

16/10/2014

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2014 International Conference on Stillbirth, SIDS and Baby Survival

Conferences are an opportunity for healthy scientific debate. The recent Baby Survival conference in Amsterdam, attended by 12 New Zealanders, was no exception. Compelling presentations were given on topics such as the protective mechanism of pacifiers in preterm babies, initiatives using firefighters as educators, and film adaptations of stillbirth and coping with postpartum grief.

The sleep space work had a high profile, creating envy and great interest as a way forward in countries frustrated by little change in infant mortality rates over recent years.

Judith and Stephanie were proud to present your work on safe infant sleep. You will be pleased to know that your focus on accidental suffocation (Through the Tubes) and the importance of sober carers (In Safe Hands) is at the cutting edge of SUDI prevention internationally. Many countries are facing an increase in accidental suffocation and concern over alcohol-related infant deaths. Such was the interest, that the conference ended with a demonstration of Through the Tubes to the full group of conference delegates. A link to the one page report of the conference is attached below.

Until next time, Judith, Sharon and Stephanie



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24/09/2014

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Safe Infant Sleep in Early Childhood Education Settings

In pursuing safe sleep for every baby, every place and every sleep we must consider all the different environments that babies sleep. With an increase in enrolment numbers of under 1 year olds in New Zealand Early Childhood Education Settings (ECE's), and evidence that it is not just the young baby needing protection from sudden death, we must attempt to extend our circle of influence in enabling understanding of safe infant sleep practices. What contact do you have with ECE providers? Do you know what policies they have in place to promote and support safe infant sleep?

We have developed a simple [web page](#) with FREE resources to support ECE staff and home based carers in developing safe infant sleep policy and best practice guidelines. The webpage includes a brief online education called "Safe to Breathe" for ECE staff.

We invite you to share this transform (and the links attached) with others in your circle of influence in the hope that we extend the knowledge and principles of safe sleep for every baby, every place and every sleep.

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1/09/2014

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Baby Sleep Products

With a plethora of baby sleep products on the market it can be difficult to make decisions on what to purchase and what not to purchase. Parents can be influenced by the imagery and information on packaging and advertising of products for babies. They may even base their infant care decisions on what they read or see displayed in a shop, magazine, on TV or on internet sites. To read more about some principles to use when purchasing baby sleep products and how retail environments can endorse safe sleep recommendations please click on this [link](#).

Committed safe infant sleep promoting stores

We are delighted to acknowledge two baby product retail stores as "Promoters of Safe Infant Sleep"; "The Sleep Store" and "Milk - a contemporary baby store". These stores have committed to upholding the international recommendations for safe sleep for babies, and promoting safe infant sleep in displays, product labelling, imagery and customer communication. It's great to have their commitment. May many more stores, retailers and manufacturers be encouraged to participate in this commitment.

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Just how important is smokefree support?

We were speaking with a Plunket Educator the other day; she made a comment that addressing the need for smokefree pregnancies, smokefree environments and smokefree families appears to have, *"gone off the boil lately"*. Can this be true?

Supporting smokefree pregnancies is a matter of urgency. All babies are born vulnerable, however smoke exposed babies more so. Smoke-exposed babies grow in less than ideal environments. They get less oxygen and less nutrients. They are born less resilient and are forced to adapt in ways that undermine their health, development and survival. They carry the burden of this harm into their childhood, their adolescence and even into their adulthood. Smoking burdens families. "[It matters where you grow](#)" is an online tool that may support you in your smokefree 'start to life' understandings and conversations with parents.

Your continued support to encourage and affirm, smokefree steps, smokefree attempts, smokefree lifestyles and a smokefree start to life, is precious.

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Consider the older, more mobile baby

One in five sudden infant deaths in New Zealand are of babies aged 5 to 12 months. A covered head from getting under bedclothes, magnifies the risk and becomes more likely as babies become more mobile. Getting underneath or tangled in bedding is also more likely when babies sleep in a different room from caregivers.

Development: Sudden infant death is a condition of development. Young babies, who are unable to roll from the back to the front, are protected by being put on the back to sleep.

Mobility: As development progresses, babies can move about more. They can change position and explore their sleeping space. By their own movements, they may get into situations that lead to overheating and / or a blocked airway.

How well do we talk with caregivers about protecting the older baby? It's less about position and more about environment. A bare cot, keeping them close by when they sleep, with either firmly tucked blankets or a sleep bag (without blankets) are ways to reduce risks for older babies.

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19/05/2014

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A cold, harsh reality: Two parents in New Zealand have recently been jailed as a result of being drunk and unable to respond to their babies needs and tragically causing their death.

"Safe Hands" is a fresh focussed **key conversation** designed to facilitate a parent's thinking towards the safety of their baby when there is drinking, drug use or partying or when they need a babysitter.

Safe sleep champions around the country are gearing up to deliver "Safe Hands" to their colleagues, within units, wards and communities. They can support you to help shape and focus discussions with families about safe hands and arranging for a responsible and sober carer.

If you would like to know who your safe sleep champions are in your area/ region please contact us.



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Safe Sleep Quiz. Congratulations to the winners of the woolbabe sleeping bags! 725 people participated in our safe sleep quiz. It was interesting to see that the first question tripped up a few people. Participants were invited to decide whether the baby was "safe" or "unsafe" when sleeping, in each of the 6 scenarios provided.

The first scenario stated: "We USUALLY place our 8 week old baby on the back to sleep." This was not intended to be a "trick" question so we were surprised that only a third got it right. This highlights the importance of emphasizing safe sleep every sleep in our education. At 8 weeks ALWAYS, not usually, placed on the back is safe practice.

The holiday season. The SUDI literature documents 'novel events', 'makeshift arrangements' and 'away from home' as contributing to unsafe sleeping for babies. Be sure to discuss safe sleeping in relation to holidays and travel at this time of year.

What a year! So much has been achieved together. 2013 became a safer time for New Zealand babies.

