



First Days

**REPORT ON A TRIAL RUN OF A SMALL-SIZED INFANT SLEEP
SPACE FOR SAFER CO-SLEEPING IN POSTNATAL FACILITIES**

Change for our Children Limited – 26 January, 2016

First Days: report on a trial run of a small-sized infant sleep space for safer co-sleeping in postnatal facilities

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Introduction

Most New Zealand babies have their first sleeps in birthing facilities. While the majority of these sleeps are likely to be in infant beds, some are in adult beds with mothers who may also be sleeping. Consistently, research has found that very young babies (<2weeks) are at increased risk of sudden infant death from sleeping in the same bed as a sleeping parent, especially if a baby is also smoke-exposed and/or born pre-term^{1,2}. Sometimes these deaths occur in postnatal facilities³.

Clinical staff can be challenged by current furniture in relation to the evidence above and:

- the primal need for infant-mother closeness at a critical time for this relationship
- policy requiring staff to promote and provide safe sleep environment for babies
- hospital adult beds that are not safe places for babies when their mothers are asleep
- infant cots that make accessing babies difficult for women who have had a Caesarian section delivery
- exhausted mothers and the frequent waking, feeding and need for comfort of their new-born babies.

For the reasons above, at least occasional shared bed sleeping in postnatal facilities, between new-born babies and their mothers, is likely to be common in New Zealand. This sends a confusing message to families charged with deciding safe sleep practices at home. There are the same pressing new-born needs to consider at home, and sharing the adult bed with babies may sometimes be tempting, as it was in hospital. It is not that staff or parents are 'ignoring' safe sleep advice when bringing babies into their mothers' beds, more that they are doing their best to balance compelling and perhaps competing needs.

Some facilities have found local solutions to the 'close *and* safe' dilemma, others have invested in clip-on cots, and many are looking for a less costly option. This report describes the trial use of a small infant sleep space that can be brought into the adult bed. While not promoted as a perfect solution, the purpose of the trial was to test the concept as a possible solution for some women, babies, facilities and situations where no better alternative currently exists.

The device

In June 2015 Change for our Children introduced a small version of the Pēpi-Pod® sleep space that has proved so useful in homes⁴, and offered it for a trial run in birthing facilities across New Zealand. Called 'First Days Pēpi-Pod' (FDP) the device itself (Fig. 1) is a container made from 100% virgin polypropylene, imported from England and supplied with a mattress. The FDP has base dimensions of 33cm x 53cm and can fit

inside the hospital cot (Fig.2) when not in use in the adult bed. Raised bed rails are essential when using the FDP in a hospital bed.

It is acknowledged that the FDP takes space in the adult bed. This is its most obvious limitation. Because of this, it would not be suitable, nor should it be offered, to larger women, for use with larger babies, in facilities with no bed rails, and in beds with several pillows. The offer to 'try it out' at no cost, was considered the best way for individual facilities to assess usefulness and the conditions under which it might add value.

Figure 1. Regular and 'First Days' Pēpi-Pod® sleep spaces.



Fig.2. 'First Days' Pēpi-Pod® positioned within a hospital cot.



The trial

The trial was funded by Change for our Children. Feasibility testing took place at Lincoln Maternity and Burwood Birthing Unit in Canterbury, with the cooperation of staff. A mother consented to her new-born baby being photographed in order to show the FDP 'in use' in a hospital setting (Fig. 3.) for information materials.

Fig.3. FDP in use in a hospital setting



Invitation to participate

Thirty pods were air freighted from England for the trial. An invitation to participate was sent by email to maternity service managers and the Safe Sleep Champion network. Materials were prepared as guidelines for the trial and included:

- Brochure and Poster introducing the FDP with images of the device in use
- Short Presentation for introducing the concept to staff
- Information Sheet describing rationale and process of the trial
- Safety Checklist about placement of the FDP, bedding, care and supervision
- Comment Sheet 'What do you think of the little pod?' for completion by parents using it
- Facility Report summarising perspectives and experiences of staff and families

Facilities were advised to check in with Health and Safety, Infection Control and any other relevant departments of their facility.

The process

The trial was loosely structured to enable facilities to assess the conditions under which the FDP may add value for their environment. Suggested conditions to test were:

- with babies of C-section women
- with smoke-exposed babies
- different times (night, day, both)
- different bed types, positions, orientations and places in the bed

Parents were offered an FDP at the discretion of the facility. Facility processes were followed for gaining consent. Feedback on use was recorded on a Comment Sheet, and a summary of perspectives and experiences of staff and families was recorded on the Facility Report form.

