

Prenatal care visits are an opportune time for doctors, nurses, or other health care workers to inform all pregnant women who drive or ride in motor vehicles about how to properly wear seat belts throughout pregnancy. The American College of Obstetricians and Gynecologists recommends counseling pregnant women about wearing seat belts, and the following talking points provide compelling seat belt safety information.

Seat Belts During Pregnancy



Wearing a Seat Belt during Pregnancy

- Motor vehicle injuries are the leading cause of hospitalized trauma during pregnancy and a major cause of death during pregnancy.
- Seat belt use by pregnant women reduces their risk of adverse maternal and fetal outcomes.
- Both lap and shoulder belts should be worn as illustrated in Figure 1:
 - The lap belt should be placed below the abdomen, over the anterior superior iliac spine and pubic symphysis.
 - The shoulder harness should be positioned between the breasts.
 - There should not be excessive slack in either the lap or shoulder belts.

Analysis of data from the Pregnancy Risk Assessment Monitoring System (PRAMS) found that a number of women in the study population were involved in a car accident during the study period (2000–2005). These findings also indicate that sociodemographic and other social factors impact education about and proper use of seat belts during pregnancy.

Seat Belt Counseling

- Only 48% of women who received prenatal care reported being counseled on using seat belts during pregnancy (48.5%; 95% CI, 48.2, 48.9).
- Women who reported being counseled about using a seat belt during pregnancy were more likely to be young, non-white, have fewer years of education, and have their prenatal care paid for by Medicaid or another public program.



FIGURE 1. Illustration of How to Properly Wear a Seat Belt While Pregnant.

Source: Should pregnant women wear seat belts? NHSTA, DOT HS 809 506, September 2002.

Seat Belt Counseling and Hospitalizations Resulting from a Car Accident

- During the study period, on an annual basis, approximately 32,000 pregnant women in the study population were injured in a car accident.
- Women who were young, non-white, had fewer years of education, and whose prenatal care was paid for by Medicaid or other public programs were more likely to be injured in a car accident during pregnancy.
- Over 20,000 (56.7%; 95% CI, 51.4, 61.8) women went to the hospital or emergency room for less than 1 day, and almost 4,500 women (12.2%; 95% CI, 9.2, 15.9) were hospitalized for 1-7 days because of a car accident during the 6-year period (Table 1).

TABLE 1. Prevalence of Women Seeking Care Because of a Car Accident*

Self-reported care for women in a car accident			
	Weighted (n)	Percent (%)	95% CI
No hospital or bed rest	4,901.53	13.37	10.40-17.04
Bed rest > 2 days	6,394.97	17.45	13.71-21.95
ED or hospital < 1 day	20,764.42	56.65	51.38-61.78
Hospital stay 1-7 days	4,461.59	12.17	9.22-15.90
Hospital stay > 7 days	128.45	0.35	0.19-0.64

*Population restricted to women whose only reported health problem during pregnancy was "I was hurt in a car accident."

Source: PRAMS, 33 States and New York City, 2000-2005.



Recommendations

To help reduce the incidence of maternal and fetal injuries resulting from car accidents, all pregnant women should receive seat belt counseling during prenatal care visits.

SOURCES OF INFORMATION

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