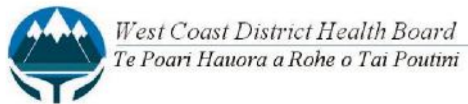
South Island

SUDI Prevention–Safe Infant Sleep Policy
(Includes Practice Requirement)

From the time a pēpi/baby is born; in every place, for every sleep, check that pēpi/baby is safe.



Acknowledgements:

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Introduction

Sudden Unexpected Death in Infancy (SUDI) in Aotearoa-New Zealand

Sudden unexpected death in infancy (SUDI) is the leading cause of preventable death for pēpi/babies in Aotearoa-New Zealand babies. Aotearoa-New Zealand rates are higher than other comparable countries.

Sudden unexpected death in infancy is situated within the triple risk model[1] where three factors intersect to magnify a risk for a pēpi/baby. The Triple Risk Model hypothesizes that a **vulnerable pēpi/baby** at a **critical period in development,** when **exposed to an external stressor** with which they are unable to cope**,** has a higher chance of dying from SUDI.

While rates per 1000 births have dropped significantly since 1998, they have not dropped equitably across the whole population. The Child and Youth Mortality Review Committee (2019) 14th data report: 2013-2017[2] showed:

- Māori and Pasifika babies account for approximately 80 percent of all deaths from SUDI (59.5 and 21.0 percent respectively)
- Māori and Pasifika were 1.36 and 1.35 per 1000 live births respectively, compared to 0.21 per 1000 live births for non-Māori and non-Pasifika.

McFarlane et al (2018)[3] found the association between known SUDI risk factors, including bed sharing and/or smoking in pregnancy and SUDI risk, is the same regardless of ethnicity. While ethnicity may not be a risk factor per se, it is a surrogate marker for risk due to disproportionate exposure to the negative impacts of social determinants of health. Māori and Pasifika are highly disproportionately represented in deprivation quintile 5[4].

Blair et al (2014)[5] found that bed sharing in the absence of 'hazardous circumstances' was not associated with an increased SUDI risk. Mitchell et al (2017)[6] found a pēpi/baby exposed to both smoking and bed sharing is at 32-fold increased risk, compared with pēpi/baby not exposed to either risk factor. Maternal smoking in pregnancy is known to be higher in the Māori community (Tipene-Leach et al, 2010)[7] and pēpi/babies bed sharing with another person is known to be higher in the Māori community than Pākehā (Hutchison et al, 2011)[8]. (See Appendix 2 for bed sharing conversation suggestions).

Hauck et al (2011)[9]concluded that breastfeeding is protective against Sudden Infant Death Syndrome or SIDS (a component of SUDI), and the effect was stronger with exclusive breastfeeding and longer duration of breastfeeding. They recommended that breastfeeding should be included with other SIDS risk-reduction messages, to both reduce the risk of SIDS and promote breastfeeding, for its many other infant and maternal health benefits.

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[1] Kinney HC and Thach BT. 2009. The Sudden Infant Death Syndrome. *New England Journal of Medicine*, August 20; 361(8), pp. 795–805.
[2] Child and Youth Mortality Review Committee. 2019. 14th data report: 2013–17. Wellington: Health Quality & Safety Commission.
[3] Macfarlane M, Thompson JMD, Zuccullo J, et al. 2018. Smoking in pregnancy is a key factor for sudden infant death among Māori. *Acta Paediatrica,* November 2018; 107(11), pp. 1924–1931
[4] Ministry of Health. 2019. *Report on Maternity 2017*. Wellington: Ministry of Health
[5] Blair P, Sidbotham P, Pease A, Fleming P. 2014. Bed-Sharing in the Absence of Hazardous Circumstances: Is There a Risk of Sudden Infant Death Syndrome? An Analysis from Two Case-Control Studies Conducted in the UK. Plos One, 9(9): e107799
[6] Mitchell ET, Thompson JMD, Zuccollo J, et al. 2017. The combination of bedsharing and maternal smoking leads to greatly increased risk of sudden unexpected death in infancy: the New Zealand SUDI Nationwide Case Control Study. *New Zealand Medical Journal,* 02 June 2017, 130(1456), pp. 52-64
[7] Tipene-Leach D, Hutchison L, Tangiora A, et al. 2010. SIDS-related knowledge and infant care practices among Māori mothers. *New Zealand Medical Journal*, 26 November 2010: 123(1326), pp 88–96
[8] Hutchinson BL, Rea C, Stewart AW, et al. 2011. Sudden unexpected death in Auckland: a retrospective case review. *Acta Paediatrica,* 2011; 100, pp 1108–1112
[9] Hauck F, Thompson J, Tanabe K, et al. 2011. Breastfeeding and Reduced Risk of Sudden Infant Death Syndrome: A Meta-analysis. *Pediatrics, 128*(1): 103-110.