Data collection

Data were collected on the Comment Sheet and Facility Report forms, designed for this purpose. The Comment Sheet recorded free comment from parents and staff and the Facility Report recorded summary comments from the service manager on what was appreciated and not appreciated, and whether, on balance, the FDP helped or hindered outcomes.

Quantitative data were analysed by frequency distribution and a thematic analysis of text responses was undertaken.

The response

The delivery of FDPs from England was delayed three months, which pushed the timeline of the project onto the busy end of year period. This possibly influenced the response rate. As well, two DHBs were held up by infection control concerns about the mattress that was supplied with the FDP. We have compiled this report from responses received by 31 Dec 2015, aware that there are some facilities yet to respond or proceed with their trial.

Participation

Fourteen facilities across 14 DHB regions accepted the invitation to take part in the trial involving the issue of 25 FDPs. Of these, eight are known to have implemented their trial and four facilities provided user feedback and facility reports before the end of 2015. Three other DHBs provided informal feedback in emails. One DHB immediately withdrew due to a realization that they do not have rails for postnatal beds.

The mattress cover supplied was moisture resistant Taslan and able to be cleaned by hospital strength cleaning products. It is the same mattress material used in the regular Pēpi-Pod® sleep space for shared use in the community. However, two facilities required replacement mattresses with a heavy duty waterproofing cover.

User Feedback

Written feedback on using the FDP with 28 infants was received from parents (25) and staff (3) and this forms the basis of this report. Most women had had a C-section (83%) and just 12% had had a normal birth. About half (52%) used the FDP at night and 44% both night and day. Two thirds (68%) rated the idea of the FDP highly (7-9/9), 29% moderately (4-6/9) and one woman rated it 1/9. In answer to the question "Would you like to see the little pod offered to mothers and babies in this facility?" 86% of parents said 'yes'.

Free comments in response to the question “*What do you think of the little pod?*” are listed in Appendix 1. Comments are presented on Table 1. below, grouped by theme, with examples given for each theme.

The comments suggest that women appreciated having their babies close, so that they could respond easily and early to their babies’ needs, in particular the needs for feeding, comfort and settling for sleep. Since most women had had a Caesarian section, closeness and easy access to their babies enabled independence in responding, and peace of mind when they themselves needed to sleep. Proximity of baby to mother appeared to facilitate improved sleep quality for some mothers and their babies.

Overall, 64% of comments were totally positive. Not surprisingly, the main limitation of the FDP was its size and the space it takes in the hospital bed. Seven women (25%) mentioned size as an issue, either the adult bed was too small or the pod within it, too big. Two comments (7%) were totally negative, one thought the FDP impractical and the other found her baby did not settle in it.

Table 1. Identification of comments of FDP users by theme and with examples.

THEME	COMMENT EXAMPLE	RESPONSES
Positive		
General	‘I found the little pod amazing!’ ‘I was skeptical that the pod would make a difference, but it did!’ ‘Has made a huge difference in a positive way.’	7,9,21,22,24,26
Usefulness	‘Particularly useful for first and second night.’ ‘Useful when babies are unsettled and cluster feeding.’	3,5,6,7,14,16,22
Access to baby	‘I appreciated having easier access to my baby and being able to sleep next to my baby in a safe way.’ ‘This was fantastic to be able to easily reach baby while still mostly in bed after a C-section.’	1,8,9,12,24,26
Settling ease	‘Handy as my baby was very unsettled and slept better being right beside me.’ ‘We were having a really tough night settling our little girl, and as soon as we put her in the little pod she went fast to sleep until her next feed was due.’	1,4,8,11,17,20,21,28
Improved sleep	‘Mum able to get good two hours sleep between breastfeeds which was just fantastic.’ ‘Baby and I were more settled and he slept longer in the pod.’	1,4,7,11,17,19,20
Closeness	‘I liked that I could be closer to my baby and that I could touch him during the night.’ ‘Baby slept soundly as I felt she knew I was close by.’	2,4,6,7,8,10,18,19,21,23
Responsiveness	‘Am able to sleep with baby and hear him as he wakes for feeds.’ ‘This is my fourth C-section and this was much more positive as I could care for my baby.’	3,8,9,26
Independence	‘It gives you some independence to care for baby without needing to wait for assistance.’ ‘When staff are busy, I could easily pick baby up and proceed with breastfeeding.’	12,19,23
Peace of mind	‘Removed the fear of him not being safe.’ ‘Gave me a sense of security.’	4,7,8,19,23,25

Negative		
Size	<p>'May be good if bed bigger or pod smaller.'</p> <p>'Only downfall was the hospital bed isn't that big so harder (for me) to move in my sleep.'</p>	1,2,5,10,12,14,27
Other	<p>'Baby wouldn't settle in the little pod. Just wanted to be right on Mum.'</p> <p>'Design could be more aesthetic i.e. natural fibres, harakeke even would have been awesome.'</p>	7,12,15,25,27

Facility reports

The intention was one summary report per facility, to be completed by the service manager. However some returned multiple forms completed by staff for an individual mother, rather than a summary. Feedback has been collated and presented below.

