at the time of death or injury *and* the underlying cause of death had to be due to drowning. Details are provided only on those cases occurring in the United States. Independent variables ascertained from the in-depth investigations included age, sex and race of the victim, date of the incident, position of the victim and position of the product at the time of discovery, initiation of resuscitation by the care giver, person responsible for the victim at the time of the incident, the reason for leaving the child unattended, and the duration of the lapse in supervision. In instances where a range was reported (eg,

lapse in supervision) the midpoint of the reported range was used in calculations.

To investigate further the utility and limitations of bath seats, the CPSC contracted with a private research group to conduct three focus groups with a planned size of 8 to 10 participants per group. The focus groups were conducted by a private contractor (Shugoll Research, Bethesda, MD) and were held at a neutral location. To qualify for participation, respondents were required to have at least one child living at home who was between the ages of 6 and 16 months and the respondent had to be primarily responsible or share equally in the responsibility for bathing the child. In addition, several respondents were required to have a second child between 17 months and 4 1/2 years old. At least 8 of 12 potential participants per panel had to currently use, or have previously used, a bath seat.

## RESULTS

- Thirty-six deaths involving bath seats were identified by the CPSC over a 13-year period. Of these 36 incidents, 2 drowning deaths occurred in Canada and 1 in Sweden; these are excluded from further analysis. Also excluded is 1 death involving thermal burns from scalding water, turned on by the child while using the bath seat. The findings from the remaining 32 in-depth investigations of US drownings are summarized in this report.

The age at the time of the incident ranged from 5 to 15 months, with a mean and median age of 8 months (Fig 2). Females accounted for nineteen (60%) deaths. Twenty-five (78%) of the victims were white, 6 of whom were of Hispanic ethnicity, 6 (19%) were black, and 1 (3%) was Asian. The majority of reported deaths (84%) occurred from 1991 through 1995 with more than 50% occurring in the 2 most recent years (Fig 3).

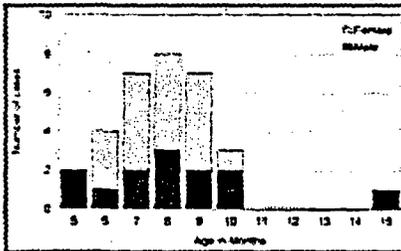


Fig. 2. Age and gender distribution of bathtub submersion victims (all were using a bathtub seat or ring at the time of the event).

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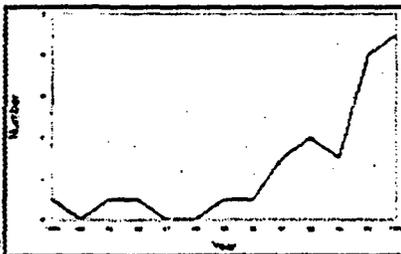


Fig. 3. Number of reported drownings involving the use of an infant bath seat or ring, by year of incident.

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The care giver at the time of the incident was most often the mother of the child. There was a reported

lapse in adult supervision in 29 (91%) of the incidents. For cases in which an estimate of the duration of the lapse was available ( $n = 24$ ), the reported range was 1 to 35 minutes with a mean and median lapse of 6 and 4 minutes, respectively. Eleven infants were left in the tub with an older sibling, 1 was left with a child of the same age, and 17 were left alone. Common reasons for leaving included answering the phone or making a phone call (24%), attending to other children (24%), retrieving something such as a towel or clothes for the child (17%), and attending to household chores (17%). In 2 drowning deaths there was no reported lapse in adult supervision and in 1 incident there was not enough detail provided in the investigative report to make a determination. For both of the witnessed fatal incidents, the care giver reported difficulty removing the infant from the device after submersion. In one case, the seat tipped sideways with a 6-month-old infant in it, and in the other, a 15-month-old infant slid down and became wedged between two legs of the ring. Apparently, in these incidents, the care giver was neither able to remove the infant from the seat nor to remove the device, with the infant in it, from the bathtub in a timely fashion.

Although most (90%) of the events were unwitnessed, the probable sequence of events that led to the submersion could be inferred from the position of the product and the position of the infant at the time of discovery. This information was available for 23 (72%) of the cases. Presumably, infants found submerged and trapped under the rim of an upright product slid under the rim, those found separated from an upright product climbed out, and those found either within or separated from a tipped product became submerged when the product tipped over. Based on these assumptions, 9 infants climbed out of the product, 9 tipped over, and 2 slid under the rim of an upright product. In two incidents the water in the tub was left running and the infant was found slumped over in an upright seat with his/her face in the water and in one case a latching T-bar was found in the open position, apparently allowing the infant to fall forward out of the upright product.

A warning label advising against leaving the child unattended in the tub was present on 28 (88%) of the bath seats. In the remaining four cases it could not be determined whether or not a warning statement was present. One or more suction cups were missing or defective in 10 (31%) of the incidents and in one case the front leg of the seat was broken.

It was not possible to evaluate fully the quality of resuscitative efforts of bystanders from the information provided in the in-depth investigations. However, it was apparent that at least 6 victims (19%) were not resuscitated until emergency personnel arrived and several other victims received attention only after the care giver ran to get help from neighbors. Furthermore, even when resuscitative efforts were initiated immediately, it was often evident that the care giver had no training in cardiopulmonary resuscitation (CPR). A death certificate or report from the coroner or medical examiner with a ruling on intent was available for 25 of the incidents. Of these 25 incidents, 3 were classified as undetermined intent while the rest were unintentional. Of note, neither of the witnessed events was among the 3 events classified as undetermined intent.

Parents' perceptions of the advantages and disadvantages of bath seats were evaluated qualitatively through analyses of focus group data. A total of 25 respondents, 22 female and 3 male, participated in

three focus groups held in November of 1993. Due to the screening qualifications for the focus group, most participants were familiar with bath seats and identified them as the primary bath aid they used for supporting their young children in the tub. Nineteen respondents currently used a bath seat when bathing their child(ren). In addition, 2 of the participants had used 1 in the past but were not using one at the time that the focus group was conducted. A major stated advantage for using a bath seat was that, by supporting the infant, it frees the bathers hands so that the infant can be bathed more easily. Other advantages included safety issues (eg, "to make sure that she wouldn't fall over accidentally and hit her head on the tub ... ") or to give the child greater freedom in the water. Stated disadvantages included the following: the suction cups do not attach firmly to all tub surfaces, it is difficult to thoroughly clean the infant while in the bath seat, and the seat has an extremely limited lifespan, as the child rapidly outgrows the product. Participants reported that they would feel more comfortable leaving a child unattended for a moment in the bath if the infant was contained within a bath seat, if the child was in viewing and hearing range, or if there was an older child present. Respondents were generally aware that warning labels are present on bath seats but stated that these labels have become so common on childhood products that they are often ignored.

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## DISCUSSION

In the United States, drowning continues to be an important cause of injury death in early childhood. Although much attention has focused on risk factors and strategies to prevent drowning deaths in residential swimming pools (eg, mandatory four-sided fencing),<sup>4,10</sup> research addressing risk factors and prevention strategies for infant bathtub drownings has been limited. The bath seat, in particular, has not been reported as a potential risk factor for unintentional bathtub drownings among infants. Previous studies indicate that there is usually a history of leaving the infant unattended or in the care of another child.<sup>15</sup> In most cases, the adult reports leaving the child, for a short time, to answer the phone or attend to household chores.<sup>18,19</sup> In some instances, the drowning appears to be due to homicide or abuse.<sup>19</sup> Although no deaths in this case series were classified as homicide and only 3 were classified as undetermined intent, it is possible that 1 or more of the cases may have been intentional. It is often difficult to determine intent for drowning deaths, particularly in this young age group.

The infant bath seat is apparently intended to aid the adult bathing the infant by containing and supporting the infant in a sitting position within the product, thus freeing both of the adult's hands. Based on comments made by care givers, both in focus groups and in postevent investigations, there is little doubt that these products give a false sense of security that an infant can be left in the tub alone for short periods of time. In the past, use of words such as safe, safety, or sitter in product advertisements may have amplified this perception by leading parents to believe that the ring or seat was a safety device rather than a convenience product. (Recently, manufacturers have begun to limit use of these words.) Although most of the products contained warning labels advising not to leave the infant unattended, these labels appear to be ineffective in changing behavior. As stated by focus group

participants, these labels have become so common on childhood products that they are often ignored.

Limitations on use of infant bath seats may be based on the developmental stage of the infant. Manufacturers have correctly identified the lower limit of the age range as 6 months, the age at which, on average, infants can sit unsupported.<sup>23</sup> The upper limit may be based on the age at which children begin to pull themselves to a stand (about 8 to 9 months), giving only a 2- to 3-month period during which the product could be appropriately used. In most of the incidents involving infants more than 8 months old, the victim was found separated from the seat, indicating that he/she probably climbed out of the product. With the rapid, and often variable, development that occurs during the first year of life, parents may underestimate their infant's motor skills, although further research is needed in this area.

It is important to put these deaths involving bathtub seats in perspective. Since 1991 (when sales of bath seats began to increase dramatically) an average of 5 deaths have been reported each year and, the number appears to be increasing with more than 50% of deaths occurring in the 2 most recent years. However, the passive reporting mechanisms used in this study to identify these incidents likely lead to an underestimate of the true number of events. Figures from the National Center for Health Statistics indicate that about 90 unintentional drowning deaths occur annually among those under age 1, of which approximately 52% are coded as occurring in the bathtub.<sup>6</sup> Additional details, such as the use of a bath seat, are not available in national datasets. Although it appears that the number of bath seat related incidents is increasing, the reliance on a passive reporting system for case identification makes it difficult to interpret temporal trends.