Wishing you a peaceful Christmas and until next year

Judith, Sharon and Stephanie



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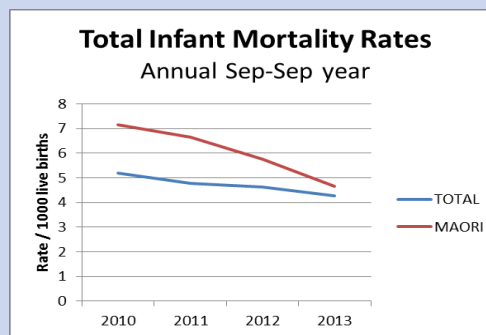
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Your efforts are making a measurable difference

Every quarter Statistics NZ publishes total infant mortality statistics based on death registrations. It enables us to monitor the impact of interventions on infant death rates as a whole using up-to-the-minute data. SUDI specific data needs more review and is at least three years behind.

So how are we doing given all that is happening to ensure safe infant sleep? The graph here gives the answer. Rates have been falling since Sep 2010 from 5.18 to 4.28 total deaths / 1000 live births, and from 7.15 to 4.66 Maori deaths / 1000 live births. So do more of what you are doing because it is working!



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National Safe Sleep buzz; With the Safe Sleep Awareness day fast approaching (Dec 6) and much activity going into developing and, or updating safe sleep policies, focus and commitment is clearly evident.

How familiar are you with your policy? If you work with young babies, and, or their caregivers you will need to know about the policies and systems in your environment. Does everyone know and understand what is expected of them in promoting and providing safe infant sleep? Some people do what they have always done and do what they think is "best", but "best" must be evidence based.

Aligning a nation: If we are to remove any confusion that exists for parents we all need to be presenting the same information and all consistently modelling safe infant care practices.



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23/09/2013

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Co-ordinated key conversations: For prevention to be effective we need to reach a lot of people. We achieve this, with you, through the strategy of “co-ordinated key conversations”. Currently that conversation is about accidental suffocation and it is facilitated by a simple plastic tube. We hear that this “through the tubes” approach leads to easy engagement. The feedback is fabulous, such that we are extending this to grandparent groups, childcare centres and the community at large.

Safe Sleep Awareness Day: This year, leading up to the 6th December, we are hoping that EVERYONE will be talking about back sleeping, clear airways and the importance of being smokefree. This is an opportunity for your region to unite under the safe sleep kaupapa. Check out <http://safesleepday.org.nz/> for more information, and promotion ideas for you, your work place, community and your whanau.

How aware is your region? We have created an online safe sleep quiz, tracked by region, as support for this campaign. Those who enter have a chance to win one of five infant sleeping bags (worth \$159 each). The link for the quiz is <http://www.changeforourchildren.co.nz/quiz> We hope this supports you.

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29/05/2013

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New bed sharing study: Safe sleep hit the national news last week prompted by a media release relating to a recent publication in the British Medical Journal. The paper is entitled '*Bed sharing when parents do not smoke: is there a risk of SIDS?*' and is available here (<http://bmjopen.bmj.com/content/3/5/e002299.full>). It describes a complex individual level analysis of data from combined studies across several countries (including NZ) between 1987 and 2003.

The promoted finding was of a 5-fold increase in death for **smokefree** babies when bed sharing, compared to smokefree babies sleeping in a bassinet in the same room as parents. The conclusions are controversial as the responses that follow the article reveal, and controversy is always an indication that more research is needed to clarify concerns. So what does this mean for prevention?

Elephants: What the article is not talking about is **perspective**. The 5-fold increase is in relation to extremely low base risk, so is itself small. We must not dismiss it, but it does not match in significance the order of escalating risk where smoking, alcohol or drug use are involved. While these were side issues in the study, they must not be side issues in our current prevention, but our highest priority for influence.

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Wow! We and others were amazed at the record low infant mortality rate of 4.2 per 1000 live births for 2012, reported recently by Statistics New Zealand. The drop was most evident for Maori as the graph opposite shows. Maori infant deaths fell from 123 to 82 during 2012. Rather than hope this reduction continues, the task of this network is to make sure that it does!

Taking risks: When our best efforts seem ineffective we need courage to rethink our approaches. *Through the Tubes* education is an example of doing things differently and with positive results. In just a few short months, more than 40 Safe Sleep champions have involved over 1000 peers in this education, 90% of whom rated highly (7-9/9) the value of the approach. So do keep having those *through the tubes* discussions with families, especially through winter.

Welcome to CYF colleagues: Last week 26 inspired Safe Sleep advocates from within the Child Youth and Family service have joined us to strengthen the protection effort in more vulnerable families.

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18/12/2012

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Holiday safety for babies

As families travel and gather over the coming weeks, extra vigilance is needed for the safety of babies, especially during sleep. The SUDI literature documents 'novel events', 'makeshift arrangements' and 'away from home' as contributing to unsafe sleeping environments for babies and increased risk of sudden infant death. You make a difference when you encourage parents to think car safety, water safety and sleep safety when it comes to holidays and travel. And when you emphasise the importance of '*face-up, face clear, close by, cot bare*' for preventing accidental suffocation in babies under 12 months.

DHB action on safe sleep

The continuing downward trend in post-neonatal mortality (since 2007) has sharpened in the past 12 months and it is reasonable to assume that **you**, in this network, are part of why. In just a few weeks, around 400 people have participated in 'Through the Tubes' education for preventing accidental suffocation facilitated by Safe Sleep champions, and safe sleep policy development is in full swing for many DHBs. CONGRATULATIONS!

To help **speed up** policy development, we have prepared a draft framework and practice guidelines (attached). We encourage you to inform your policy team and use these as support to flesh out, adapt to specific settings and generally make your own, with the goal of completed safe sleep policies for all DHBs by 31 March 2013.

Holiday greetings to you all, Stephanie, Sharon and Judith



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2012 International Conference on Stillbirth, SIDS and infant survival

Eleven New Zealanders working in the research and prevention of infant loss were amongst the more than 350 delegates at this conference held in Baltimore, Maryland, USA, earlier this month, nine of them as presenters.

The conference showed that the international community is **grappling with similar problems** when it comes to preventing infant loss. Across and within countries, there are racial disparities, variations in uptake of recommended infant care practices, failure of the 'don't bed share' approach, and persisting rates of obesity and smoking in pregnancy.

