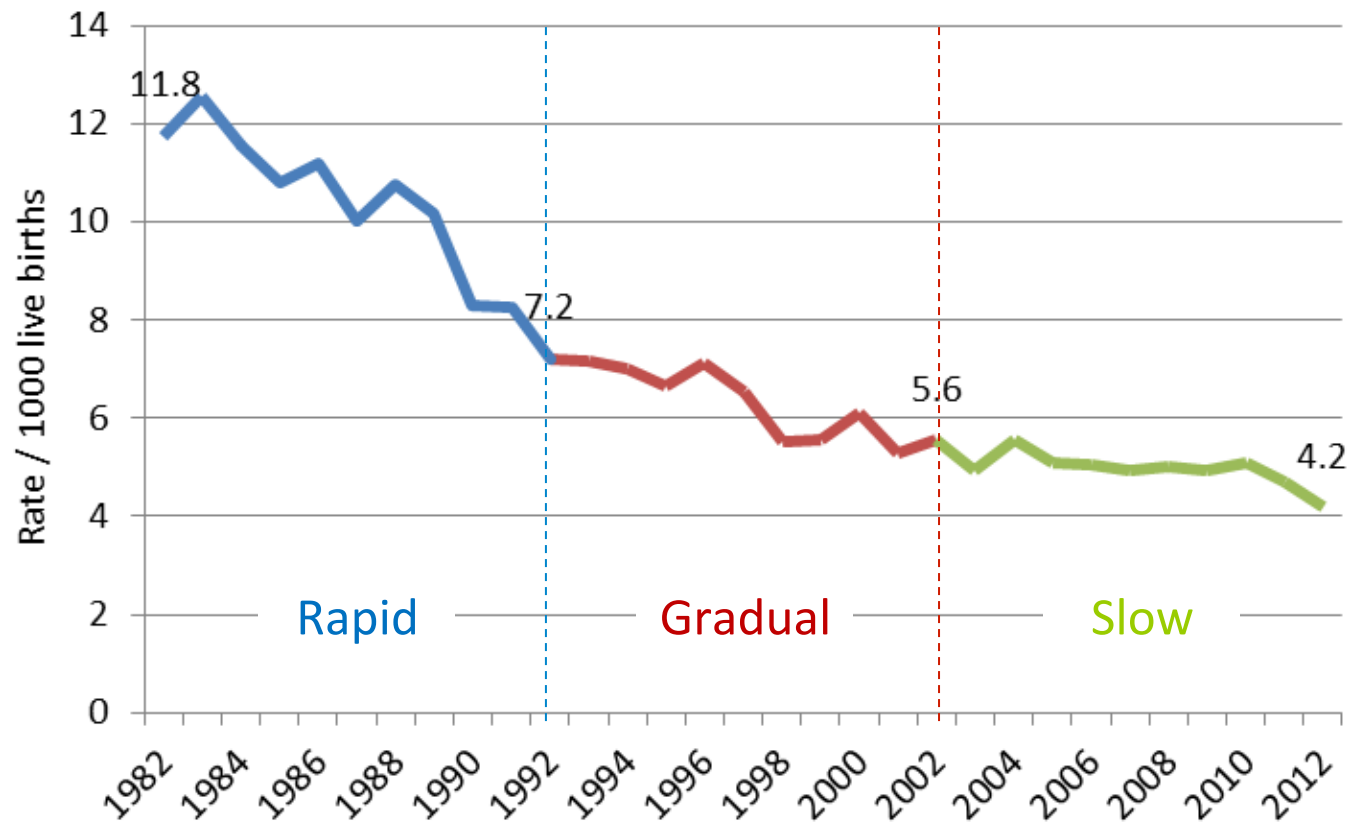


Thinking

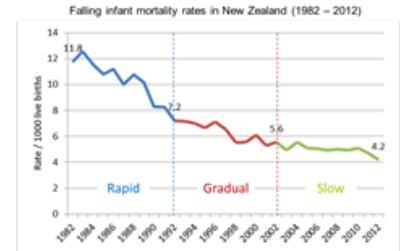


Three phases of prevention

Falling infant mortality rates in New Zealand (1982 – 2012)