Although bath seats are involved in drowning deaths it is not certain that use of these products increases the risk of drowning. Some may even argue that the products are protective, ie, given that a child is left alone in the tub, the seat may make it less likely that the infant will become submerged. However, infants should never be left alone in the tub and, based on statements made by care givers during in-depth investigations as well as statements from care givers who participated in focus groups, these products appear to increase the likelihood of this occurring. In addition, in those cases where the infant tips over while contained in the seat, the seat may actually contribute to the drowning both by encumbering the infant and by making it difficult for the care giver to remove the submerged child from the water. Likewise, in those cases where the infant slips under the rim of an upright seat, the child may become entrapped underwater by the ring. We report 2 deaths where the care giver indicated that he/she witnessed the event but was unable to free the child from the bath seat. To assess the risk that these products present, future research should compare the proportion of bath drownings involving a bath seat to the proportion of infants using a bath seat in a noninjured but otherwise comparable control group.

Since 1987 the CPSC has requested that manufacturers make several modifications, including: placement of permanent warnings on both the product and packaging with illustrations showing an adult in attendance with the infant, elimination of the word "safety" from product packaging and names, inclusion of an upper age limit or weight/height limit for users, and modification of the product

to provide quick-release tabs for suction cups. In June 1994, CPSC staff recommended the initiation of formal rulemaking proceedings for infant bath seats. These proceedings are generally initiated when the Commission considers a product ban or regulation. However, in this case, the Commissioners voted 2 to 1 against initiating formal rulemaking. The majority opinion was that the design and manufacture of bath seats does not present a mechanical hazard or an unreasonable risk of injury to consumers. Industry representatives are currently working on a voluntary standard for bath seats. Although this voluntary standard may address some product design issues (eg, problems noted with detachable or defective suction cups), safety experts from the CPSC were unable to offer a design change that would effectively address all incidents associated with these products. The use of an occupant restraint system (a feature included on one brand) may prevent the infant from slipping or climbing out of the product; however, it does not prevent incidents where the product tips over. Also, care givers must actively use the restraint system every time they use the product for it to be effective. Finally, no design modification can address the major issue that leads to most of the drowning deaths, namely that the child was left unattended, apparently because the care giver thought that it was safe to do so. If anything, making the product more robust may only increase the perception that the child will be safe if left alone for a few moments.

In an effort to educate the public about the potential hazards of leaving children unattended in bath seats, the CPSC has issued both press releases and safety alerts. Still, primary prevention efforts fall largely on the shoulders of care givers and those who can inform them. Educational efforts must reinforce the need for continuous adult supervision of infants and children around all bodies of water.<sup>17,19</sup> If possible, the telephone should be brought into the bathroom and all necessary bathing items (soap, washcloths, towels, etc) should be assembled before placing the infant in the tub. Parents and care givers should be trained in basic CPR techniques, as the sooner that CPR is initiated, the greater the chance of intact survival.<sup>24,25</sup> In addition, health care professionals should remind parents and care givers that bath seats/rings are not safety items and are not a substitute for adult supervision. Infants and toddlers should never be left in the bathtub unsupervised, even for brief moments.

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#### FOOTNOTES ■

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### ABBREVIATIONS

US, United States. CPSC, Consumer Product Safety Commission. CPR, cardiopulmonary resuscitation.

### REFERENCES

1. Baker SP, O'Neill B, Ginsburg MJ, Li G. *The Injury Fact Book*. 2nd ed. New York, NY: Oxford University Press; 1992:174-183
2. Gulaid JA, Sattin RW Drownings in the United States, 1978-1984. *MMWR*. 1988; 37:27-33
3. Quan L, Gore EJ, Wentz K, Allen J, Novack AH Ten-year study of pediatric drownings and near-drownings in King County, Washington: lessons in injury prevention. *Pediatrics*. 1989; 83:1035-1040[Abstract]
4. Wintemute GJ Childhood drowning and near-drowning in the United States. *Am J Dis Child*. 1990; 144:663-669[Medline]
5. Brenner RA, Smith GS, Overpeck MD Divergent trends in childhood drowning rates, 1971 through 1988. *JAMA*. 1994; 271:1606-1608[Medline]
6. National Center for Health Statistics. Public use data tapes. *Compressed Mortality Files: 1983-1994*. Hyattsville, MD: US Department of Health and Human Services
7. Wintemute GJ, Kraus JF, Teret SP, Wright M Drowning in childhood and adolescence: a population-based study. *Am J Public Health*. 1987; 77:830-832[Medline]
8. O'Carroll PW, Alkon E, Weiss B Drowning mortality in Los Angeles County, 1976 to 1984. *JAMA*. 1988; 260:380-383[Medline]
9. Flood TJ, Aickin M, Englender SJ, Child drownings and near-drownings associated with swimming pools—Maricopa County, Arizona, 1988 and 1989. *MMWR*. 1990; 39:441-442
10. Pitt WR, Balanda KP Childhood drowning and near-drowning in Brisbane: the contribution of domestic pools. *Med J Aust*. 1991; 154:661-665[Medline]
11. Cass DT, Ross FI, Grattan-Smith TM Child drownings: a changing pattern. *Med J Aust*. 1991; 154:163-165[Medline]
12. Pearn JH, Nixon J Swimming pool immersion accidents. An analysis from the Brisbane drowning study. *Med J Aust*. 1977; 1:432-437[Medline]
13. Wintemute GJ, Wright MA Swimming pool owners' opinions of strategies for prevention of drowning. *Pediatrics*. 1990; 85:63-69[Abstract]
14. Wintemute GJ, Drake C, Wright M Immersion events in residential swimming pools. Evidence for an experience effect. *Am J Dis Child*. 1991; 145:1200-1203[Medline]
15. Budnick LD, Ross DA Bathtub-related drownings in the United States, 1979-81. *Am J Public Health*. 1985; 75:630-633[Medline]
16. Pearn JH, Brown J, Wong R, Bart R Bathtub drownings: report of seven cases. *Pediatrics*. 1979; 64:68-70[Abstract]
17. Jenson LR, Williams SD, Thurman DJ, Keller PA Submersion injuries in children younger than

- 5 years in urban Utah. *West J Med.* 1992; 157:641-644[[Abstract](#)]
18. Warneke CL, Cooper SP Child and adolescent drowning in Harris County, Texas, 1983 through 1990. *Am J Public Health.* 1994; 84:593-598[[Medline](#)]
  19. Kemp AM, Mott AM, Sibert JR Accidents and child abuse in bathtub submersions. *Arch Dis Child.* 1994; 70:435-438[[Abstract](#)]
  20. Griest KJ, Zumwalt RE Child abuse by drowning. *Pediatrics.* 1989; 83:41-46[[Abstract](#)]
  21. Saunders E Neonaticides following "secret" pregnancies: seven case reports. *Public Health Rep.* 1989; 104:368-372[[Medline](#)]
  22. Feldman KW, Monastersky C, Feldman GK When is childhood drowning neglect? *Child Abuse Negl.* 1993; 17:329-336[[Medline](#)]
  23. Needlman RD. Growth and Development. In: Behrman RE, Kliegman RM, Arvin AM, eds. *Nelson Textbook of Pediatrics.* 15th ed. Philadelphia, PA: WB Saunders Company; 1996:40
  24. Kyriacou DN, Arcinue EL, Peek C, Kraus JF Effect of immediate resuscitation on children with submersion injury. *Pediatrics.* 1994; 94:137-142[[Abstract](#)]
  25. Orłowski JP Prognostic factors in pediatric cases of drowning and near-drowning. *JACEP.* 1979; 8:176-179[[Medline](#)]

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**A FOCUS GROUP STUDY TO EVALUATE CONSUMER USE  
AND PERCEPTIONS OF BABY BATH RINGS/SEATS  
CPSC-R-93-5839**

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## 1.0 OVERVIEW

Consumer Product Safety Commission (CPSC) contracted with Shugoll Research to conduct a focus group study to obtain consumer reactions to baby bath rings/seats. The results of the study will be used by CPSC to determine what measures need to be taken to protect consumers from the risks associated with use of this product.

### 1.1 Objectives

The specific objectives of the focus group study are as follows:

- Examine general bathing practices for children
- Examine consumer knowledge and use of baby bath rings/seats
- Examine behavior patterns during bath time
- Obtain reactions to labeling of baby bath rings/seats
- Obtain reactions to select baby bath rings/seats

### 1.2 Methodology

The focus group technique was selected to accomplish the objectives of the study. A focus group is a panel discussion with 8 to 10 representatives of a selected target market for a particular product, service, or idea. The technique is especially useful for gathering in-depth information on a topic or target market reactions to specific products. The discussion is led by a moderator who is trained in consumer behavior theories and marketing principles. Participants in the group are encouraged to relate to each other, share attitudes and provide candid opinions regarding the topics presented to them by the moderator or generated by the dynamics of the group. Consensus is not sought. The moderator is not supposed to proselytize or educate respondents. Rather, he or she uses his or her skills to question, probe and clarify responses as well as control the flow of the conversation to cover all areas of interest to the client.

## 1.3 Study Procedures

Shugoll Research and CPSC met to fine-tune and prioritize the study objectives and criteria to be used for respondent recruitment. It was decided that three focus groups would be conducted in Bethesda, Maryland. The first two groups were held on November 17, 1993 at 6:00 p.m. and 8:00 p.m., and the third group was held on November 18, 1993 at 6:00 p.m.