Other significant factors that make SUDI more likely are:

- prematurity and small for gestational age (under 2500gm at term)
- prone or front sleep position
- young maternal age (age less than 25 years)
- alcohol[10] and drug consumption together with bed sharing
- inadequate housing
- family harm (violence), neglect and the need for involvement of child protection services[11].

Achieving equity

The health system has responsibilities under Te Tiriti o Waitangi to measure and monitor equity of health outcomes and to address health inequities experienced by Māori by:

- Intentionally strengthening relationships with Māori to develop a strong Te Tiriti partnership in decision making, service design, planning, resourcing and delivery of health care
- Promoting high quality services that are responsive to the needs and aspirations of those experiencing inequity, including incorporating Whānau Ora into all models of care
- Integrated approaches that support and acknowledge the whanau culturally
- Developing and using resources that are appropriate, in a variety of languages and that help develop health literacy
- Promoting safe infant sleeping practices that are inclusive and culturally responsive for Māori, Pasifika and other ethnic and cultural groups/populations
- Linking and referring whānau, families and caregivers to connect with appropriate community services that promote safe infant sleeping practices
- Offering referral to Māori and Pasifika whānau to culturally appropriate SUDI prevention-safe infant sleep support.

Policy history

The South Island regional policy was first developed in 2013, to ensure the delivery of consistent safe infant sleep messages and to enable the modelling of safe infant sleep practices in District Health Board (DHB) facilities.

The DHB Boards, Chief Executive Officers (CEOs) and Chief Medical Officers (CMOs) of each South Island DHB and the South Island Child Health Service Level Alliance (CHSLA) endorsed the implementation of a single, regionally consistent safe infant sleep policy.

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[10] Blair P, Sidbotham P, Pease A, Fleming P. 2014. Bed-Sharing in the Absence of Hazardous Circumstances: Is There a Risk of Sudden Infant Death Syndrome? An Analysis from Two Case-Control Studies Conducted in the UK. Plos One, 9(9): e107799

[11] Garstang J, Sidebotham P. 2019. Qualitative analysis of serious case reviews into unexpected infant deaths. Archives of Disease in Childhood, 104(1), p.30

Policy

Purpose

The purpose of this policy is to provide clear direction for coordinated action on SUDI prevention and safe infant sleeping practices across DHB facilities and DHB contracted providers within the DHB geographical area (district). This includes consistency with current national guidelines and messaging (verbal and written) for safe infant sleeping practices that are culturally appropriate and prioritised to groups experiencing health inequities, and workforce education for health professionals and other health workers.

Policy statement

The policy is underpinned by children's right to protection by recognising the triple risk model and identifying how these combined factors impact on the goal that 'for every place, for every sleep, check that pēpi/baby is safe.'

For every pēpi/baby to sleep safely, in every place for every sleep:

- Whānau, parents and caregivers have the right to be well informed[12] about the risks and mitigating factors to ensure safe sleep is achieved
- Whānau, parents and caregivers need access to enabling strategies as needed such as smoking cessation support and safe sleep spaces, breastfeeding support, and
- DHB employees, contracted providers, Lead Maternity Carers (LMCs) holding access agreements have a responsibility to follow to the DHB safe sleep policy and model safe sleep practice in DHB facilities.

Terms and definitions

See Appendix 1 for Terms and Definitions related to this document.

