Children with Down syndrome may have additional needs that can affect how they travel. This tip sheet answers some questions you may have about transporting your child.
How long should my child ride rear-facing?

The American Academy of Pediatrics recommends you keep your child rear-facing as long as possible (Figure 1) until they reach the maximum height and weight for the car seat they are using. Since some children with Down syndrome have decreased muscle tone or unstable neck bones, riding rear-facing helps support their entire body and protects them from injury, especially to the spine. Most new rear-facing only and convertible car safety seats (Figure 1) allow children to ride rear-facing up to 40 or 50 pounds.

Will the car seat harness straps hurt my child after heart surgery?

Ask your surgeon if you are worried that your car seat’s harness straps will put too much pressure on your child’s stitches (Figure 2). If this is a problem, you may need to use a different car seat. Pressure from harness straps in a crash is less in a rear-facing position.
What car seat should I use when I turn my child around?

Use a forward-facing car seat that has a 5-point harness until your child outgrows the maximum height or weight allowed by the manufacturer. Many forward-facing car allow children to remain in a harness system up to 65 pounds (Figure 3). A child passenger safety technician may be able to provide you with information about car seats with more recline options. You can find a technician in your area by visiting cert.safekids.org and clicking on “Find a Tech”.

What if my child has trouble sitting up?

If your child fits well in a conventional car safety seat (rear-facing or forward-facing) and needs only minimal additional support, you can place rolled blankets or towels along the side of your child’s trunk to prevent your child from leaning side to side (if allowed by the car seat manufacturer). Never put anything behind your child or under the harness.

What if my child is too big for the car seats at the store?

Some children with Down syndrome outgrow conventional car seats but need additional support or difficulty understanding the importance of staying buckled up. Your child may need a large medical car safety seat (Figure 6). Large medical seats have harnesses for weights as high as 115-130 pounds.

Large medical seats also offer a variety of accessories, such as head and trunk support or anti-escape accessories to meet your child’s unique transportation and positioning needs. It is important to work with your child’s medical team to determine the best large medical seat for her. Large medical seats are usually ordered following a therapist evaluation through a local durable medical equipment vendor. Insurance or, in some states, Medicaid may cover the cost if proper documentation is provided.

What if my child has a tracheostomy?

Use a car seat with a five-point harness. A five-point harness has straps that come over your child’s shoulders and hips and buckle into a crotch strap (Figure 5). Car seats with multiple recline options may provide improved positioning options for your child.

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When can my child ride in a booster seat?

If your child does not need additional support and will stay buckled up, he may be able to use a booster seat after he outgrows his car seat with a harness (Figure 6). This is usually when a child weighs about 40 pounds and is about 4 years old. A belt-positioning booster seat will lift up your child so the seat belt fits properly and will make your child safer in a crash. Never use a booster seat with a lap-only seat belt.

When will my child be ready to use a seat belt?

It is recommended that your child stay in a booster seat until 4’ 9”/57 inches. Your child must be able to sit all the way back against the vehicle seat without slouching, bend his knees easily over the edge of the seat, and wear the lap-and-shoulder seat belt flat and snug on his upper thighs and between his neck and shoulder. This is usually when a child is about 8-12 years.
**When may my child ride in the front seat?**

The back seat is the safest place for all children 12 years and younger, even if your car does not have an airbag.

**Where should I put medical equipment in the car?**

Place medical equipment such as apnea monitors and oxygen tanks on the floor of the vehicle wedged with pillows, foam, or blankets (if allowed by the vehicle manufacturer - as they may interfere with advanced airbag sensors). Equipment can also be buckled in unused seat belts. There are no straps or belts specifically made for securing equipment in a vehicle.

**How should my child ride in a school bus?**

Preschool-age children who weigh less than 40 pounds should use a car seat or school bus specific restraint on a school bus (Figure 7). When she is older, she may need to ride in an up-right vest, a large medical seat, or potentially in her wheelchair. Talk with the school about your child’s transportation needs. Make sure transportation staff are included in her IEP (Individual Education Plan).

**How can I be sure my child is buckled up correctly?**

Always read and follow the directions that come with your car seat and your vehicle owner’s manual. You can find a certified child passenger safety technician who is trained in Safe Travel for All Children/adaptive transportation at cert.safekids.org. Click on “Find a Tech”. In the CPS Technician search form, make sure to click “Special Needs” in the Extra Training field. If there is not someone trained in adaptive transportation in your area, please call 800-755-0912 for further assistance.