Shugoll Research designed a recruitment screener (see Appendix A) to identify and screen consumers for study participation. The screener was submitted to the CPSC for approval prior to the start of respondent recruitment. To qualify for participation in the groups, respondents had to meet the following criteria:

- For occupational security reasons, neither they nor anyone in their family can work for an advertising agency, a public relations firm or a market research firm. Moreover, neither they nor a family member can be employed at a federal government agency or work for a manufacturer of or retail store that sells baby equipment. Finally, respondents and members of their family cannot work in the medical field, in a doctor's office, in a hospital, in a clinic or as a health care volunteer.
- They must have at least one child living at home who is between 6 months and 16 months old.
- They must be primarily responsible or share equally in the responsibility for bathing their child who is between 6 months and 16 months old.
- They must not have participated in a focus group discussion within the past 6 months.

In addition, several respondents in each group were required to have another child between 17 months and 4 ½ years of age, and at least 8 out of 12 respondents per group must currently use or have previously used a bath seat. Use of car seats and high chairs also was captured so that respondents would not immediately know that bath rings/seats were the only focus of the study. In addition to these quotas, a mix of respondents by age, race, and income was recruited for each group.

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## Shugoll Research

Respondents were recruited from Shugoll Research's computerized data bank, from referrals and from the telephone directory. Once a potential respondent was screened and it was determined that he or she qualified, a cash honorarium of \$40 was offered to encourage participation in the study and to help guarantee a show of 8 to 10 respondents. When a respondent agreed to participate in one of the group sessions, a confirmation letter was sent out. The letter confirmed the group session time, date, location and promised honorarium, and provided detailed directions to the focus group facility. The day before each group session, all respondents were reconfirmed by telephone.

Shugoll Research designed a topic guide (see Appendix B) to be used by the focus group moderator when leading the discussion groups. The guide was designed to meet the study objectives. Each session began with introductory remarks and respondent introductions. The groups then proceeded with discussions on the following:

- General bathing practices for children (bath frequency and length, individuals responsible for bathing, number of children bathed together and under what circumstances, amount of water typically used, and type of bathtub typically used)
- Consumer knowledge and use of baby bath rings/seats
- Description of bath aid used (size, shape, brand name, specific features, enclosed consumer information)
- Reasons for using bath rings/seats and how the product was obtained
- Age appropriateness for baby bath rings/seats
- Likes and dislikes about bath rings/seats
- Problems and difficulties using baby bath rings/seats and effects on usage
- Confidence in bath rings/seats in case bather has to momentarily leave bathroom due to an interruption or emergency

for doing so (real and imagined)

- Comfort level of leaving children in the bathtub
- Factors that impact a parent's decision to leave/not leave a child in the bathtub
- Minimum age of child parents have left or would leave in the bath
- Amount of time spent away from a child in the bath (real and imagined)
- Means of restraining a child in the bathtub
- Position of child upon a bather's return to the bathroom (real and imagined) and his/her reaction to it
- Awareness and recall of product safety information accompanying baby bath rings/seats (content and location)
- Reactions to and suggestions for the labeling of baby bath rings/seats
- Reactions to four different models of baby bath rings/seats without packaging (awareness, current/previous usage, differences between these models and the one they use, likes and dislikes, opinions regarding which one model is most/least safe and the one that they think they are most/least likely to buy and why)
- Advice parents should be given about using baby bath rings/seats

The topic guide was submitted to the CPSC for approval prior to the focus group sessions. Client comments and suggestions were integrated into the moderator's guide prior to the discussion groups.

The focus groups were held in a specially designed research facility. Representatives of the CPSC observed each focus group session from behind a one-way mirror. Each group was audiotaped and videotaped, and the tapes have been made available to the CPSC.

## 1.4 Study Limitations

A qualitative research methodology seeks to develop directions rather than quantitatively precise or absolute measures. Because of the limited number of respondents involved in this type of research, the study should be regarded as exploratory in nature, and the results used to generate hypotheses for marketing decision making and further testing. The non-statistical nature of qualitative research means the results cannot be generalized to the population under study with a known level of statistical precision.

## 1.5 Analysis

The CPSC contracted with Shugoll Research for a topline report. Shugoll Research's topline reports differ from its full reports in that full reports include extensive verbatims from study participants and in-depth interpretation of study findings. Topline reports, in contrast, are designed to summarize key findings in a bulleted format for ease of use by management. Verbatims are used only to highlight key study findings. Conclusive statements and recommendations included in the report are based on study findings as well as the interpretation of the moderator/project analyst who is knowledgeable in the area of consumer behavior. Since representatives of the CPSC observed each focus group session from behind a one-way mirror, Shugoll Research is hopeful that the subtle nuances so important to qualitative research will be recalled when reading this report.

## 1.6 Respondent Profile

A total of 25 respondents participated in the three focus groups. Characteristics of the participants are as follows:

- Twenty-two of the respondents are women and 3 are men.
- Nineteen study participants are white and 6 are black.
- Respondents represent a mix of income levels. Four have household incomes of less than \$30,000, 5 report a household income of between \$30,000 and

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\$70,000 to \$79,999, 5 report incomes of between \$80,000 and \$99,999, and 1 respondent has a total household income of \$100,000 or more.

- Two participants are under the age of 25, 16 are between 25 and 34 years old, and 7 report being 35 to 44 years of age.
- Along with their child(ren) who is (are) between 6 months and 16 months old, 12 respondents have at least one child who is 2 to 4 and one half years old and 5 have at least one child who is 5 years of age or older.
- Nineteen respondents report that they currently use a bath seat for their child(ren). Of the 6 participants who do not utilize one now, 2 say that they at one time used a bath seat.
- All respondents for this study (25) currently use car seats for their child(ren). Twenty-one study participants currently use a high chair for their child(ren). Of the 4 who do not presently use one, 1 respondent claims to have previously used a high chair.
- Seventeen participants report that they are primarily responsible for bathing their child who is 6 months to 16 months old whereas the other 8 say that they share this responsibility equally with someone else.

## 2.0 SUMMARY OF MAJOR FINDINGS

This section highlights the study findings. Findings appear under their appropriate objective, and are presented in a bulleted format. Results are supported by key verbatim quotations from the study participants.

### 2.1 Examine General Bathing Practices for Children

This objective was met by asking parents to describe the typical bathing patterns they follow for their children under 2 years of age and their children 2 to 5 years of age. Specifically, parents were asked how frequently they bathe their children, who ordinarily bathes their children, the length of the typical bath, the level of water usually used in the bath, whether or not siblings bathe separately or together and to describe the type of bathtub in which their children bathe.

- Bathing frequency varies based on a variety of criteria including age of the child, condition of the child's skin, and season of the year. Most parents report that they bathe their 2 to 5 year olds daily and more often than their under 2 year olds because the older children tend to get dirtier and more sweaty because they engage in a higher level of activity. Children under 2 are sometimes sponge bathed in-between tub baths which typically are given every other day. Parents explain their bathing practices by reporting that pediatricians do not recommend that infants or any child with dry or delicate skin be bathed daily. Parents also indicate that bathing frequency often changes by season. In summertime, baths are given more frequently (generally daily) because children play outside more often and, therefore, get dirtier and perspire more readily.

"When they are younger it's less and when they're older it's more. They don't get particularly so dirty as babies. And I have sensitive skin and my children have sensitive skin. And just water washes are plenty, it doesn't even have to be very often. That's what the doctor had said when I had the first one. Just once a week is all you need because of the skin and they don't need the lotions and all that other stuff."

"I think when they are younger they don't need it as much. ... She wasn't as active so she didn't get dirty as much.... Crawling and walking, then they

start working up a sweat and then they get into stuff and their hands get dirty. So you really have to try to keep them clean."

"When mine were newborn their skin was almost scaly, a lot of scaly parts. You'd bathe him less then, but now he's getting more active and more into food."

"In the summertime you'll bathe them like every day because they are out playing and sweating and playing in the mud. Whereas in the wintertime maybe it's every other day depending on what they've done that day."

- Female respondents report that they are the primary bather of their children. Some of these women, however, say that their spouses help, but tend not to share equally in the responsibility. Male participants concur saying that they generally share bathing responsibilities, but not always equally, with their wives. Interestingly, respondents suggest that males are more likely to bathe the 2 to 5 year olds than the under 2 year olds because they are more comfortable handling older children. Occasionally, a babysitter, grandparent or sibling will bathe the children but respondents report that this does not occur frequently.

"I love to play with him in the bath. That's really why I do it every day, because it's so much fun. But my husband, if he is home, he helps. He gets him all undressed and brings him in to me and then I bathe him and then I hand him out. And occasionally he will get in the tub with him too, but it's usually just easier for me to do it."

"We split it, but my wife does it much more than I do."

"Sometimes when I'm tired or I would call her from work and say, 'Please give her a bath.' (nanny or babysitter) But I like to do it myself. Since I work full time I want to be part of that. She probably does it no more than once a week."

"My girls do. They will take turns to bathe her and they will also bring her in the tub when they are taking a bath. I would say on an average maybe once

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- Parents indicate that baths for their under 2 year olds last anywhere from about 15 minutes to up to a half hour. However, their 2 to 5 year olds are in the bath longer, generally from a half hour to 45 minutes or so.

"No longer than a half hour. My older one might get a little extra time so I can take the baby out."

