

Pēpi-Pod® Programme

Programme materials for accredited distributors

2012-2013



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(www.pepi-pod.co.nz)

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Pēpi-pod® Programme

Programme materials for accredited distributors

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Haere mai

Welcome to this training and the vision for New Zealand of '*safe sleep for every baby every sleep*'. **Pēpi-Pod**[®] sleep spaces are establishing across New Zealand. You will be able to say "I was there at the start" because of your participation in this programme. Thank you for your decision to put yourself forward to lead this change within your settings, region and networks.

This training is to prepare you for your role in distributing **pēpi-pod**[®] sleep spaces to families of vulnerable babies. It is a simple orientation to the **approach** we have designed, the **knowledge** that underpins it, and the **steps** you will need to take to meet standards and to succeed in this role.

We acknowledge and appreciate all that you bring with you to this role. We do not promise that it will be easy. Many people do not like change and are rather attached to the way they think and act. What we can promise is that the work will be important and meaningful and you will be supported by all of us to achieve in it.

Change for our Children Limited has developed the **Pēpi-Pod**[®] sleep space programme as a comprehensive package of education and support. The mark has been registered with the Intellectual Property Office of New Zealand (IPONZ) to safeguard the core elements of the programme and ensure a standard experience for families.

May you enjoy being part of this programmes and the protection it promises babies.

Stephanie Cowan

Director

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The people

Many people and agencies have been involved in the **Pēpi-Pod**[®] sleep space story. We appreciate them all. Here is a 'who's who' list of who was there at its start.

- ▶ The **pēpi-pod**[®] concept was in development before the Christchurch earthquake, led by Stephanie Cowan, Director, Change for our Children and supported by Waikato midwife, Alys Brown, and Hawkes Bay doctor David Tipene-Leach.
- ▶ The term '**pēpi-pod**' was coined by Maori SIDS and given to the humble plastic box by Dr David Tipene-Leach. It has developed as a 'sister' to the wahakura, to enable large scale support for safe infant sleeping practices.
- ▶ The Christchurch earthquake was the catalyst for implementation, with 500 **pēpi-pod**[®] sleep spaces distributed to vulnerable earthquake babies by Change for our Children and local supporters in the first two months, and over 1000 in all.
- ▶ An outstanding national network of community people sewed over 1000 covers for **pēpi-pod**[®] sleep spaces and businesses continue to provide materials and services at reduced cost.
- ▶ Change for our Children Ltd is leading the spread of the **pēpi-pod**[®] programme across the country. Director, Stephanie Cowan and team have developed the education approach, based on evidence from research, reports from coroners and experiences in providing **pēpi-pod**[®] sleep spaces following the earthquake.
- ▶ Hawkes Bay District Health Board was the first region to commit to a sleep space programme (in 2011) and was followed by Waikato District Health Board (in 2012). Eight other regions have followed this lead (in 2013).
- ▶ Change for our Children Limited coordinates the supply of items for the sleep space package on 'a cost recovery for materials only' basis. No other costs are passed to providers of the **Pēpi-Pod**[®] programme at this stage.
- ▶ The **Pēpi-Pod**[®] approach is being studied. A randomised controlled trial is underway in South Auckland, a feasibility study in Aboriginal communities, in Queensland, Australia, and there is research interest from the UK and the USA.
- ▶ Whakawhetu, Taha and Change for our Children are agencies funded by the Ministry of Health to provide services to reduce rates of sudden infant death.

Success story: from a *pēpi-pod*[®] sleep space distributor in Hawkes Bay

“First of all, I would like to thank Krystell T, and her pēpi Truice of 9 weeks, for *believing and trusting* in me. I introduced her to our ‘Safe Sleep’ Pēpi-pod Programme. Truice was 7 weeks old when I visited his mum and told her all about the Safe Sleep Programme.

From birth till 7 weeks Truice had been *sleeping on his tummy*. With the perseverance of his mother he now sleeps on his back. Thank you so much, Krystell, for all the hard work you did to get your pēpi now sleeping on his back.

Krystell also acknowledges the distributors for the resources that come with the pēpi-pod beds, especially the *merino blanket* She has noticed that when Truice has been wrapped in the merino he is more settled, and she would of loved an extra merino blanket.

Krystell’s other 5 tamariki attend Kohanga Reo and Truice’s safe sleep is thanks to Tania N (Kai Ako), and other Kai Mahi from the Kohanga Reo, who all went to a Safe Sleep workshop where Rob E, Manager from Central Health, gave his korero. Tania knew straight away that Krystell’s pēpi would benefit with this pēpi-pod.

After seeing and talking with Krystell today and seeing pēpi was so contented I hope to continue my mahi in helping whānau around our Rohe.”

Makere

(*Pēpi-pod* distributor)

Commentary

This story reflects exactly what the pēpi-pod programme is working for. This whole of community approach is its strength. Makere’s story describes a group of people all doing there ordinary work extraordinarily well, from:

- ▶ *Rob who ran the education*
- ▶ *Tania who attended and was quick to notice a pēpi in need*
- ▶ *Makere who distributed the pēpi-pod sleep space, safety education and gentle support*
- ▶ *Krystell who made the most important change of all in replacing front sleeping with back sleeping for her pēpi*
- ▶ *and then little Truice who adapted to the change and taught us all that a pēpi-pod sleep space can be a safe and comforting space for a pēpi to sleep.*

Approach

Concept: The natural world has various ways to protect and shelter its young. Pēpi means baby in Māori and a pod is where nature protects the seeds of its future. This programme has been inspired by the significance of harakeke (flax). It is symbolic of whanau and the need to protect.



Tool: The *pēpi-pod*[®] sleep space is like a great big leaflet. It is as much an education tool as it is a baby bed because it draws people into conversations about safety for babies.

Safe and close: A *pēpi-pod*[®] sleep space enables a parent and child to be close and safe, especially when everyone is sleeping. The sleep space provides a zone of physical protection around a baby when a baby sleeps in places where suffocation risk is heightened (in or on adult beds, on couches or in makeshift beds).

Package: While the sleep space is a 'safe space', parents need to add in the 'safe care'. This is the safety package: 'safe space + safe care'. The principles of protection spell out what safe care is; for the sleep environment as well for increasing the internal resilience of the baby. They apply to all babies, everywhere.

Exchange: The *pēpi-pod*[®] package is not free. In exchange, parents are asked to help spread education about protecting babies as they sleep. In this way the *pēpi-pod*[®] briefing that you will give to parents is like their training for educating others.

Empowerment: Giving parents an education role as well as a *pēpi-pod*[®] sleep space is intended to empower, entrust and extend the influence of the programme within priority networks. This is a core element of the approach.

Trust: This programme relies on a chain of trust to be effective: trust in the evidence behind the advice, trust that you will believe this evidence and brief parents well, trust that parents will believe you and use the pod to act on what they know, trust that they will share new understandings with whānau and friends, and, in all these ways, develop trust in a baby to always wake from sleep.

Knowledge

Sudden infant death: You will need to promote [fresh](#) and [up to date](#) knowledge about sudden infant death. Old thinkings get in the way. Parents need to know that cot death is [no longer a mystery](#). We now know the main risk factors and so most deaths are preventable and many are also explained by [accidental suffocation](#).

Development: Babies change. They need conditions for growing and sleeping that fit their stage of development. One such condition is [how they are positioned](#). We need to be very mindful of a baby's head and neck position in the early months.

Triple risk: If you are a baby, it matters where you grow, where you sleep and what age you are. These are the [triple risk conditions](#) that can line up to cause sudden infant death. The combination of unfavourable growing conditions, and sleep environment, plus being less than 6 months old, is a [dangerous](#) one.

Triple response: A positive response to the triple risk is for babies to grow with [plenty of oxygen](#) during pregnancy (smokefree), [plenty of oxygen](#) when they sleep (face clear) and [positioned flat and on their backs](#) for sleep, through the critical first months. This is a time when their airways and breathing need extra protection.

