



Mott Poll Report

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Preparing for a Substitute Sitter

Around the holidays, parents may ask friends or relatives to watch their children while they shop, work, or attend holiday functions. The C.S. Mott Children's Hospital National Poll on Children's Health asked parents of children age 0-5 years about providing information sitters may need, and asked adults without children in their household about handling urgent situations that could arise while babysitting, including calling for advice and taking the child to the emergency room (ER).

Parents of children 0-5 years were not consistent about writing down emergency numbers and posting them in a location that would be easy to see for babysitters. Less than half said the parent's work or cell number (48%), the number for the child's doctor (47%), and the number of another family/friend contact (42%) were posted in an easy-to-see location. Less common were numbers for Poison Control (35%) and the nearest hospital/ER (31%).

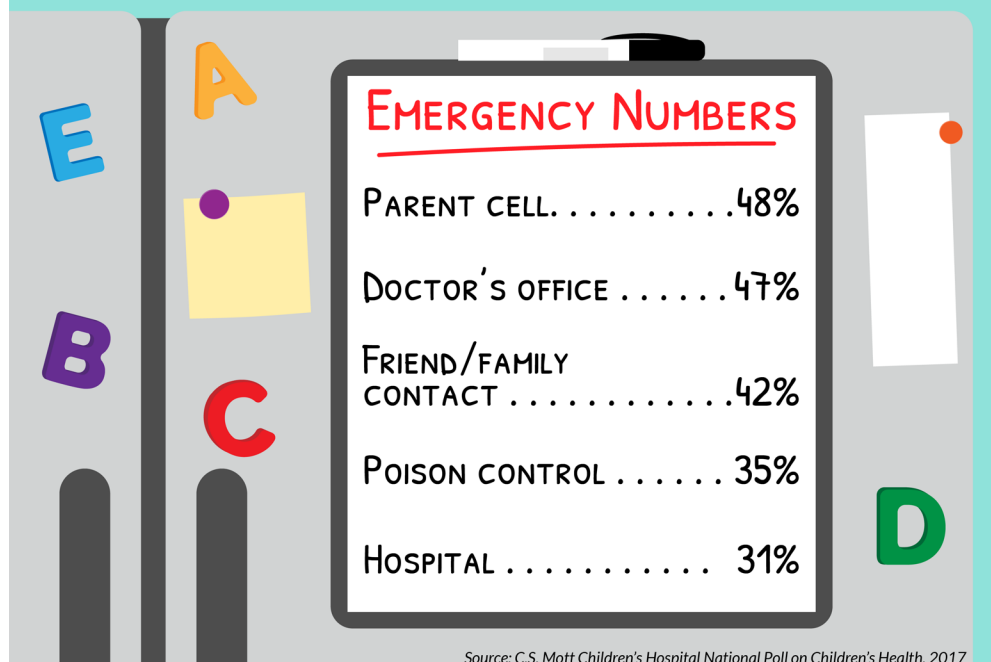
Most parents (69%) said it takes 15 minutes or less to get from their home to the nearest hospital/ER, while 31% said it would take more than 15 minutes. Parents who lived more than 15 minutes away from the nearest ER were less likely than parents in close proximity to have emergency contact numbers posted in an easy-to-see location.

Adults without children in their household identified situations in which they might call for information or go directly to the emergency room if an urgent situation occurred while they were babysitting. These adults were asked to imagine that while on vacation with family or friends, they were asked to care for a 3-year-old for a few hours. For a situation where the child sustained a minor burn, 13% of adults said they would call the child's doctor for advice on what to do, while 18% would take the child directly to the emergency room. For a situation in which the 3-year-old child may have swallowed medication, 49% of adults would call Poison Control, while 38% would immediately take the child to the ER. If the child were choking, most adults would try to dislodge the object that was causing the child to choke, but 8% would take the child directly to the ER.