"They get in at the same time. They play for twenty minutes or so, then I take the baby out and dry him and diaper him and dress him and then get the other one out. Anywhere from twenty to forty minutes total."

"If my son could stay in 45 minutes to an hour, he would. Usually he tries to push it to 45 minutes. And then the baby, by the time I wash him and let him play, it's about 15 minutes on the average."

"My younger son, the 14 month old, probably 15-20 minutes. And my three year old probably a half an hour."

- The amount of bath water parents use varies depending on who is in the bath. It is not unusual for a parent, particularly the mother, to bathe with their under 2 year olds especially if the child is an only child. When this occurs, the parent is holding the young child and the bath water is filled to a level that is comfortable for the adult. When a parent joins their child in the bath, it is typically for child safety and the parent's own physical comfort. This is because it is difficult to handle a young child who is slipping around while the parent is leaning over the bathtub. When there is an older sibling in the household, the bath water is also higher than when a child under 2 is bathing alone. When a child under 2 is bathing without a sibling or adult, parents report that the water is typically filled up to the navel or just high enough so the child can play or have fun splashing in the water.

"If I'm in there with her, normally I run the regular bath water. Because I'm in there."

"I'm often in the tub with the kids so it's a lot of water. If it's primarily for

him. If we are talking the baby seat and my other child, 2-1/2 year old, it's higher."

"If it was just the six month old, just a little bit of water, if he is there by himself. But that doesn't happen that often."

"The waistline sitting down."

"Just to the navel."

"You have to make it fun. Swimming."

- Children who have no siblings and who are under 2 years of age often bathe with one of their parents, as previously reported. However, young children who have older siblings are frequently bathed with their siblings instead of with a parent. Respondents refer to bath time as "family time" and "transition time". Therefore, they report that their children take baths to have fun and because parents feel the bath helps relax children in preparation for bedtime. Parents also report that it is more efficient and more economical to bathe their children together when possible. Bathing siblings together subsides as older siblings begin to reach adolescence. Parents say they generally do not depend on older siblings to supervise younger ones in the bath. However, they do feel safer when their children bathe together. Respondents say that unless the older sibling is significantly older (e.g., over 6 years of age) or otherwise very mature, they do not typically trust a 5 or 6 year old to supervise a younger sibling in the bathtub. Interestingly, parents tend to trust older siblings at a younger age to supervise their young children in situations outside the bath. In other words, they intellectually acknowledge the dangers of leaving their young children in the bath without adult supervision. However, in reality, parents do not consistently exercise good judgment regarding sibling supervision in the bath.

"He wants to get in there with his big brother."

"That's how the boys got so close together. They are connected by their bath time."

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"We do all of ours together. We usually have the three older ones in there either simultaneously or in shifts. We have a big bathtub, an old fashioned big long one. But then we often will take one out to add the fourth one -- the baby. And he gets in there and as everybody said it's fun to be in there and be with everybody and do all that splashing and all that fun stuff. Last night, in fact, there were all four of them in there."

"I try to get him in with the baby too, and then they play. They do play together."

"Play time for us."

"With my older children it's a nightly routine. It calms them down, they enjoy doing it whether they are dirty or not dirty. ... I almost use it as a schedule... a transition."

"Not any more. I have an eight and a twelve year old. It's been a while. They're boys. It's been quite a while. Four, five years ago. [not in with little one?] No, no."

"My ten year old could do it (supervise)."

"A six year old is getting there."

"It (capable age to supervise) depends on the child."

- A considerable number of respondents report that their bathtubs are made of porcelain and are extremely slippery. Many report that they use bath mats, towels, adhesive appliqués or foam pads in the tub since this prevents their children from slipping around on the surface of the tub. Those few who have the fiberglass tubs realize their tubs have a surface that prevents their children from slipping and describe the bottom of their tub as having an off-white, rough finish. It is worth noting that consumers do not use the words skid or skid-free to describe their tub surfaces. In fact, after respondents described their tub surfaces and the moderator tried to clarify whether or not the surfaces were skid-free, respondents continued to use the words slippery or not slippery when talking about the tubs

"It has little bumps on the bottom. I guess it's supposed to be non-slip."

"It does have almost a cloth-like square in there that kind of replaces the bath mat..."

## 2.2 Examine Consumer Knowledge and Use of Bath Rings/Seats

This objective was met by asking respondents how they typically restrain their children during bath time. Due to the screening specifications, most respondents were familiar with and had used a baby bath ring/seat. Respondents were asked to describe the rings/seats they have, how they got them and to explain their reasons for using the rings/seats. Respondents were also asked how else they restrain their child in the bath, for what age child they use the rings/seats, and what they dislike about the rings/seats. Finally, respondents were asked what, if any, specific problems or difficulties they have had with the product.

- Other than supporting their children themselves by holding on to them or by bathing with them, or having an older sibling do it, parents report that baby bath rings/seats are the primary bath aid they use for supporting and restraining their younger children in the bathtub. A few people mentioned that they use bath mats on the bottom of their tubs to prevent their children from slipping around and others mentioned that when their children were first born they used small plastic tubs within the bathtub or sink as support tools.

"We use a mat on the bottom of ours too."

"It has a little foam pad so that he doesn't slide."

- Respondents use a variety of different types of baby bath rings/seats. A few mentioned that they have the [REDACTED] model that was tested in the focus groups while individual respondents report having the [REDACTED] model and the [REDACTED] model. Interestingly, most respondents could not remember or state with confidence the name of the manufacturer or model ring they owned.

"It's got some little rings on the bottom. It's kind of fancy. But it doesn't have a sponge, and that's why I picked it. ... But this one is kind of near

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because it has a lock where you can keep it straight or you can unlock it and it swivels around so you can turn the baby around. ... The suction is pretty good, once I get it situated."

"Mine is yellow. It doesn't pivot. It has got the large circle that it's attached to, like a seat. But it doesn't have any of the play things on it. It has just got a little pad where he can sit back or lean forward and play. I think it's [REDACTED], but I'm not sure."

"Ours is white. I think it's made by [REDACTED]. It has little toys like a turning wheel on it. It doesn't pivot and you can either lift up the arm from the right or the left. Green suction cups on the bottom."

"I don't know who made it, but it's blue and it's got multi-colored things on the side."

- Parents report getting their baby bath rings/seats in a number of ways. A few got their ring as a hand-me-down from a friend or relative, others got their ring as a gift, but most respondents who had the product had gone out to purchase the ring/seat. Interestingly, some respondents who had received their ring/seat as a hand-me-down or gift actually went out to purchase another one because they did not think the model they had received worked well enough for them.

"I went to Toys-R-Us. There was a couple of different ones... I had actually seen it in a magazine too with a write-up... Actually the main thing was the write-up. Because it was the safety, it's [REDACTED], and they [the magazine] were describing it as the safest one."

"I'd seen it in catalogs and advertisements. I bought it myself thinking of course that this is one of the essentials."

"It [the model respondent purchased] has got some little rings in the bottom. It's kind of fancy. But it doesn't have a sponge, and that's why I picked it. Because my sister had given me just a sponge with a ring and that was not going to cut it... I just knew it wasn't going to work. That sponge wasn't sinking down enough to stay down, it was floating up and coming off."

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- Parents cite several reasons for using the baby bath rings/seats. One of the major reasons is that it allows the bather to have both hands free to bathe their child more easily. Parents find the rings/seats makes bathing more convenient and comfortable for them while it gives the child a sense of independence. Others feel that their children are safer in the bath when they are in the rings/seats because they are less likely to stand up or slip around if they are being restrained. Another major reason parents think the ring/seat is a good idea is that it gives the child some freedom to move around and play with toys and with the water. Finally, parents say the rings/seats save them time because, when used, they do not have to get in the bath with their children.

"I didn't think about safety. I didn't have one with my first one, but with the second one I thought my back was tired of holding up the child and washing. I thought this would be great. I could have both hands free. When you're trying to hold them and wash them, I found that it was just so tiring. It worked really well but only for a short period of time. They outgrew it too fast, too quickly. It's good for the time, but then it's no good anymore."

"They squirm so much and they slide and if you are leaning over the tub -- and I'm short, so when I'm leaning over I'm going into the tub -- and I've got to make sure I've got him gripped real well if I'm washing him. This way they are sitting up and you can wash them."

"It gives me hands to play or wash or whatever."

"To get him used to being in the tub by himself."

"The child safely anchored in the middle of the bathtub. Head above water."

"To just make sure that she wouldn't fall over accidentally and hit her head on the tub, or get water in her lungs. The water was the main thing."

"Just thinking of being outside of the bathtub and trying to hold her with one hand. To make sure she is safe when I'm not holding her. When I'm in the tub with her I'm holding her or I'm right there. But if I'm outside the tub, it's harder for me to reach in and grab her. So it's (ring/seat) kind of like my

"Safety to me is to keep them from standing up while I'm watching them..."

"To give him more freedom. Because right now he is just kind of confined. He doesn't have much water to play with. And he doesn't have much movement either because he is really big. And he takes up that whole bathtub. ... [more freedom] to play with the water and to move about and to sit up. He likes to sit up."

"I didn't use the tub so I was either showering or bathing with my baby. So the seat allowed me to bathe my baby independently. My infant, I either showered or bathed with my baby and held her. So when I got the seat, I didn't have to be in the tub. It meant I didn't have to bathe with my baby. And it meant less time, because I didn't have to get dressed too. And I could do it anytime I wanted to."

