

National Safe Sleep Programme

Presentation on key findings

07 December 2016

What we have learnt

- Common commitment to change
- But some variance in opinions on how best to deliver a national safe sleep programme – personal experience and opinion, research agendas
- Getting effective reach and creating and sustaining behavioural change is the greatest challenge

Literature themes: Recent American Paediatric Paper

- Supine positioning
- Use of a firm sleep surface
- Breastfeeding
- Room-sharing without bed sharing
- Routine immunisation
- Consideration of a pacifier
- Avoidance of overheating
- Avoidance of exposure to tobacco smoke, alcohol, and illicit drugs

Literature: Cont'd

- Bed sharing in itself is controversial
- The interaction and multiplication between risk factors is important
- Increased knowledge does not always lead to change
- Incentives may be useful

Literature: Cont'd

- Education needs to be in a variety of ways
- Ongoing, low rates of use of pepi-pod and wahakura: but useful vehicles for conversations
- People do not fully understand risk of harm of smoking on babies
- Risk screening and interventions must be non judgemental

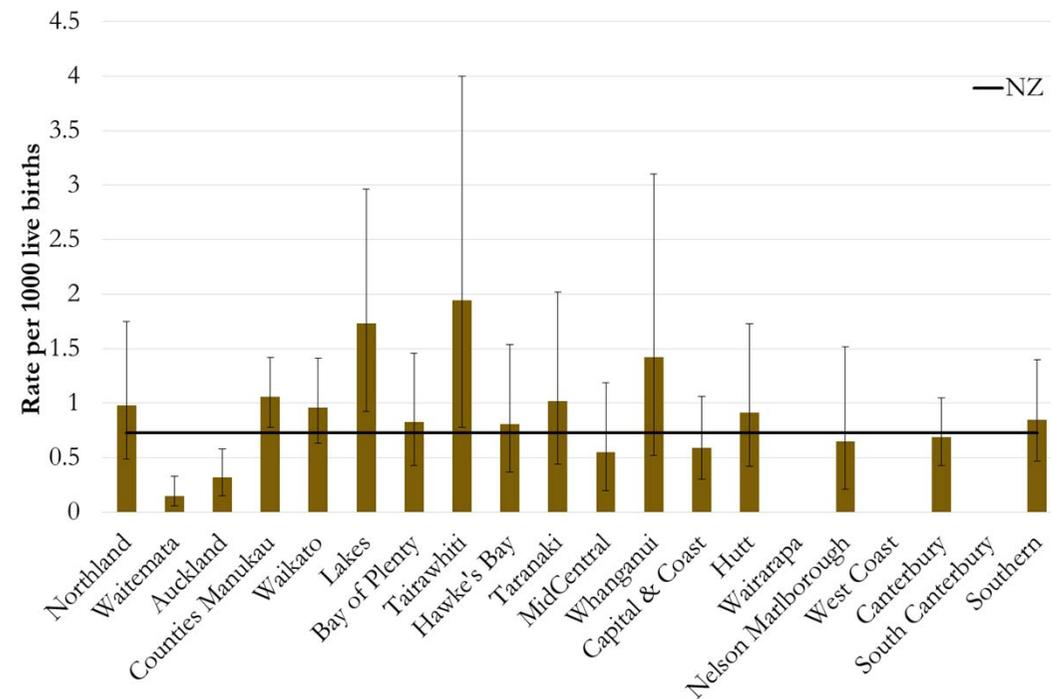
Population needs analysis

SUDI rates:

- Māori **4 times** higher than non-Māori
- Deprivation Q5 **6 times** higher than Q1
- Mothers <20 years **7 times** higher than mothers 35+ years

