



Webinar One: Foundations for Safe Sleep

Questions & Answers

Question	Answer
What are the current SUDI rates in Aotearoa?	<p>Rates vary across the country. The goal of 0.1 per 1000 live births by 2025 will not be reached.</p> <p>Data as of 2023.</p> <p>Northern region: 0.49</p> <p>Midlands/Te Manawataki: 0.91</p> <p>Central/Ikaroa: 1.77</p> <p>SI/Te Waipounamu: 0.96</p> <p>Total NZ: 0.91</p> <p>Māori: 1.5</p> <p>Pacific: 1.96</p> <p>NZ Euro: 0.47</p> <p>Asian: 0.37</p>
Regarding the image of a baby using a pacifier/dummy used in the webinar, what is the advice on the use of dummy's in relation to SUDI prevention?	<p>Multiple case-control studies and meta-analyses (including Mitchell et al., 1993; Mitchell et al., 2006) consistently demonstrate a significant reduction in SUDI risk when a pacifier is used at sleep time. <i>However, we must also consider the potential impacts that early pacifier use can have on a whānau's breastfeeding journey.</i> Several studies have shown associations between early or frequent pacifier use and shorter breastfeeding duration, including findings from prospective cohort research (e.g., Victora et al., 1993; Kramer et al., 2001) and systematic reviews assessing pacifier use and breastfeeding outcomes (Jaafar et al., 2016). These studies note that pacifiers may displace feeds, reduce suckling frequency, and obscure early hunger cues—factors known to influence milk supply and breastfeeding continuation. Reflecting this evidence, major guidelines such as the American Academy of Paediatrics (Moon et al., 2022) recommend delaying the introduction of a pacifier until breastfeeding is well established (around 3–4 weeks), to balance SUDI protection with breastfeeding support.</p>
Do we know if the SUDI deaths that happen are with our whānau that have been supplied with safe sleep resources as well as kōrero?	<p>Coronial reports state that whānau do know about safe sleep messaging and that many parents are familiar with the P.E.P.E. messaging. Many SUDI cases have received an in-bed sleeper (wahakura, pēpi pods); however, they were not used at the time of the SUDI event. It is well established that smoking in pregnancy combined with bed sharing that contributes to most cases of SUDI in Aotearoa. One of the questions the SUDI researchers are keen to investigate is why are in-bed sleeper (wahakura and Pēpi-Pod®) used for such a short time and why they are not used for longer.</p>



<p>We know that whānau are and want bedshare, how do we support them to do this safely?</p>	<p>The relationship that practitioners have with whānau is critical to having honest and respectful conversations. Discussing with a whānau what they consider safe sleep to be and developing that conversation further into what does a safer baby sleep space look like and what is the safest baby sleep space/s.</p> <p>Developing a whānau plan:</p> <ul style="list-style-type: none"> • When and what does safe bedsharing look like for the whānau? • When should mum or dad not sleep with pēpi? (when they or anyone that is sleeping with baby has consumed drugs or alcohol) • If mum is breastfeeding in bed, what can dad do to help her to stay awake? • Would an alarm on her phone to ensure she wakes help? • What does the parent bed look like - is the mattress firm and flat, is it big enough for pēpi and parents to share the bed safely? • Is the baby positioned high up against the headboard with their own blanket, so they aren't wedged between parents or under heavy blankets? <p>These are great discussions that confident practitioners and SUDI champions have with whānau.</p>
<p>Can we talk about the sleep devices currently on the market that are popular? i.e. baby nests, travel cots, wahakura, pēpi pod etc</p>	<p>It's important to have these conversations with whānau. Most commercial baby sleep spaces should only be used when an adult is within sight of them and awake ie. Baby nests. Unfortunately, baby nests are not approved as a safe sleep device because the sides are soft and pose the risk of suffocation.</p> <p>Travel cots are for travel and if they are assembled correctly there should not be a problem with them.</p> <p>Wahakura should have firm upright sides, the mattress should fit to the sides, top & bottom. Bedding is to be fitted with little material to tuck to ensure the bed remains flat and not raised at the edges.</p> <p>Pēpi-Pod® provide a transparent plastic pod creating visibility of baby at all times as well as ventilation slits to ensure easy flowing air is available to baby at all times. They are encouraged for use up to 5months and are able to fit in an adult bed if required. Bedding is provided with the pod, and when this bedding is removed (recommended daily for airing) the safety information is marked in the base. Change for our Children have more information this device and further education on their website.</p> <p>Sheets and blanket should fit any given sleep device with little material to tuck to ensure the bed remains flat and not raised at the edges.</p>