- Parents report that baby bath rings/seats are typically appropriate for a child starting at the age of 6 months and up to about 18 months old. Their knowledge of age appropriateness comes from the packaging of the product or enclosed literature. For most parents, the ring becomes useful when the child begins to sit up independently and becomes useless once the child is standing up or begins to walk.

"Six to 18 months is what my box said."

"They say six months beginning, I think."

"Ours says up to 18 months, but again, my son is 27 pounds and he's 10 months now. He fits in it great now. There is no way if he continues to grow... he is going to be out of it in a couple of months."

"I'm just now being successful with it, now that he can sit up by himself. Before I felt much safer holding him. ... But when I tried to put him in there before he would slip down in it. And that was really scary. Now he can hold onto it. So now it's becoming a little more useful." (6 month old child)

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- Most parents initially believe that the bath ring/seat will be very convenient because as previously stated, it will give them both their hands to bathe their child. However, parents indicate that the bath ring/seat has an extremely limited life span. Parents believe this is one of the greatest drawbacks of the aid. They suggest that as soon as children begin wanting to stand up, the child becomes unhappy in the ring/seat and the product becomes useless.

"I used to use it for my son, but he comes out of it now. Fourteen months. He hates it, he doesn't want to stay in it."

"We gave up on the ring after about two weeks. We still try now and then, but it just doesn't work for us. They want to dive over it and the edges -- maybe I just got too cheap of a one -- but the edges are too sharp with the plastic and I felt awkward getting around it. I don't think they really play as much." (8 month old child)

"The security end of it that's great, but then they get in it and they go, 'Get me out of here!'"

- Another major thing parents do not like about the baby bath ring/seat is that the suction cups on most models do not work very well. Parents report that the suction cups frequently come up from the bottom of the tub and then the ring bounces up toward the head of the child.

"If you don't really get that thing down here and make sure all the cups are sticking even if they're not big -- my children are on the small side but from the beginning very strong and very active -- you could push it over. Even when I thought the suction was as tight as could be, with enough rocking back and forth and leaning toward the faucet and the knob and trying to grab the soap with this hand, I do remember it falling over one time and that's when I decided I would just put it away at that point."

"Suction cups on the bottom only cater to a certain type of tub like a porcelain that's not fiberglass."

"The problem I have with the rings/seats is they give you a sponge that the

Then they are sitting in the tub and with the surface that I have in the fiberglass tub, when you try to hunker it down with the suction cups... it's better in a porcelain tub... The suction cups come loose and it's floating up. ... So you just say forget it and hold onto her."

"If she leans forward, I'm afraid that the suction cups aren't going to hold her there."

- Parents also complain that some models can injure their child because the leg openings aren't wide enough to permit easy use and that some of the edges on the ring are too rough and can scratch the baby.

"I stopped using mine when I couldn't get the legs comfortably through. ... Even if he could sit up well, I didn't mind him in it, I just felt extra safety and he had fun playing... But once I really had to work his legs to get through... Enough of this."

"My son felt it was too confining. He's in high chairs and booster seats, this is just one more thing to confine him in. I was always scraping them or stand them up and set them over, they get there legs down... it had three legs and try to get their legs down in there."

"By the third time I was irritated. When I took her out it scraped the legs and I don't know about any of you but I don't like it when my little girl has scrapes on her. I had one of those mats anyway for when I showered so you don't slip. I just put the plug in and filled the tub up... She more or less just laid on her stomach."

- Parents also complain that it is difficult to thoroughly clean all body parts when the baby is in the ring/seat.

"You can't really clean her when she's in the ring. But I used to when we were in our old home, I had a bath mat, but with this house, you can't... those bath mats don't really stick to that bumpy texture so I use wash cloths, real abrasive."

"She liked it for a while, but it's kind of tough to wash her while she's in there. It's kind of high. [when started using?] When she was about six months. We probably used it for a couple months."

"The awkwardness of not being really able to get around him and really washing or getting him really clean. When they're free they turn over on their stomachs and you can wash their backs and turn them on their backs and get their fronts. But in there you have to lift them up to get underneath them."

- Individual respondents also mention that they were concerned the ring/seat could tip over because their child wants to stand up in it or because the child wants to reach for a toy in the water.

"He can crawl out of it... He can slide down through it and reach over around it. And we had one near topple over the top... He reached up like this and reached for a toy... The seat did not move, but the baby slid. He reached so that... he didn't go completely over because I saw what was going on, but he could have, it seems to me. He could have landed on the rim with his waist and it would have been the decision of which was heavier, the top or the bottom. And I think he could have gotten stuck with his legs underneath the seat or his body hanging over the top and his face in the water or some sort of situation."

### 2.3 Examine Behavior Patterns During Bath Time

This objective was met first by asking respondents how often they have had to turn away from or leave their children in the bath even for just a moment. Then respondents were asked the circumstances under which they have had to leave their children in the bath or to imagine circumstances under which this behavior might occur. Finally, respondents were asked at what age they might leave the child unattended, to specify how long they were away from their child, and if a successful experience leads to future occurrences.

- Some parents admit that there have been occasions where they have either had to turn away from their child in the bath or leave their child in the bath

unattended for a few moments. However, they indicate that these occasions are rare. On some of these occasions, the bath ring/seat was in use.

"She was like 12-13 months and she was just sitting there and I would run and run back. So I have left her."

"I've even come back to find my 11 month old -- and it was again like two steps across the hall and you can hear them and see them, all those good excuses I was using for having left him for a second -- and he was standing up in the tub. ... No seat. I don't use a seat. As I said, I always take the baby right out as soon as I leave the room and never leave him in there, but I realize in retrospect that that's not true. I have left him there."

- In general, parents report that they would never, under any circumstances, leave a young child alone in the bath. Typically, the parents who are so adamant about not leaving a young child alone in the bath personally know someone who has drowned in water or have read or heard a story about accidents that have occurred because of children being left unattended near water.

"You never leave them I don't care what's going on. You take the child out of the tub. Never leave them."

"I know of a family where the mother ran to the phone and came back and the baby was face down. So I have that in my head constantly. ... If the phones rings I grab a towel and take her with me."

"I never do. My brothers' baby drowned so I'm very conscious -- not in a tub."

- Reasons typically given for having turned away or for having left the bathroom during bath time are minor and include going for a towel, diaper, sleepwear, or a portable telephone. Some parents do say they have left to prevent their older children from engaging in high risk behavior (e.g., responding to the door bell without an adult) or to prevent an emergency (e.g., removing something from the stove). It is worth noting, however, that parents seem more likely to leave their children in the bath for minor reasons than for household emergencies.

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This may be because they believe the minor problem will not take long to resolve.

"Go across to the table to get a towel."

"Didn't leave the bathroom, but just turning to get a towel or something and finding the bath ring floating up or the bath ring up around her chest."

"Somehow (my older child) got the ring loose and was trying to shake her (the baby) in it... And that was just a split second out the door for pajamas and back."

"I have left my son before to run and get something like a towel that I forgot or something."

"Once I just turned my back to get something from under the cabinet. I was right there still physically next to the bathtub and turned around. And this is my two year old who plays for forty minutes a day and somehow he twisted and he was scared. I could see him squirm to get himself up. I could just turn around and pick him right up, but I just literally turned my back to get the towel from the cabinet. It's amazing." (Bath ring was not being used)

- Some parents report that several things would make them feel more comfortable leaving a child unattended for a moment in the bath. These things include: using a bath ring/seat, having an older sibling in the bath with the younger child, and still being able to see and hear the child even though they have physically left the bathroom.

"[In the ring/seat] He cannot slide. He cannot jump out."

"I would think it would be safer, but on the other hand I haven't used it."

"It would make a difference to me. It depends on the time that you are talking about. If you are talking under two minutes, I would feel more comfortable with my baby in a seat. Because it does give him support."

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"I would feel much safer leaving him in the seat than I would without. I've never had him in the bathtub without the seat. But with my oldest child I didn't even know about these bath rings. So it's a new invention for me and I think it's great. And again, he is upright and he is there to stay. At least at this point."

"I said watch him for a second. I no sooner got to the door and he went schoomp under the water and it was like I almost had to jump over her to get to him and it was... no, you can't do that."

"As long as you have your eye on them that's okay."

"I will admit to leaving mine to run down... but my bathroom is at the end of the hall so I can open the door and run down. And I can see where he is and hear what's going on."

- There is no single age at which parents feel comfortable leaving a child unattended in the bath. In addition, there is no single age at which parents will trust an older sibling to supervise a child in the bath. Parents report that trust and confidence is dependent on the maturity and nature of the individual child. In other words, some children are safe to leave for a certain amount of time at 2 ½ or 3 while others can't be trusted until they're 4 or 5 years of age. Likewise some children can be trusted to supervise younger siblings at around 6 years of age while others need to be older.

"You sort of think first grade." (Is the time that the sibling is ready to supervise a younger child in the bath.)

"It was only when he was maybe 2 and a half that I would feel comfortable enough to grab the phone and bring it in. But I wouldn't hold a conversation in another room."

- Those parents who admit that, on occasion, they have turned away from their young child in the bath or who have even left the bathroom say their time away accounted only for a few seconds or up to 2 minutes; enough time to retrieve a

diaper, a towel or retrieve a portable telephone. However, some leave their 2 to 5 year olds for longer periods of time.

"Ten seconds."

- Some parents report that a successful experience leaving a child unattended in the bath does build their confidence and contribute to their likelihood of repeating the high risk behavior. On the other hand, those who had experienced a problem after having left a child unattended in the bath were more cautious if not reluctant to attempt the behavior again.