Co-sleeping debate: Everyone agrees that there are real fears for smoke-exposed babies who also share their parents' beds. Smoking weakens breathing responses. The *pēpi-pod*[®] sleep space is to draw attention away from the problems for vulnerable babies in unsafe sleeping situations, and [focus on a solution](#) - support for parents and protection babies.

A baby sleeping in, or on, an adult bed, on a couch or away from home, and also in a wahakura or *pēpi-pod*[®] sleep space, is [better protected](#) from pillows, being rolled on, changing position et cetera. Breaking the 'smoking + bed sharing' risk combination is a [major benefit](#) of sleep spaces. Your role is to support parents and whānau to use sleep spaces [every time](#) babies sleep in such unsafe situations.

Suffocation: Better investigations of how babies die has led to a large increase in accidental suffocation deaths. Understanding how babies breathe, and how they might suffocate, is the main theme of the *pēpi-pod*[®] briefing. Every component of the *pēpi-pod*[®] package has been designed to help prevent such a tragedy.

Checklist of principles for protecting a baby's life

☐ On the back

Sleeping flat, level and on the back protects breathing in these ways:

- Strengthens the life-protecting 'arousal' or 'wake-up' response
- Helps to keep a baby's airway open
- Protects against the 'chin to chest' position which can be dangerous
- The breathing tube (trachea) is *above the* food tube (oesophagus)

☐ Clear face

A clear face is one of four ways to ensure that oxygen flows freely through the airways. A covered face, pinched nose, 'chin to chest' neck position, and pressure on or against the chest can slow or block the flow of oxygen through airways. A covered face can also lead to overheating as well as suffocation.

☐ Close by

Babies who sleep in the same room as parents for the first 6-12 months have less risk of sudden infant death. They also have less risk of getting under covers and tangled in bedding. Babies are safest when they are close enough to parents to alert them of a need and parents are close enough to respond.

☐ Own space

Babies are safest when sleeping in a baby bed or a space that considers their stage of development. They need to lie flat, level and on their backs, and be able to breathe easily. If babies share a sleep space with others, they need also to be in a wahakura, *pēpi-pod*[®] or other protected space in that bed.

☐ Breastfed

Babies are safest when breastfed. Breastfeeding protects from frequent and serious illness and strengthens every aspect of development, including the important 'wake-up' response. Exclusive breastfeeding for 6 months is best.

☐ Smokefree

Babies who develop smokefree and are born into smokefree households have the best survival chances. Smoking in pregnancy takes oxygen from babies and they develop as if low oxygen is normal. This weakens their breathing and defences. Once born, babies who breathe in the smoke of others have less oxygen, less immunity, more risk of health and behavioural problems, and are more likely to die, compared to smokefree babies.

☐ Immunised

Immunity means protection. Immunised babies are protected against what used to be the killer diseases of childhood such as diphtheria, tetanus and whooping cough, as well as other diseases. Research shows that sudden infant death rates are also lower in immunised babies. To be fully protected babies need all three shots: their 6 week and 3 and 5 month immunisations.

☐ Handled gently

Babies need gentle handling. The brain is 'loose' inside the skull. Sudden or violent movement can tear blood vessels and cause brain damage or death.

Settling babies for sleep

An unsettled baby can lead parents to take risks

Coroners' reports often describe situations where an unsettled baby led parents to [ignore safety advice](#) and place their baby on the tummy, prop them on pillows or bring them into their bed. For this reason, we have built 'settling skills' into the *pēpi-pod*[®] safety briefing.

Conditions that settle babies

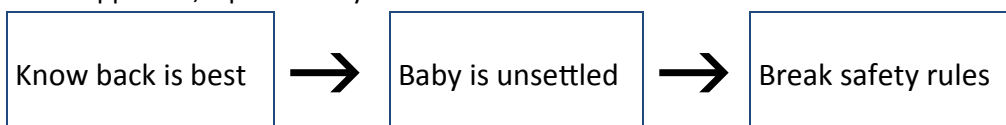
Babies often fall off to sleep at the breast. Here, all the conditions that support settling happen at once: a full tummy, the [rhythm](#) of sucking, the warmth of being [held](#) and the [closeness](#) to a parent's noises, and smells. Parents can achieve these conditions using the *pēpi-pod*[®] sleep space and remove the need to 'put an asleep baby down' from an upright hold which often leads to immediate waking!

- ▶ **Holding:** Babies feel safe and calm when being held and can fuss and cry when put down. The *pēpi-pod*[®] sleep space enables parents to lay their baby down for sleep with baby [feeling firmly held](#) across the shoulders by the 'wrap around' sheets and merino blanket. When these are firmly tucked around a baby, they help to replace the warm hold of a parent's arms.
- ▶ **Closeness:** Babies feel safe when close to a parent. The *pēpi-pod*[®] sleep space enables parents to have their babies [close by as they settle](#) them for sleep. The baby can hear, see, smell and sense that their parent is near.
- ▶ **Rhythm:** Babies feel safe with rhythmic noise or movement such as sucking, rocking, swaying, singing. They are calmed by the regular motion. The *pēpi-pod*[®] sleep space can be placed [across the knee](#) and a baby rocked gently to sleep with a parent right there, perhaps watching TV or talking on the phone.

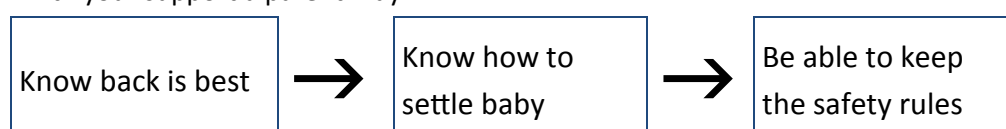
Babies cycle through active and quiet sleep states. When they stir, they may be resettled by a firm hold across the shoulders and a few moments of rhythmic motion as reassurance that a parent is close.

Your influence

If unsupported, a parent may ...



With your support a parent may ...



Protecting the older baby

Condition of development

Sudden infant death is a condition of development. Young babies (<5 months) are especially sensitive to how they are positioned when they sleep. As their breathing develops and their jaw joint forms, positioning risks lessen. However these positioning risks do not completely go away.

Increasing mobility

An older baby is more able to change position and this developmental progress, in terms of increased mobility, presents the older baby with a different form of positioning risk. By their own movements, they may get into **asphyxia-generating** situations due to getting underneath loose or bulky bedding or, in an effort to free themselves, become tangled in coverings. This can lead to overheating, airway obstruction, or accidental suffocation.

Simultaneous and co-existing risks

Tummy sleeping interacts with other risks. As does smoking. For example, it is more dangerous for babies who become prone, or babies who are smoke-exposed, if they also are exposed to covers over the head, being unwell, wintertime, a soft sleeping surface, sleeping in another room, are swaddled or overwrapped. A vulnerable baby may be older when they meet their first asphyxia challenge and have multiple risks to contend with all at once.

CYMRC Report

An update on the profile of sudden infant deaths can be found in the Fifth Report of the Child and Youth Mortality Review Committee to the Minister of Health. This document reports on SUDI mortality in New Zealand for 359 babies who died in the five years between 2003 and 2007. The report can be downloaded from: <http://www.hqsc.govt.nz/assets/CYMRC/Publications/cymrc-5th-report-chp1-sudi.pdf>.

Peak age of death

Eighty per cent of SUDI deaths in this period were of babies aged less than five months with 40% of babies aged between 1 and 3 months. This peak age is *younger than in the past*, and prevention in recent years has focused, quite appropriately on protecting the younger baby. Yet 20% of babies were older than 5 months and accounted for an average of 13-15 babies per year.