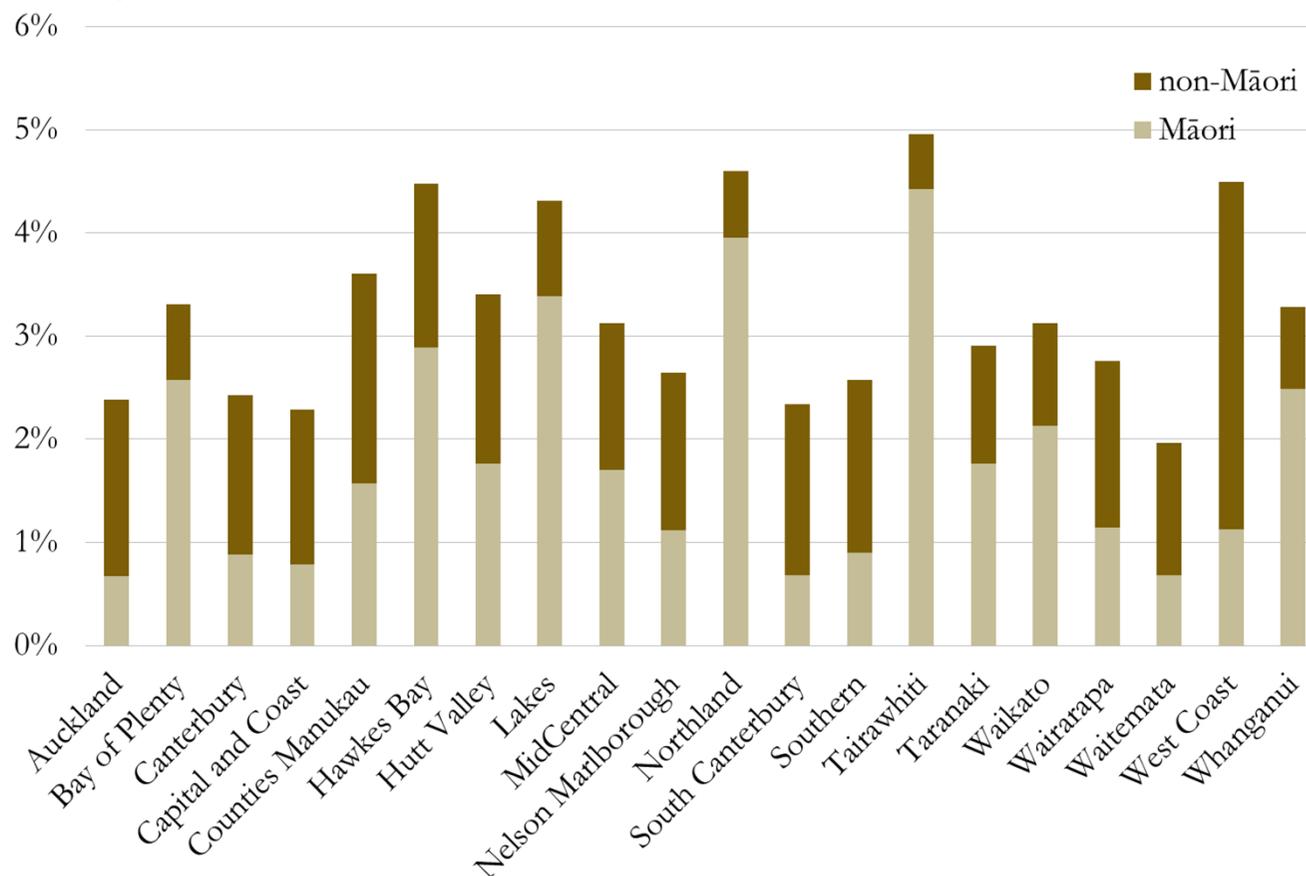
Population needs analysis

- Rates vary substantially by DHBs
- So do risk factors and markers of vulnerability
- Poverty link?



