



Sleep Space Data Record 2019

This form is a 'one stop shop' for supporting DHB to monitor and report on their sleep space services.

It can be used for entering any or all of: 1. Ministry of Health, 2. Distribution and 3. Impact data, and for the issue of Wahakura, Pēpi-Pod® or any other 'in-bed capable' infant sleep spaces.

Please transfer information from this paper form to the **online e-form** at

https://changeforourchildrenz.sites.acclipse.com/pepi_pod_programme/sleep_space_data_record_2019

after all data required for your service has been collected.

CONTACT DETAILS *(not required on the electronic version of this form)*

Name of parent/carer:		
Name of baby:		
Street address:		
Suburb:		Postcode:
City/Town:		
Telephone	Mobile:	Landline:
Back-up contact:		
Email:		

RECORD OF PROGRESS *(not required on the electronic version of this form)*

- Referral received on ___ / ___ / ___ from _____
- Contact details for the referrer _____
- Distribution scheduled for ___ / ___ / ___ and completed on ___ / ___ / ___
- Follow-up planned for ___ / ___ / ___
- Data entered on ___ / ___ / ___
- File closed

PROGRAMME INFORMATION FOR WHĀNAU

Infant sleep spaces (Wahakura and Pēpi-Pod) are for protecting more vulnerable babies from accidental suffocation. They make it safer for babies to breathe when babies sleep in, or on, adult beds, on couches, in make-shift beds, in the same bed as others, or when away from home.

Suffocation deaths are more common for some babies than others. The more vulnerable babies are younger, premature, low birth weight, or smoke-exposed babies. They have weakened breathing, or slow 'wake-up' responses, and need extra protection when they sleep, **every time** they sleep. **Every** sleep needs to be made safe.

A sleep space is not a guarantee that a baby will not die. As well as a safe place to sleep, babies need safe care. They are stronger when breastfed, smokefree, immunised on time and handled gently.

Protection is highest for strong babies sleeping in a safe place.



protection = safe space + strong baby

REPORTING

Service details *(Essential for linking data to your DHB region)*

DHB region:	
Distribution Agency:	

1. Ministry of Health Reporting

Mother's NHI number:	
Baby's NHI number:	
Date assessment was made indicating a safe sleep device (SSD) is needed:	___ / ___ / _____
Family accepted a safe sleep device:	<input type="checkbox"/> accepted <input type="checkbox"/> declined
Type of safe sleep device provided:	<input type="checkbox"/> Wahakura made by recipient <input type="checkbox"/> pre-made Wahakura <input type="checkbox"/> Pēpi-Pod <input type="checkbox"/> Baby box <input type="checkbox"/> Bassinet <input type="checkbox"/> Portacot <input type="checkbox"/> Cot
Date safe sleep device was provided to family/whanau:	___ / ___ / _____

2. Distribution reporting (data collected when a sleep space is issued)

To answer: Are sleep spaces going to more vulnerable babies?

