Introducing refreshed Safe Sleep resources

An information leaflet, cot card and poster for preventing sudden unexpected death in infancy (SUDI)

We are pleased to introduce you to a new suite of **general information** resources for promoting a safe and healthy start to life for New Zealand babies. These have been endorsed by organisations with considerable **influence**: the New Zealand Government, New Zealand College of Midwives, Plunket, the Child and Youth Mortality Review Committee and the Office of the Chief Coroner, with printing and distribution funded by the Ministry of Health. We acknowledge, here, the many people involved in development over several months. The new materials are graced by the beautiful photos of Vaiuli and his mother and carry a simple, but powerful safety formula for **eliminating** SUDI from our country, during 2010. That is the **bold goal** we invite you to go towards with us.

Face-up, face clear, smokefree

The prevention focus of safe infant sleep sits within a broader approach to improving the health, wellbeing and survival of children and reducing inequalities, and complements targeted approaches for priority groups. It provides a 'triple response' to the triple risk of critical stage of development (response: sleep babies face-up/on back), stressor in the sleeping environment (response: maintain a clear face) and vulnerable baby (response: be smokefree from the start). If every baby was protected by the 'face-up, face clear, smokefree' principles of care, the lives of an estimated sixty babies a year would be saved and their families spared the anguish and grief of their early deaths. We ask that you focus your conversations with families on this package of essential care.

Why the name change?

Understandings of sudden unexpected death in infancy have changed considerably in the past ten years. Coroners are increasingly reluctant to use the term SIDS as a cause of death where it is clear that a baby was sleeping in an unsafe environment. The wider definition of SUDI has become standard in New Zealand and is described in the leaflet. SUDI captures all sudden, unexpected deaths: those explained e.g. asphyxia as well as those that are unexplained e.g. SIDS/cot death.

Evidence from Coroners

In preparing these materials, and all resources in the 'Baby Essentials' programme for professionals, we have considered key evidence from research and involved people on all sides of the safe sleep debate. We have also appreciated the detailed reports of coroners that describe the humanity of the tragedies. From the accounts of families, a picture emerges of **low awareness** of the vulnerable nature of a baby's early months, **low awareness** of the demands that development makes on a baby's care and a **low priority** for safety advice when the challenges of day to day realities prevail. Against this backdrop of low awareness and low priority, families respond as best they can to: get enough sleep, settle their babies, respect cultural norms, manage their concerns about flat heads and/or choking, find their solutions to cold houses, comfort their sick babies, struggle with addictions and, for those with transient lives, work with changing sleeping arrangements and multiple carers.

The professional response

There is also evidence from coroner reports of ambivalence by some health professionals about the essential nature of safe positioning, the essential nature of a smokefree pregnancy and the essential nature of a safe sleep check. Ambivalence confuses parents. Coroners expect that parents are **in no doubt** about what is essential to protect their baby's life. The professional response is to support families with essential safety facts and safe ways to manage concerns. May these resources help.