What this means for education

We need to be vigilant, in our education, about protection for the older baby. We need to apply safe sleep principles to babies **under one year** and not just under 6 months. One quarter of sudden infant deaths are of babies found with their heads under bedclothes (a 17 fold increase in risk over having a clear face). Equally concerning is the evidence for a 10 fold increase in risk if babies sleep in rooms separate from sleeping parents. There is an interaction between these two risks, with babies in separate rooms more likely to be found with covers over their heads.

Development must not be restrained. Babies will move. Parents need to make the sleeping place safe for their older babies. No pillows, using infant 'sleep bags' instead of bedding, or using lightweight and firmly tucked bedding may help. While every effort must be made to protect older babies from asphyxia risks such as getting tangled in, or underneath, bedding, the evidence suggests that babies sleeping in the same room as parents for their first year of life has the best chance of alerting a parent in time, should this happen.

Steps

Promotion: A sample poster and exchange card promote *pēpi-pod*[®] sleep spaces and where to pick them up. These are very clear about who qualifies and who doesn't. Priority must be given to new-borns (<2 weeks) who are also one or more of the following: Maori, smoke-exposed, premature (<37 wks) or low birth weight (<2500 gms). Regions may prefer to use a referral form and process to fit local systems.



Distribution: There are three parts to distributing a *pēpi-pod*[®] sleep space:

- A) assemble the sleep space
- B) brief the parent/whanau
- C) complete paper work

Follow-up: Prepare recipients for a follow-up call or visit, when they have had the sleep space for about 2-4 weeks. It may not be a solution for everyone. Ask :

1. Has baby slept in the pod yet?
2. Do you want to keep it (or give it back)?
3. How many people have you spoken with so far about protecting babies as they sleep?
4. Complete the 'protection checklist' questions and intervene as needed.

Feedback: When babies are two months old, contact a sample of people who got a *pēpi-pod*[®] sleep space and invite them to give feedback, using the form provided. You may do this face to face or over the phone. For every five *pēpi-pod*[®] sleep spaces given out make sure at least one person, on average, has provided feedback.

Standards: You will soon become confident in going through the *pēpi-pod*[®] briefing, responding to questions, completing paper work and supporting parents to provide safe sleep for their babies. The checklists that follow are to support you.

- ▶ Safety Briefing checklist (for when you issue a sleep space) - page 14
- ▶ Paperwork checklist (for accountability) - page 15

Checklists also **ensure a standard** is met. They make sure that no one misses out on important aspects of the safety briefing. Please use the checklists as a **prompt** and as a **standard**.

All forms and resources you will need are available at:

<http://www.changeforourchildren.co.nz/pepi-pod/distributors>

ABC responsibilities of distributors

Assemble the *pēpi-pod*[®] sleep space

- ☐ Ask person for their *Exchange Card / referral form* as proof of referral.
- ☐ Take a pod, mattress, bedding package and new set of forms
- ☐ Remove the sticker from the bedding package and stick on pod.
- ☐ Note the number on the sticker and write it in 3 places: on the **Exchange Card** (or local referral form), **Consent Form** and the **Distribution Record**.

Brief the parent on safe use of the *pēpi-pod* sleep space (see page 14)

- ☐ **WHY:** Why we are providing *pēpi-pod*[®] sleep spaces
 - ☐ Who are the babies *more vulnerable* to accidental suffocation
 - ☐ How babies get oxygen, are different from adults, can suffocate
- ☐ **HOW:** Identify the safety features of the package and how to make it up
- ☐ **WHERE:** Where must the *pēpi-pod*[®] sleep space be placed
 - ☐ When must a *pēpi-pod*[®] sleep space always be used
 - ☐ Settling skills and how the *pēpi-pod*[®] sleep space can help
- ☐ **SUMMARY:** Principles of protection for babies in *pēpi-pod*[®] sleep spaces

Complete the paper work (see page 15)

- ☐ Check you have transferred the sleep space ID No. from the sticker to three places - exchange card, consent form and distribution record - for cross reference.
- ☐ Take the *Consent Form*. Go through the terms and conditions for safe use with person and obtain their signed consent. Emphasis 'safe care'.
- ☐ Take the *Distribution Record*. Ask the person to fill out contact, whanau and baby details. You complete pod details and planning dates for :
 - 2-4 week **follow-up** contact
 - 2 month **feedback** survey contact
- ☐ Make follow-up and feedback contacts as planned and record answers to questions on appropriate forms.
- ☐ Enter information from forms online at www.pepi-pod.co.nz for:
 - *Distribution (100%) and Follow-up (80%) Record*
 - *Feedback Survey (20%)*

Safety Briefing checklist (suggested scripts to help save time)

<input type="checkbox"/> WHY: Why are we providing <i>pēpi-pod</i> sleep spaces?	For safety reasons. Babies need a safe place to sleep. They are not little adults. They are babies and need to be cared for in ways that protect them as they develop . All babies are vulnerable to suffocation if they get into certain situations, some babies more so. They get their oxygen through tubes (blood vessels in pregnancy and airways once born).
<input type="checkbox"/> How do babies suffocate?	Sleeping babies need to breathe. If oxygen is stopped from reaching their lungs they suffocate and die. This can happen in 4 ways : a covered face, pinched nose, 'chin to chest' position of the neck, or pressure on a tiny chest. Position is extremely important for breathing because: babies have big heavy heads with a third behind them. Also they have short necks, loose jaws, large tongues and only breathe through their noses. Because of these things, pillows or being propped can push their heads into a chin to chest position and narrow or cut off their airway.
<input type="checkbox"/> Who are the more vulnerable babies?	Babies who are under 6 months of age and babies who have been weakened by: smoking in pregnancy, prematurity, low birth weight, obesity in pregnancy, smoking in households, or babies who sleep in unsafe sleeping positions or situations. If babies develop with not enough good gas (oxygen) and too much bad gas (carbon monoxide), they get used to this and treat it as normal instead of as danger .
<input type="checkbox"/> HOW: How the sleep space is designed for safety and how to make it up.	The plastic box protects from pillows and being rolled on; firm and flat foam mattress supports safe positioning (needs daily airing to stop dampness); attractive cover links to nature; mattress protector can be washed; slip on sheet keeps baby's face clear; wrap around sheet holds baby firmly and supports settling; merino woollen blanket gives 'warmth without weight' and is light enough to drape baby. Demo how to make up pod.
<input type="checkbox"/> When must a sleep space <i>always</i> be used?	When baby sleeps in or on an adult bed, on a couch, or in place of make-shift arrangements when away from home. It is dangerous to make a make-shift bed using pillows, to lie baby on a pillow or to use a pillow as a barrier between baby and others. Babies can become wedged into gaps between mattress and wall or mattress and cot side.
<input type="checkbox"/> How babies must be made strong (resilient) on the inside.	Emphasise 'safe space' not enough. Also need ' safe care ' from parent. Promote key principles for protecting a baby's life and include breastfeeding, smokefree, immunisation, gentle handling. Support as needed with referral, appointments and an expectation for showing others how and why to handling baby gently (demonstrate through modelling).
<input type="checkbox"/> WHERE: Where must the sleep space <i>always</i> be placed?	Placement in adult beds: Use the example in the photo on the information flier. Move adult pillows down a bit from the top of the bed, place baby near top of pod and pod near top of bed and flat and level . This means adult bedding does not also cover baby's body. Other places: make sure pod is in a safe place when baby is in it, protected from pets, toddlers, falling objects, hot sun, heaters, water, sliding, being sat on, heights et cetera.
<input type="checkbox"/> Settling skills and how your <i>pēpi-pod</i> sleep space can help	Three conditions together help a baby settle for sleep after feeding: feeling firmly held , being close to a parent and rhythm (from sucking, gently movement, song ...). Babies may need help to fall asleep. Place baby in their pod when you decide it is time for sleep. Wrap baby firmly using wrap around sheets to help baby feel ' held ', place pod across your knee for ' closeness ' and gently sway and stroke to provide ' rhythm '.
<input type="checkbox"/> SUMMARY:	Discuss safe care of sleep space and the need to carry with two hands if baby is in it. Go through the poem on the information card and sticker: <i>on the back, face clear, only baby in here, every sleep, everywhere, always breathing smokefree air, drugs and drinking nowhere near, own space, best care.</i>
<input type="checkbox"/> COMPLETE PAPERWORK	<ul style="list-style-type: none"> Complete distribution record Explain terms and conditions of use and seek signed agreement to these.