What is emerging is a **shift in focus** towards the study and promotion of safe infant sleep and it was heartening to realise that New Zealand is well ahead here with the current SUDI RCT directed by Professor Ed Mitchell, the promotion of wahakura and pēpi-pods for more vulnerable babies, and our *Through the Tubes* education for preventing deaths from accidental suffocation, this being the new frontier for SUDI prevention.

'Take care of women': This was the take home message for us for improving infant survival rates from stillbirth and SUDI. A keynote address *'The maternal life course'* described how fetal programming (where quality of fetal life alters a baby's biology for a lifetime) is inextricably linked to the physical and emotional status of the mother. Our shared goal must be - supported mothers, resilient babies and protected infant sleep.

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Getting 'through the tubes'

This phrase has two meanings here at Change for our Children:

- ▶ one is the fundamental message that this programme carries in its name - *oxygen must get 'through the tubes' to sustain life*. This is all about preventing infant deaths due to accidental suffocation.
- ▶ the other is our progress in preparing Safe Sleep Champions around the country for getting 'through the tubes' awareness to their colleagues, services, agencies and communities. Currently, we have 42 people fired up to lead this work in their environments, the peer education as well as the policy and systems development aspects. And activity reports are now coming in as evidence of their efforts.

A river without banks is a big puddle

Policy is like a river. It directs activity in a specific direction. And the banks of a river are the systems that channel that energy and effort. We are working through our champion network to support strong Safe Sleep policy and clear systems in DHBs and other agencies. A suite of tools for managers is listed on our 'through the tubes' web page. Specifically, Tool 1. is a Safe Sleep Policy Template to guide your discussions and decisions and is available here (<http://www.changeforourchildren.co.nz/files/docs/tttnewfolder/ttt%20tool%201.pdf>).

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4/9/2012

TRANSFORM: 30

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Should babies be swaddled?

As DHBs beaver around the country working up Safe Sleep policies, we are fielding enquiries about swaddling and the issues related to this practice of wrapping babies. We have prepared an article about this topic for the next issue of Midwifery News, but feel we need to inform discussions through Transform, as well.

Firstly, swaddling, when applied with consideration for safety of hips, airways and positioning, has benefits for babies and parents. It is a recommended strategy for promoting settling on the back, where parents may otherwise resort to unsafe solutions for settling their babies. A systematic review of evidence is published here <http://pediatrics.aappublications.org/content/120/4/e1097.full.pdf>.

Secondly, whether or not babies are routinely swaddled in newborn facilities, is optional, but routine swaddling is safer than a 'now and then' approach, once home. We would recommend that Safe Sleep policies state why swaddling is either included, or not included, as a standard practice in newborn facilities, as what is modelled, or not modelled, can influence the perceptions of parents as to what is right. A demonstration of a safe wrapping method is available from our website (http://www.changeforourchildren.co.nz/safe_start_programme/issues_forum).

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13/6/2012

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Congratulations, Safe Sleep Champions!!

We are delighted to report on the outstanding work of our Safe Sleep Champions. In two years 65 people drew at least **6000** others to the *Baby Essentials* SUDI prevention education, in both its peer-facilitated and online versions. The full report can be down-loaded from <http://www.changeforourchildren.co.nz/news>.

This report describes how networks and the internet were used to power a simple education approach and small resource to achieve large scale participation across the community. Champions are winners. They achieve extraordinary results as our safe sleep network has. We wish to thank our team of champions for the impact they have had, and continue to have, in our country.

Refresh

This month we will be refreshing and growing our network of safe sleep champions. We hope our current champions stay involved and we invite other passionate people, committed to this kaupapa, to consider this role, too. Just contact us. Infant mortality was at a new all time low in the March 2012 year (4.55/1000 live births¹) and it is logical to assume that the leadership of safe sleep champions has played a part in this.

Until next time, Stephanie, Sharon and Judith

(1 Statistics NZ)



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22/2/2012

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Remembering

Today Christchurch remembers. Here at Change for our Children, we remember you. In Transform 23 on 3rd March 2011 we called for helpers to sew covers for pēpi-pods and enable safe sleep for earthquake babies. On that day, there were more than 910 visits to our website to download patterns and sewing instructions. The rest you know. What you may not know is that in 2011 NZ had the lowest infant mortality ever at 4.7/1000 live births, down from 5.1 in 2010.

We remember the National Women's Hospital sewing bee and the 300 covers and sheet sets that enabled us to 'almost' keep up with demand at the start. We remember the courier packs from across the country that we woke to each morning, from all the other sewing bees, with more beautiful covers and messages of hope. And we remember the unbelievable feeling of solidarity that you gave and continued to give throughout a very tough year. We appreciate you.

We have prepared a report of feedback from parents on how they received and used their pods, sent as an attachment to this Transform. It honours you and all that was achieved together.

Until next time, Stephanie, Sharon and Judith



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20/12/2011

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End of year greetings

Baby Jesus is central to the Christmas story. It is a story of a family away from home and in circumstances that required them to improvise in order to meet the needs of their newborn baby. And so our safe sleep work is supported every December by the many images of the sleeping child, on his back, in his manger (baby bed), close to his parents. We can only assume that He was also smokefree!



The next weeks are a time when many modern day parents are also away from home and in changed circumstances that might influence the care decisions for their babies. It is a sad fact that in the **month of January** 2010 **five babies** in the Northland/Auckland region died a sudden infant death. All five babies were exposed to smoking in their households and only one of the five was bed sharing at the time of death. This is a harsh reality check that babies do die in summer, that smoking in pregnancy is a **tenacious risk factor** and that we cannot relax our advocacy for developmentally appropriate conditions for babies, especially as they grow in the womb and in the places that they sleep.

Wishing you a peaceful Christmas and until next year,
Stephanie, Sharon and Judith



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2/11/2011

TRANSFORM: 26

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Greetings

It is five months since the last Transform so you may well think we have all curled up inside our pēpi-pods and gone to sleep here at Change for our Children. Not so! But over 1000 babies have. We are currently analyzing responses to our usage survey, and an early peep at the data is reassuring. Not only are parents keeping the rules of protection, using the bedding items, spreading the education and loving the closeness, but we have been reassured about accidents and mouldy mattresses, too. More on survey results later.