Scope

This policy applies to (is intended for) everyone who provides care to and/or engages with pregnant/hapū women, parents and caregivers of pēpi/young babies (up to age 12 months) and whānau. This includes all DHB funded hospital and community facilities and services (including contracted providers and LMCs holding an access agreement) or other settings for which DHB leadership is able to influence practice.

Specialist health care services within the DHB that develop additional safe sleep policies, for example neonatal units, should, where possible, align to (and reference) their DHB overarching safe sleep policy.

Early childhood centres, Kōhanga Reo, Well Child Tamariki Ora (WCTO) providers, LMC midwives in the community and other relevant agencies or organisations such as Early/Family Start and Oranga Tamariki, are invited and encouraged to adopt (adapting where necessary) this policy in support of the district wide SUDI prevention and safe infant sleep effort.

Responsibilities

Organisational responsibilities

District Health Board Clinical Boards and Executive Management Teams (or equivalent) will:

- Ensure this safe infant sleep policy is applied to all safe sleeping arrangements for pēpi/babies up to age 12 months who sleep in DHB funded hospital and community facilities

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12 https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/

- Ensure all health professionals and other health care workers to whom this policy applies are supported to attend education and provided the resources needed to ensure they achieve and maintain the levels of skill (including cultural competency) necessary to promote SUDI prevention and safe infant sleeping practices, including ways of engaging with parents, families, whānau, and/or caregivers
- Ensure role expectations for all health professionals and health care workers to whom this policy applies, are made clear in orientation-induction packages and ongoing organisational required education
- Ensure there are organisational processes to make certain this policy is adhered to, including quality improvement activities such as the Maternity Quality and Safety Programme
- Ensure that service agreements with relevant contracted providers include a contractual clause relating to the requirement for the provider to have a safe infant sleep policy in place and it is being followed and audited
- Ensure supply and provision of all promotional materials and educational resources for safe infant sleep practices. This may include supporting services to develop resources relevant to the care they deliver
- Ensure pēpi/babies and whānau are supported with the provision of resources to enable access to safe sleep spaces after leaving the DHB facilities
- Ensure all women and whānau are provided with information on how to access breastfeeding support after leaving DHB facilities
- Ensure safe infant sleep spaces[13] and practices are being promoted and modelled at all times across DHB funded hospital and community facilities and services
- Ensure DHB contracted providers have access to a template and guidance information for developing and completing a safe infant sleep policy.

Service responsibilities

- Provide safe sleeping arrangements appropriate to each pēpi/baby's age
- The importance of skin-to-skin contact in the immediate postnatal period is well documented; however health professionals need to be aware that the immediate postnatal period is also a recognised period of risk for SUDI. Best practice recommends that DHB staff and all other personnel using the DHB facilities provide care in accordance with the Ministry of Health care of mother and pēpi/baby in the immediate postnatal period consensus statement.[14] This includes close observation during skin-to-skin contact time
- Ensure that where medically indicated exceptions to this policy may apply, special advice and support is given on a case by case basis to parents/caregivers and whānau as required
- Ensure health professionals/workers advise, promote and model safe infant sleeping within DHB facilities and when relevant in community settings, and promote and enable these as strategies at home
- Ensure SUDI prevention information, education and support is given to all parents/caregivers of pēpi/babies up to age 12 months. This will be universal and consistent across services
- Ensure quality improvement activities in regard to policy compliance are undertaken, reported on and recommendations are effected, such as regular audits
- Ensure parents/caregivers are aware of and supported to link with primary care services including community/LMC midwife, General Practice and Well Child Tamariki Ora (WCTO) services

[13] Ministry of Health. 2019. *National SUDI Prevention Programme: National Safe Sleep Device Quality Specification Guidelines*. Wellington: Ministry of Health

[14] http://www.health.govt.nz/our-work/life-stages/maternity-and-breastfeeding/national-maternity-clinical-guidance/observation mother-and-baby-immediate-postnatal-period-consensus-statements-guiding-practice

- Ensure a full handover occurs from the service to the LMC midwife, including the safe sleep plan, on postnatal discharge from a maternity facility
- Ensure smoking cessation services/maternity smoking status data capture are linked with the Smokefree System Level Measure (SLM) for reporting and monitoring purposes
- Consider identifying Safe Sleep Champions within the organisation to champion safe sleep care for pēpi/babies up to 12 months of age.