"That instance I felt, gee this worked, but I wouldn't usually do it."

"Yes, it would instill confidence in me if I came back and he was just sitting there. Then I would feel more comfortable to do it another time."

"Not so much my attitude, but her attitude, that she didn't perceive it as a problem that I left... Still playing comfortably and happily and didn't take notice of my leaving, I think I would feel good about her comfort if I left her by herself... Or that she didn't take the opportunity to do something negative."

"It's almost like that was a warning..." (Respondent is referring to an incident where her older child was unable to successfully handle her younger child in the bath.)

#### 2.4 Obtain Reactions to Labeling and Packaging of Baby Bath Rings/Seats

To meet this objective respondents were asked if they recall seeing any product information about baby bath rings/seats. They also were asked to identify precisely where they had seen the product information. Finally, respondents were asked to discuss what could be done to improve product information and warnings in order to alert parents to the risks related to use of bath rings/seats.

- Most respondents are aware that manufacturers of baby bath rings say the appropriate age for product use is 6 months to about 18 months. Respondents

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unattended while using this product." They believe the warning means a parent should be present at all times when the product is in use. Respondents say the warning is on the box and some recall it is also on the ring/seat itself. However, respondents say this warning or others similar to it have become common place on baby products. Parents believe the warnings are put there only as a reminder and as protection for the manufacturer against potential liability. However, they are not certain the warnings mean the product represents a significant threat to the well-being of their child. Interestingly, some parents almost resent the warning and imply that it is an insult to their intelligence, since they already know they are never supposed to leave their child unattended in the bath.

"The one on the bath seat seems warranted. Although I've seen some of them that are just bogus. Although it is kind of like a slap in the face like you are going to leave your kid in the bathtub full of water. Of course you are not going to do that. But still, just that mental reminder. Hey, this is serious and this is a safety seat so your child will be safer in this hostile environment."

"It is on there, the warning, never leave child unattended."

"It's sort of expected. It's like cigarettes, if you smoke you might get cancer so you expect to see that on the box."

"It's on everything."

"I'm sure it's on the box."

"In big letters at the back of the box... Where they have the description of what it is, down at the bottom underneath all of that."

"And on the ring too."

"I think it's also for their benefit for liability too. The jumpers and the walkers and all of that too."

## 2.5 Obtain Reactions to Bath Rings/Seats

To meet this objective, sample rings/seats were displayed in the focus groups. The following rings/seats were shown in all three groups:

- [REDACTED] - A blue ring/seat with a flat base. An activity center is attached to the front and the seat swivels.

- [REDACTED] - A white chair with a blue pad on the seat. This model has a strap to restrain the child.

- [REDACTED] - A yellow ring with a yellow sponge pad for the baby to sit on.

A fourth ring was displayed only in the third and final group because a respondent in an earlier group session said it was her ring/seat of choice and other respondents seemed to find her description of the product particularly appealing. This fourth ring is manufactured by [REDACTED]. It is white, can be collapsed for storage, has a mechanism that unhooks the front bar to get the child in and out of the seat, and has an activity center on the front for the child to play with.

Once the rings/seats were revealed, respondents first were asked to select the seat/ring they would be most likely to purchase or want as a gift and to state why. Then they were asked which ring or seat they would be least likely to purchase or want as a gift. Finally, respondents were asked to select the ring or seat they felt was safest. This exercise was done individually to avoid the risk of peer pressure that can easily occur in a focus group setting. Once respondents made their selections, the moderator asked respondents for their top-of-mind reactions to each ring/seat.

- In the first two groups where only the [REDACTED] rings/seats were displayed, [REDACTED] was typically selected as respondents' preferred model. It is considered the safest model because of the "3-point bar system" (the description provided by respondents which in their minds conveys stability) and sturdy backrest. Those who selected [REDACTED] as their preferred model did so because it is visually more appealing, allows the child some freedom to play, and it seems sturdier.

others. It also appears less likely to tip over. In addition, respondents feel the suction cups would work well. Since the ability of the suction cups to adhere properly to the tub surface was identified by a number of parents as a major problem with their current ring/seat model, parents particularly liked the [REDACTED] model because of its suction cups attribute. Parents also like the [REDACTED] model because of its swivel base. They think this feature might make it easier for them to wash the baby. Finally, they liked [REDACTED] because the model has an activity center which is likely to increase the baby's fun in the bath.

"If someone were to give it to me I would like the blue one because I'd think that they're thinking of safety. But thinking of the baby and how she would like to climb. That's a challenge to her, she would love to learn how to climb out of it."

"If I were to leave a child, I would probably be with the blue one."

"It has all the support and it has the bar in front so you can put one leg on the other side if you want."

"It does look more secure than either of these other models for the age of a baby that is very small."

"The blue one to me is the safest. I like that wrap around. That one is closest to what I have at home that I'm very happy with."

"I think it has the best suction."

- Those who reacted less favorably to the [REDACTED] did so because they believe it would be difficult to get their child's legs in and out of this model because of the size of the leg openings. They also expressed concern about the finishing of the plastic saying it is likely to scratch children when putting them in or taking them out of the ring/seat. In addition, some respondents think the ring is too high and that this would inhibit the child from splashing in the water or reaching for a toy. They feel this would increase the likelihood that the child would want to climb out or reach over the ring and thereby topple the ring/seat. Finally, respondents believe the center bar could be uncomfortable for the child, if they sit on it.

"I'm trying to imagine a heavier child in the blue one. Maybe the weight would make him tip over."

- The few parents who preferred the [redacted] model did so primarily because the lack of bars would enable the child to play with the water and be washed more easily. These parents also feel this ring/seat would be much easier to use for an older child, since the child's legs do not have to be poked through. This feature increases the life span of the ring/seat and eliminates the problem of the child getting scratched. Finally, respondents like the strap saying that this feature is truly a restraining device that will keep the child upright and prevent the child from slipping. Other respondents said they like the suction cups.

"I like [redacted] because none of them do I use for safety. Convenience wise that looks like what I used and what I wanted. It would be easy to put them in and it would be easy to wash him and he would be secure in it. I think [redacted] looks good."

"The child has more reachable freedom."

"This was more attractive to me for the older child if you had a concern about using the baby seat at all. Because you could get bigger babies in it. And as she said have an arm free to work with them."

"In a Safeway cart she can push herself up out of the seat. At least in the chair she is strapped, so she wouldn't really be concerned with climbing out of the seat."

"That one has the actual restraint."

[redacted] is the only one that has a strap."

"First of all the suction cups are larger. And also this is a little more convenient."

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"The only think I do like about [redacted]s the rubber of the suction cups. It seems this is definitely more of a rubber. The only advantage of is the feel of the suction cups."

- Those who did not like the [redacted] model feel the strap would be too confining and uncomfortable. They expressed greatest concern over the fact a child could so easily reach out for a toy and topple the ring over because the base doesn't seem secure or steady enough. They also feel the strap might prevent children from rescuing themselves if the seat does topple.

"I can see why people would think it's good to be strapped in, but then if it would come down then they are stuck in one spot. Here at least they can get out and get themselves up, possibly."

"I don't think it would be comfortable either. You have this strap right there. At least with a ring they can move around and lean over and pull at the toys"

"I'm just thinking of my daughter being in that one. It seems to me that she would kind of lunge forward and just take it with her. ... I don't know why I think she wouldn't do that in that one, except that she is sitting on and weighing it down a little more and maybe wouldn't be able to throw her weight around the tub as much as the white one. ... This may give her the idea that she's got to sit in there more. That it looks like she's free. And I think she would be pitching forward to go places in that one."

"But look at the base. It's not wide enough to really stay."

- There were very few parents who liked the [redacted] model. Those who did feel this model gives the baby maximum freedom to move around. Some also liked the suction cups and the idea that a sponge is included to protect the child from slipping on the tub surface.

"Actually I like that one. I thought because of the foam on the bottom. I thought the suction cups weren't very good, If the suction cups were better I thought it was pretty good because you can get to the kid as compared to the other ones. The child can still play and they're actually sitting in the water. With the foam child held to the bottom."

- The [redacted] ring/seat was typically selected as the least preferred model and the least safe. These parents feel the ring/seat is too flimsy and small and that it is the least sturdy model. They feel a child could easily tip over or slide under the ring. Respondents generally did not like the sponge feature that comes with this model because the sponge is likely to slip out from under the child and leave the baby on the slippery tub surface and because the sponge is likely to mildew and tear apart with continued use.

"This one I'd never in a million years use. Where would his legs go? Way too small. It would never fit."

"It's so small that a small baby shouldn't even be in the bathtub left alone like that."

"You know how long that would last? One minute. The child could pull this up and there's no support, he'd lean over it anyway, it's not high enough, it's not wide enough. It's nothing. It's not going to work."

- In the final focus group, the [redacted] model ring was displayed along with the [redacted] models. The [redacted] ring/seat was selected over [redacted] model as the most preferred and safest. Those who preferred this model like it because it seems sturdy and convenient to use. It is perceived as convenient because the front comes down to make it easy to put the child in and take the child out. They also like the model because it collapses for easy storage and because it has an activity center to amuse the child. The only complaint voiced about the model is that it is white and therefore likely to be hard to clean.

"It's probably the nicest one of the lot."

"It's the heaviest. It's not something that maybe after you get a little water underneath the suction cups would lift up a little."

"That would be great to put in the wading pool in the summertime when they're at that age when you can sit there and let them play in the water."