Mushrooms: Pēpi-pod services are developing like mushrooms. Some DHBs in high needs regions have welcomed the option. We have a commitment to 3000 pods so far and are supporting set-up with quality standards, systems, education and monitoring for participating providers. It seems this simple concept is a solution for service managers, professionals, communities and babies.

Transforming times: The very day we called on your support to help sew pēpi-pod covers for our earthquake babies, we had 987 visits to our website. How do we thank you for what has followed. As well as the fine work you all do on a day to day basis to promote infant safety and resilience, your support across the nation has truly led to transformative change. Pepi-pods are now a quality, sustainable public health option for more vulnerable babies and infant death rates are trending downwards.

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Sharon and Judith



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30/5/2011

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Greetings

Pēpi-pods 500: We have just had **request 503** for a pēpi pod. It is just 10 weeks since we gave the first one to little Ethan and now they have become an established option for Christchurch parents wanting their babies close and safe. Just as the lovely covers have been made by people from as far away as Hong Kong, requests for pods are coming from other regions, too. (We have even provided a pēpi-pod for a hospital in Vietnam!)

The package: We have learned from coroners' reports of SUDI events, that an unsettled baby, or, change in circumstance for a family, often sits behind care decisions in the moment. For this reason, the pēpi-pod is viewed as more than a physical space.

It is set up as a **package of support** for protecting babies that includes: *the pod itself, a complete bedding set with each item designed to enhance safety, education about how babies suffocate and in what situations, a demonstration in how to make up and use the pod and safe settling skills.*

Role models: The pod also comes with a role, an expectation that parents educate others about why babies are vulnerable and how to protect them. While pepi-pods may initiate a change in practice for parents, it is in growing role models within priority groups that we are likely to influence sustained change.

Until next time, Stephanie,
Sharon and Judith



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Link to Baby Essentials Online:

http://www.changeforourchildren.co.nz/safe_start_programme/baby_essentials_online

29/3/2011

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Greetings from Christchurch

Your amazing response: There were 913 visits to our pēpi-pod web page following our last Transform calling for people to help sew covers and enable us to provide a safe sleeping option to earthquake babies. In just two weeks we have received 500 gorgeous designer covers just like the one opposite made by Natasha of Wellington, and 40 pēpi-pods have gone out to families since Wednesday.



Babies in emergencies: There is a well documented 'clustering of risks' for babies following disasters which Pediatrician Dr Nick Baker spoke to in a National Radio interview last week. It was followed by a Christchurch Press article with a lovely photo of a pepi-pod user. Together, these things have given exposure to the initiative and it now has its own life. *(links to interview and article on at: www.pepi-pod.co.nz)*



Usual times: The conditions of transience, over-crowding, challenged mental health, poor hygiene, displaced living and no transport, that characterise the increased risk for earthquake babies, are a living reality for babies in some families during 'usual times'. Let's not forget these babies as winter approaches. Let's also work as hard to protect them.

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Sharon and Judith



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Link to Baby Essentials Online:

http://www.changeforourchildren.co.nz/safe_start_programme/baby_essentials_online

3/3/2011

TRANSFORM 23

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Would you like a practical way to help Christchurch?

We urgently need sewers for 1000 pepi-pod covers. We all know that babies need a protected space to sleep during their critical first months. Unfortunately there have been many families in Christchurch with young babies who are homeless and for several reasons do not have a safe place to sleep their baby. The pepi-pod is such a space for more vulnerable babies. Our goal is to provide 1000 pepi-pods to the Christchurch community. You can help! We need everyone on this network to either sew a cover or support someone else to sew a cover, and we need them asap. We appreciate your support. Please refer to our webpage for pattern details and where to send etc: http://www.changeforourchildren.co.nz/safe_start_programme/pepi-pod

New contact details

We are fully operational as a service. We cannot access our offices or server, but thankfully we have been able to restore data from our back-up drive, divert our phones, set up with new equipment and relocate. Our interim details are: 50 Webb St, St Albans Christchurch 8014, Phone: +64 (03) 3796686. Stephanie's cellphone is 0276499428, Interim email: stephaniecowan11@gmail.com, sharon.changeforourchildren@gmail.com, judith.changeforourchildren@gmail.com Until next time, Sharon



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Link to Baby Essentials Online:

http://www.changeforourchildren.co.nz/safe_start_programme/baby_essentials_online

16/2/2011

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Greetings, everyone and a belated welcome to 2011

Imagery clean-up: Our work to address the issue of media images of sleeping babies in unsafe positions or settings got a huge boost of support recently. The Advertising Standards Authority (ASA) has ruled against a TV advertisement opening with a sleeping baby lying on a sheepskin, stating that the advertisement was in breach of the ASA Code of Ethics for **social responsibility**.

This decision is strong support for the Safe Sleep campaign and sends a **clear warning** to the media community at large to be more vigilant. The advertisement at the centre of the ruling used an advertising agency to prepare the advertisement, which itself, no doubt, used video footage from a photo stockist. The advertisement was approved by an official approval agency and shown repeatedly on morning television. All five entities involved demonstrated low awareness of the essential nature of back positioning and a firm surface for young babies when they sleep. (Link to the [ASA Decision](#))

Imagery that does not align with safety recommendations weakens perceptions of importance of safe sleep advice especially in social groups with fewer role models for best practice. We encourage you to use the ASA decision to support your work, too.

Until next time, Stephanie



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Link to Baby Essentials Online:

http://www.changeforourchildren.co.nz/safe_start_programme/baby_essentials_online

9/12/2010

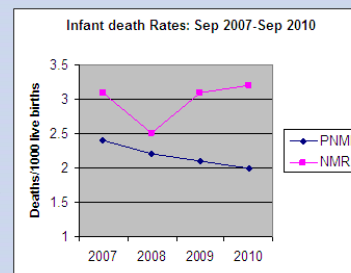
TRANSFORM: 21

a communiqué for networks transforming SUDI into 'survive and thrive'

Greetings, everyone

Feedback: Together, it seems we may be winning. The graph opposite tracks declining post-neonatal mortality rates for the past four years (NZ Statistics data for September to September years). Most SUDI happen in the **post-neonatal** age, so Sept 2010 rates are current feedback that, while modest, the decline is positive. In contrast there seems no pattern with neonatal mortality (babies aged 0-28 days).

