Introducing the Pēpi-Pod® Sleep Space Programme

Notes to assist with beginning conversations about providing the programme

What is a Pēpi-Pod® sleep space programme?


safe sleep = safe space + safe care

The **Pēpi-Pod®** sleep space programme is one approach being applied in some regions of New Zealand and Australia to enable more vulnerable babies to have a safe space for sleeping every time and place they sleep. It is a programme of 'portable sleep space (PSS) plus safety education' that began as an emergency response during the Christchurch earthquakes of 2011. It is now offered to families of babies at increased risk of accidental suffocation. Places of heightened risk for babies include in, or on, an adult bed, on a couch, in makeshift situations or when sleeping away from home.

Who are they for?

PSSs are not for all babies. They are a public health response to the higher risk of sudden infant death for babies who are more vulnerable due to exposure to smoking, especially in pregnancy, being born before 37 weeks or weighing less that 2500 grams, or in family environments where use of alcohol and drugs are prevalent. These babies have a predisposing vulnerability to hypoxic challenges.

Where have they come from?

The PSS is a 'sister' to the Wahakura, a sleep space hand woven from flax that has been promoted in Maori communities since 2006. The PSS was developed as a low-cost option to complement Wahakura and enable larger scale supply. The Christchurch earthquake propelled the idea into reality and thanks to the support from community, business and health providers, over 6000 babies have had a PSS through their times of risk. Maori midwife, Alys Brown from Hamilton, and Maori GP Dr David Tipene-Leach, from Hastings, have given cultural support to the initiative from the start.

What is involved in providing this programme?

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Where else are services operating?

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Is there support?

Yes. We have established standards for the product, its supply and the distribution process to ensure quality and effectiveness. These define the core elements of the service and a signed Participation Agreement between Change for our Children and the provider agency clarifies roles, responsibilities,

expectations and standards for the relationship. The **Pēpi-Pod** mark has been registered with the Intellectual Properties Office of New Zealand to uphold programme standards.

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We have reported on the distribution of PSS during both the earthquake phase (2011) and in normal times (2012 and 2013), and on families' experiences of getting and using PSSs, infant care decisions for 'yesterday' and 'last night' and demographic details. Overall, families rated the PSS highly, appreciating that it enabled closeness, safe bed sharing, peace of mind, was convenient, portable, easy to clean and helped babies settle for sleep. The 2012/13 reports are important because they give confidence to the use of PSS outside of an emergency response. They describes the essential features of the programme which include:

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Is there evidence of safety?

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Is there evidence of safety?

The programme is a response to evidence of increased risk of death in specific locations, situations and groups. Safety is built into the product itself, as well as the training and implementation of the complete programme. There are ethical challenges in designing studies to assess the role of portable sleep spaces in reducing sudden infant death. However, there is evidence from three reports on distributing and using **Pēpi-Pod®** sleep spaces in 2011, 2012 and 2013 and a report on the Hawkes Bay **Pēpi-Pod®** programme. In the absence of more formal studies these give confidence that sleep spaces are being used appropriately in priority communities.

Further evidence of potential safety is in Statistics New Zealand population data reporting that infant mortality reached an all-time low in 2012 during a year when 3000 PSSs were added to the 1500 already in circulation in New Zealand. This reduction in infant deaths was most marked for Maori babies (from 123 in 2011 to 82 in 2012) and most marked in the regions supplying PSSs. Reduced Infant deaths has effectively been maintained in 2013 with continuing reductions in Midland where both Maori birth rates and intensity of PSS issue was highest. This is encouraging and time will tell if this is a statistical fluctuation or the start of a positive trend.

Two studies are underway in New Zealand, and afeasability study is happening in aboriginal communities in Queensland, Australia. As well, the implementation process of current services is being closely monitored and reported by Change for our Children Limited.

Reference: Cowan S, Bennett S, Clarke J, Pease A. An evaluation of portable sleeping spaces for babies following the Christchurch earthquake of February 2011. J Paediatr Child Health. 2013 May;49(5):364-8. doi: 10.1111/jpc.12196. Epub 2013 Apr 11.