What was appreciated?

All facilities appreciated the closeness of baby to parent, enabled by the FDP, and the flow on benefits for breastfeeding, bonding, settling and cue recognition from being able to see, touch and respond to their babies. Also appreciated was that FDP helped with independent mothercare for women post Caesarian section, resulting in less calls for staff to assist; that it supported women, tired from giving birth, especially on the first night; that it enabled hands free time for mothers and more options for comforting their babies; and that it was also handy when babies were awake.

- *'Mums are much more aware of feeding cues.'*
- *'Particularly useful and loved by most women who had had a C-section.'*

What was not appreciated?

The single factor not appreciated was the space the pod occupied in the bed, undermining the mothers sleeping space, and making it not an option for high BMI women. One facility reported an issue related to horizontal bed rails, requiring padding between the mattress and rails to enable the FDP to sit flat.

- *'The hospital bed is small. Difficult to use (FDP) for large women.'*
- *'Not enough room in the hospital bed to get comfortable overnight.'*

On balance, did the FDP help or hinder positive outcomes?

Overall, facilities considered the FDP positive and helpful when used by small to medium sized women, women wanting to have their babies close, and especially those having had a Caesarian section. Where the FDP was hindering sleep, a few women asked for it to be removed.

- *'We think these are a great idea.'*
- *'FDP worked well.'*

What has been decided?

All four facilities have decided to continue to use the FDP, three have placed orders and one is continuing to use the two they have from the trial and after further discussion look to provide more in the 2016. Three other facilities, not represented in this report, have also made clear their intentions to offer FDPs.

- *'We will continue using the two pods we have.'*
- *'We would be keen to support use of the FDP?'*

Discussion

The need for a mother and her baby to be close in the 48 hours following birth needs no justifying. Enabling this has many benefits for breastfeeding⁵, maternal competence⁶, healthy infant development⁷, building the mother – child relationship⁸, and more. The FDP is an attempt to enable closeness in the critical first days of life in ways that also preserve safety² when babies are in beds with their tired mothers in postnatal settings.

This trial was formative in nature, a first step, as it were, to assessing the usefulness of a portable device to protect babies when they slept in the same bed as their mothers in hospitals. The ideal solution to enabling the appropriate degree of closeness and safety is likely to be a clip-on or side-car version that attaches to the adult bed⁵. This trial was to investigate if the simple FDP option might be an interim solution for facilities with no clip-on or side car option.

The findings described in this report cannot be generalized to the population of new mothers and babies. Selection by staff, of who to offer a FDP to, was heavily biased towards small to medium sized women who had had a Caesarian section birth who wanted to try the FDP. Within this context, findings do suggest that benefits of the FDP outweighed cost for most respondents.

It is acknowledged, again, that the FDP takes space from the mother when used in her bed. This limitation is obvious and has been reflected in the feedback from this trial. It is also acknowledged that in spite of this, 68% of users rated the FDP highly, and 64% did not mention the space issue in their comments. Some women even reported their improved sleep quality from using the FDP as a consequence of a more settled baby.

Two facilities, one of whom provided feedback for this report, had issues with acceptability of the mattress cover, preferring a heavy duty waterproof cover for infection control reasons. The mattress has been upgraded accordingly for future supplies.

In a randomised trial of stand-alone versus clip-on cot use to assess the impact for babies following a Caesarian section birth on breastfeeding frequency and infant risk from, mother–infant interactions were videoed for babies on their second night. No difference was found between the two groups for breastfeeding or bed sharing frequency, but there was increased risk for stand-alone cot babies from unsafe bed

sharing, including babies positioned on pillows while their mothers slept. It is likely that the FDP affords similar protection to a clip-on over a stand-alone cot because it is easier to resettle babies in their own sleep space after feeding if they are close enough for soothing touch.

There are many co-sleeping and bed sharing guidelines for hospital staff including those in the UNICEF sample policy¹⁰ on babies sleeping in hospital beds with their mothers. This document offers steps for enhancing safety that include: avoidance of the practice for high risk infants, avoidance of wrapping babies, ensuring pillows are well clear of babies, and that the babies are protected from falls. The missing element of such a policy is how to address the closeness needs of high risk babies in the new-born period, if sharing their mothers' beds is not an option. The findings of this trial suggest that the FDP may be useful and important here.