Thank you: As 2010 draws to a close, our team at Change for our Children would like to acknowledge you as a reader of this communiqué for your part in the **turning of the tides** for SUDI that we hope this trend is heralding. It has been an outstanding year of collaboration, participation, alignment and commitment to improve survival rates for NZ babies. We appreciate **every conversation** you have had to influence this change. In 2011 we plan to focus on **preventing suffocation**, but for now Sharon, Judith, David and I wish you a joyful Christmas and restful break.



Until next time, Stephanie



pursuing safe sleep
for every baby, every place, every sleep

Link to Baby Essentials Online:

http://www.changeforourchildren.co.nz/safe_start_programme/baby_essentials_online

26/10/2010

TRANSFORM: 20

a communiqué for networks transforming SUDI into 'survive and thrive'

Greetings, everyone

Earthquakes and sleep: Understandably, Christchurch people spend quite a bit of time pondering on the September 4 earthquake. I was musing on how such a momentous and destructive event caused no loss of life, yet the calm and gentle event of sleep can so easily claim the lives of vulnerable babies. There seems to be a **striking contrast** in strategies for ensuring protection of people in 'crisis' times over 'usual' times. So what does this mean for preventing SUDI?

After the earthquake the city went into emergency mode, such was the priority for protecting human life. Danger areas were identified, the inner city was cordoned off, assessors went building by building to determine the safety of property, risk status was communicated to people through notices on entrances, access to unsafe areas was blocked, authorities had increased powers, there was even a curfew imposed. 'Safety first' was the message conveyed to all.

Imagine if the SUDI risk was framed differently in our minds and strategies. With SUDI, we know there is a crisis in some communities. We know who the more vulnerable babies are (those exposed to smoking), where the danger lies (in unsafe sleeping settings), what will enable added protection (NRT in pregnancy, dedicated baby beds). With good systems we can go pregnancy by pregnancy and baby by baby to assess risk, ensure smokefree support and provide baby bed options. Parents of our more vulnerable babies need a **clear message** from authorities of the 'safety first' approach. This will **strengthen** their perceptions that the **risks are real** and action is of **high importance**.

Until next time, Stephanie



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Link to Baby Essentials Online:

http://www.changeforourchildren.co.nz/safe_start_programme/baby_essentials_online

31/08/2010

TRANSFORM: 19

a communiqué for networks transforming SUDI into 'survive and thrive'

Greetings, everyone

The big clean-up: Last week we released a report of a study we undertook of **internet imagery** of sleeping babies, and the adherence of these images to safe sleep recommendations. This project is part of a wider 'clean up' strategy to remove signs and signals that weaken perceptions of importance in safe sleep principles. For the 64 images that met inclusion criteria, **40% were consistent with recommended practice** (face-up + face clear + smokefree). 30% of images showed babies sleeping on the side or front, 57% had a potential asphyxia hazard visible, and a concerning 20% portrayed both side or front positions and one or more potential asphyxia hazards.

Willing to align: The initial response from website editors has been excellent, with a strong desire to be aligning with health recommendations and a willingness to adopt the recommendations of the report. These are: to develop strong policy that imagery aligns with recommended practices, clear checking systems for placement of images on a site, and display of a qualifying statement that all sleep-related products be used within the safe sleep guidelines. One manufacturer has taken a lead and included this qualifier as a **swing label** attached to their product.

Keep watch: We encourage **you** to act on any inappropriate imagery by bringing these, and this report, to the attention of internet site editors. From our experience, they will appreciate this and their viewers will be supported to do what is safe. (You can see or download the report from <http://www.changeforourchildren.co.nz/publications>)

Until next time, Stephanie



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Link to Baby Essentials Online:

http://www.changeforourchildren.co.nz/safe_start_programme/baby_essentials_online

28/07/2010

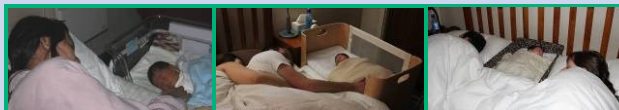
TRANSFORM: 18

a communiqué for networks transforming SUDI into 'survive and thrive'

Greetings, everyone

Baby beds of the future: Baby beds are changing. The prolonged controversy about the safety of babies in beds with parents has highlighted the need for a new reality for babies and parents when they sleep. The controversy has never been about the importance of closeness of baby to parent, only about the safety of that closeness. Maori have responded with the wahakura (woven flax bassinet for use in and out of the adult bed), manufacturers with products like the BedNest (same surface by-the-bed bassinet) and Snuggle Nest (in-the-bed co-sleeper), hospitals with clip-on cots (a three-sided cot for 'same surface/own space' mother-baby sleeping), and more.

Explorations: So what do people think of these innovations? We are exploring this question with professionals and families. Clip-on cots for postnatal beds are being trialled in some hospitals around the country. Jessica and her parents are trying out a BedNest baby bed, and a family are using a low cost option for 'in the bed, on the couch or away from home' protection for their more vulnerable baby.



It would seem that baby beds of the future will remove the conflict that current beds impose, making it easier for parents to be close, and their babies to be safe, when everyone is sleeping.

Until next time,
Stephanie



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Link to Baby Essentials Online:

http://www.changeforourchildren.co.nz/safe_start_programme/baby_essentials_online

14/06/2010

TRANSFORM: 17

a communiqué for networks transforming SUDI into 'survive and thrive'

Greetings, everyone

How are we doing? We called this communiqué TRANSFORM because we are chasing transformative change. That means markedly fewer infant deaths, **and soon**, especially of Maori babies. Feedback from Statistics NZ for the March 2010 year is that we are some way off that worthy goal. In fact, as the table below shows, overall infant death rates

	Mar 2008	Mar 2009	Mar 2010
Total infant death rates	5.3	4.7	5.0
Maori infant death rates	7.4	5.9	7.4
Postneonatal death rates (babies aged >27 days)	2.4	1.9	2.2

have **increased** slightly over 2009 and are not much different from 2008. While SUDI deaths are a subgroup of the total deaths, they are more likely to be preventable.