Paperwork checklist

List of Paper Forms to complete and file for each *pēpi-pod* sleep space issued

- ☐ Exchange Card - for referrals from health and community professionals
- ☐ Consent Form - for gaining consent from recipients
- ☐ Distribution Record - for tracking *pēpi-pod* sleep spaces
- ☐ Follow-up Record - for assessing acceptance of sleep space and advice
- ☐ Feedback Survey - for learning from whanau

How to enter information online

- ☐ Go to: <http://www.changeforourchildren.co.nz/pepi-pod/distributors>
- ☐ Go to 'ONLINE FORMS' and click:
 - ☐ 'Distribution Record' if you want to enter distribution and follow-up information (There is just one form. Enter distribution and follow-up information at the same time when both are completed.)
 - ☐ 'Feedback Survey' if you want to enter feedback from parents about using *pēpi-pod*[®] sleep spaces
- ☐ Complete forms and click 'Submit' when finished.

How to print off paper forms

- ☐ Go to <http://www.changeforourchildren.co.nz/pepi-pod/distributors>
- ☐ Go to 'FORMS TO PRINT' and click:
 - ☐ 'Distribution Record' if you want to download and print off the paper form for distribution and follow-up (print back to back on the same page)
 - ☐ 'Feedback Survey' if you want to download and print off the paper form for the 2 month feedback from parents about using *pēpi-pod*[®] sleep spaces
- ☐ When completed, transfer information from paper forms to online forms.

Optional shortcuts for feedback survey

- ☐ Enter information directly on line when the person is with you
- ☐ Invite parents to enter their feedback directly online themselves
 - ☐ Go to pepi-pod.co.nz
 - ☐ Go to 'ABOUT PĒPI-PODS'
 - ☐ Click on the 'feedback' link at the bottom of the page
- ☐ Post out a *pēpi-pod*[®] Feedback Survey form for parents to complete with stamp addressed envelope for posting back to you.

Competency checklist for observing *Pēpi-Pod*[®] distributors

OBSERVED DISTRIBUTIONS

Service Name: _____ DHB

Name of Observee: _____	Name of Observer: _____
-------------------------	-------------------------

Instructions for observers:

Observers must be in a senior role e.g. service manager. Your role is to observe and **not** to participate. Please mark with a tick those elements below that were discussed or demonstrated in this session. Then share with the observee and write a summary assessment of competence. Thank you for participating in this quality process.

COMPETENCIES

TOPIC 1: WHY WE ARE DOING THIS

- ☐ Demonstrate how babies breathe, how they can suffocate and why back sleeping protects.
- ☐ Explain why this baby is more vulnerable (age, smoke-exposed, prem ...).
- ☐ Explain which positions, locations and situations increase risk

TOPIC 2: HOW TO USE A PEPI-POD[®] SLEEP SPACE

- ☐ Assemble the *pēpi-pod*[®] sleep space while explaining the safety features of each item in the package.
- ☐ Go through the 'rules of protection' on the information card and other principles of protection
- ☐ Explain the 'spread the word' expectation for sharing safe sleep information with others

TOPIC 3: WHERE TO PUT A PEPI-POD SLEEP SPACE

- ☐ Demonstrate how the *pēpi-pod* sleep space can be used to help settle babies and build sleep habits.
- ☐ Explain when a *pēpi-pod* sleep space must always be used (when babies sleep in or on an adult bed, on a couch, in makeshift situations or when away from a baby's normal place of sleep).
- ☐ Demonstrate safe placement of the *pēpi-pod* sleep space, especially when used in an adult bed or mattress, on floors, and around toddlers.

TOPIC 4: PAPER WORK

- ☐ Go through the Terms and Conditions and invite and respond to questions
- ☐ Complete distribution form information

Observer's summary comment: 	Briefing Card used: <input type="checkbox"/> Yes <input type="checkbox"/> No Overall assessment: <input type="checkbox"/> Displayed competence <input type="checkbox"/> Needs more training
--	--

Observer: _____ (signed) _____ (role) Date: __/__/__

SEND COMPLETED FORM TO

Observed *Pēpi-Pod*[®] Sessions, Change for our Children, PO Box 36 406, CHRISTCHURCH 8146

Exchange Card

The exchange card is a [system](#) for making the best use of the allocated funding. If respected, it will ensure sure that [pods go to appropriate babies](#).

They need to go to new-born babies who are also Maori, smoke-exposed in pregnancy, premature (<36 weeks), low birth weight (<2500 grams) or in households with regular smoking, drinking, drug use. Our standard is 80% allocation to Maori babies to address ethnic disparities in preventable sudden infant death.

PĒPI-POD® EXCHANGE CARD

Please supply a pēpi-pod® sleep space to: _____

NHI mother: _____ NHI baby: _____ Pod ID:

Baby Vulnerability Criteria:

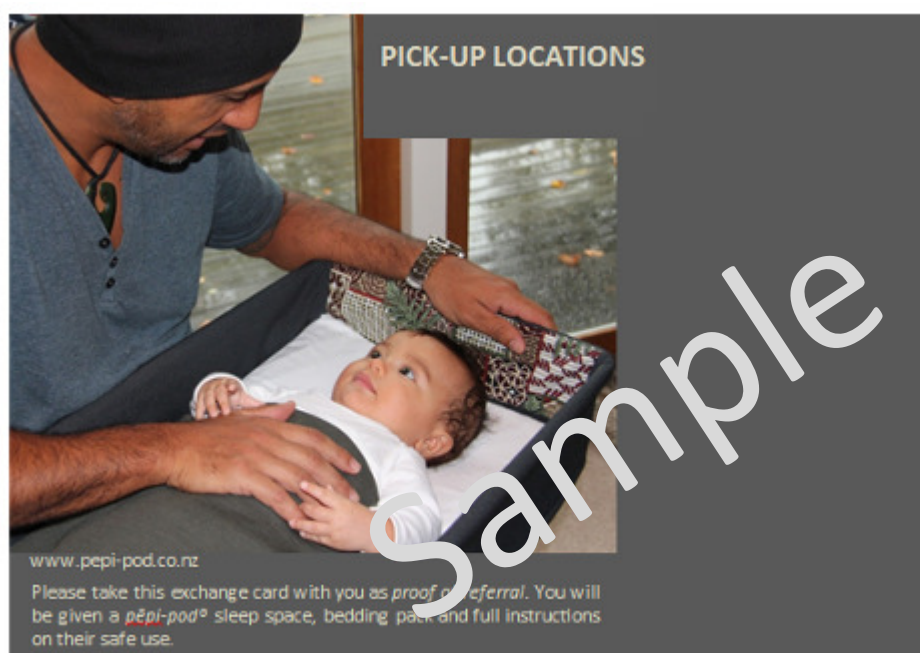
☐ New-born (unless from Paeds or ICU, **AN** meets one or more of:

- ☐ Māori
- ☐ Exposed to any smoking in pregnancy
- ☐ Premature or low birth weight (<36 weeks or <2500 grams)
- ☐ Regular smoking, alcohol or drug use in baby's household

Referrer: _____ Signed: _____

Agency: _____ Tel: _____

Referral Date: ____/____/____ Pick-up location: _____
(See over for options)



Pēpi-pod® Sleep Space Consent Form

Please go through these terms and conditions of safe use with each pod given out.
Thank you.