DHB employees, DHB funded providers, LMCs holding DHB access agreements

- The importance of skin-to-skin contact in the immediate postnatal period is well documented; however health professionals need to be aware that the immediate postnatal period is also a recognised period of risk for SUDI. Best practice recommends that DHB staff and all other personnel using the DHB facilities provide care in accordance with the Ministry of Health care of mother and pēpi/baby in the immediate postnatal period consensus statement[15]. This includes close observation during skin-to-skin contact time
- Understand SUDI risk factors, infant safe sleep essentials-principles, and maintain relevant levels of skill necessary to discuss SUDI prevention and safe infant sleeping practices utilising consistent SUDI prevention messaging
- Provide smoking cessation advice, support and referrals as a universal component of care for all families–whānau where smoking occurs
- Undertake a needs assessment[16], including SUDI risk factors, for all pregnant women and pēpi/babies up to age 12 months. Commence care planning antenatally (wherever possible) in partnership with women and their family/whānau; any plans developed are included as part of the clinical record and form part of handover/transfers of care and referrals as relevant
- Provide SUDI prevention information, education and support to all parents/caregivers with pepi/babies up to age 12 months, and
- Advise, promote and model safe infant sleeping within DHB facilities and when relevant in community settings, and promote and enable these as strategies at home.

Education and support

Safe infant sleep education[17] will be included in all education offered to those in contact with pregnant women, pēpi/babies (including boarder babies), their families–whānau and/or caregivers. Safe infant sleep education should be provided on induction and regular updates are recommended (at least 2-yearly) thereafter.

On line education options:

Introductory/Intermediate
Hapai Te Hauora. Requires free registration
https://training.sudinationalcoordination.co.nz/

Advanced
Queensland E-Learning Resources: Clinical Skills Development Service. Requires free registration
https://central.csds.qld.edu.au/central/courses/126 (Safe Infant Sleeping)

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[15] http://www.health.govt.nz/our-work/life-stages/maternity-and-breastfeeding/national-maternity-clinical-guidance/observation%20mother-and-baby-immediate-postnatal-period-consensus-statements-guiding-practice

[16] Ministry of Health. 2019. *National SUDI Prevention Programme: Needs assessment and care planning guide*. Wellington: Ministry of Health

[17] As part of existing educations sessions and/or sessions developed specifically for SUDI prevention messaging

Practice Requirement

Where risk is identified, this and the actions needed to mitigate it, as well as any and all exceptions to promoted practice, needs to be documented in the woman's and pēpi/baby's clinical record. Information about safe infant sleeping practices and plans, should be included also as a part of the woman's and pēpi/baby's transfer of care and discharge processes.

National SUDI messaging P.E.P.E acronym

The dissemination of safe sleeping messaging (information) should be universal and consistent.

P.	**PLACE**	Pēpi/baby in his or her own bed, face clear of bedding in the same room as caregiver
E.	**ELIMINATE**	smoking in pregnancy and protect pēpi/baby with a smoke free whānau, whare and waka
P.	**POSITION**	pēpi/baby flat on his or her back to sleep, face up
E.	**ENCOURAGE**	and support mum, so that pēpi/baby is breastfed.

Additional P.E.P.E related sleep space essentials-principles

Safe sleep spaces should be:

- **Free from other people who might overlay the pēpi/baby** – sleep arrangements need to make sure that if someone else moves while sleeping, the pēpi/baby will still be able to breathe easily with a clear airway
- **Free of gaps that could trap or wedge the pēpi/baby** – there should be no gaps that might trap or wedge the pēpi/baby and make breathing hard or impossible
- **Firm** – so the pēpi/baby's neck does not flex and compromise the airway, and the face cannot get buried in the surface if the pēpi/baby rolls prone (onto the front or stomach)
- **Flat** – so the pēpi/baby does not suffer compromise to the airway or breathing by rolling over, becoming wedged, tipping out, or the sleep space being overturned
- **Free from objects that might cover the pēpi/baby's face or cause strangulation or neck flexing** – nothing near that could cover the pēpi/baby's face during sleep or impair breathing. This could include pillows, bedding, sleep restraint aides or low-hanging mobiles
- **Free to breathe** – so pēpi/baby has no restriction of chest movement from pressure on the chest, tight wrapping or heavy bedding
- **Free from tobacco smoke -** pēpi/baby should sleep in environments that are totally

smokefree. **Gentle handling**

It is hazardous for pēpi/babies and children to be in the hands of anyone who cannot keep them safe or respond appropriately, such as when that person may be impaired due to drug or alcohol use or is extremely tired. Safe hands will handle baby gently, stay close and be able to meet pēpi/baby's needs for food, comfort and safety.

Immunisation

Immunisation protects pēpi/babies from many childhood diseases and is also associated with a reduced risk of SUDI.

Medically initiated exception to safe infant sleep position

In some paediatric and new born units, pēpi/babies may need to be nursed in a prone position. These pēpi/babies are on full ECG, respiratory and saturation monitoring, and are nursed in incubators.

Once in a bassinette, pēpi/babies are positioned on their backs unless there is a medical reason not to do so. In this situation it is recommended that a printed card is attached to their bassinette which reads 'I am sleeping on my tummy for medical reasons', so that other parents or caregivers and whānau know it is an exception.

Parents should be clearly reassured that in this monitored setting this practice is necessary but is a major deviation from anything they should do once their baby recovers and is not monitored and is at home.

Useful websites

http://sudinationalcoordination.co.nz/

https://www.health.govt.nz/your-health/pregnancy-and-kids

https://www.health.govt.nz/your-health/pregnancy-and-kids/first-year/helpful-advice-during-first-year/safe-sleep

http://www.hqsc.govt.nz/our-programmes/mrc/cymrc/publications-and-resources/sudi/
https://www.unicef.org.uk/babyfriendly/
https://www.basisonline.org.uk/ Baby sleep information source website – Durham University

Appendix 1: Terms and definitions

Term	Description
Sudden Unexpected Death in Infancy (SUDI)	Sudden Unexpected Death in Infancy (SUDI) is the death of a pēpi/baby aged less than 12 months that is sudden and unexpected, where the cause was not immediately apparent at the time of death. A coronial term, SUDI captures both unexplained and explained causes of death during a pēpi/baby's first year of life and it is made up of three components; these being are Sudden Infant Death Syndrome (SIDS), Unintentional Suffocation and Other Deaths.
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.
Unintentional suffocation	The second component of SUDI is unintentional suffocation where pēpi/baby is in a position that causes asphyxiation in their sleeping environment. Examples of this are wedging or overlay. These incidents are explained.
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 a pēpi/baby, such as a bassinet, cot, wahakura, Pepi-Pod® or Moses basket. *Pepi-Pod®* A Pepi-Pod® is a purpose designed box used as a pēpi/baby sized bed (0–6 months of age) with the addition of a fitting mattress and bedding. It offers pēpi/baby a safe protected space when they sleep in, or on, an adult bed, on a couch, in a makeshift setting, or away from home. *Wahakura* A wahakura is a woven pēpi/baby bed made from harakeke (flax) and is designed to protect baby by providing a safe sleeping space in an adult bed. It is rectangular in shape, and has an open weave so is naturally ventilated to allow airflow to regulate temperature around the pēpi/baby. It is handmade and not treated with any toxic chemicals or products. Wahakura are suitable for pēpi/baby from birth up to approximately age 4–5 months (depending on pēpi/baby's size and mobility).
Bed sharing (sharing the sleep surface or space)	The pēpi/baby sleeps on the same sleeping surface (usually a mattress) with another sleeping adult or child. A pēpi/baby sleeping in a Pepi-Pod® or wahakura placed on the same mattress as the mother/caregiver *is not* bed sharing. Healthcare personnel working with families–whānau, need to identify what each individual family–whānau understands about the meaning of the language commonly used regarding pēpi/baby sleeping practices.
Room sharing (sometimes referred to as co-sleeping)	The pēpi/baby sleeps in their own pēpi/baby bed in the same room as their caregiver.