Focus on the most vulnerable. Babies most vulnerable to SUDI are **easy to identify**. They are the babies of women who smoke, especially in pregnancy. We need to focus our immediate effort onto **two things** for this group of babies:

- ☺ **a smokefree pregnancy** - NRT can enable this, so let's be sure **every baby** has this chance
- ☺ **a safe place to sleep** - face-up, face clear and in their **very own baby bed** for every sleep (wahakura or cot).

Until next time, Stephanie



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Link to Baby Essentials Online:

http://www.changeforourchildren.co.nz/safe_start_programme/baby_essentials_online

TRANSFORM: 16

a communiqué for networks transforming SUDI into 'survive and thrive'

Greetings, everyone

Winter worries: Sudden infant death is attracted to winter. Babies passing through their critical stage of development during the colder months have **even greater need** of the 'face-up, face clear, smokefree' protection. Earlier studies from the 1980's and 1990's have found that the combinations of "face down + **winter**", "covered face + **winter**" and "smoke-exposed + **winter**" increase a baby's risk of sudden infant death. They also found that this elevated risk persists into spring time.

If we are to end the SUDI story completely, as we are currently trying to do, we need to **do something different** in winter and spring. If we stay mindful ourselves of the **extra burden** the colder months place on survival, we will have **different conversations** with parents about safe sleep for their babies.

First-timers: We also need to be alert to the potential for extra risk when things are **different 'that sleep'**. Cold temperatures may cause a family to change their sleeping arrangements in order to keep warm and this may include their baby. Research has identified **'first time' situations** such as 'first time prone' as having a highly elevated risk for sudden infant death. Until we know more, we need to encourage families to provide a **dedicated space** for their baby to sleep and to use it every sleep.

Until next time, Stephanie



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Link to Baby Essentials Online:

http://www.changeforourchildren.co.nz/safe_start_programme/baby_essentials_online

23/03/2010

TRANSFORM: 15

a communiqué for networks transforming SUDI into 'survive and thrive'

Greetings, everyone

Baby Slings: The issue of the moment is baby slings and concerns about safety. This follows warnings issued by US officials last week following 14 deaths of babies in slings in the past 20 years (two in the past three months). Given that there were more than 80 million babies born in this period, and sling use is considered common, it is clear that sling deaths are extremely rare.

We could shrug this latest warning off as scare tactics, or, seize it as an opportunity to reinforce some principles of protection. Parents will have their questions and appreciate a discussion based on fact. The fact is that while we have not had any sling deaths in NZ, we have had many babies die in a similar way. Accidental asphyxia has claimed the lives of babies in a variety of places including: couches, car seats, propped on pillows, in infant cots and on adult beds, people, bean bags ...

Parents need to know that babies need a **clear face** and an **open airway** in order to stay breathing. In a sling, they need to be **held high, upright and securely against the parent**. A slumped or curled position can push a baby's head 'chin to chest' and may occlude their airway, be they in a sling, car seat or in the crook of their mother's arm.

Until next time, Stephanie



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Link to Baby Essentials Online:

http://www.changeforourchildren.co.nz/safe_start_programme/baby_essentials_online

22/02/2010

TRANSFORM: 14

a communiqué for networks transforming SUDI into 'survive and thrive'

Greetings, everyone

Languages: Awareness travels in social groups and language can block that travel, leaving some groups isolated. We are often asked if our materials are available in languages **other than English**. It is a tricky one because language is **so much more** than words. A literal translation may give quite a different meaning from the one intended, with no way to check. Yet, 'one language only' materials may act as 'graffiti' or an unintended sign that SUDI is an issue only for speakers of that language. Within families, older members who may not speak English, can be excluded from pregnancy and parenting discussions that younger members have with their health professionals. So ...

As a **strategy for inclusion**, we have taken the bold step of having the six principles for protecting a baby's life translated into the 20 main languages of our multicultural society. These are available as the **A5 Talk Card** and a **summary presentation**. Copies may be printed from our website (link below).

While language and culture specific services are the ideal, we hope the translated versions support those of you who work with families where languages other than English are spoken.

Until next time, Stephanie



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Link to Baby Essentials Online:

http://www.changeforourchildren.co.nz/safe_start_programme/baby_essentials_online

1/02/2010

TRANSFORM: 13

a communiqué for networks transforming SUDI into 'survive and thrive'

Greetings, everyone and a belated welcome to 2010

Watch out for graffiti: Every environment has its graffiti - that 'writing on the wall' that communicates '*something else*' to parents. A casual approach to promoting the **essential** nature of the 'face-up, face clear, smokefree' response to SUDI, **acts like unsolicited graffiti**. It invites risk-taking by parents through diluting their perceptions of importance of the safety information.

Graffiti needs to be removed as soon as it is spotted. This Transform is a call to all in our network to **be vigilant** about any sign or signal in your environment that may undermine how parents rate the importance of safe sleep principles. Parents will act in the best interests of their child when the **signs are all around them** that 'this really matters' and they are enabled to act..

Head start: We started 2010 with over **600** people having completed the 'Baby Essentials' programme either as a facilitated session by a peer or the online version. This happened in less than 3 months. We acknowledge everyone involved in this fantastic effort to align understandings and encourage you to bring **everyone you know** to the programme.

Until next time, Stephanie



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Link to Baby Essentials Online:

http://www.changeforourchildren.co.nz/safe_start_programme/baby_essentials_online

09/12/2009

TRANSFORM: 12

a communiqué for networks transforming SUDI into 'survive and thrive'

Festive Greetings everyone

Our **SUDI prevention blitz** is well underway. 215 people have so far been reported as having attended an education session with a Safe Sleep Champion. Another 160 have completed the 15 minute online training. This is a **fabulous result** and these numbers will grow rapidly as we move into the New Year. Many Champions are finding a variety of opportunities to deliver education sessions ranging from incorporation of sessions into formal educational updates through to opportunistic sessions delivered to colleagues as time permits.

Safe Sleep Champions are being encouraged to make simple changes to their systems that will make it more likely that **all parents will receive safe sleep advice as a matter of routine**. One example of a systems change has been made in one unit where they have attached a laminated Safe Sleep Talk Card to each cot to ensure it is available for every family. Another example is adding a 'tick box' to the discharge summary to confirm and record that Safe Sleep information has been discussed.