Pēpi-Pod® ID

(Number on sticker)

ABOUT THE PĒPI-POD® SLEEP SPACE

The *pēpi-pod* sleep space is a **safe space to sleep** for babies more vulnerable to sudden infant death. It is for when babies sleep in, or on, an adult bed, on a couch, in make-shift beds, or away from home.

More vulnerable babies are premature, low birth weight, or smoke-exposed babies. They have **weakened breathing** or **slow wake-up responses** and need extra protection when they sleep.



TERMS AND CONDITIONS OF SAFE USE

- For babies who meet **vulnerability** criteria (e.g. new-borns, smoke-exposed, premature ...)
- **Not a guarantee** that a baby will not die.
- Includes a 15 – 20 minute **safety briefing** as part of pick up.
- Sleep space **offered** for 2 weeks at first, to assess usefulness. Returned if not being used.

Recipients agree to:

- ☐ **use** sleep space in specified **risk** locations until baby is at least **4** months
- ☐ **stop** using the sleep space by 6 months, or **earlier** if baby starts to roll or if safety concerns
- ☐ **keep** the rules and principles of protection that go with the sleep space
- ☐ **take full responsibility** for when, where and how the sleep space is used
- ☐ help **spread education** about 'protecting babies', to others in their networks
- ☐ **provide feedback** after 2 weeks and 2 months of use to help evaluate the service
- ☐ **pass** the full *pēpi-pod*® package (or wahakura) and the same safety briefing to another baby and whanau when finished, or pass it back to this agency.

CONSENT

I/we _____ **understand** and **agree** to the above **terms and conditions**.

- ☐ I/we agree to **using** the *pēpi-pod* sleep space (or Wahakura) as recommended.
- ☐ I/we agree to **applying** the principles for protecting a baby's life.
- ☐ I/we agree to **helping** to spread safe sleep education to others.
- ☐ I/we agree to our information being used to **help evaluate** the service.

Signed: _____

Date: ____/____/____

Name: _____

Pēpi-pod® Distribution e-Record (side 1)

To be accountable, please keep a record for each sleep space distributed (e.g. 2 for twins).
Thank you. NB: Only items marked in **red** with an **asterisk** are required on the e-record.

Pēpi-Pod® ID

(Number on sticker)

CONTACT DETAILS

Name of Parent/Carer:			
Street address:			
Suburb:		City/Town:	
Tel:	Back-up:	Mobile:	
*Email: (for feedback at 2 months)			<input type="checkbox"/> *no email
*Referred by:	name of person		*name of agency
*Distributed by:	*name of agency	<input type="checkbox"/> health <input type="checkbox"/> CYF *service type	*DHB region of agency or service

WHĀNAU DETAILS

*Community Services Card user:	mother: <input type="checkbox"/> yes <input type="checkbox"/> no	father: <input type="checkbox"/> yes <input type="checkbox"/> no
*Age of parents:	mother: _____ years	father: _____ years
*Mother's first baby:	<input type="checkbox"/> yes <input type="checkbox"/> no	*NHI _{mother} (If known)

BABY DETAILS

Name:	*NHI _{baby} (If known)
*Age:	date due: ____/____/____ or date born: ____/____/____
*Vulnerability factors: (from exchange card)	a) any smoking in pregnancy <input type="checkbox"/> Y <input type="checkbox"/> N b) premature or low birth weight (less than 37 wks or 2500 g) <input type="checkbox"/> Y <input type="checkbox"/> N c) regular smoking, alcohol or drug use in baby's household <input type="checkbox"/> Y <input type="checkbox"/> N
*Ethnicity:	<input type="checkbox"/> includes NZ Maori <input type="checkbox"/> Pacific _____ <input type="checkbox"/> NZ Euro/Kiwi <input type="checkbox"/> Asian _____ <input type="checkbox"/> other _____
*Has a baby bed:	<input type="checkbox"/> yes (family has a cot / bassinet / wahakura ...) <input type="checkbox"/> no (family has no baby bed)

SLEEP SPACE DETAILS

Type:	<input type="checkbox"/> Pēpi-Pod <input type="checkbox"/> Wahakura	ID: _____ (number from sticker)
-------	---	---------------------------------

PRINCIPLES OF PROTECTION FROM SUDI PROMOTED (✓ IF DISCUSSED*)

<input type="checkbox"/> On the back <input type="checkbox"/> Face clear <input type="checkbox"/> Own space <input type="checkbox"/> Carer near	<input type="checkbox"/> Breastfed <input type="checkbox"/> Smokefree <input type="checkbox"/> Immunised <input type="checkbox"/> Handled gently	Consent to Terms of Use: *Signed: <input type="checkbox"/> Y <input type="checkbox"/> N *Distribution Date: ____/____/____ Follow-up planned for: ____/____/____
--	---	--

Please transfer all information to the **online e-form** after completing the Follow-up Record. Thank you.

Pēpi-Pod® ID

(Number on sticker)

Pēpi-pod® Follow-up e-Record (side 2)

This form is for recording **follow-up** information about 2-4 weeks after giving a family a sleep space. It helps to evaluate **acceptability** of the sleep space, **spread** of information and **action** on safety advice. Once completed, enter **both** distribution and follow-up information on the **e-form**. Thank you.

ACCEPTABILITY OF SLEEP SPACE

	<input type="checkbox"/> Unable to follow-up (no info to enter)
1. Has baby slept in the sleep space yet?	<input type="checkbox"/> yes <input type="checkbox"/> no
2. Do you want to keep it?	<input type="checkbox"/> yes <input type="checkbox"/> no, please take it back

SPREAD OF INFORMATION

3. How many people have you spoken with so far about protecting babies?	N= _____ people
--	-----------------

ACTION ON INFANT SAFETY ADVICE

4. This information is for reporting on child health targets for preventing SUDI.	
On the back a. Does baby sleep on the back?	<input type="checkbox"/> always <input type="checkbox"/> usually <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> intervention
Clear face b. Is bedding firmly tucked, with no loose covers?	<input type="checkbox"/> always <input type="checkbox"/> usually <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> intervention <input type="checkbox"/> N/A, use baby sleep bag with no covers
Close by c. Does baby sleep in same room as a carer at night?	<input type="checkbox"/> always <input type="checkbox"/> usually <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> intervention
Own space d. Is baby in a pēpi-pod (or wahakura) when sleeping in, or on, an adult bed, or couch?	<input type="checkbox"/> always <input type="checkbox"/> usually <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> intervention
Breastfed e. Is baby breastfed? (use MoH definitions for the 'past 48 hours')	<input type="checkbox"/> exclusively <input type="checkbox"/> fully <input type="checkbox"/> partially <input type="checkbox"/> never <input type="checkbox"/> intervention
Smokefree f. Is the main carer receiving smoking cessation support?	<input type="checkbox"/> yes (from _____) <input type="checkbox"/> no <input type="checkbox"/> intervention <input type="checkbox"/> N/A, main carer is smokefree
Immunised g. Has baby started their immunisations?	<input type="checkbox"/> yes <input type="checkbox"/> not yet, but booked <input type="checkbox"/> not yet, but intend to <input type="checkbox"/> no, choose not to immunise <input type="checkbox"/> intervention
Handled gently h. Have you shown others how to handle your baby gently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> intervention

FOLLOW-UP DATE

*Enrolled with a PHO / Doctor / Medical practice	<input type="checkbox"/> yes _____ <input type="checkbox"/> no/don't know
*Actual follow-up date: ____/____/____	Planned feedback date (in 8-10 weeks): ____/____/____

Please transfer information to online e-form after completing the follow-up record. Thank you.

www.pepi-pod.co.nz

Pēpi-Pod® Sleep Space Feedback Survey (paper copy)

Pēpi-pod sleep spaces are a new idea so we need feedback. If you are the mother, father or other main carer of a baby who has slept in a *pēpi-pod* sleep space, we invite you to complete the survey below. It is anonymous and confidential, and takes just 5 minutes.