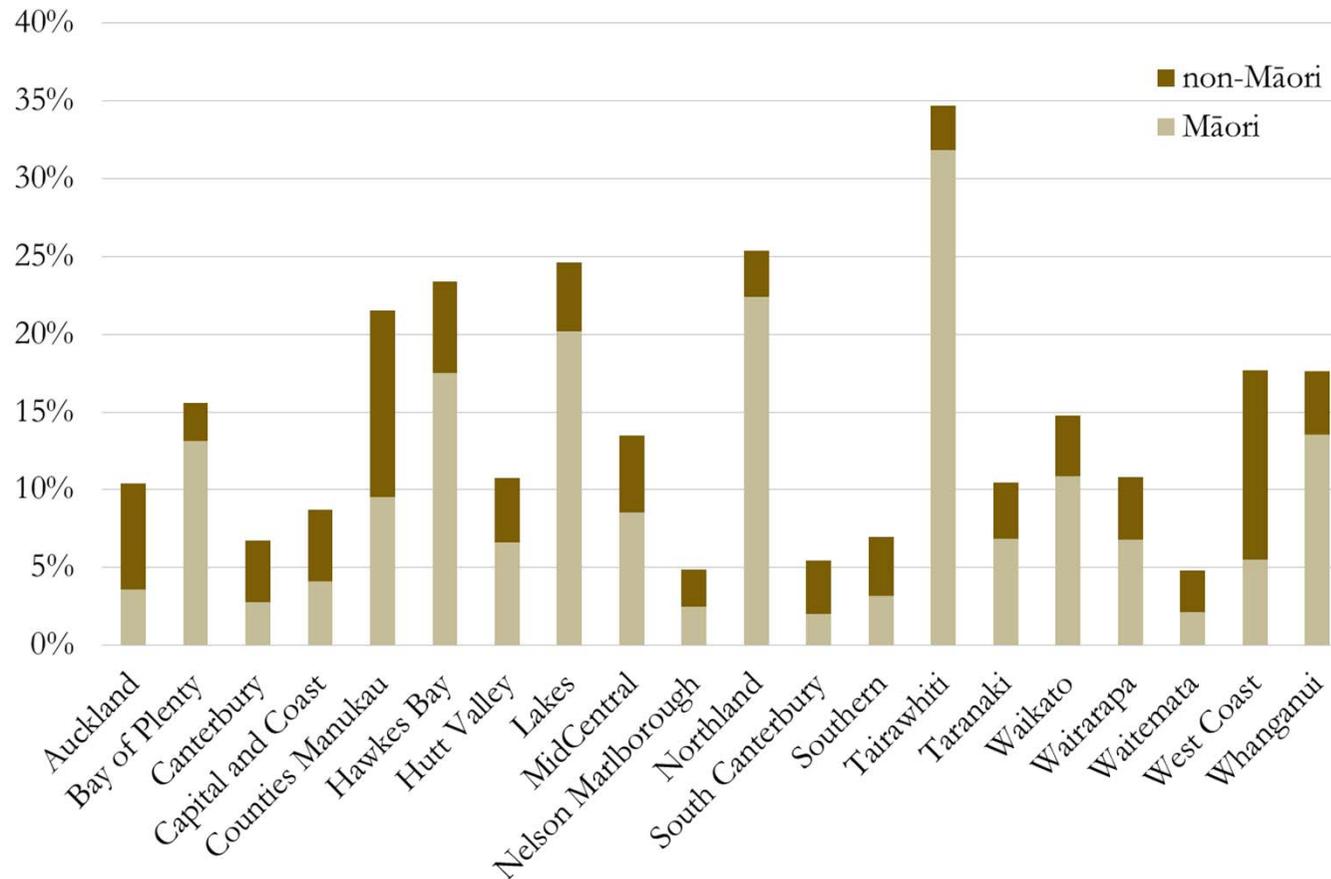
Infants born 2014 – 2015...