Characteristics



Participation mode

Leadership

Partnership

Ownership

Dominant expertise

Scientific

Professional

Local

Dominant methods

Awareness campaigns

Education programmes

Innovation

Engagement process

Knowledge-based

Systems focus

Shared vision

Communicators

Researchers

Professionals

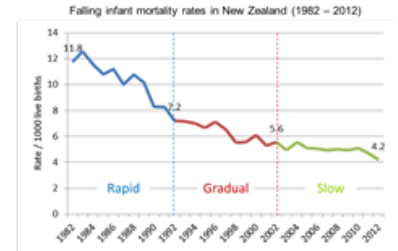
Peers and elders

Approach

Telling

Advising

Trusting



Prevention goal

Prevent SIDS

Prevent SUID / SUDI

Prevent suffocation

Participants

Whole population

Family professionals

Vulnerable groups

Behaviour change

To non-prone

To on the back, face clear

To smokefree, own bed

Costs to uptake

Low

Moderate

High

Supported by

Knowing

Believing

Enabling

Education purpose

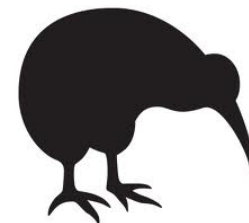
To inform

To reform

To transform

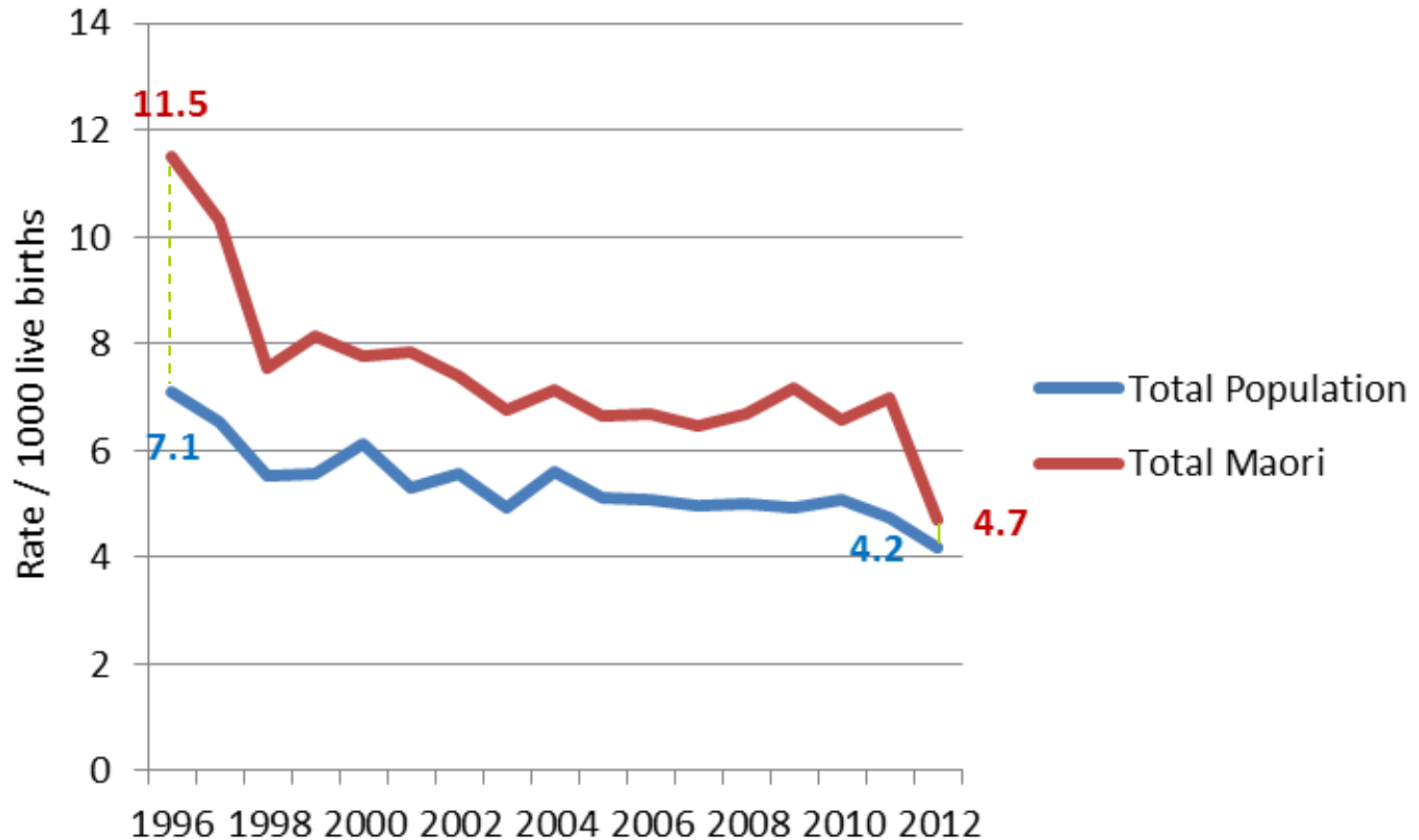
Where is New Zealand?