Simple biomedical approaches to the complex nature of the new-born period are probably not helpful and may even be harmful. Authors Douglas, Hill and Brodribb¹¹ look at the unsettled baby through the lens of applied complexity science whereby mother and baby are framed as *"a complex adaptive system (CAS), made up of multiple known and unknown dynamically interacting and co-evolving factors out of which cry-fuss behaviours emerge"*. They call for a *'transdisciplinary integration of evidence'* to give a more holistic understanding of, and response to, the unsettled baby, so often the reason for a baby being placed in the bed of a tired parent. Advice to avoid a behavior such as 'placement of unsettled babies in beds with their mothers' needs to go further than a simple statement, and offer effective and acceptable management alternatives to parents and staff. Comments from parents who used the FDP suggest that the device could be such an alternative in certain situations.

Its limitations acknowledged, the list of benefits from using a FDP are all important factors for a positive outcome in the early neonatal period, for both mother and baby. There is also integrity for staff and the facility in having a safe solution to an inevitable fact that babies often end up in bed with their mothers while adjusting to extra uterine life. Authors Hillman, Kallapur and Jobe⁶ state that *'the transition from a fetus to a newborn is the most complex adaptation that occurs in human experience.'* It is a time when babies most need the physical closeness of their mothers.

Conclusion

Babies are placed in their mothers' beds for good reason. Mothers can easily fall asleep with them there. Hospital cots are ideal for safety, but not for closeness, yet these two principles are equally important. Postnatal facilities offering a version of clip-on or side car cots best enable closeness *and* safety in the new-born period. They do so for *all* infants and mothers regardless of infants' risk status or mothers' BMI. A rethink of furniture is needed across all postnatal facilities in New Zealand if we are to support, from the very first sleep, the health vision of 'safe sleep, for every baby, every sleep' and at the same time, respect the developmental imperative of infant-mother closeness. This trial has shown that for the infants and mothers involved, the use of a portable

sleep space such as the FDP, in postnatal settings is a cost-effective, interim and partial solution to enabling closeness *and* safety in postnatal facilities.

Acknowledgements

We wish to thank managers and staff at Lincoln Maternity Hospital and Burwood Birthing Unit for supporting this initiative to get started. It was in these facilities that we were able to check the size of the First Days Pēpi-Pod relative to hospital beds and cots, and to take photographs of the device in use for information materials. We are most grateful to the subjects of the photographs, especially the mother who allowed her precious new-born to be photographed, and for his cooperation in staying asleep throughout. Supporters at the concept stage included Carol Bartle, Lactation Consultant and midwife Elaine Mclardy, Coordinator of the Child and Youth Mortality Review Committee, Canterbury.

In the end it is those who led the introduction of the concept within the fourteen participating facilities that we particularly wish to acknowledge. It is not always easy to introduce innovation into busy end of year hospital environments and there is always more involved than first meets the eye. We appreciate this for the learning it has enabled, as we do all the staff and families who tried out the FDP and gave feedback on their experience. We thank you all.

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Appendices

Complete list of comments from users of the FDP

1. Was really handy and useful as didn't have to get out of bed to get baby out, especially being in so much pain with C-section. Also handy as my baby was very unsettled and slept better being right beside me. Only downfall was the hospital bed isn't that big so harder (for me) to move in my sleep.
2. I liked that I could be closer to my baby and that I could touch him during the night. However, it took up a lot of space in the bed and it was uncomfortable to lie against plastic at times. After a C-section it is difficult to lift baby out of the bassinet and it is just as hard with the small pod. I would suggest that the clip-on bassinet with no side would be better.
3. Very useful. Am able to sleep with baby and hear him as he wakes for feeds.
4. Baby and I were more settled and slept longer in the pod. Felt better knowing he was right there next to me.
5. It was useful but not enough room in the bed for it.
6. Useful to have in bed to soothe easily after a C-section.
7. I was skeptical that the pod would make a difference, but it did! Baby slept soundly as I felt she knew I was close by and I felt more comfortable and able to sleep having her with me – without the danger of falling asleep while holding the baby. Concerns – I felt the gap between the mattress and rail was too large. I was also very aware of using pillows as they could easily go over the pod if mother tossed and turned while sleeping. I used the pod twice during different nights when I really needed to sleep and have baby settled. I felt the hospital trolley bassinet still very much the safest option.
8. My new-born would not settle in bassinet. With having a C-section it makes it difficult to comfort her. The little pod allowed me to look after my baby easier post C-section. Also my baby has settled better when sleeping. I appreciated having easier access to my baby and being able to sleep next to my baby in a safe way. Definitely a positive outcome. This is my fourth C-section and this was much more positive as I could care for my baby.
9. Little pod is a wonderful idea. After a C-section I found it easier to keep him beside me in bed. For a mother giving birth naturally, she can just reach in and grab her baby.
10. Took up quite a lot of the room on my little hospital bed but was great having my newborn right there when I wasn't able to get out of bed. I look forward to using one at home in my double sized bed.
11. Found good to use to settle my baby as it is very hard to get up after C-section. During the night/day was able to get additional sleep using pod.
12. Little pod is too big for the beds. When pod is in use there is risk of baby rolling as pod sits on a slight angle sloping towards the middle of the bed. It gave easy access to baby after C-section, where other baby beds required assistance. Good to have baby in bed and my hands free.
13. Bedfast due to medical conditions. Partner stayed to assist with baby's care and used the little pod.

