

<p style="text-align: center;">Slide Guide</p> <p style="text-align: center;"><i>Guidelines for “Baby Essentials” presentation</i></p>	<p>Slide 1: Baby Essentials</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▶ Title slide to introduce the overall programme and its aims ▶ Names of featured children to reflect the “through the eyes of a child” perspective of the programme <p>Key point to make:</p> <p>Programme name carries the hope of the project - safety principles essential to protecting babies from sudden unexpected death.</p>	<p>Slide 2: My name is Devotion</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▶ To introduce the programme ▶ To engage participants directly with babies and the theme of protection ▶ To enable babies to have a voice <p>Key point to make:</p> <p>Information is universal (all babies everywhere) and not ‘culture dependent’ or packaged for specific groups.. Protecting them is a shared and national responsibility.</p>
<p>Slide 3: Babies do die</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▶ To provide context for what is to follow ▶ To give perspective on the size of the problem ▶ To clarify terms and extend understanding to <u>all</u> SUDI causes <p>Key point to make:</p> <p>Babies do die from preventable causes at rates not acceptable for older children or adults (3 class rooms lie empty each year ...).</p>	<p>Slide 4: Which babies die?</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▶ To profile the SUDI baby and show SUDI to be a developmental issue ▶ To clarify the three groups of risk (triple risk model). To stress they work together to load a baby with risk . <p>Key point to make:</p> <p>Unsafe sleep is what tips the balance for many. ‘Preventable’ means we haven’t done enough to protect them.</p>	<p>Slide 5: How do babies die?</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▶ To focus on a breathing ▶ To present the 2 pathways: weakened baby, sleep hazards, or both ▶ To promote using protection (not risk) language to create the new reality <p>Key point to make:</p> <p>Any action that protects breathing protects life.</p>
<p>Slide 6: Why is arousal important?</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▶ To offer a possible mechanism for death ▶ To show the links between arousal challenges and SUDI risks ▶ To inform that arousal ‘resets’ vital functions, is a babies ‘wake-up’ call <p>Key point to make:</p> <p>Arousal is a critical life-support response for babies and needs to be protected.</p>	<p>Slide 7: Where do babies die?</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▶ To provide facts about location of death. ▶ To balance the perception that a cot is safe and an adult bed is not. Babies die in both places. Place needs to be <u>made</u> safe. ▶ The cot is designed as structurally safe for babies but the sleep context matters, too. <p>Key point to make:</p> <p>Context is everything. Safety depends on more than the location. Need the triple response.</p>	<p>Slide 8: The co-sleeping debate</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▶ To present the argument for both sides ▶ To clarify where there is strong agreement <p>Key point to make:</p> <p>Debate is good. It is how we get closer to the truth. It means more research is needed to clarify things. We need to share uncertainty with people while we work hard with what we know for sure.</p>
<p>Slide 9: My name is Vaiuli</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▶ To move from knowing facts to believing them ▶ To stress that more than knowing may be needed <p>Key point to make:</p> <p>Information needs to be believed if it is to be acted on. We may need to ‘go beyond the leaflet’ and ‘go beyond telling’ in our conversations with families.</p>	<p>Slide 10: Reality check</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▶ To profile an actual SUDI case and make the issue real ▶ To present the humanity of the situation—caring mother, doing her best ▶ To influence a sense of responsibility re awareness of risks - unsafe position unsafe swaddling, soft surface, 7 weeks <p>Key point to make:</p> <p>The anguish of a preventable death.</p>	<p>Slide 11: Coroner’s findings</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▶ To tabulate the build-up of risks ▶ To strengthen the reality check ▶ To move the spotlight from bed sharing to highlight positioning, wrapping, pillows, smoking, formula feeding risks <p>Key point to make:</p> <p>It is highly likely that these babies need not have died.</p>