Thinking

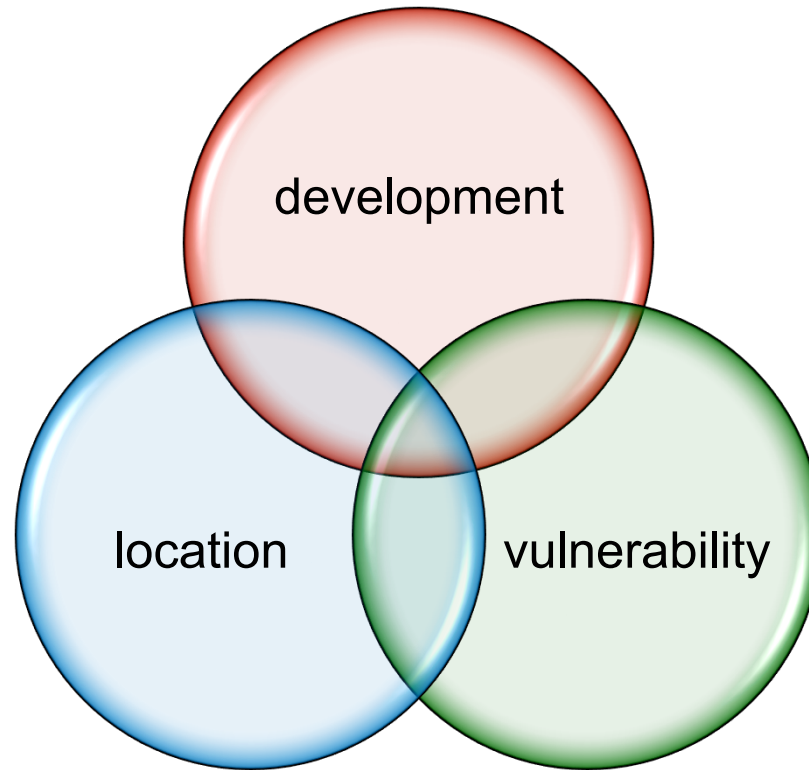


Reducing disparities

Falling infant mortality rates for NZ Maori (1996 – 2012)