In identifying their biggest fear when babysitting a 3-year-old, adults described urgent medical situations, such as the child choking (16%), sustaining a head injury (12%) or other type of injury (16%), or poisoning (4%). Other adults feared being unprepared for dealing with a child that age (16%). One third of adults (36%) did not report any babysitting fears.

Ready for the sitter?

Percent of parents of children 0-5 with emergency numbers posted at home



Source: C.S. Mott Children's Hospital National Poll on Children's Health, 2017

Report Highlights

Less than half of parents posted key emergency contact information in an easy-to-see location for the babysitter.

Parents who lived more than 15 minutes from an ER were less likely to post key contact information than those in close proximity.

In response to an urgent medical situation while babysitting, many adults would call the child's doctor or Poison Control, or bring the child to the ER.

Data Source & Methods

This report presents findings from a nationally representative household survey conducted exclusively by GfK Custom Research, LLC (GfK), for C.S. Mott Children's Hospital. The survey was administered in May 2017 to a randomly selected, stratified group of adults age 18 and older (n=2,051). Adults were selected from GfK's web-enabled KnowledgePanel® that closely resembles the U.S. population. The sample was subsequently weighted to reflect population figures from the Census Bureau. The survey completion rate was 61% among panel members contacted to participate. This report is based on responses from 386 parents who had at least one child age 0-5 years and 546 adults who had no children 0-17 years in the household. The margin of error is ±2 to 6 percentage points and higher in subgroup analysis.

A publication from C.S. Mott Children's Hospital, the University of Michigan Department of Pediatrics and Communicable Diseases, and the University of Michigan Child Health Evaluation and Research (CHEAR) Center.

Findings from the C.S. Mott Children's Hospital National Poll on Children's Health do not represent the opinions of the University of Michigan. The University of Michigan reserves all rights over this material.

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Implications

During the holidays, many families travel to see family and friends, or host visiting relatives. Childcare and preschool facilities may be closed on certain days, and regular babysitters unavailable. As a result, family members and friends may be called on to watch a child while parents shop, work, or attend holiday gatherings.

This Mott Poll indicates that parents should be mindful about making sure their "substitute sitters" are ready for their role, particularly those who are not familiar with young children. Adults who are not parents of young children described themselves as fearful of a child choking or suffering an injury -- common situations that can occur even when babysitting for a short period of time. Taking a few minutes to understand the comfort level of the babysitter can help parents gauge the level of information that should be provided.

For sitters with limited experience around children, parents should think carefully about how to direct them to accurate health information. This could include providing a first aid book or the link to a reliable website that the sitter can access via their cell phone. Parents should leave written information if the child has allergies, takes medications, or has other health conditions.

Parents are responsible for making sure the phone numbers of key contacts are posted in a location where the sitter can easily see them. Key contacts should include more than the parent, as cell phone service may be interrupted, or the parent may in a location (e.g., movies, concert) where it may not be feasible to receive a call or text.

In this Mott Poll, half of adults said they would call Poison Control if the child in their care may have swallowed something toxic. In that situation, the sitter should be focusing on the child, not having to search for a phone number, so parents should make sure that the Poison Control number is included in the easy-to-find emergency contact list.

In addition to posting phone numbers, parents should explain their preferences on how to handle various situations that may arise, remembering that some adults are uncertain about how to care for children. For example, in this Mott Poll, 1 in 5 adults said they would bring the child directly to the ER for a minor burn, while in 2 in 5 would go to the ER if they thought the child had swallowed medication. Before leaving their child with a sitter, parents should discuss situations in which going to the ER is appropriate; many parents prefer that the sitter call them first. However, insisting that the sitter contact the parent first may waste precious time in a true emergency -- particularly if the parent cannot answer a call immediately.

Parents also need to be clear if they have a preference for a certain hospital or ER, in cities that have multiple options, and to make sure that preference is communicated to the sitter. Moreover, if the travel time to the ER is longer than 15 minutes, parents may want to direct the sitter to call 9-1-1, rather than transporting the child by car.

Overall, when asking friends or relatives to take on the role of substitute sitter, parents need to be thoughtful about making sure that person is prepared.