

# Sun protection for babies and toddlers



Cancer Council Victoria recommends that all babies under 12 months are not exposed to direct sun<sup>1</sup> during the daily sun protection times (when the UV Index is 3 or above). A baby's skin is thin, extremely sensitive and can burn easily.<sup>2</sup> The more sun exposure during childhood, the greater the risk of skin cancer in later life.

When UV levels are low, sun protection is generally not required and a small amount of direct UV exposure is considered safe and healthy for infants. However, if spending longer periods of time outdoors during low UV periods, it is recommended that your baby's skin be protected from UV exposure with clothing and shade when available.

Parents and care providers are encouraged to access the daily sun protection times. The free SunSmart app tells you sun protection times for your location and provides current UV levels. Sun protection times can also be found at the Bureau of Meteorology website and live UV levels are also available from ARPANSA.

Cancer Council recommends five steps to protect against sun damage during the daily sun protection times.

## 1. Slip on sun-protective clothing

Cover as much of the baby's skin as possible with cool, loose-fitting clothes and wraps. The higher the UV protection factor (UPF), the greater the protection the fabric will provide. If possible, choose fabrics that are at least UPF15 (good protection), but preferably UPF50 (excellent protection).

If you choose clothing that doesn't have a UPF label, look for fabrics that contain full percentages and/or blends of heavyweight natural fibres like cotton, linen and hemp, or lightweight synthetics such as polyester, nylon, lycra and polypropylene. The tighter the fabric structure, whether knitted or woven, the better the sun protection.

## 2. Slop on SPF30 (or higher) broad-spectrum, water-resistant sunscreen

Sunscreen filters UV radiation, but does not completely block it out. If you can't avoid being in the sun, apply sunscreen to those small areas of the body that are not covered by a hat and clothing.

The Australasian College of Dermatologists states that because very young babies (less than six months of age) absorb more of any chemical applied to the

skin than adults, the widespread regular use of chemical sunscreens is not recommended. The American Academy of Pediatrics has stated that sunscreens may be used on infants younger than six months on small areas of skin if adequate clothing and shade are not available.

Many brands of sunscreen have a baby or toddler formula. These are just as protective, but much gentler on their skin. Look for sunscreens that have been dermatologically tested for sensitive skin.

### Sunscreen tips

- Test the sunscreen on a small area of the child's skin to check for any skin reactions.
- Use an SPF30 (or higher) broad-spectrum, water-resistant sunscreen.
- If possible, try to apply sunscreen about 20 minutes before your child goes outside to give it time to bind to the skin. Reapply every two hours (even if the stated water resistance is longer than two hours).
- Sunscreen should never be used as the only sun protection measure or to extend time in the sun.

## 3. Slap on a hat

Hats should provide good shade to the face, back of the neck, eyes and ears. Wearing a hat with a broad-brim that shades the eyes can reduce UV radiation to the eyes by 50%.<sup>3</sup>

Suitable sun protection hats include:

- soft legionnaire hats, with a flap at the back to protect the neck – the flap and front peak should overlap
- bucket hats with a deep crown and angled brim that sit easily on the child's head
- broad-brim hats.

Baseball caps do not offer enough protection for the cheeks, ears and neck and are not recommended.

For young babies, choose a fabric that will crumple easily when they put their head down. When choosing a hat, consider its size and comfort, the amount of shade it provides to the face, if it will obstruct vision or hearing, and safety. Hats that can be adjusted at the crown are best. If the hat is secured with a long strap and toggle, ensure it has a safety snap, place the strap at the back of the head or trim the length so it doesn't become a choking hazard. Many children do not like to wear hats. Persistence is needed to teach them that a hat is part of their outside routine.



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## 4. Seek shade

If outdoors, babies need to be kept in the shade. Even in the shade, UV radiation can reflect from surfaces such as sand and concrete, so use a hat, clothing, sunscreen and sunglasses. The shade moves with the sun, so follow the shade.

When travelling, use a shade visor or hang a blanket over the side windows in the car. Side and back windows don't offer as much protection as the front windscreen.

When buying a pram, check that the hood can be adjusted, so that it can be moved to block out the direct sun. For the best protection, pram shade covers should completely cover the pram and be made of densely woven fabric that combines a mesh section – so the baby can see and air can circulate – and a shade fabric section. The fabric section should block close to 100% of UV radiation (UPF50+) and the mesh section should block at least 70% of UV radiation (UPF3).

## 5. Slide on sunglasses

To protect the eyes, look for sunglasses that:

- are a close fitting, wrap-around style that cover as much of the eye area as possible
- meet the Australian Standard AS/NZS 1067:2003 (Sunglasses and fashion spectacles: category 2, 3 or 4)<sup>4,5</sup>
- are preferably eye protection factor (EPF) 10<sup>6</sup>
- have soft elastic to keep them in place.

Toy or fashion-labelled sunglasses do not meet the requirements for sunglasses under the Australian Standard and should not be used for sun protection.

Remember that even without wearing sunglasses, wearing a hat with a brim that shades the eyes can reduce UV radiation to the eyes by 50%.<sup>3</sup>

## Role modelling

Children often copy those around them and learn by imitation. If adults adopt sun protection behaviours, the children in their care are more likely to do the same.<sup>7</sup>

## Vitamin D

Vitamin D is a hormone that controls calcium levels in the blood. It is needed for the development and maintenance of healthy bones, muscles and teeth and is important for general health.<sup>8,9</sup> Most vitamin D is made in the skin from exposure to the sun's UV. Babies get their initial store of vitamin D from their mothers, so they are at risk of low vitamin D if their

mother has low levels.<sup>10</sup> If concerned about a baby's vitamin D levels, speak with a doctor.

## Medical issues

Exposing babies to direct sun is not recommended to treat jaundice or nappy rash. Exposing a baby to direct sun can put them at high risk of skin damage. Jaundice causes concern in about 10% of babies.<sup>11</sup> Jaundice should be treated under medical supervision in a controlled environment. For skin affected by nappy rash, recommendations include frequent nappy changing, applying barrier creams to the affected areas and exposing the inflamed area to the open air as much as possible – but not to the direct sun.

## Further information and resources

More information is available at [sunsmart.com.au](http://sunsmart.com.au) or contact the Cancer Council on 13 11 20. UV-protective clothing and accessories can be purchased at the Cancer Council Victoria's shop or online at [cancervic.org.au/store](http://cancervic.org.au/store)

## References

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- <sup>3</sup> Rosenthal FS, West SK, Muñoz B, Emmett EA, Strickland PT, Taylor HR. Ocular and facial skin exposure to ultraviolet radiation in sunlight: a personal exposure model with application to a worker population. *Health Physics* 1991;61(1):77–86.
- <sup>4</sup> Standards Australia. Australian Standard AS 1067:2003 (Sunglasses and fashion spectacles).
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- <sup>7</sup> Dobbins S, Wakefield M, Hill D, Girgis A, Aitken JF, Beckmann K, Reeder AI, Herd N, Spittal MJ, Fairthorne A, Bowles K-A. Children's sun exposure and sun protection: Prevalence in Australia and related parental factors. *Journal of the American Academy of Dermatology* 2012;66(6):938–47.
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- <sup>9</sup> Trivedi DP, Doll R, Khaw KT. Effect of four monthly oral vitamin D3 (cholecalciferol) supplementation on fractures and mortality in men and women living in the community: randomised double blind controlled trial. *British Medical Journal* 2003;326(7387):469–75.
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**This information is based on current available evidence at the time of review. It can be photocopied for distribution.**  
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