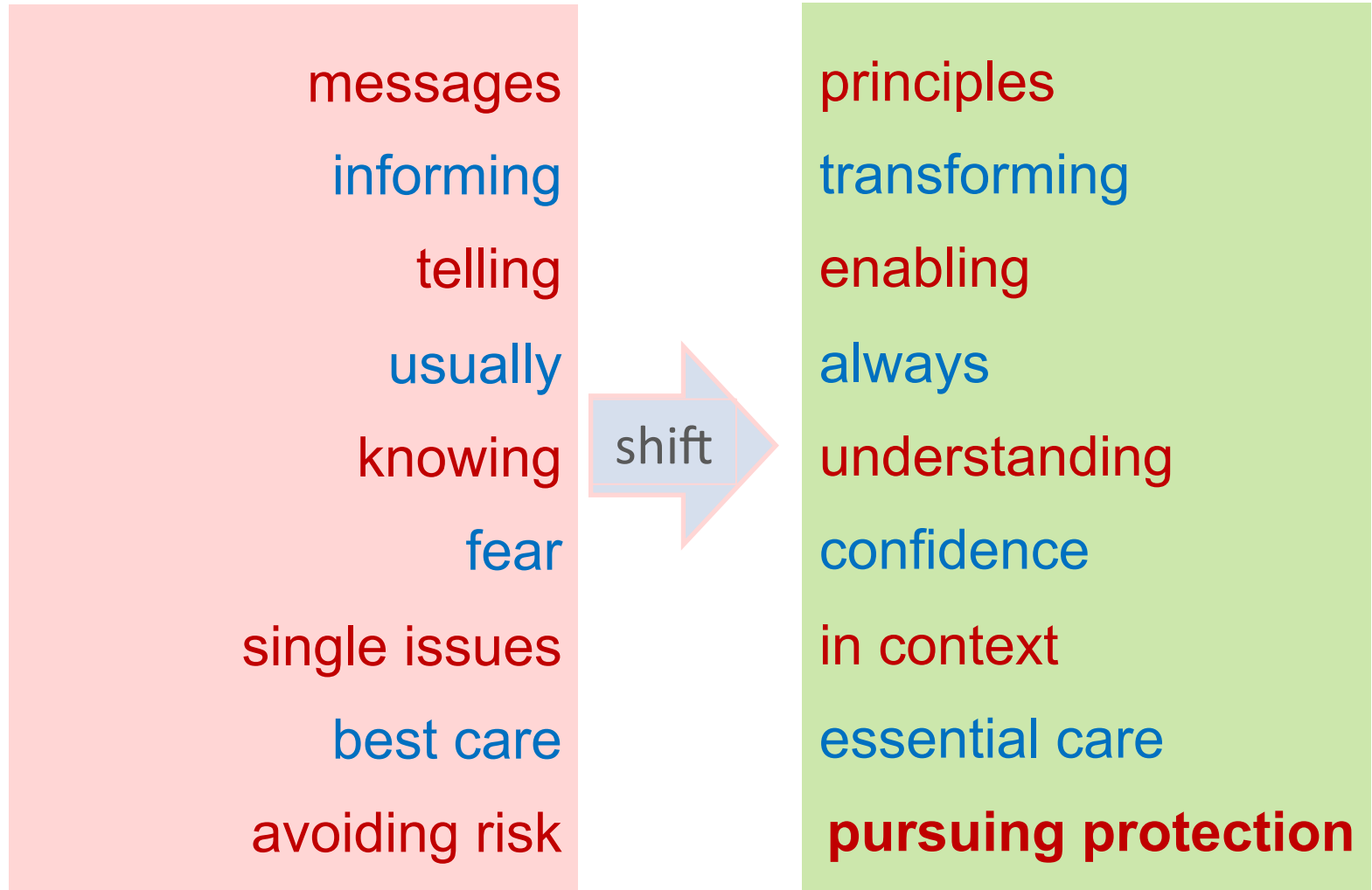
Foundation thinking



Triple risk/protection model

face-up + **face clear** + **smokefree** = safe sleep

Aligning with protection



Applications



Pēpi-pod sleep space programme

Response to unsafe sleeping in vulnerable groups



Te Awatea

A whole of community approach to smokefree pregnancies



Through the tubes

Education on reducing suffocation deaths

Sisters



Wahakura and Pēpi-Pod sleep spaces



Sleep space story

- Opportunity
- National media
- Sewing Bees
- Distribution
- Funding
- Wider interest
- Evaluation



Family impact

“I could settle baby for sleep and take the pēpi-pod from room to room with me which gave me peace of mind.

I could have the baby in my room, even though our room is small and we could not fit the cot in it.

Also, it meant that due to the frequent waking of baby, I could attend to his needs quickly, even in the middle of the night, as he was always close to me.”

Maori mother of a 10 week old baby



Risk-benefit analysis

Which is safer?

Baby in adult bed with others and in a sleep space

vs

Baby in adult bed with others and not in a sleep space

Rapid spread

Core components

- the sleep space itself, to **enable**
- a thorough safety briefing, to **inform**
- the role to help spread education, to **empower**



Jessica (Aug 2010)

1000 (Dec 2011)

5000 (Apr 2013)

Programme now

- Purpose
- Sleep space
- POU education
- Big leaflet
- Exchange
- Safety briefing
- User agreement
- Offered
- Follow-up
- Evaluation



Application: 1



Application: 1



Evaluation results - 2012

Recipients

- Met criteria (**99%**)
- Maori (**74%**)
- Smoked in pregnancy (**65%**)
- Baby pre-term/lbw (**24%**)
- Low income (**76%**)
- Teenaged (**15%**)
- No bed for baby (**29%**)

Acceptability

- Wanted to keep pod (**92%**)
- Spread the information (**86%**)
- Reach=5.4 others by follow-up
- High value rating (7-9/9) (**91%**)

Features appreciated

- ✓ Convenience (84%)
(closeness / away from home)
- ✓ Safety (80%)
- ✓ Settling (60%)

Family impact

“The closeness of baby and knowing she is safe in our bed is wonderful.”

