



Northern Region Safe Sleep Policy

To make every sleep a safe sleep for all infants

Regional policy for the four District Health Boards in the Northern Region, and endorsed by the Regional Child Health Network. September 2014.

Introduction

This regional policy has been developed to ensure we deliver the same safe sleep messages and model the same safe sleep practices in our facilities. It outlines culturally appropriate messaging, practice, and workforce development for health professionals/workers and organisations.

This policy is a key part of a broader plan of work to reduce the rate of Sudden Unexpected Death in Infancy (SUDI) in the region.

New Zealand has the highest rate of death from SUDI amongst industrialised nations. Around sixty infants die of Sudden Unexpected Death in Infancy (SUDI) each year in New Zealand, and the rate in this region is disproportionately high for our population. Maori infants represent over half of all deaths from SUDI, and Pacific infants also have a disproportionately high rate. Implementing the safe sleep practices of this policy will substantially reduce the risk of SUDI.

The Boards, CEOs and CMOs of each DHB in the Northern Region and the Child Health Network have endorsed the concept of a single, regionally consistent safe sleep policy. The messaging in this policy is consistent with national guidelines for safe sleep.

Purpose

The purpose of this policy is to provide clear guidelines for safe sleeping practices that are culturally appropriate and culturally prioritised.

This policy is effective for everyone who works within DHB or DHB funded facilities; in particular those who provide engage with pregnant women, mothers of young infants and whānau. This policy is for health professionals who work across the childbirth continuum of antenatal, pregnancy and childbirth care, and for the first year of the child's life.

This is a generic policy which is expected to cover all maternity, newborn, and infant environments, including but not limited to;

- Antenatal care in the community and hospitals
- All maternity environments including delivery suites and birthing units
- Inpatient infants and boarder infants and Neonatal Units
- Postnatal care in the community and hospitals
- Emergency Departments

Health care services that provide specialist care may develop additional safe sleep policies (e.g. neonatal units). These policies are expected to align and refer to this overarching safe sleep policy.

It is encouraged that child care centres, kohango reo and well child providers, and other relevant organisations also adopt this policy.

Rationale

Known risk factors increase the risk of SUDI. Practices to minimise these risks can assist in protecting infants from SUDI. Minimisation of risks will reduce SUDI deaths.

Key Safe Sleep Message

P.E.P.E.

Place baby in his or her own baby bed, face clear of bedding in the same room as the caregiver

Eliminate smoking in pregnancy and protect baby with a smoke free whānau, whare and waka

Position baby flat on his or her back to sleep, face up towards the heavens

Encourage and support mum, so that baby is breastfed

1. Health Professional & Health Care Workforce

1.1 Responsibility

Assessment and support

- Care must be taken to foster an open and honest relationship between health professionals and the families / whānau caring for infants
- The safe infant sleep environment will be assessed and planned during every pregnancy and for all newborn infants
- Families assessed with unsafe infant sleep environments will receive additional support to reduce the risk of SUDI.
- Smoking cessation support will be offered to all mothers, fathers, and whānau who smoke, with referral to a culturally appropriate smoking cessation service
- Breastfeeding will be promoted and supported as it protects against SUDI
- Care plans reflect mitigation strategies and early intervention advice.

Risk factors for SUDI

An unsafe sleep environment includes any one or combination of the following:

- Bed sharing
- Smoking during and after pregnancy, and smoking around baby
- Baby sleeping on their tummy
- Use of alcohol, medication and other drugs
- Mothers who are young, Maori or Pacific, or living in high deprivation
- Babies who are under 6 months, and/or preterm
- Formula fed

Engaging with mother, father and whānau

- Key safe sleep messaging will be reinforced face to face, and ensured they are understood by the mother, father, and whānau
- Key safe sleep messaging is modelled and reinforced with consistent messaging from all staff. Additional material such as brochures from MoH and Whakawhetu is available
- Advice and support is given on safe strategies and to plan ahead for night feeds and settling infants

1.2 Safe Sleep Practices

- Babies are placed to sleep in their own baby bed in the same room as the mother or caregiver
- Bed sharing will not be supported in any of the Northern Region health care facilities. Bed sharing is when another adult or child sleeps with the infant on the same sleeping surface.
- If a mother chooses to bed share and has been given appropriate information on the risks and strategies to minimise risks, the health professional will document this in the mother and infants care plan and continue with professional responsibilities of care
- Bed sharing should not be confused with 'skin to skin'. 'Skin to Skin' contact between mothers and babies is encouraged when the mother is alert, awake and responsive to her baby's needs. All staff members have a responsibility to ensure supervision and encourage the return of baby to their baby bed before mother falls asleep, particularly in circumstances where the mothers capacity to care for her baby may be diminished, e.g. following medication and other drugs, alcohol, extreme tiredness, or surgery.