<p>Is the general recommendation still new baby/ new mattress? (Rather than reusing cotton covered mattresses)</p>	<p>Yes, in general. However given the current climate, some whānau/families will struggle to purchase new baby bed items. If the mattress is still firm and flat, not soiled with the risk of mould growing then it could be used.</p>
<p>Is there information on natural fibre's for use in bed for baby?</p>	<p>Natural fibres such as cotton, wool and merino are often described as more breathable and moisture-wicking, and these properties can support thermoregulation for some babies. Wool has temperature-regulating and moisture-handling characteristics that may help keep a baby comfortable. However, these benefits are not absolute. Fibre performance changes with moisture, wet fibres conduct heat differently, and the real impact on an infant's temperature depends on the <i>entire sleep system</i>: the room temperature, the number and thickness of layers, the tog or insulation level of the bedding, and the baby's clothing. Fibre type on its own does not determine safety.</p> <p>We also need to acknowledge that many whānau may not have access to natural-fibre bedding. For this reason, our safe-sleep messaging must prioritise the factors that consistently reduce risk for every baby, regardless of the materials they have available. This includes maintaining a comfortable room temperature, dressing baby in light layers, keeping bedding firmly and snugly tucked so it cannot cover their face, and making sure baby's face and head remain clear. The focus should be on preventing overheating and maintaining a safe sleep environment, rather than prescribing any one fibre type over another.</p>
<p>What advice do we give on swaddling?</p>	<p>Typically, parents and caregivers swaddle/wrap baby in the first few weeks. This speaks to the vulnerability of a newborn to noise and the big wide world. Dr Ed Mitchell advises there is no causal link to SUDI. International Society for Study and Prevention of Perinatal and Infant Death (ISPID) recommendations suggest;</p> <ul style="list-style-type: none"> • use thin materials such as muslin or cotton, • ensure baby's head remains uncovered, • do not swaddle above the shoulder, • wrap firmly but not tightly allowing plenty of chest wall expansion & hip movement, • check infants' temperature to ensure they don't overheat, • avoid swaddling if bedsharing or when feeding in bed where falling asleep is possible, • stop swaddling as soon as the infant shows signs of rolling.



<p>What are the risks for vaping and smoking on SUDI?</p>	<p>Smoking in pregnancy increases the risk by six times. When bedsharing occurs with smoking in pregnancy the risk increases by 32 times. Vaping has been shown to increase preterm birth and low birthweight. While there is no evidence or research yet about vaping and the risk of SUDI the assumption is that given the effect of nicotine on blood vessels when smoking and the high levels of nicotine being used in vapes, we can assume there is an increased risk for SUDI.</p>
<p>What safe sleep messaging is there for whānau with multiples and one safe sleep device/bed?</p>	<p>The advice that I received from Paediatrician Dr Tim Jelleyman was twins can bedshare (together) in a cot, either side by side across the cot, however once they start to roll, they need their own beds. Alternatively, each twin having their head at one end and their feet point toward the other's. All safe sleep messaging still applies, Face Up, Face Clear. Firm & Flat sleeping space including sides of the baby bed being used. Free from drugs, alcohol, smoking & vaping, and consider when parent/s are extremely tired. This should include a sleep plan when a parent/s are using affected by any of these substances and who and what is baby's/babies safe sleep and who is the responsible parent/adult at this time. Fathers, partners & family need to be a part of the sleep care and supporting mama with breastfeeding and cares.</p>
<p>What is the online learning modules providing and when will they be available?</p>	<p>They will be a refresh of the previous online training. As we have moved from the PEPE messaging to the Foundations for Safe Sleep what we have no-longer applies. We are working on this currently & will need to update some of the videos. Please expect a release mid-2026.</p>
<p>Can we explore the difference between co-sleeping and bedsharing please?</p>	<p>The term "co-sleeping" can be confusing because people use it in different ways. At first, anthropologists used the word to mean bed sharing and encouraged it because they believed it helped with breastfeeding and lowered the risk of SUDI.</p> <p>However, findings from the New Zealand Cot Death Study showed that the safest option was room sharing without bed sharing. After this research, the meaning of "co-sleeping" shifted. Some people now use it to mean a baby sleeping in the same room as a parent or caregiver, even if the baby is not in the same bed.</p>



<p>How does this messaging champion breastfeeding? There appears to be reduced encouragement in this messaging.</p>	<p>Like the PEPE messaging four pou in the Foundations for Safe Sleep are a starting point. We have expanded the explanations with each pou, something that PEPE did provide. I see both the Free and Fathers, Partners & Family as the ideal places to provide much more advice about how to support breastfeeding.</p> <p>Free offers the chance to discuss breastfeeding as a rongoa/medicine that protects pēpi from illness and it provides pēpi with his/her whakapapa. Breastfeeding effectively is free, and by exploring this pou broader breastfeeding support can be offered during this discussion with māmā and pāpā or partner. Pēpi is safest and well when they are in an environment that supports breastfeeding.</p> <p>Fathers, Partners & Family offers the chance to discuss what māmā needs to be able to feed this pēpi. Taking into consideration what support from whānau can look like – food & water to fuel māmā, respite from the other tamariki, winding and changing baby, doing the washing, cooking meals, doing dishes etc so that māmā can be rested, relaxed and enjoy breastfeeding.</p> <p>It isn't just about encouraging breastfeeding, the pou provide the opportunity for the kaimahi to have an honest conversation with the whānau about what it takes to breastfeed and support them according to their unique experience as parents.</p>
<p>Where can we find the most up to date statistics on SUDI in our region?</p>	<p>We are all dependant on the coronial process. Provisional data is confidentially provided to those in the sector via the Coroner's Office to Te Whatu Ora where it is analysed and presented to a clinical committee who then approve it to be delivered to Kahu Taurima. From here it is sent to Hāpai Te Hauora for distribution to those working directly in SUDI prevention.</p>