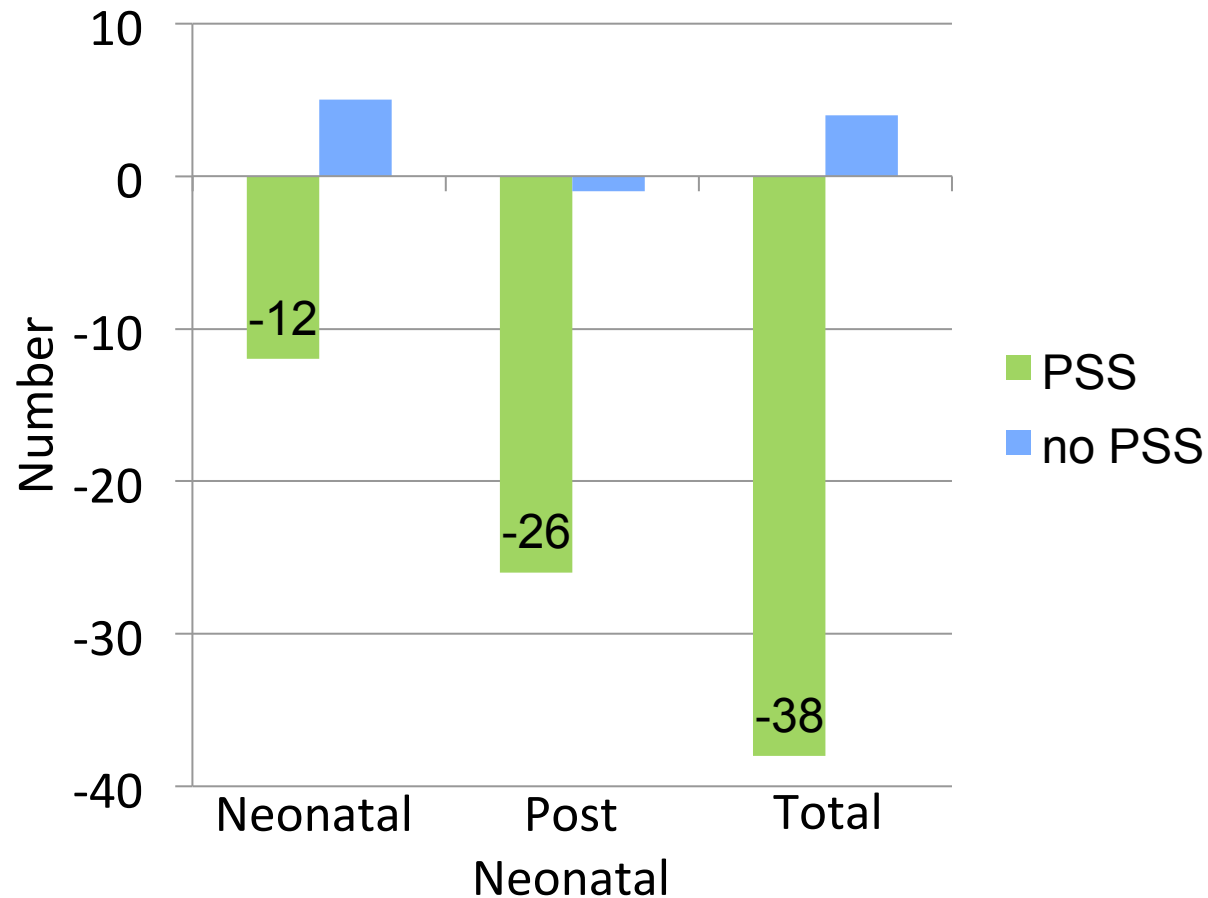
“Best invention, huge talking point. Have talked to heaps of people about it and the safe sleeping message.”

“Mummy and Daddy got a better sleep.”

“It was a big help. It is portable, can sit on any flat surface and I know my baby is 100% safe. It’s easy to clean. I love it.”

“I splash the information on Facebook.”

Fall in infant deaths in NZ during 2012 by regions providing, or not, the sleep space programme



te awatea

... into the light



A 'whole
community'
approach to
smokefree
pregnancies in
Counties Manukau

A ROLE FOR EVERYONE

www.teawatea.co.nz

Features

- Whole of community
- Shared leadership
- Broad participation
- Clear roles
- Accountable action
- Replicable