Term	Description
Safe infant sleep	Conditions that promote breathing throughout the sleep episode.
Skin-to-Skin	Skin-to-skin contact is where the naked pēpi/baby is placed prone on the mother's or other whānau member's bare chest, and then covered with a warm, dry blanket or towel. This person is awake and alert during this practice, whilst protecting the pēpi/baby's airway. Skin-to-skin should start immediately after birth and continue as desired, as it is an important part of bonding and attachment.
Healthcare worker	Any person who carries out work in any capacity (full-time, part-time, casual and temporary), including associated personnel (contractors, students, visiting health professional etc.) working in, or contracted to provide a service on any DHB contracted health site.
WCTO service/providers	The Well Child Tamariki Ora (WCTO) programme is a series of health visits and support that are free to all families for children from around 6 weeks up to 5 years of age.

Appendix 2: Conversations about bed sharing

Caring for a family–whānau who wish to bed share, or end up bed sharing, like it and wish to continue, can be a challenging space for health professionals tasked with having individual and whānau centred conversations about bed sharing and SUDI, that take into account health literacy and respect informed decision making.

The messages can seem complex, controversial and at odds with the reality of parents' lives. There is also the fear of getting it wrong, as this could result in the loss of a pēpi/baby's life and or serious consequences for the health professional's career.

Sometimes it can, therefore, feel easier to either simply say never bed share, or just to say nothing at all.

Unfortunately, this approach does not support parents to keep their pēpi/baby safe. It can increase the risks to pēpi/babies because:

- Young pēpi/babies wake frequently at night and need to be fed and cared for somewhere. In most homes this will be in bed or on a sofa or armchair, simply because there is no other comfortable place. Parents or caregivers can easily choose the more dangerous sofa over the less dangerous bed because they are trying to follow advice to never bed share
- Mothers can try and sit up rather than lay in bed to breastfeed in order to stop themselves falling asleep. As most pēpi/babies breastfeed frequently, mothers risk falling asleep in a more dangerous position than if they had been lying down. Many abandon breastfeeding altogether as they are so exhausted, thereby depriving themselves and their pēpi/baby of all the benefits that breastfeeding brings
- Pēpi/babies thrive on closeness and comfort. Many parents or caregivers end up bed sharing, whether they intended to or not, as it settles their pēpi/baby and so enables everyone to sleep
- While some young pēpi/babies settle easily their own pēpi/baby bed between feeds, others do not. Some parents or caregivers who choose not to bed share may decide to encourage their pēpi/baby to learn to sleep independently using the controlled crying method. As well as being distressing for all, this approach can be detrimental to the pēpi/baby's growth and development and undermine breastfeeding

  By acknowledging that young pēpi/babies waking and feeding frequently in the night is normal and not modifiable (as young pēpi/babies are not capable of 'learning' to defer their needs), parents or caregivers can be reassured that their pēpi/baby is normal and they aren't doing anything wrong. It can also relieve the pressure to find 'solutions'.

  The Unicef United Kingdom Baby Friendly Initiative leaflet 'Caring for your baby at night - A guide for parents' (2019), offers safety information and practical tips and can be a given to or talked through with parents/ whānau. The Durham University's Baby Sleep Information Source website is another useful resource.

Alcohol[18] and drug consumption together with bed sharing can increase the likelihood of SUDI. Having an open conversation with parents or caregivers can help their understanding as to how alcohol and drugs can affect normal functioning and decision-making and why they should not to fall asleep with their pēpi/baby after consuming either. Discuss the importance of planning care for their pēpi/baby at such times, for example by asking a sober adult to help.

[18] Blair P, Sidbotham P, Pease A, Fleming P. 2014. Bed-Sharing in the Absence of Hazardous Circumstances: Is There a Risk of Sudden Infant Death Syndrome? An Analysis from Two Case-Control Studies Conducted in the UK. Plos One, 9(9): e107799