Blind to the danger?

In 1990 I wrote to CMAJ regarding my unfortunate experience involving the accidental strangulation of toddlers by window-blind cords.1

Seven years later I was contacted about the topic by Market Place, a CBC television program, because interest had been renewed by a recent article in another journal.2 I have been out of general pediatric practice for several years, so it was with dismay that I found that very little has been done at the manufacturing level to eliminate these totally preventable accidents. Recently there was a huge recall of venetian blinds because of the potential toxicity of their component materials, but there has been little or no publicity acknowledging the very real hidden dangers posed by window blind cords.

In 1990 I ended my letter with recommendations that safety warnings be packaged with the blinds. Today I realize that those recommendations did not go far enough. We should be advocating for changes to make the product hazard free, and we should increase awareness of this problem as part of our provision of well-child care in all settings, from homes to day-care centres.

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References

[Yves Fortin, of Health Canada, comments:

I would like to describe here the actions that Health Canada has taken over the past 7 years to address the potential strangulation hazard associated with window-covering cords.

In 1991 a letter was issued to the window-covering industry recommending voluntary labelling to warn consumers of the potential hazard associated with cords. Consequently, major manufacturers introduced warning labels and suggested ways to tie up cords and place them out of the reach of children. In 1992 an information campaign was launched to publicize the potential hazard posed by blind cords, and in April 1994 department officials participated in a meeting with representatives of the North American window-covering industry to encourage them to develop ways to eliminate the hazard. The US Window Covering Manufacturers Association subsequently developed a standard, ANSI A100.1-1996, which was published in January 1997.

In March 1996 Health Canada sent a letter to the window-covering industry seeking continued commitment to affixing safety warnings to products, and retailers were asked to display an accompanying poster. In addition, a letter was sent to day-care centres, public health units and health care professionals asking them to take further measures to inform consumers of the hazard posed by blind cords by posting an accompanying poster and circulating it to par-
Folic acid and the pill

It seems that we all agree on the benefits of folic acid fortification for women of child-bearing age as a means of reducing the frequency of neural tube defects, as outlined in the article “Folic acid fortification: What does it mean for patients and physicians?” (CMAJ 1998;158[6]:773-4), by Drs. Linda Turner and Catherine McCourt. I'm pleased that Health Canada has initiated a study “to determine whether food fortification is accompanied by a reduction in the detectable incidence of neural tube defects...and....leads to an improvement in the blood folate status of women of reproductive age who do not take oral supplements.”

However, I'm disappointed that no action has been taken on my suggestion of an interim measure to improve dietary folate intake in a group of women in whom periconceptual folic acid fortification could readily be achieved. If all oral contraceptive regimens were converted to a 28-day cycle for which the 7 inert pills were replaced by tablets containing an appropriate dose of folic acid, at least those women who are practising contraception would be better prepared for the time when conception becomes their intent.

This may seem an odd suggestion from a university professor, but sometimes further study is a poor substitute for getting on with something that is patently justified by good evidence from other jurisdictions!

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Reference

[The authors respond:]