Core components

- Professional champions
- Whanau champions
- Referral service

Problem

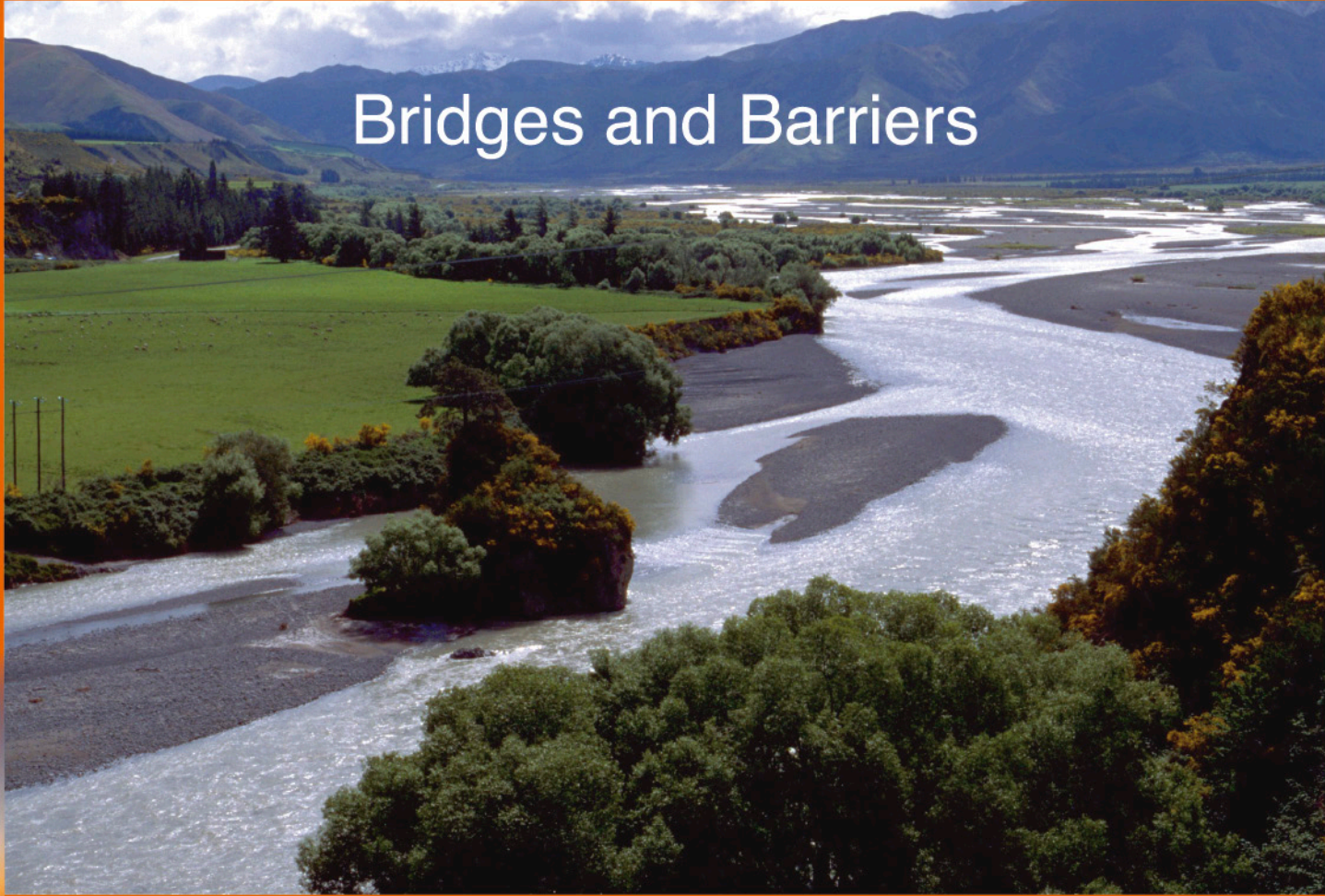


Te Whare Tangata

- a child's first home -



Bridges and Barriers



Community impact

Professionals

- **12** champions
- From agencies across the region
- Exceeded the goal of reaching **500** peers with in the first year (2011-12)

Whanau (family)

- **93** trained
- Connected to a pregnant woman who smokes
- **80** provided evidence of conversations
- A collective **800** conversations recorded

Smokefree Pregnancy Service

Exceeded the goal of **200** women and **100** men enrolled

Application: 3



Talk Card



In pregnancy

... through the tubes ...



In sleep

Tubes that carry oxygen are life lines

Babies need oxygen to grow and stay alive.

- ▶ In pregnancy, their oxygen travels in blood vessels.
- ▶ Once born, their oxygen travels through airways before it gets into the blood.

These tubes need protecting so that enough oxygen can *always* get through to your baby.

How these tubes can fail

- ▶ **Smoking** takes oxygen away from babies:
 - Nicotine narrows blood vessels
 - Carbon monoxide replaces O₂ in the blood.
 When babies get less oxygen they develop as if this is normal, but it's not. It weakens their 'wake-up' reflex and health. Some will die.
- ▶ **Position** affects breathing. Certain positions, such as being slumped in a 'chin to chest' position, or lying face down can slow or stop oxygen from getting through a baby's airways.
- ▶ **Location** matters, too. Sleeping arrangements that may lead to a covered face, pinched nose, or pressure against a small chest, may also stop oxygen from getting 'through the tubes'.

Ways to protect a baby's life lines ...

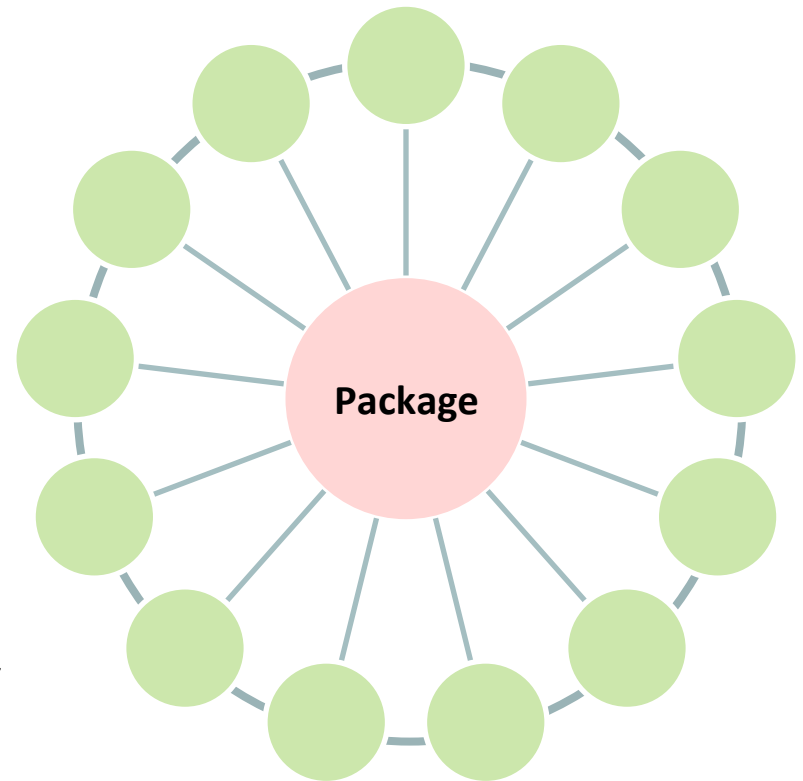
- ▶ Be smokefree, especially in pregnancy.
- ▶ Place baby flat and on the back to sleep.
- ▶ Set up the sleeping place to be safe. A safe space is one where the face stays clear and oxygen can get 'through the tubes'. Look out for risks from bedding, pillows, gaps or people ...