Simple systematic changes support sustained change and help to ensure that **every** family receives essential information and that **every** baby is protected.

Until next time, Sharon and David



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Link to Baby Essentials Online:

http://www.changeforourchildren.co.nz/safe_start_programme/baby_essentials_online

22/11/2009

TRANSFORM: 11

a communiqué for networks transforming SUDI into 'survive and thrive'

Greetings, everyone

The first 1000 sleeps. SUDI is a developmental issue. As development unfolds and resilience strengthens, the risk period for SUDI passes. At an average 5 sleep periods a day, the first 1000 will bring a baby through the period of vulnerability to 28 weeks. For those of us working to prevent SUDI, there are **60 million sleeps** to protect. If prevention get things right for 59 999 940 of them, we will have made no difference to SUDI rates. Clearly, we need **a lot more helpers** than just this network!

Baby Essentials Online: Today our Baby Essentials education '**goes live**' (link below) so as to reach more people. As well as facilitated sessions to health colleagues by Safe Sleep champions, the same online version (with audio) enables people from across society also to **update themselves** on sudden infant death. Our goal for 2010 is ten thousand people through the 15-20 minute course. Those who complete the programme receive a certificate of acknowledgement. We will be able to track usage by purpose, role, ethnicity and region to ensure education is reaching far and wide. Baby Essentials Online is a start in our joint effort to magnify impact and reach beyond the health sector.

Until next time, Stephanie Cowan



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Link to Baby Essentials Online:

http://www.changeforourchildren.co.nz/safe_start_programme/baby_essentials_online

11/11/2009

TRANSFORM: 10

a communiqué for networks transforming SUDI into 'survive and thrive'

Greetings, everyone

Hope for more vulnerable families: New research on SIDS was published in the British Medical Journal in October and the full article is attached. The study was designed with **two control groups**, a usual randomly chosen group of families as well as a group of 'high risk' families. Risk factor comparisons between the groups found the two control groups to be similar and the SIDS group to be different from them both. This is a **most important finding** for it asserts that the risk of sudden infant death does not lie in social disadvantage, but in the risk behaviours themselves. When like was compared with like, it was the risk behaviours that tipped the balance. **SUDI can be eliminated!**

Clarity on co-sleeping hazards: The study also provides convincing evidence for the dangers of adults sleeping on a shared surface (bed or sofa) with a baby **after using alcohol and drugs**. These conditions accounted for much of the excess in bed sharing prevalence in the SIDS group compared to the controls. While the media highlighted the 54% bed sharing deaths compared to 20% bed sharing in the control groups, what **must not be missed** in our pursuit of protection is awareness of what is dangerous co-sleeping and support for parents to avoid such situations.

Until next time, Stephanie Cowan



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www.changeforourchildren.co.nz

21/10/2009

TRANSFORM: 9

a communiqué for networks transforming SUDI into 'survive and thrive'

Greetings, everyone

Safe Sleep conversations are filling the airwaves. Following the release of the new Safe Sleep materials just last week we have received questions from midwives, mayors, whanau workers, nurses and coroners about associated issues such as: skin-to-skin time, propping practices, bed-sharing in hospital beds, over-crowded and cold houses, pillows, swaddling, how to challenge faulty thinking in respectful ways, and more. Newborn environments, especially, are grappling with the need to examine some existing practices, and the evidence basis for them, in order to model what is safe at home.

These are conversations that need to happen in your settings and that we want to encourage. So we are developing a discussion forum for Safe Sleep champions to thrash out such issues and share perspectives. Meantime, the safe sleep principles of "face-up, face clear, smokefree" and "always in own bed if not smokefree or prem/low birth weight" can support you as you decide your safe sleep policies and practices. These principles are a **sieve**, if you like, for accountability to a baby's safety.

The newly published SWISS study provides strong support for the prevention approach NZ is taking. More about this next time.

Until then, Stephanie Cowan



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5/10/2009

TRANSFORM: 8

a communiqué for networks transforming SUDI into 'survive and thrive'

Greetings, everyone

We would like to offer you a preview of our refreshed SUDI resources (Safe Sleep leaflet (HE 1228), cot card (HE 1229) and poster (no code)) at http://www.changeforourchildren.co.nz/safe_start_programme/safe_sleep_essentials. These will be available to you next week from your local authorized health education provider. Simply quote the HE code to order leaflets and cot cards, and ask for the Safe Sleep poster by name.

Strong Support: Producing these materials may have taken longer than we had planned, but the support we have had, in terms of feedback, endorsements, photographs and assistance with funding, has been amazing. The way to support the Safe Sleep vision, now, is to make these materials highly visible and used in your settings. Perhaps create an opportunity to have a local promotion to introduce them, put someone forward to be a Safe Sleep Champion (email Sharon) if you have not already done so, or, revisit your organisation's Safe Sleep policy to refresh commitment to SUDI prevention.

Bold Goal for 2010: Bold goals stretch us. They drive achievement. We are chasing a goal for 2010 to eliminate SUDI from our country. The new materials are to support you in making this happen.

Until next time, Stephanie Cowan



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23/09/2009

TRANSFORM: 7

a communiqué for networks transforming SUDI into 'survive and thrive'

Greetings, Everyone

I returned from a week of leave to news of three sudden unexpected infant deaths during my time away. Our hearts are with the families of these children as they struggle to make sense of what has happened. SUDI is real in our country. It is not an abstraction. Our work with you is to change that.

Safe Sleep Champions: Safe Sleep champions are growing like mushrooms across the country. In just three weeks we have 19 of 21 DHBs with one or more named Safe Sleep champion. One third of these have already been prepared to deliver the 'Baby Essentials' programme to colleagues and communities in their districts. Plunket has taken the lead in sharpening its focus on SUDI prevention. A network of Plunket leaders are in full swing aligning all staff with the 'Baby Essentials' material. We are also delighted to be working with the national Family Start team who are gearing up for a whole of service approach to integrating SUDI prevention into their programmes. Thank you, all, for your care.

Baby Essentials Talk Cards: Copies of this simple, yet popular resource is available free to Safe Sleep Champions to support their education work with peers.