Picture courtesy of Whakawhetu

1.3 Safe sleep environment is free, firm and flat, and comfortable

The baby's environment should be **free** from:

- Smoke. Babies should sleep in smoke free environments
- Other people who might lie on the infant
- Objects that might cover the face or cause strangulation or neck flexing. Nothing should be put near that could cover the face during sleep or impair breathing. This includes pillows, cushions, bedding, sleep restraint apparatus, or mobiles.
- Gaps that could trap or wedge the baby
- Any restriction on the chest, such as restrictive wrapping (swaddling) or heavy bedding

The sleeping baby should be **positioned**

- **Flat and on their back**, so the infant does not suffer compromise to their breathing by rolling over, tipping out, or becoming wedged.
- On a **firm surface** so the infant's neck does not flex and compromise their breathing and the face cannot get buried in the surface if the infant rolls into the prone position. Never put sleeping babies on a pillow, sofa, baby bouncer or other soft surface. A car seat is not a baby bed and should be used for transport only.

The baby is at a **comfortable** temperature, avoiding overheating

2. Organisational Responsibility

2.1 Responsibility

- This Safe Sleep Policy will be provided to every staff member working in maternity environments and any environment where babies sleep.
- Bed sharing will not be supported in the region's health care facilities
- Training of staff around safe sleep will be provided on induction and then at regular intervals, and will include:
 - safe sleep education
 - delivery of safe sleep messaging to support the promotion of safe sleeping practices with Maori and Pacific
 - effective engagement and cultural competency
- Audits of the implementation of this policy will be conducted annually (at minimum)
- Each organisation will be responsible for the supply and provision of all promotional materials and educational resources for safe sleep practices
- Each organisation will be accountable for the modelling of safe sleep practices in all its facilities
- Safe Sleep Champions within organisations are identified to champion safe sleep care for infants up to one year of age.

2.2 Safe Sleeping Environment

- Each organisation is responsible for providing safe sleeping arrangements for infants up to one year of age who sleep in health care facilities
- Where medically indicated exceptions to this policy may apply and special advice and support is given on a case by case basis to parents and whānau as required.

3. Addressing Inequalities

Health professionals and organisations have a responsibility to address inequalities across community and hospital health care services, through

- Promoting safe infant sleeping practices that are inclusive of Māori, Pacific and other cultural values
- Supporting whānau, families and caregivers to connect with community services that promote safe infant sleeping practices
- Maori and Pacific whānau have the option of referral to culturally appropriate SUDI safe sleep support

4. Definitions

Sudden Unexpected Death in Infancy (SUDI)

A coronial term that captures both unexplained and explained causes of death during a baby's first year of life that is unexpected. It is made up of three components which are Sudden Infant Death Syndrome (SIDS), Unintentional Suffocation and Other Deaths.

a. Sudden Infant Death Syndrome (SIDS)

The first component of SUDI is SIDS. The cause of death is unexpected but remains unexplained after a full coronial investigation.

b. Unintentional Suffocation.

The second component of SUDI is unintentional suffocation where baby is in a position that causes asphyxiation in their sleeping environment. Examples of this are wedging or overlay. These incidents are explained.

c. Other Deaths.

The third component of SUDI is medical deaths such as heart disease, meningitis, pneumonia or infectious diseases. Conditions at time of death remained undiagnosed until the coronial process identified the cause. These incidents are explained.

Baby bed

A bed designed as a safe place of sleep for babies, for example, bassinet, cot, wahakura pepi pod or Moses basket.

Bed Sharing

The infant sleeps on the same sleeping surface (usually a mattress) with another sleeping adult or child.

A baby bed placed on the same mattress as the mother/caregiver is **not** bed sharing

Room Sharing

Babies sleep in their own baby bed in the same room as their caregiver.

Skin to Skin

Mother-baby skin-to-skin contact is where the naked baby is placed prone on the mother's bare chest, and then covered with a warm, dry blanket or towel. Mother is awake and alert during this practice, whilst protecting the baby's airway. This should start immediately after birth.

5. References

Carpenter, R. et al. Bed sharing when parents do not smoke: is there a risk of SIDS? An individual level analysis of five major case-control studies. *BMJ Open* 2013;3:e002299 doi:10.1136/bmjopen-2012-002299

Child and Youth Mortality Review Committee resource and publications

CYMRC. Fifth Report to the Minister of Health, reporting mortality 2002-2008. 2009

CYMRC Special Report on Suffocation and Strangulation. March 2013

Cowan, S., & Bennett, S. (2009). *Baby Essentials User's Resource Kit*. Change for our Children. NZ. Ministry of Health. Fetal and Infant Deaths, 2007. 2010.

New Zealand College of Midwives. Safe sleeping for baby. Consensus statement, 2010.

Useful websites for more information

Whakawhetu National SUDI Prevention for Māori: www.whakawhetu.co.nz

TAHA Well Pacific Mother and Infant Service: www.taha.org.nz

Change for Our Children: www.changeforourchildren.co.nz

Health Quality and Safety Commission: <http://www.hqsc.govt.nz/our-programmes/mrc/cymrc>

Ministry of Health: <https://www.healthed.govt.nz>

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