"You have to clean it too much."

- Most parents believe information about the hazards of using baby bath rings/seats or seats needs to be publicized more through articles in appropriate consumer magazines, on television news shows, or in public service announcements. Warning information on the packaging or product alone is not considered sufficient since safety warnings are now so prevalent parents are becoming somewhat immune to them and their meaning. One parent even believes the only solution is to ban most of the bath ring/seat models.

"They should be banned by the CPSC. That is awful. Just look at that. It will fall apart."

"I don't think they're durable. I don't think they're stable. These really should be outlawe[REDACTED]"

- One respondent described her [REDACTED] bath ring/seat saying it was far better than the models shown in the focus group. She feels her model is sturdier and roomier. It allows her child to play in the bath both with the water and with toys. She has no problem with the suction cups not sticking to the tub surface. This model ring/seat gives the mother a sense of security that she can leave her child alone in the bath for a short time if necessary.

"It's stronger. It's thicker. It has like fifty million suction cups on the bottom. It stays right down there. You can't believe how many suction cups. They're big. Each of them are wider than this. There's three and they're really wide and it has a really fat thing and it comes up to the chest. He can reach around and play with all the toys. He can like stick his little head down in there and like drink the water. He's splashing and playing and kicking. I can get in there and bathe all the parts except for the bottom. That's what I do last just when I take him out. We bathe his bottom and wrap a towel around him. It's been out three or four years. [Do you feel comfortable leaving child alone?] Yes."

### 3.0 CONCLUSIONS AND RECOMMENDATIONS

Recommendations are based on study findings and the interpretation of those findings by the moderator/project analyst. These recommendations may or may not represent the views of CPSC.

1. Mothers tend to be the parent primarily responsible for bathing their young children, especially those under 2 years of age. Therefore, the primary target audience for CPSC information/messages about baby bath rings/seats is mothers. Product safety information should be placed in media that reaches women in their child bearing/rearing years. Secondary target audiences include fathers, grandparents, babysitters and older siblings. Appropriate selection of communications channels to reach these audiences with safety information on baby bath rings/seats also is needed.
2. Young children are frequently bathed with their older siblings. Therefore, the bathtub is typically filled to meet the needs of the oldest child in the tub. In addition, the presence of older siblings, especially those considered mature, increases parents' confidence that their young child will be safe if they must leave the bathroom for a moment. Information on the dangers of leaving siblings to supervise young children in bath rings/seats during bath time needs to be communicated.
3. Many respondents use bath mats, or adhesive appliques on porcelain tubs to minimize the slipperiness of their tub surfaces. Others have non-skid fiberglass tub surfaces. Respondents frequently report their ring/seat's suction cups do not adequately adhere to their tub surface. Therefore, consumers may not be aware which surface-type is safest and/or how to improve the grip of the bath ring/seat to the tub. Information in product literature should strongly advise consumers specifically about the optimal tub surface for proper and safe use of baby rings/seats.
4. Parents are more inclined to think of the bath ring/seat as a convenience product rather than a safety product. However, consumers believe to some extent that their young children are safer in the bath when they are in a ring/seat. Therefore, the bath ring/seat gives parents a false sense of security that their child won't slip or topple over into the water. The...

rings/seats being a safety bath aid should be monitored carefully and use of the word "safety" should be minimized.

5. Parents are more likely to purchase a baby bath ring/seat than receive the product any other way (e.g., as a gift). Therefore, they are often the key decision maker in the purchasing process. An information consumer guide on whether to purchase a baby bath ring/seat and, if purchased, how to choose the most appropriate ring/seat might be considered for development to assist consumers in making informed buying decisions.
6. Parents were able to recall the information on age appropriateness for the bath ring/seat as well as the product warning information from the box. (Although the information recalled may not necessarily be accurate.) However, the age and safety guidelines are not always followed. Therefore, safety and age information need to be enhanced and, perhaps, augmented through use of more obtrusive mass communications tools (e.g., getting articles placed in papers, placing speakers on talk shows, etc.).
7. Consumers have significant complaints about the baby bath ring/seat including unreliable suction cups, use of rough materials that can scratch the child, and the inability of models to adequately restrain slightly older or larger young children. Therefore, product improvements are needed to reduce the potential hazards associated with existing bath ring/seat models.
8. Parents do leave their young children alone in the bath, albeit infrequently and only for a few moments. Presence of older siblings, use of baby rings/seats and the ability to keep the child in view tend to encourage trial of this high risk behavior. This finding suggests that although parents acknowledge intellectually the hazards involved, they do not truly believe something bad will happen to their child. Lack of a direct personal experience with a drowning seems to increase the chance that a parent might engage in high risk behavior. Conversely, having personal knowledge of someone who has drowned seems to decrease the possibility that a parent will engage in high risk behavior. Therefore, parents need to be informed that siblings, bath rings/seats or the ability to keep the child in view provide them with a false sense of security and that bath drownings can happen to any family.

9. Parents seem more likely to turn away from their child in the bathtub or leave the bathroom for non-emergency reasons than for emergency reasons. The assumption is that minor tasks (e.g., getting a diaper, towel, etc.) take only a few seconds to accomplish. However, people typically do not accurately judge how long they are away from their child. What seems like seconds or one or two minutes might actually be longer. Safety information has to communicate that it only takes a few seconds for something to happen and that there is no major reason or minor one important enough to leave a child unattended in the bathtub given what could potentially happen when the parent is gone.
10. Respondents were unable to come to any consensus regarding what age a child can be trusted in the bath alone or at what age a sibling is old enough to supervise a younger child in the bath. CPSC should examine its case studies to track trends on this issue to determine if more stringent product safety guidelines on age are required.
11. Successful experiences with leaving a child unattended in the bath tend to encourage parents to repeat the high risk behavior. Public education is needed to help parents understand that they should not become over confident and that such high risk behavior should not be repeated.
12. The sturdier, more luxury looking baby bath ring/seat models (e.g. [REDACTED]) are preferred by parents and perceived to be safer than the more basic models. Parents indicate that if they were ever to leave their child unattended in the bathtub they would feel more confident in leaving if the child was in one of the luxury models. Therefore certain models, more so than some others, potentially make parents feel over-confident that their children will be safe in the bath while using these particular baby bath rings/seats. Statistics should be carefully monitored to see if use of the luxury models is resulting in a higher incidence of bath accidents.

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JOB CPS301

11/17      CIRCLE  
 6PM      1  
 8PM      2  
  
 11/18      CIRCLE  
 6PM      1

FINAL 10/28/93  
 SCREENER

RESPONDENT NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_  
 DATE RECRUITED: \_\_\_\_\_ RECRUITED BY: \_\_\_\_\_  
 CONFIRMED BY: \_\_\_\_\_ DATE CONFIRMED: \_\_\_\_\_

Hello, this is \_\_\_\_\_ calling from Shugoll Research, an independent market research company. We are conducting a 3-minute survey to learn more about the types of equipment used on a day-to-day basis to care for young children and would greatly value your opinions. This is strictly market research and no sales effort is involved.

A. First, do you or does anyone in your family work: (READ LIST)

		<u>CIRCLE</u>	
		Yes	No
	For an advertising agency, a public relations firm or a market research firm	1	2
	For a federal government agency	1	2
	For a manufacturer of or retail store that sells baby equipment	1	2
OR	In the medical field, in a doctor's office, in a hospital, in a clinic or as a health care volunteer	1	2

↓

IF YES TO ANY, TERMINATE

1. Do you have any children living at home?

		<u>CIRCLE</u>	
Yes	1		→(CONTINUE)
No	2		→(THANK & TERMINATE)

2. How old are your children? (DO NOT READ LIST)

CIRCLE ALL MENTIONS

- |                          |   |   |
|--------------------------|---|---|
| Less than 6 months       | 1 | (ALL RESPONDENTS MUST HAVE CHILDREN 6 MONTHS TO 16 MONTHS. TRY TO RECRUIT HALF WHO ALSO HAVE ANOTHER CHILD UNDER 5 YEARS) |
| 6 months to 16 months    | 2 |   |
| 17 months to 23 months   | 3 |   |
| 2 to 4 1/2 years old     | 4 |   |
| 5 years or older         | 5 |   |
| Other _____<br>(SPECIFY) | 6 |   |

3a. Which of the following types of equipment are you currently using? (READ LIST)  
(CIRCLE UNDER Q.3a BELOW)

3b. (FOR THOSE NOT CIRCLED IN Q.3a ASK:) Which of the following types of equipment have you ever used?  
(CIRCLE UNDER Q.3b BELOW)

CIRCLE

- |  | Q.3a | Q.3b |   |
|--|------|------|---|
| High chair (a seat your child sits in at mealtime)   | 1    | 1    |   |
| Bath seat (a seat your child sits in at bath time)   | 2    | 2    | →(AT LEAST 8 MUST USE OR HAVE USED A BATH SEAT) |
| Car seat (a seat your child sits in when in the car) | 3    | 3    |   |

3c. Are you the parent who has primary responsibility for bathing your child who is between 6 months and 16 months old, is your spouse/partner primarily responsible, or do you both share the responsibility equally?