<p>Slide 12: Why people don't believe</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▶ To explain the 'but my mother ... and we were all fine" phenomenon ▶ To stress the relationship between developing baby and changing risks ▶ To provide an understanding for why people do not heed the safety advice (parents and professionals) <p>Key point to make:</p> <p>Need to listen for beliefs behind words to influence confidence in safety information.</p>	<p>Slide 13: Some parents say</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▶ To acknowledge the common barriers to believing SUDI information ▶ To create discomfort in participants who share the perspectives presented <p>Key point to make:</p> <p>Prevention needs to extend to helping families with the day to day realities of caring for a baby (e.g. settling, cold houses, crying, winding, head shape, wrapping) yet not undermine essential safety principles.</p>	<p>Slide 14: My name is Chen</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▶ To be representative of NZ society by including Pacific, Maori, Asian and Caucasian babies ▶ To make a plea for supporting action <p>Key point to make:</p> <p>Parents associate addressing issues with a quality service. It is expected. May help to see SUDI is a health issue, not a social one. (This shift has helped re smoking.)</p>
<p>Slide 15: Some professionals say</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▶ To acknowledge the attitudes of professionals that may reduce the confidence of parents in safety advice ▶ To create discomfort for any participants of this education if they hold the attitudes portrayed <p>Key point to make:</p> <p>Attitudes need to align with evidence/best practice. It is a professional integrity issue.</p>	<p>Slide 16: Aligning with protection</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▶ To place opposing paradigms side by side to illustrate two ways to think ▶ To encourage a shift in attitude towards positive thinking and protective action <p>Key point to make:</p> <p>Language carries our attitudes and orientation. Let's orientate towards pursuing protection and make our talk align with that. In this way we create the new reality, help people see it.</p>	<p>Slide 17: Focus on the face</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▶ To share evidence from a large authoritative study re a focus on the face ▶ To quantify study's risk values (colour matched %) for professional audiences ▶ To address common concerns about back sleeping (airway protection reflexes) <p>Key point to make:</p> <p>Protection is needed sleep by sleep. Beware 'usually ... but ...' situations.</p>
<p>Slide 18: Why smokefree matters</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▶ To stress smoking builds a baby's vulnerability, offer a rationale for why and portray 'trapped' ▶ To present it as 'playing with fire' especially when combined with bed sharing <p>Key point to make:</p> <p>If we only do one thing for children, protect them from smoke. This will improve health development and survival most of all.</p>	<p>Slide 19: Protection beyond sleep ...</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▶ To point out that some SUDI are due to infections, accidents, neglect and abuse ▶ To identify how care that is essential for thriving is also essential for surviving. <p>Key point to make:</p> <p>Protecting infant life is a package of care. 'Face-up' protects through a critical stage of development, others more generally. Development makes new demands on care.</p>	<p>Slide 20: My name is Katie</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▶ To remind participants of their influence ▶ To extend the value of SUDI work to the future ▶ To point out that we influence by what we do or do not do, what we say or do not say - both <p>Key point to make:</p> <p>Be strategic about your influence with colleagues and whanau/families. Be conscious about it. Pursue protection.</p>
<p>Slide 21: Safe Sleep Blitz</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▶ To link people to the national effort ▶ To emphasise that if we do what we have always done, we'll get what we have always had. ▶ To present a challenge, a call to action <p>Key point to make:</p> <p>The vision is for safe sleep for every baby, in every place, at every sleep. This is equity in action. We need to act as one.</p>	<p>Slide 22: What can you do?</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▶ To direct participants towards action that is possible for them. ▶ To offer options. ▶ To stress that both systematic and opportunistic action is needed <p>Key point to make:</p> <p>Prevention happens through talk. That is how we create change.</p>	<p>Slide 23: The partnership</p> <p>Purpose:</p> <ul style="list-style-type: none"> ▶ To present support and change as partners. Professionals support and families change/act <p>Key point to make:</p> <p>We need a triple response to the triple risk: face-up + face + clear + smokefree every time a baby sleeps</p> <p>Slide 24: Summary slide</p> <p>The 6 principles for protecting infant life</p>