

# Sun protection for babies and toddlers



Cancer Council Victoria recommends that all babies under 12 months are not exposed to direct sun whenever the UV Index reaches 3 or above. A baby's skin is thin, extremely sensitive and can burn easily. The more sun exposure during childhood, the greater the risk of skin cancer in later life.

**Check the SunSmart UV Alert in the weather section of the daily newspaper or at [sunsmart.com.au](http://sunsmart.com.au) to find out the UV level and the times of the day that sun protection is needed. Sun protection is required when the UV is 3 and above – UV levels are most intense during the middle of the day.**

**Whenever the UV Index reaches 3 or above use a combination of the five sun protection measures including:**

## 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 provided by the fabric. 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. Slap on SPF30+ 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 recommends the use of a sunscreen 'at any age when there is unavoidable exposure to the sun' and states sunscreen is safe to use on babies.<sup>2</sup> Many brands have a gentler babies or toddlers formula. Sunscreens with titanium dioxide or zinc oxide

reflect UV radiation away from the skin, and are less likely to cause problems with sensitive skin.

Sunscreen tips:

- test the sunscreen on a small area of the baby or toddler's skin to check for any skin reactions
- use an SPF30+ broad spectrum, water-resistant sunscreen
- apply the sunscreen 20 minutes before going outside and reapply every two hours (even if the stated water resistance is longer than two hours)
- only use sunscreen with other forms of sun protection. Sunscreen should never be used to extend time in the sun.

Children with naturally very dark skin (skin that rarely or never burns) may not need to apply sunscreen as their high level of melanin (skin pigment) acts as a natural sunscreen. This is a decision for families to make. However all children, regardless of skin type should wear a hat.

## 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 brim that shades the eyes can reduce UV radiation to the eyes by 50%.<sup>3</sup>

Suitable sun protection hats include:

- soft legionnaire-style 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-brimmed hats

For young babies, choose a fabric that will crumple easily when they put their head down.

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

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 babies and toddlers 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, pusher or stroller, 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 which 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 (UPF3.3).

## 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: sunglasses category 2, 3 or 4)<sup>4,5</sup>
- are preferably marked 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.

## Role modelling

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

## Nappy rash

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. Exposing a baby to direct sun can put them at high risk of sunburn and skin damage.

## 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 also important for general health.<sup>8,9</sup> Most vitamin D is made in the skin from exposure to the sun's UV. There are also very small amounts of vitamin D that occur naturally in fish and eggs, while margarine and some types of milk have added vitamin D. However it is difficult to get enough vitamin D from diet alone.

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.

## Jaundice

Neonatal jaundice generally only causes concerns in about 10% of babies.<sup>11</sup> Jaundice should be treated under medical supervision in a controlled environment. Exposing babies to direct sun is not recommended to treat neonatal jaundice.

## Further information and resources

*Being SunSmart in Victoria* information sheet and other information is available at [sunsmart.com.au](http://sunsmart.com.au) or contact the Cancer Council Helpline 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

<sup>1</sup> Seidenari S, Giusti G, Bertoni L, Magnoni C, Pellacani G. Thickness and ecogenicity of the skin in children as assessed by 20-MHz ultrasound. *Dermatology* 2000; 201 (3): 218–222.

<sup>2</sup> Sullivan JR. A–Z of Skin: *Baby and Toddler Protection*. Australasian College of Dermatologists, 2001. Retrieved from [www.dermcoll.asn.au/public/a-z\\_of\\_skinbaby\\_toddler\\_protection.asp](http://www.dermcoll.asn.au/public/a-z_of_skinbaby_toddler_protection.asp) on 31 October 2006.

<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).

<sup>5</sup> Choice. Eye safety. Sunglasses. *Choice Magazine* 1999; 8–11 October.

<sup>6</sup> Cairns S. Royal Australian College of Ophthalmologists policy statement on sunglasses. *Medical Journal of Australia* 1992;157: 343–4.

<sup>7</sup> Dobbins S, Fairthorne A, Bowles K-A, Sambell N, Spittal M, Wakefield M. *Sun protection and sunburn incidence of Australian children: summer 2003–04*. Melbourne: Centre for Behavioural Research in Cancer, Cancer Council Victoria, July 2005 unpublished.

<sup>8</sup> Papadimitropoulos E, Wells G, Shea B, Gillespie W, Weaver B, Zytaruk N, Cranney A, Adachi J, Tugwell P, Josse R, Greenwood C, Guyatt G. VIII: Metaanalysis of the efficacy of Vitamin D treatment in preventing osteoporosis in postmenopausal women. *Endocrine Reviews* 2002; 23(4): 560–9.

<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.

<sup>10</sup> Nozza J, Rodda C. Vitamin D deficiency in mothers of infants with rickets. *Medical Journal of Australia* 2001; 175 (5): 253–5.

<sup>11</sup> Harrison S, Buettner P, MacLennan R. Why do mothers still sun their infants? *Journal of Paediatrics and Child Health*.1999; 35: 296.

**This information is based on current available evidence at the time of review. It can be photocopied for distribution.**

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