Until next time, Stephanie Cowan



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2/09/2009

TRANSFORM: 6

a communiqué for networks transforming SUDI into 'survive and thrive'

Greetings, Everyone

What a great response to the 'call to action' of our last Transform. We are impressed. Something is happening out there and it is not just about daffodils and blossom! We have been so encouraged that we have brought **David Smith** on board to help us respond quickly to the interest. David is Nelson based and has worked with us before to achieve systems level change. Welcome, David.

New resources

As we speak, our new SUDI resources are being produced, supported by the Ministry of Health. These were designed to support the work of our contract with the Ministry of Health, in particular, to support the conversations that health professionals have with families. We have brought the four previous leaflets into one "**Safe Sleep Essentials**" leaflet and redesigned the hospital **Cot Card** to carry a message from the baby on the flip side. This message as an explanation for why the '**face-up, face clear, smokefree**' information is important. At the suggestion of Midwife Leaders around the country, the Cot Card will also have room recording the baby's name and birth details. What a beautiful system!

Until next time, Stephanie Cowan



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3/08/2009

TRANSFORM: 5

a communiqué for networks transforming SUDI into 'survive and thrive'

August greetings to you all

We have not called this communiqué **Transform** for nothing. The name is our challenge. Every year that we keep doing what we have always done, another three classrooms lie empty in our schools. We need an 'awareness virus' to sweep our country and bring safe sleep to every baby.

Awareness, like a virus, needs carriers if it is to spread far and wide. First, a small group of 'sneezers' need to spread awareness to a larger group of 'early adopters'. In time, 'late adopters' and eventually even the 'laggards' get on board. In this way, awareness is raised for a lot of people in a short time.

Wake-up call. What we really want is for all babies to wake up when sleep is finished. So, this communiqué is a wake-up call to our network. We are calling for champions, people keen to be 'sneezers' to start the spread of the wake-up call in your settings and communities. Whatever your area of interest, you are needed in order to make transformative change possible. You will need 30 minutes on the phone with us going through our 'SUDI Essentials' package, as preparation, and then go 'sneeze' the wake-up call everywhere! We look forward to being swamped with your emails!

Until next time, Stephanie Cowan



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8/07/2009

TRANSFORM: 4

a communiqué for networks transforming SUDI into 'survive and thrive'

Hello everyone

I received an email from an old colleague last week who had just seen the "Good Morning" show. She was concerned about the segment demonstrating side sleeping for settling babies and said she cringed at the thought of all the mums watching this and putting their babies at risk because of it.

The power of networks

What was I to do? Stephanie was away and I needed to act! Research identifies the risk of turning from side to prone as highly significant (a 45 fold increase, in the large Carpenter study, compared to 'on the back'). The promotion and demonstration of settling babies on their sides undermines key infant safety principles, our collective prevention efforts and the survival of our babies. I called a few people on our network, wrote an email to TVNZ and emailed another 20 or so people seeking their support to do whatever they could. Wow, what a fabulous response! Networks can be so powerful and so supportive.

So, go, you good people, email TVNZ or do whatever you can to promote safe sleep in your networks. Let's make sure everyone knows that safe sleep means **face up, face clear, smokefree** - every sleep.

Until next time, Sharon Bennett



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3/6/2009

TRANSFORM: 3

a communiqué for networks transforming SUDI into 'survive and thrive'

Greetings to our networks

Just as the media thrives on controversy, education thrives on balance. As the media goes hunting for disagreement, education looks for what is agreed and builds on that. Coroner reports add context to published evidence. It is clear that New Zealand babies are being exposed to unsafe sleeping environments in a range of sleeping places - cots, couches and adult beds.

Education needs to support families to create safe sleep wherever a baby sleeps. To provide a broader safety net for babies, we need to move the prevention debate away from 'bed sharing' to 'every place' of sleep. And so, we have added 'every place' to our safe sleep vision.

Let's be clear that debate is a good thing. We need vigorous argument when understanding is not complete. Various view points generate questions that shape new studies and get us closer to the truth. Yet issues under debate are a sign that we do not know enough, yet. They are a sign that more research is needed.

We must design our education to clarify for families what is certain and what is under study.

Until next time,
Stephanie Cowan



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12/5/2009

TRANSFORM: 2

a communiqué for networks transforming SUDI into 'survive and thrive'

Greetings to our networks

SUDI hit the headlines last week with the release of the report of Wellington Coroner, Mr. Gary Evans on the sudden unexpected deaths of seven babies. Whatever our thoughts on the reporting, **we have a moment here**. What do we do with it? How can we make this moment work for us and for families?

Headlines can be powerful. They can focus the attention of a lot of people on an issue all at once. They can provoke discussion and debate in corners of society where such discussion may not ordinarily happen. In some cases they can be the tipping point for action.

Headlines can also confuse. They offer little opportunity to personalise the information presented, provide context or allay fears. This is where **we** come in. We are the professionals working to transform infancy into a time of 'survive and thrive' for babies and confidence and joy for parents. We need to **step into the hole** that headlines leave, **seize those motivational moments** and **have those discussions** with parents. Together, we must strengthen understanding for why babies are vulnerable, what safe sleep means and how to achieve it for **every** baby, **every** sleep.

Until next time,
Stephanie Cowan



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TRANSFORM: 1

a communiqué for networks transforming SUDI into 'survive and thrive'

A warm welcome to our many 'Safe Start' networks.

Over the years we have gathered a throng of committed people to work in a coordinated way to prevent sudden unexpected death in infancy (SUDI). **You are these people.** Your work spans pregnancy care, lactation support, NICU and SCBU, well child services, smokefree pregnancies, safe sleep promotion, parent education, Maori and Pacific health, public health, professional leadership and more.

And over the years your efforts have made incremental improvements to the '**survive and thrive**' outcomes for babies. On this strong base of commitment and effectiveness we can now build a very **different landscape** for our youngest children. We can **transform infancy** onto a 'survive and thrive' period **for all**. We will need to do some things differently, much more of other things and stop doing a few things altogether.

Our Safe Start team and Maori SIDS have a shared vision: **safe sleep for every child, every sleep.** This communiqué is to keep our networks connected to this vision.

Until next time
Stephanie Cowan



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