Instructions:

1. There are two parts. Please answer every question of both parts.
2. If the person has stopped using their *pēpi-pod* sleep space, answer for when they were.
3. Transfer information from this form to the **online form** at www.pepi-pod.co.nz.

Thank you.

PART 1. Questions about your *pēpi-pod* sleep space **EXPERIENCE**. This feedback helps improve support.

1. WHO did you get your *pēpi-pod* sleep space from ?

- ☐ health or whānau worker
- ☐ family or friend
- ☐ other

2. When you first got your *pēpi-pod* sleep space how **OLD** was your baby?

- ☐ unborn or less than 1 week
- ☐ 1 to 4 weeks
- ☐ 5 weeks or more

3. Did someone **SHOW** you how to make it up?

- ☐ Yes
- ☐ No

4. Did someone explain the **RULES** of protection?

- ☐ Yes
- ☐ No

5. Did someone ask you to help **SPREAD** what you were told to others?

- ☐ Yes
- ☐ No

6. Does baby **STILL** sleep in the *pēpi-pod* sleep space?

- ☐ Yes, for all or most sleeps
- ☐ Yes, for some sleeps
- ☐ No, have stopped using it

a) If no, what was the **MAIN** reason for stopping? (If still using it, go to question 7.)

- ☐ baby too big
- ☐ baby settling OK
- ☐ baby starting to roll
- ☐ other (please explain)

b) And what **AGE** was baby when you stopped using it? (After this question, keep going and answer for when you DID use the *pēpi-pod* sleep space.)

- ☐ less than 4 weeks
- ☐ between 4 and 16 weeks (please specify a number: _____ weeks)
- ☐ 17 weeks or more

7. Since getting your *pēpi-pod* sleep space, has baby ever slept in bed **WITH** you when you were **ALSO** asleep?

- ☐ Yes
- ☐ No

a. If yes, were they **ALSO** in a *pēpi-pod* sleep space?

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Never
- ☐ Baby does not sleep in my bed

8. Do (or did) you use the **WRAP AROUND SHEET** that came with the *pepi-pod* sleep space?

- ☐ Yes
- ☐ No

9. Do (or did) you use the **MERINO BLANKET** that came with the *pepi-pod* sleep space?

- ☐ Yes
- ☐ No

10. How well has the *pēpi-pod* sleep space supported you with **SETTLING** baby for sleep?

[Rating 1 (low) to 9 (high)]

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

11. How well has the *pēpi-pod* sleep space supported you with **SAFETY**?

[Rating 1 (low) to 9 (high)]

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

12. How well has the *pēpi-pod* sleep space supported you with **CONVENIENCE**?

[Rating 1 (low) to 9 (high)]

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

13. Has the *pēpi-pod* sleep space supported you in **OTHER** ways? (please specify)

14. When you stop (or stopped) using the *pēpi-pod* sleep space, **WHERE** will (or does) baby sleep?

- ☐ In a cot or some other baby bed
- ☐ In bed with me
- ☐ Other (please specify)

15. Have there been any **ACCIDENTS** with the *pēpi-pod* sleep space when baby was in it?

- ☐ Yes (please give details) _____
- ☐ No

PART 2: Questions about your BABY and HOUSEHOLD.

This feedback shows who gets a *pēpi-pod* sleep space.

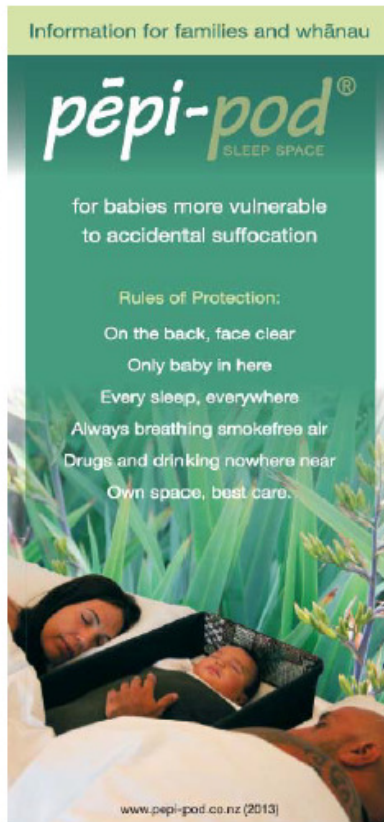
1. What **AGE** is your baby **NOW**?

- ☐ Less than 4 weeks
- ☐ 1 to 16 weeks (specify a number: _____ weeks)
- ☐ 17 weeks or more

2. Was baby born **EARLY** or **SMALL** (before 36 weeks or weighing less than 2500 grams)?
- ☐ Yes
☐ No
3. Yesterday, was baby **BREASTFED** at all?
- ☐ Yes, exclusively
☐ Yes, plus formula or solids
☐ No, not breastfed at all
4. Yesterday, in what **POSITION** did you put your baby down for sleep?
- ☐ Back
☐ Front
☐ Side
☐ No usual position
5. Last night, did baby sleep in some type of **BABY BED**?
- ☐ Yes, in a *pēpi-pod* sleep space
☐ Yes, in a cot, wahakura or similar
☐ No
6. Last night, **WHERE** did baby sleep when you were also asleep?
- ☐ Same room as you, but not in your bed
☐ Same bed as you
☐ Some other place (specify)
7. Overall, do you think the *pēpi-pod* sleep space is a **GOOD IDEA**? [Rating 1 (low) to 9 (high)]
- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9
8. Does baby's ethnicity include **MAORI**?
- ☐ Yes
☐ No
9. Does baby's ethnicity include **PACIFIC PEOPLES**?
- ☐ Yes
☐ No
10. Was baby's mother smoking **BEFORE** becoming pregnant with this baby?
- ☐ Yes
☐ No
11. Did baby's mother smoke at all while **PREGNANT** with this baby?
- ☐ Yes
☐ No
12. How many people who live in baby's **HOUSEHOLD** also smoke?
- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 or more people
13. What is the nearest **CITY** or **TOWN** to where your baby lives?
- _____
14. What else would you like to share of **YOUR EXPERIENCE** using a *pēpi-pod* sleep space?
- _____
- _____

Safety Briefing Card

To guide discussions with families and ensure a standard across distributors.



A baby's protection checklist

Research supports the following principles for protecting a baby's life. All are important.

- ☒ On the back
- ☒ Face clear
- ☒ Own space
- ☒ Carer near
- ☒ Breastfed
- ☒ Smokefree
- ☒ Immunised
- ☒ Handled gently



pēpi-pod[®]

SLEEP SPACE

for babies more vulnerable
to accidental suffocation

Rules of Protection:

On the back, face clear

Only baby in here

Every sleep, everywhere

Always breathing smokefree air

Drugs and drinking nowhere near

Own space, best care.



www.pepi-pod.co.nz (2013)

About your pēpi-pod[®] sleep space

We have developed the pēpi-pod[®] sleep space as support for you and protection for your baby. It offers extra protection in settings that increase the risk of accidental suffocation.

Settings that increase suffocation risk

- in, or on, an adult bed
- on, near, or propped against pillows
- on a couch or armchair
- in makeshift beds or away from home

Babies only breathe through their noses

As well, they have large and heavy heads, short necks, loose jaws and large tongues. Together, these things are why a young baby's sleeping position is so very important - **flat and on the back**. This position makes sure their airway stays open.

Sleeping babies need to breathe

If air is blocked from reaching our lungs we suffocate. For babies, a covered face, pinched nose, 'chin to chest' position of the neck, or pressure on the chest, may make this happen.

Safe and close

The pēpi-pod[®] sleep space is a way for your baby to be **safe and close** to you when settling for sleep, both in the night as well as during the day.

We would like to learn from you

Please email feedback to: info@pepi-pod.co.nz



pēpi-pod[®] is a registered trade mark of Change for our Children Limited.