Through the tubes

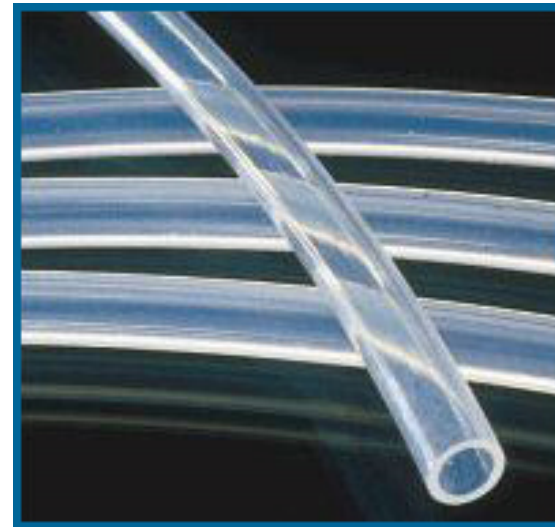
Features

- Builds on earlier work
- Refreshed education package
- Delivered through safe sleep champion network
- Blitz approach
- Focus is preventing infant deaths from suffocation
- Aims to enable clear and easy conversations about protecting infant breathing



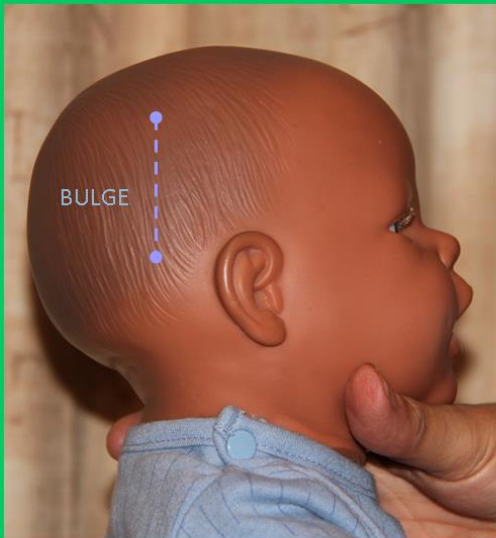
Participation results

- 20 regions (all of NZ)
- 40 active safe sleep champions
- 101 sessions delivered
- 948 participants
- High rating for relevance (89%)
- High rating for confidence (87%)



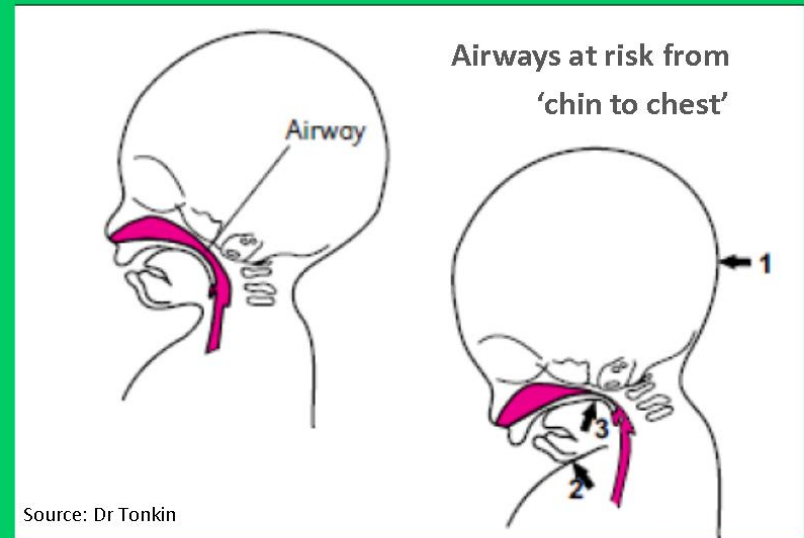
Provider impact

- “Great way to discuss safe sleep with parents.”
- “This session has enhanced my knowledge and confidence 10 fold.”
- “Feel that the pictures will speak the safe sleeping messages without need for lots of words.”
- “The tube will make a useful graphic of how easily it could be kinked or obstructed.”



Important ways in which babies are different from adults.