Current age of mother :	_____ years
Age of baby at distribution (<i>in completed weeks</i>):	<input type="checkbox"/> unborn <input type="checkbox"/> < 1 week <input type="checkbox"/> _____ weeks (please specify)
Any smoking before most recent pregnancy:	<input type="checkbox"/> yes <input type="checkbox"/> no
Any smoking during most recent pregnancy:	<input type="checkbox"/> yes <input type="checkbox"/> no
Baby born <37wks or weighing <2500gm):	<input type="checkbox"/> yes <input type="checkbox"/> no
Any other concerns : (<i>more than one option may be selected</i>)	<input type="checkbox"/> regular smoking in baby's household <input type="checkbox"/> regular alcohol or drug use in baby's household <input type="checkbox"/> overcrowding <input type="checkbox"/> mental health concerns <input type="checkbox"/> low maternal support
Baby's ethnicity includes: (<i>more than one option may be selected</i>)	<input type="checkbox"/> Māori <input type="checkbox"/> Pacific <input type="checkbox"/> Other
Baby has a baby bed :	<input type="checkbox"/> yes (family has a cot, bassinet ...) <input type="checkbox"/> no (<i>family has no other baby bed</i>)
Device offered:	<input type="checkbox"/> Pēpi-Pod <input type="checkbox"/> Wahakura <input type="checkbox"/> Other 'in-bed capable' device
To answer: Are core components of the programme implemented?	
Was a standard safety briefing completed?	<input type="checkbox"/> yes, using the picture card supplied <input type="checkbox"/> yes, but did not use the picture card <input type="checkbox"/> no
Was infant airway protection demonstrated, using the tube provided (or a drinking straw or similar)?	<input type="checkbox"/> yes <input type="checkbox"/> no
Were you (whānau) encouraged to share your knowledge with others about protecting babies?	<input type="checkbox"/> yes <input type="checkbox"/> no
PROCEED	to 3. Impact Reporting OR if finished, to the end.

3. Impact Reporting (data collected at follow-up when baby is 6-8 weeks)

To answer: Are sleep spaces used as protection tools? Are safe sleep principles applied?

1. How many people have you spoken with so far about protecting babies?	0 1 2 3 4 5 6 7 8 9 10 >10 (please circle to indicate)
2. Since getting your sleep space, has your baby ever shared a bed , mattress or couch with someone who was also asleep?	<input type="checkbox"/> yes <input type="checkbox"/> no
3. If yes, was your baby also in their sleep space at the time?	<input type="checkbox"/> always <input type="checkbox"/> usually <input type="checkbox"/> sometimes <input type="checkbox"/> never
4. Do you place your baby on the back for sleeping?	<input type="checkbox"/> always <input type="checkbox"/> usually <input type="checkbox"/> sometimes <input type="checkbox"/> never
5. Do you do safe sleep checks and remove hazards from where your baby sleeps, such as: pillows, soft or loose items and toys?	<input type="checkbox"/> for every sleep <input type="checkbox"/> for most sleeps <input type="checkbox"/> for some sleeps <input type="checkbox"/> never
6. Does your baby sleep in the same room as a main carer at night?	<input type="checkbox"/> always <input type="checkbox"/> usually <input type="checkbox"/> sometimes <input type="checkbox"/> never
7. Is your baby currently breastfed ? (use standard definitions for 'feeding in past 48 hours')	<input type="checkbox"/> exclusively or fully (only breastmilk) <input type="checkbox"/> partially (mainly breastmilk) in past 48 hrs <input type="checkbox"/> sometimes (mainly formula) in past 48 hrs <input type="checkbox"/> not at all (no breastmilk) in past 48 hrs <input type="checkbox"/> has never breastfed (no breastmilk ever)
8. Is a main carer receiving support to be smokefree ?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A (main carer is smokefree)
9. How often did your baby sleep in their sleep space this past week ?	<input type="checkbox"/> for all sleeps <input type="checkbox"/> for most sleeps <input type="checkbox"/> for some sleeps <input type="checkbox"/> for no sleeps
10. What age is your baby now? (in completed weeks)	_____ weeks
11. Please rate how well your sleep space has supported you. (on a scale of 1(low) to 9 (high))	a) with better sleep for mother: _____ b) with breastfeeding: _____ c) with safety: _____ d) in other ways (specify below) _____
12. Where will your baby usually sleep next , when too big for the sleep space or bassinet?	<input type="checkbox"/> in a cot <input type="checkbox"/> in portacot <input type="checkbox"/> will bed share <input type="checkbox"/> no usual place <input type="checkbox"/> not sure
COMMENT: Would you like to comment on your experience using a sleep space?	_____
THE END	

Please enter data for reporting to your service by opening the link below.

https://changeforourchildrennz.sites.acclipse.com/pepi_pod_programme/sleep_space_data_record_2019