- Proportion with 3 or more risk factors

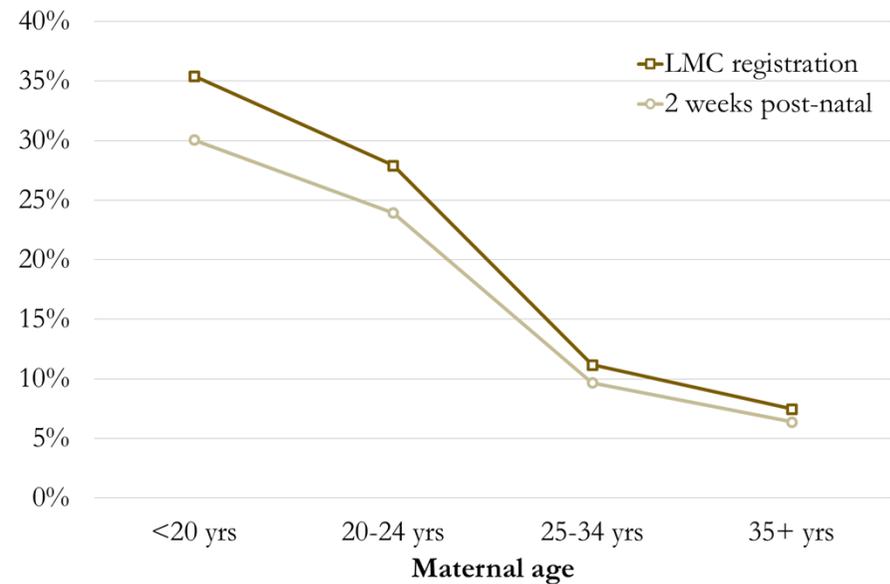
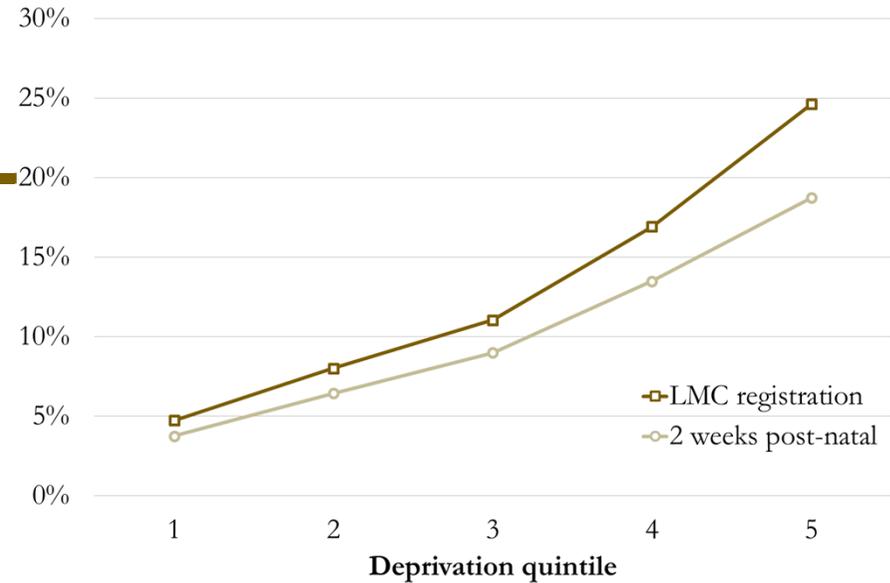
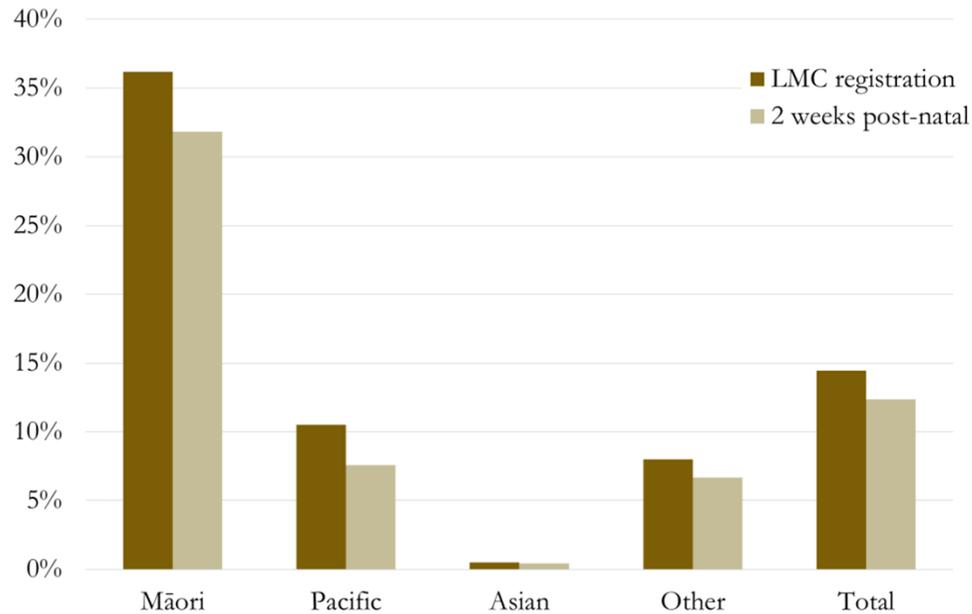


Infants born 2014 – 2015...

- Add in deprivation (Q5) and age of mother (<25 years) and it looks like this...



Impact of smoking



Hui: Key themes

- **Invest early** – healthy pregnancies are important; invest in antenatal care
- **Smoking** – prevention and cessation
- **Breastfeeding** messages are important and supporting mother to breastfeed is important

Hui: Cont'd

- Consider each whānau in their **own context**
- Note the **changing social context** – e.g. with more families sleeping in cars
- Must use a **whānau ora approach**

Hui: Cont'd

- **Poverty** is a great risk – not just SUDI risks
- Need to **use resources innovatively** – the way the **workforce** works
- We need more **evidence** – for both **data and evaluations**

Hui: Cont'd

- **Investment in time** for frontline staff to build trust and relationships
- **Pepi-pods and wahakura** are one option for safe sleep, but they are not for everyone – they are a great vehicle for communication
- What is the next **safe sleep option** after a pepi-pod or wahakura

Hui: Cont'd

- Better use of **cross-government resources**
- **Simplify the safe sleep and risk messages**
- Provide **consistent messaging**
- Transparent **transfer of care**
- **Longer term contracts** for providers