Pēpi-pod ID No: 1387

pēpi-pod[®]

SLEEP SPACE

Your precious baby needs a safe space for sleeping every time and place they sleep. The pēpi-pod[®] sleep space offers extra protection when your baby sleeps in, or on, an adult bed, on a couch, or away from home.

Rules of Protection:

On the back, face clear

Only baby in here

Every sleep, everywhere

Always breathing
smokefree air

Drugs and drinking
nowhere near

Own space, best care.



www.pepi-pod.co.nz

pēpi-pod[®] is a registered trade mark of Change for our Children Limited.

Sample Resources



pēpi-pod® mattress



Made to be firm, flat and fit the sleep space with no gaps.

Helping babies keep a safe position for easy breathing when they sleep.

Care Instructions

Air mattress daily to keep it dry.

Use with the pēpi-pod mattress protector and slip on sheets to keep the mattress clean.

Always place your baby on the back to sleep.

pēpi-pod® blanket



Made from 100% merino for warmth without weight.

Helping babies manage temperature when sleeping.

www.pepi-pod.co.nz

Care Instructions

Tuck in firmly to be sure your baby's face stays clear when moving about in sleep.

Keep the sleep space bare of pillows, toys or any soft items that may interfere with your baby's breathing.



Yes, you can!

'Experts everywhere agree that it is safer to use nicotine replacement therapy (NRT) in pregnancy than for a parent to keep on smoking.'

Lesley McCowan, Obstetrician, Auckland DHB

www.changeforourchildren.co.nz

change
FOR OUR
children

NZ College of Midwives

What is NRT?

NRT is a smoking cessation aid. Like crutches, it can be something to lean on as you take your first steps as a smokefree person. Low-cost options are: **gum** that you chew, **lozenges** that you suck or **patches** that you put on your skin. There are various flavours and doses.

How does NRT work?

NRT stops cravings. You still get some nicotine, but in a safer way and more slowly. It helps to weaken the addiction. Gum or lozenges are best in pregnancy.

Is NRT safe for my unborn baby?

It is **essential** that both mother and baby are protected from tobacco smoke during pregnancy. No nicotine is good for your baby, but NRT is a lot safer than smoking.

What if I do keep on smoking?

When you smoke so does your baby. Harmful toxins cross the placenta. Your baby gets a **higher dose** than you do and is **trapped** with the toxins. The placenta is damaged and pregnancy may end early. Your baby is permanently **weakened** by the harm, and may die.

How do we get NRT?

Ask your midwife, nurse or doctor, or, call your DHB for details of local smokefree services, or, call Quitline (0800 778 778). While NRT helps reduce cravings, support from people who care makes a difference, too.

Information for your midwife or doctor

"In summary, an analysis of the risks and benefits of smoking versus using NRT in pregnancy overwhelmingly supports the use of NRT."

Reference: Ministry of Health. 2007. New Zealand Smoking Cessation Guidelines. Wellington: Ministry of Health.

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Talk Cards

Talk Cards are designed to support busy health professionals to have key discussions with families about safe sleep and infant protection. They offer shape and focus to the conversation and act as a tool for providing consistency and efficiency within a service. Two examples are offered here (pages 27 and 28).

Six principles for protecting a baby's life

		
Face-up	Face clear	Smokefree
		
Breastfed	Close to a parent	Handled gently

2011 Link to Baby Essentials Online: www.changeforourchildren.co.nz/safe_start_programme/baby_essentials_online

Baby Essentials Safe Sleep Check

<p>1. From the very start, make babies as strong as possible.</p> <p style="text-align: center;">How strong is my baby?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Was my baby smokefree in pregnancy? <input type="checkbox"/> Was my baby born after 36 weeks? <input type="checkbox"/> Did my baby weigh more than 2500 grams at birth? <input type="checkbox"/> Is my baby breastfed? <p>For more vulnerable babies, the extra protection of their very own 'baby bed' (a bed designed for babies) is essential every time they sleep.</p>	<p>2. For every sleep, make it as easy as possible for babies to breathe freely.</p> <p style="text-align: center;">Can my baby breathe freely?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have I put my baby down to sleep face-up? (not side, front or propped on pillows) <input type="checkbox"/> Is there plenty of space around the face? <input type="checkbox"/> Is there no chance of getting onto the tummy, near pillows, under covers or into gaps? (i.e. in a safe space) <input type="checkbox"/> Does my baby breathe only smokefree air? 	<p>3. In every place they sleep, make the environment as safe as possible.</p> <p style="text-align: center;">How safe is the sleeping place?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is my baby close by me (in the same room when I am also asleep)? <input type="checkbox"/> Is my baby in their own 'baby bed' or in a sleeping space I have made safe for my baby? <input type="checkbox"/> Have I noticed and removed, or avoided, possible hazards? <input type="checkbox"/> Does my baby have a sober person with them when there is alcohol, drugs or partying?
--	---	--

Hidden Sleep Hazards

Ordinary things can become sleep hazards for babies as they pass through a critical stage of development. Placing babies in unsafe positions can be why they get into trouble later in their sleep. Hazards may come from: pillows, soft items, loose covers, adult bedding, a soft surface, mattress tipping sideways, being propped, couches, people in the same bed, bulky or tight wrapping, an unusual neck position, pressure on a tiny chest, alcohol, drugs and partying.



In pregnancy

... through the tubes ...



In sleep

Tubes that carry oxygen are life lines

Babies need oxygen to grow and stay alive.

- ▶ In pregnancy, their oxygen travels in blood vessels.
- ▶ Once born, their oxygen travels through airways before it gets into the blood.

These tubes need protecting so that enough oxygen can *always* get through to your baby.

How these tubes can fail

- ▶ Smoking takes oxygen away from babies:
 - Nicotine narrows blood vessels
 - Carbon monoxide replaces O₂ in the blood.
 When babies get less oxygen they develop as if this is normal, but it's not. It weakens their 'wake-up' reflex and health. Some will die.
- ▶ Position affects breathing. Certain positions, such as being slumped in a 'chin to chest' position, or lying face down can slow or stop oxygen from getting through a baby's airways.
- ▶ Location matters, too. Sleeping arrangements that may lead to a covered face, pinched nose, or pressure against a small chest, may also stop oxygen from getting 'through the tubes'.

Ways to protect a baby's life lines ...

- ▶ Be smokefree, especially in pregnancy.
- ▶ Place baby flat and on the back to sleep.
- ▶ Set up the sleeping place to be safe. A safe space is one where the face stays clear and oxygen can get 'through the tubes'. Look out for risks from bedding, pillows, gaps or people ...








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Through the Tubes Talk Card

Through the tubes

Materials (talk card on page 27) includes a short length of plastic tubing for discussing the importance of oxygen 'getting through the tubes' to the developing baby, both during pregnancy and once born. Oxygen is essential for life and the tubes that carry oxygen are life-lines.



- **In pregnancy:** oxygen reaches the baby through blood vessels (tubes) in the umbilicus
- **During sleep:** oxygen reaches the baby's lungs through airways (tubes)

In pregnancy, smoking and obesity reduce the amount of oxygen that gets 'through the tubes'. During sleep, it can be pillows, covers, soft things, pets, dangerous positions or other people that slow or block the flow of oxygen.

Everyone please ...



... in every place,
for every sleep,
check that I am safe

- ☒ face up
- ☒ face clear
- ☒ smokefree



atawhaitia ahau i roto moemoea
from my earliest beginnings, pursue protection so that I may dream

Safe Sleep Check

Young babies nap and sleep in many places. This safety check is a way to be confident that every sleep is as safe as possible for your baby.

1. From the very start, make your baby as strong as possible (see vulnerable)

- ☐ Smokefree in pregnancy?
- ☐ Born after 36 weeks?
- ☐ Weighed more than 2500 gm at birth?
- ☐ Breastfed?