CIRCLE

- |  |   |  |
|--|---|--|
| I'm primarily responsible                  | 1 | →(QUALIFIES)   |
| We share equally in responsibility         | 2 |  |
| My spouse/partner is primarily responsible | 3 | →(ASK TO SPEAK TO PARTNER PRIMARILY RESPONSIBLE IN ORDER TO QUALIFY) |

4. And, now just a few final questions to make sure we have a balanced sample. Which of the following categories includes your age? (READ LIST)

CIRCLE

- |                       |   |                        |
|-----------------------|---|------------------------|
| Under 25              | 1 |                        |
| 25 to 34              | 2 |                        |
| 35 to 44              | 3 | →(RECRUIT A MDD)       |
| 45 or more            | 4 |                        |
| (DO NOT READ) Refused | 5 | →(THANK AND TERMINATE) |

5. And, are you? (READ LIST)

	CIRCLE	
White	1	
Black	2	
Hispanic	3	→(RECRUIT A MLX)
Asian	4	
Other (Specify) _____	5	
Refused	6	→(THANK AND TERMINATE)

6. Which of the following categories best reflects your total family income before taxes? (READ LIST)

	CIRCLE	
Less than \$30,000	1	
\$30,000 to \$49,999	2	
\$50,000 to \$69,999	3	→(RECRUIT A MLX)
\$70,000 to \$79,999	4	
\$80,000 to \$99,999	5	
\$100,000 or more	6	
(DO NOT READ) Refused	7	→(TERMINATE)

7a. Finally, have you ever attended a panel discussion for market research purposes?

	CIRCLE	
Yes	1	→(CONTINUE)
No	2	→(SKIP TO INVITATION)

7b. When did the last group discussion take place?

	CIRCLE	
Within the past 6 months	1	→(THANK & TERMINATE)
More than 6 months ago	2	→(CONTINUE)

RECORD GENDER:

	CIRCLE
Female	1
Male	2

INVITATION

We are conducting a panel discussion with 10 people like yourself to discuss the child care equipment needs of young children and factors that influence parent selection of equipment. The discussion will take place on November 17/18 at 6/8PM. The discussion will take about 2 hours. A cash gift of \$40 will be given to each participant and a light dinner/refreshments will be served. Are you available to attend the meeting?

CIRCLE

Yes

1 →(GIVE DIRECTIONS)

No

2 →(THANK & TERMINATE)

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APPENDIX B  
MODERATOR'S GUIDE

MODERATOR'S TOPIC GUIDE  
FINAL 12/02/93

PROJECT: CPS301  
DATE: November 17 (6/8pm) & November 18 (6pm)  
LOCATION: Bethesda, Maryland  
TOPIC: Baby bath rings

Introduction

- Who I am
- What I do

Ground Rules

- Audio taping and why
- Talk one at a time
- Articulate loudly enough to be heard
- Avoid side conversations
- Mirror and observers
- Videotaping and why
- Avoid peer pressure
- Be candid
- No right or wrong answers
- Need to hear from everyone
- Gratuity for your time and opinions

Respondent Introductions

Tell us:

- Your name
- Area of residence
- Family status - number of children, genders, ages

### Examine General Bathing Practices for Children

- Determine bath frequency in a typical week for children under 2 years old and children 2 to 5
- Identify typical bather (e.g., mom, dad, older sibling, babysitter, grandparent, etc.) for children under 2 and children 2 to 5
- Identify other bathers (e.g., mom, dad, older sibling, babysitter, grandparent, etc.) for children under 2 and children 2 to 5
- Determine typical length of bath for children under 2 and children 2 to 5
- Determine amount of water typically used in bath for children under 2 and children 2 to 5 (e.g., inches or proxy measurement such as up to what body part)
- Determine if children of different ages are ever bathed together—under what circumstances and why (e.g., more efficient, older child can supervise younger child, for fun or play, etc.)
- Describe the type of bath tub typically used (e.g., size, whirlpool, type of surface—shiny/mat, skid or non-skid, (Probe: what does skid/non-skid mean, how they know) surface material such as porcelain, cast iron, etc., surface pads used, if any—decals, mats, etc.)

### Examine Consumer Knowledge and Use of Baby Bath Seats/Rings

- Determine if respondents use bath aids to assist them in bathing their children. Identify types of bath aids typically used (specifically bath rings/seats) and frequency of use (e.g., always, sometimes—such as when you expect an interruption like an important phone call, rarely)
- Describe specifics about bath aid used in terms of size, shape, features, brand name, consumer information provided (e.g., how to assemble, how to use)
- Identify reasons why parents use bath rings/seats
- Determine how respondents got their bath ring/seat (e.g., purchased—where, hand-me-down, as a gift, etc.)
- Identify for what age child parents use bath rings/seats - Identify youngest age parents believe can use bath ring/seat and the oldest age that the product is still appropriate for
- Identify what parents particularly like and dislike about the bath rings/seats
- Determine if parents or other bathers have ever experienced any problems or difficulties (e.g., suction cups not holding child in seat)

---

over, etc.) using the bath ring/seat; identify the problems and the circumstances surrounding the problems

- Determine if parents have continued to use the bath ring/seat after experiencing their problem/difficulty
- Determine if parents believe the bath ring/seat stabilizes their children enough to allow them to turn away from and/or leave the bathroom for a few moments in case of an interruption or emergency

#### Examine High Risk Behavior Patterns During Bath Time

- Determine how often parents have had to leave their children in the bath
- Identify specific situations where bather has had to leave the child alone in the bath, or if no such situations have ever occurred, make respondents imagine situations/occasions where such action might have to occur (e.g., phone call, doorbell, attend other children or household emergency, etc.)
- Identify the youngest age child parents have ever left/or might leave in the bath and determine if older siblings (how old were siblings?) were or were not present/would be present at the time
- Determine how comfortable parents are leaving their children in the bathtub. Why/why not comfortable?
- Determine what factors impact parent's decision as to whether or not they can leave a child in the tub --(age, presence of sibling, previous successful experience leaving child alone in tub, use of a restraining device, etc.)
- Estimate how long parents have been away from a child/or would consider being away from a child who is in the bath
- Determine where the bather went/might go in relation to the location of the bath the child is in (e.g., determine if parent could or could not/would be able to hear or see the child in the bath)
- Determine what, if anything, parents did/might do to restrain the child (e.g., used a bath ring/seat, used a harness of some kind, asked an older sibling to support the younger child or other)
- Determine how parent found/might expect to find their child upon their return in terms of position in the tub, position in restraint, mood, etc. and whether or not they were surprised by what they found

### Obtain Reactions to Labeling and Packaging of Baby Bath Rings/Seats

- Determine awareness and recall of product safety information on your box and ring/seat itself
- Identify where parents remember seeing the information (e.g., on the box, on the ring/seat, in the instructions for assembly/use, other)
- Determine what should be done to alert parents about use of and potential hazards related to baby bath rings/seats (e.g., improve/change wording of warning, use a warning symbol/graphic, product redesign, take product off the market, other--client to specify)

### Obtain Reactions to Bath Rings/Seats

(Show respondents bath rings/seats without packaging)

- Most likely to purchase and why
- Least likely to purchase and why
- Which one do you think would be safest?
- Determine if respondents have ever seen any of the models displayed and which one, if any, they have used/currently use
- Identify how, if at all, their bath ring/seat differs in terms of size, shape, seat, features, etc.
- Obtain top-of-mind reactions to each ring/seat first by asking what they like and dislike about each one and by identifying which one respondents would be likely to purchase and why (e.g., seems sturdier, prefer the shape of the seat, color, special features--specify, etc.)
- Evaluate each ring/seat on: visual appeal, stability, restraint capability, safety--including a child's ability to climb out, tipping, surface injury, durability, and versatility in terms of range of ages the product could serve
- Determine which ring/seat gives parents more confidence that their child could be supported if they were to turn away or leave the bathroom for a moment to attend to an interruption or emergency

### False Close

- Determine what advice respondents would give other parents about use of the rings/seats
- Willingness to participate in follow-up telephone study, pass sign-up sheet (strictly voluntary)

### Final Comments

**Infant Seat Bathtub Drownings: Who's to Blame?** NC. Mann, R. Rauchschalbe, L. Olson, NZ. Cvijanovich, Intermountain Injury Control Research Center, University of Utah, Salt Lake City, UT and U.S. Consumer Product Safety Commission, Washington, DC

**Objective:** The U.S. Consumer Product Safety Commission (CPSC) voted (2 to 1) against rulemaking for infant bath seats. One opposing commissioner argued that caregivers "irresponsible actions," not the product, caused these drownings. However, research findings indicate that even "conscientious" parents demonstrate an inherent "false sense of security" when using this product, increasing risk taking behavior. This study documents enhanced environmental risks among bath seat related drownings compared to infant drownings with no bath seat involvement. **Methods:** Retrospective review of all bathtub drownings reported to CPSC (1993-96). To moderate the effect of "irresponsible actions," risk factors compare infant deaths ( $\leq 10$  months of age) occurring with and without a bath seat present. **Results:** A total of 263 infant drownings were reviewed. In 32 cases, infants were alone in the tub with a bath seat in use. In 32 cases, infants were alone in the tub with no bath seat. Comparing these sub-groups, parents were more likely to leave infants unattended to perform a premeditated activity (e.g., prepare food) with a bath seat present (75%) than without (45%). Mean elapsed time infants were left alone was greater with bath seat use (7.5 min  $\pm$  12.4) than when not in use (4.7 min  $\pm$  4.3). Mean water depth was deeper among seat-related fatalities (8.0 in  $\pm$  3.7) than deaths with no bath seat present (6.5 in  $\pm$  4.5). **Conclusion:** Findings indicate that the risk of pediatric injury associated with consumer products incorporates parental perceptions and should not be limited to the inherent structure of the product.