### **SUNSCREEN TIPS**

- Test the sunscreen on a small area of the child's skin to check for any skin reactions.
- Use an SPF 50+ broad-spectrum, water-resistant sunscreen.
- Apply sunscreen 20 minutes before your child goes outdoors and reapply every two hours (even if the stated water resistance is longer than two hours), or more frequently if it is washed or wiped off.

### Slide on sunglasses

Slide on sunglasses, if practical, 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 Australian standard AS/NZS 1067:2016 and preferably carry an eye protection factor (EPF)  $10^{\rm 5}$
- have soft elastic to keep them in place.

Toy sunglasses do not meet the requirements for sunglasses under the Australian Standard and should not be used for sun protection. If children are having trouble wearing sunglasses, wearing a broad brimmed hat that shades the eyes can reduce UV radiation to the eyes by 50%.<sup>6</sup>

Check your child's clothing, hat and shade positioning regularly to ensure they continue to be protected from UV radiation.

# Vitamin D

Sunlight is the best source of Vitamin D and is important for the development and maintenance of strong healthy bones and muscles. Babies get their initial store of vitamin D from their mothers, so they are only at risk of low vitamin D if their mother has low vitamin D.<sup>7</sup>

Most babies and toddlers will get enough vitamin D from sun exposure during day-to-day activities and therefore extended and deliberate sun exposure without sun protection is not recommended. Talk to your doctor if you're concerned about your child's vitamin D levels.

# 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 and should be treated under medical supervision in a controlled environment.<sup>8</sup> 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.

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For free and confidential information and support about cancer, Monday to Friday 9.00 am – 5.00 pm:

- call Cancer Council **13 11 20**
- chat online at cancersa.org.au
  email askanurse@cancersa.org.au
- Free interpreting service is available on **1314 50**



Information and support

cancersa.org.au

# Sun protection for babies and toddlers

Protecting the skin of young children



# **KEY POINTS**

- Babies under 12 months should not be exposed to direct sun<sup>1</sup> during the daily sun protection times.
- Parents and care providers are encouraged to be positive role models and adopt sun protection behaviours<sup>2</sup>.
- When the UV Index is 3 and above protect your child's skin with:
  - clothing that covers as much skin as possible
  - SPF 50+ sunscreen (for babies over six months only<sup>3</sup>)
  - a hat that protects the face, neck and ears
  - shade
  - close-fitting, wrap-around sunglasses.
- Parents and care providers are encouraged to access the daily sun protection times via the free SunSmart Global UV app or online at sunsmart.org.au.



# How can I protect my child's skin?

Baby and toddler skin is thin, extremely sensitive and can burn easily.<sup>4</sup> Damage to a child's skin begins with the first exposure to sunlight and a young child's skin will be damaged by the sun much more easily than an adult or older child.

Ultraviolet (UV) radiation from the sun is the major cause of skin damage which can lead to skin cancer. UV is measured on a numbered scale and levels of 3 and above are enough to cause permanent and irreversible skin damage. The higher the UV level, the greater the risk. Sun exposure during childhood and adolescence is a major factor in determining future skin cancer risk.

Regardless of their skin type, babies and toddlers should be well protected from the sun using the five sun protection measures whenever the UV is 3 and above.

When UV levels are below 3, sun protection is generally not required and a small amount of direct UV exposure is considered safe and healthy for babies and toddlers. However, if outdoors for extended periods, care should be taken regardless of the UV Index and it is recommended that your child's skin be protected from UV exposure.

# Check the UV level and daily sun protection times

UV radiation cannot be seen or felt, unlike infrared radiation which we feel as heat. Therefore parents and care providers are encouraged to check the UV level and the daily sun protection times online at **sunsmart.org.au** or download the free **SunSmart Global UV app** to their mobile phone.

This will inform you when sun protection is recommended so you can plan daily outdoor activities accordingly.

For the best protection, use a combination of sun protection measures (shade, protective clothing, hat, sunscreen and sunglasses).

## Seek shade

When outdoors, babies and toddlers 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 car's side windows. 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 child can see and air can circulate—and a fabric section. The fabric section should block close to 100% of UV radiation (UV protection factor (UPF) 50+) and the mesh section should block at least 70% of UV radiation (UPF 3).

# Slip on sun protective clothing

Slip on clothing that covers your child's skin as much as possible. Choose cool, loose fitting clothing and wraps made from densely woven fabrics – the closer the weave, the less UV that will get through. Some fabrics have a UPF rating. The higher the 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).



# Slap on a hat

Hats should provide good shade to the face, back of the neck, eyes and ears. Suitable sun protection hats include soft legionnaire hats with a flap that overlaps the front peak on both sides, bucket hats with a deep crown and angled brim that sit easily on the child's head or broad brimmed 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 outdoor routine.

# Slop on SPF 50+ broad-spectrum, waterresistant sunscreen

The use of sunscreen on babies under six months is not generally recommended as their skin is very sensitive.<sup>2</sup>

For babies older than six months, look for sunscreens that have been dermatologically tested for sensitive skin. Many brands have a baby or toddler formula which are just as protective but much gentler on their skin.

It is recommended that you test the sunscreen on a small area of the baby or toddler's skin to check for any skin reaction. If a reaction occurs seek medical attention.

Remember, sunscreen filters UV radiation but does not completely block it out. Sunscreen should be used as a last line of defence on areas of exposed skin that cannot be covered using clothing and hats, rather than prioritised as the first line of defence.