14. Enjoyed the little pod and found it useful when awake, but not enough room in bed to get comfortable overnight.
15. Baby wouldn't settle in the little pod. Just wanted to be right on Mum.
16. Particularly useful for first and second night.
17. Both my partner and I were very happy to have the little pod introduced to us. We were having a really tough night settling our little girl. And as soon as we put her in the little pod she went fast to sleep until her next feed was due. It's the best feeling in the world knowing your baby is safe, and you can wake up yourself feeling refreshed!
18. Have bassinet in room and been using that during the day. At 10pm tucked baby into pod and rested it on end of bed while I watched baby. Relaxing sitting in bed with baby close by.
19. My baby cluster fed during the night following a C-section so I was not very mobile. It was easy to calm baby and have her close but in a safe manner. When staff are busy, I could easily pick baby up and proceed with breastfeeding. Once finished could settle baby back into pod with ease. Mum able to get good two hours sleep between breastfeeds which was just fantastic. Baby remained safe but close. Really neat idea.
20. I was given this little pod as my baby wouldn't settle in her own cot – only in her mother's arms. Put baby into pod and she settled immediately and I got a good night's sleep and a settled baby in the day time. All good!
21. Fabulous when used by C-section women and when Mum wants to sleep close to baby to help settle them.
22. Started off without it. Then got offered to use it. Has made a huge difference in a positive way. I highly recommend this. Am looking at buying one for home.
23. I love this idea for Mums who cannot get out of bed, i.e. after surgery. It gives you some independence to care for baby without needing to wait for assistance. Also, having spent all that time in the womb it makes sense for baby to want to be close to mum and this feels like a safe compromise.
24. This was fantastic to be able to easily reach baby while still mostly in bed after a C-section. We didn't get to use it much at all as baby was unwell and ended up going to SCBU. Had she been feeling better I think we would have got a lot more out of it.
25. Gave me a sense of security. Obviously used alongside the 'sides up on the bed'. Removed the fear of him not being safe. Although design could be more aesthetic i.e. natural fibres, harakeke even would have been awesome.
26. I found the little pod amazing! Particularly useful on our first night when I was stuck in bed. It was great to be able to reach out and calm baby without having to twist or move around too much while I was sore. Highly recommend it.
27. Not a very practical thing. I think you will need to be a size 6. May be good if bed bigger or pod smaller. What about clip-ons?
28. Useful when babies are unsettled and cluster feeding. We need more of them.

Information leaflet

There is a problem

Enabling safe infant sleep in birthing facilities is challenged by furniture. New born babies need to feel their mothers' closeness, but adult beds are often high and narrow, and not safe places for babies when their mothers are sleeping.

Also, baby beds are out of reach for comforting touch and easy access for breastfeeding, especially for women after a C-section. Yet DHB policies require staff to model and promote safe infant sleep practices.

A simple solution

The 'first days' pēpi-pod® sleep space is small with a 33cm x 53cm base. It fits inside the hospital cot when not in the adult bed.

It is offered as a possible solution in some facilities, and for some infants, mothers and situations, where a better alternative is not currently available.

Support for staff

The 'little sister' pod is also offered as support for staff charged with implementing safe sleep policy, providing safe sleep environments, and modelling recommended practice. The little pod provides a zone of protection within the adult bed.



Concept Test

Change for our Children Limited invites birthing facilities to take part in a local trial of the 'little' pēpi-pod® sleep space, to assess directly its value as a safe infant sleep option.

Enquiries:
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Introducing

FIRST DAYS

A small-sized pēpi-pod® sleep space for babies in their first days of life

A simple 'close and safe' infant sleeping option for birthing facilities



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