- ▶ Large, heavy heads
- ▶ 'Bulge' behind spine
- ▶ Loose jaw connections
- ▶ Short neck
- ▶ Small lower face
- ▶ Large tongue
- ▶ Only breathe through their noses



Source: Dr Tonkin

Safe Sleep Check for Babies

- Position:** placed flat and on the back for sleep
- Face:** cot stays bare so the face can stay clear (no pillows, toys ...)
- Space:** own sleeping place e.g. bassinet or cot
- Location:** close to a carer (same room at night, but not same bed))
- Bedding:** mattress a snug fit, 1-3 light blanket layers, firmly tucked
- Clothing:** 1-3 layers, no hat inside (watch for over bundling)
- Feeding:** held for feeding (as if breastfed)
- Smokefree:** smokefree carer, home and car
- Exceptions:** managing safety when away from home, baby cries ...

Rules of Protection

- On the back, face clear
- Own space, carer near
- Breastfed, smokefree
- Every sleep, protect me



Endgame vision

Safe sleep for babies
means on the back
and able to breathe
easily



Endgame principles

Position: on the back, airways clear

These are the most protective conditions of all. They relate to development, airways and breathing.

Location: own space, carer near

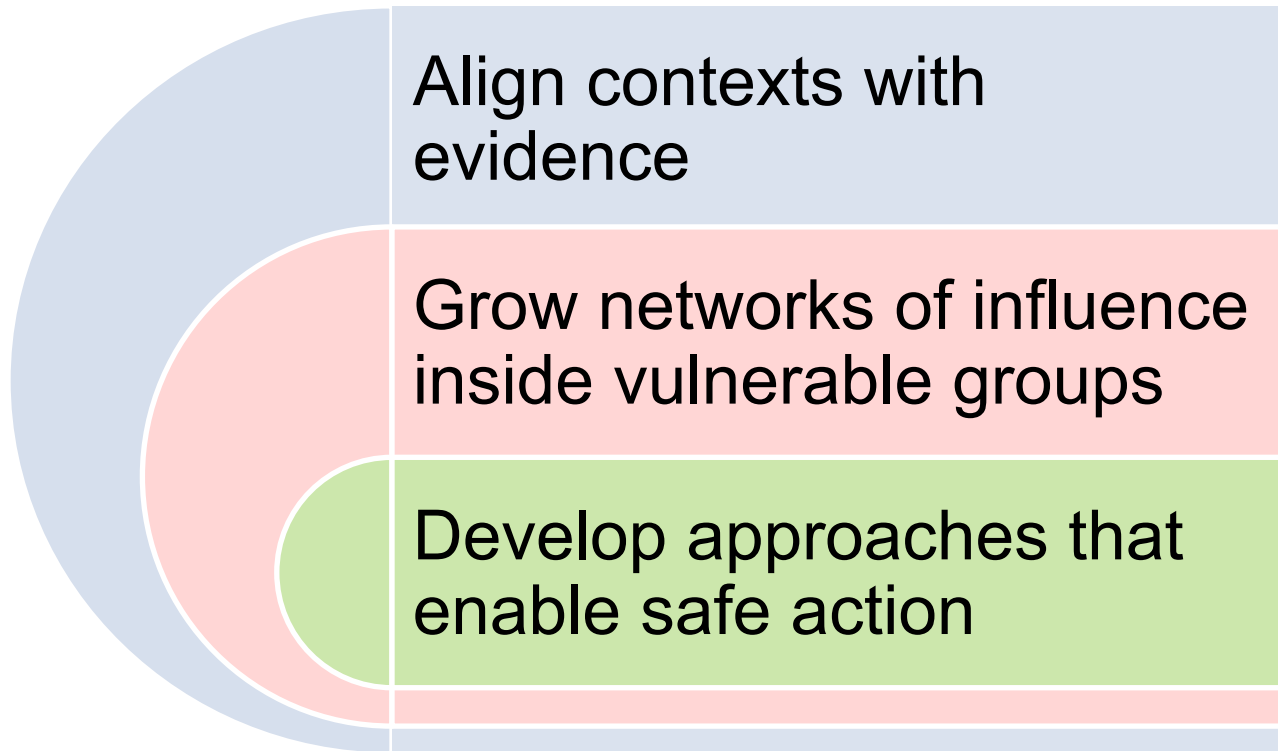
These are the most effective ways to monitor safety during sleep and to minimize hazards to breathing.

Vulnerability: breastfed, smokefree

These are ways for babies to be resilient and strong.

‘Every sleep, protect me’

Endgame strategy



Creating the change



Strong evidence

Careful translation

High uptake

Endgame impact on families

Policies that support and strengthen

Responsibility	Realistic expectations of carers
Stability	Support for 'hot moments' and transition times
Relationships	Needs of baby and parents balanced
Diversity	Different world views respected and difficult circumstances enabled
Engagement	Autonomous participants in the protection effort



Remember those arms.

Thank you.