Essential: More vulnerable babies need the extra protection of their very own 'baby bed' (a bed designed for babies) every time they sleep.

2. For every sleep, make it as easy as possible for your baby to breathe

- ☐ Placed for sleep face up (on the back)?
- ☐ Plenty of space around your baby's face?
- ☐ In a safe space (no chance of getting onto the tummy, under covers, near pillows or into gaps)?
- ☐ Breathes only smokefree air?

3. In every place your baby sleeps, make it as safe as possible

- ☐ Close by you (same room as you when you sleep)?
- ☐ In own 'baby bed' or own safe space?
- ☐ All possible hazards noticed and removed or avoided?
- ☐ A sober person with your baby if there is alcohol, drugs or partying?

atawhaitia ahau i roto moemoea
from my earliest beginnings, pursue protection so that I may dream

Tummy time

Back for sleep,
front for play,
upright for cuddles
and hugs.



This will help gravity protect your baby's head shape.

Summary

Sleeping face up (on the back) protects babies through a critical stage of development.

A clear face protects babies from suffocation.

A smokefree start to life makes babies strong.

The SUDI evidence

Information about SUDI changes as more deaths are explained. Some findings from research are stronger than others. This leaflet is based on major findings agreed by researchers around the world, and is supported by the findings of coroners.

Main Reference:

Carpenter, R.G. et al. *Lancet* 2004;363:185-91.

October 2009. Code HE1228



New Zealand Government

www.changeforourchildren.co.nz

safe sleep ESSENTIALS



Every year, about 60 babies die suddenly in their sleep.

Most deaths are preventable.

Safe sleep means face up, face clear, smokefree every time and place a baby sleeps.

change FOR OUR children

Information on preventing SUDI (sudden unexpected death in infancy)

Message to parents

Precious new baby? Advice from everyone? How do you decide what is essential and what is not? This leaflet offers you essential up-to-date information to help you keep your baby safe every time and every place they sleep.

What is SUDI?

SUDI stands for sudden, unexpected death in infancy. Some SUDI deaths can be explained (e.g. asphyxia or suffocation). Others cannot be (e.g. SIDS or cot death). Most happen in the first six months of life when a baby is asleep.

How does it happen?

Babies have a natural drive to breathe. This fails for SUDI babies. They stop breathing in their sleep. Their breathing may stop because of:

- things in their sleeping environment
- things that weaken a baby's drive to breathe

Who is at risk?

SUDI risk comes from a set of things that act together:

- Some babies have a weaker drive to breathe than others, e.g. due to smoking in pregnancy, a low birth weight, being born prematurely or being bottle fed or unwell.
- Some sleeping situations have more hazards than others, e.g. from pillows, unsafe positioning, people in the bed, loose covers, soft bedding or unsafe swaddling.

All babies, all places, every sleep

All babies need protecting from SUDI, in all the places they may sleep, and every time they sleep.

safe sleep = face up + face clear + smokefree

Sudden unexpected death is extremely rare for babies protected by this safety formula.

Face up

Your baby was designed to sleep face up (on the back). Their drive to breathe works best in this position and their airway is also safer. A built-in alarm reminds them to breathe, and strong gag and swallow reflexes protect their airway if they spill.

Face clear

Your baby was designed to sleep with a clear face. This helps them breathe freely and not get too hot. Your baby may fall asleep with their face clear, but will it stay clear? This will depend on how they lie, where they sleep, and how you make it safe.

Smokefree

Your baby was designed to grow and develop smokefree. All smoking harms babies, especially in pregnancy. Smoking takes oxygen and weakens vital systems as babies develop, e.g. breathing. When born, such babies need extra protection.

Other ways to protect your baby from SUDI

Your baby was also designed to need you **close by** (in the same room as you when you sleep), to be **breastfed** (this strengthens their drive to breathe), and to be **handled gently** (to protect their brain). This is essential care for all babies.



Focus on the face

Sleeping babies need to breathe. Placing babies in unsafe sleeping positions, especially if also propped on pillows, swaddled or wrapped, is dangerous. They may suffocate.

What can happen

Too many SUDI babies were placed for sleep on the tummy, or on the side (but rolled forward) or on the back (but propped on pillows). Sadly, many were then found pressed into pillows, underneath bedding, wedged into gaps, with covers over their heads and faces, or under people.

Baby's Name	Birth Date	Birth Time	Birth Weight	Baby's Sex
<p>Everyone please ... in every place, for every sleep, check that I am safe.</p> <ul style="list-style-type: none"> ✓ face up ✓ face clear ✓ smokefree <p><i>atawhaitia ahau i roto moemoea</i> from my earliest beginnings, pursue protection so that I may dream</p> <p>© 2009 Change for our Children. Safe Sleep Cot Card. October 2009. Code HE1228 New Zealand Government</p>				

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This is why ...

Like all babies, I need to breathe even when I sleep. If air is stopped from reaching my lungs I suffocate. I need whoever cares for me to be sure I am safe **every time I sleep**.

Face up: I am designed to sleep face up (on my back). My wake-up (arousal) response works best in this position. It reminds me to breathe. You may worry I will choke when I sleep on my back, but my gag and swallow reflexes protect my airway if I spill.

Face clear: My face needs to stay clear all through my sleep. Things can change. If you prop me on pillows I may slip off, roll to face-down, or slide down under bedding. If there are others in the bed, they may tip the mattress or even roll onto me. I may get wedged into gaps on couches and chairs. Soft things, like pillows, may smother me. A safe place for me is one where my face stays clear and these things cannot happen.

Smokefree: Smoking, especially in pregnancy, takes oxygen away from me. It weakens my vital systems as they develop. My breathing is not so strong, so I need extra protection when I sleep. Like all babies, I do need to be close to you, day and night, but **if you smoke (or I am premature or low birth weight)** I also need my very own 'baby bed' (such as a cot) every time you put me down to sleep. This is **essential protection** for me.

If people use alcohol, drugs or they party, I need to have a sober person with me.

www.changeforourchildren.co.nz

Safer Sleep for Older Babies Talk Card



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baby sleep bags

safer sleep for older babies

Option 1: Baby sleep bags keep older babies warm as babies wriggle about in their sleep. They don't need blankets.

Baby sleep bags can also keep older babies safe when they go exploring in their beds. There are no loose covers to get underneath, or tangled in. These can be dangerous.

firmly tucked in

safer sleep for older babies



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Option 2: When babies sleep near the end of the cot and covers are tucked in firmly underneath the mattress, it is easier to keep a clear face.

Heavy, loose, or too many covers can be dangerous when babies explore.

Layers of lightweight covers are best.

By Grandmothers for Grandmothers Talk Card



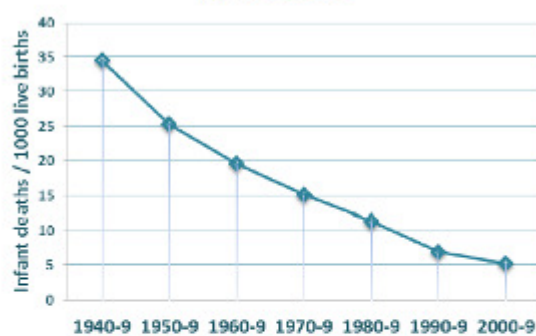
**through
the tubes**

an update on
safe sleep for
babies

for
grandparents
by
grandparents

2013

Falling infant death rates in NZ 1940-2010



Principles of protection

on the back + smokefree + clear face +
breastfed + close by + own space

Different from Adults



- Heavy head
- Bulge behind
- Loose jaw
- Short neck
- Large tongue
- Only breathe through nose

Four ways a baby can suffocate

1. Covered face
2. Pinched nose
3. Chin to chest position (see below)
4. Pressure on ,or against, the chest

Smoking in pregnancy takes oxygen, too.

