Introducing the Pēpi-Pod® Sleep Space Programme

Notes to assist with beginning conversations about providing the programme

What is a Pēpi-Pod® sleep space programme?
The Pēpi-Pod® sleep space programme is one approach being applied in many regions of New Zealand and in Queensland, Australia, to enable more vulnerable babies to have a safe space for sleeping every time and place they sleep. It is a programme of ‘portable sleep space (PSS) plus safety education’ that began as an emergency response during the Christchurch earthquakes of 2011. It is now offered to families of babies at increased risk of accidental suffocation. Places of heightened risk for babies include in, or on, an adult bed, on a couch, in makeshift situations or when sleeping away from home.

Who are they for?
PSSs are not for all babies. They are a public health response to the higher risk of sudden infant death for babies who are more vulnerable due to exposure to smoking, especially in pregnancy, being born before 37 weeks or weighing less that 2500 grams, or in family environments where use of alcohol and drugs are prevalent. These babies have a predisposing vulnerability to hypoxic challenges.

Where have they come from?
The PSS is a ‘sister’ to the Wahakura, a sleep space hand woven from flax that has been promoted in Māori communities since 2006. The PSS was developed as a low-cost option to complement Wahakura and enable larger scale supply. The Christchurch earthquake propelled the idea into reality and thanks to the support from community, business and health providers, over 7000 babies have had a PSS through their times of risk. Māori midwife, Alys Brown from Hamilton, and Māori GP Dr David Tipene-Leach, from Hastings, have given cultural support to the initiative from the start.

What is involved in providing this programme?
PSS are not free baby beds for poor families. They are a central component of a comprehensive service that needs to be embedded into a SUDI prevention strategy and regional infant health plan. A Pēpi-Pod® service needs a project action group, coordinator, PSSs and bedding packs, referral processes and criteria, agencies and distributors authorised to distribute, a thorough recipient briefing, follow-up of and feedback from users, and systems for recording, monitoring, communicating et cetera. While regions need to find their own funding solutions, leadership group, coordinator and distribution agencies, Change for our Children can support, with education methodology, process systems, data management and programme tools.

Where else are services operating?
There are DHB-funded services in sixteen of twenty regions of New Zealand that are contributing monitoring data, and small services in the other four DHBs. A programme is also underway in twenty Aboriginal communities in Queensland, a small one starting in Texas, USA, and interest is emerging in the UK.
Is there support?
Yes. We have established standards for the product, its supply and the distribution process to ensure quality and effectiveness. These define the core elements of the service. A signed Participation Agreement between Change for our Children and the provider agency clarifies roles, responsibilities, expectations and standards for the relationship. The Pēpi-Pod® mark has been registered with the Intellectual Properties Office of New Zealand to uphold programme standards and assure the public of a standard experience.

Feed-back from users
We have reported on the distribution of PSSs during both the earthquake phase (2011) and in normal times (see ‘Their First 500 Sleeps’ for 2012 – 2014) and on families’ experiences of getting and using PSSs, infant care decisions for ‘yesterday’ and ‘last night’ and demographic details. Overall, families rated the PSS highly, appreciating that it enabled closeness, safe bed sharing, peace of mind, was convenient, portable, easy to clean and helped babies settle for sleep. The 2012/14 monitoring report is important because it gives confidence for the use of PSSs outside of an emergency response. Data describe the essential features of the programme which include:

“specified vulnerability criteria (Māori, smoke exposed, and premature or low birth weight babies); a standard product (for quality assurance); early issue (during pregnancy or new-born period); standard safety briefing; the offer of the PSS and time to try it (respect for personal choice); the exchange of the PSS for help with spreading safe sleep awareness (law of reciprocity); timely follow up (after two weeks); data requirement (online entry) and user feedback surveys for a 20% sample when babies are 8-10 weeks.”

Is there evidence of safety?
The programme was designed as an intervention not a study, to improve safety rather than prove it. It is a response to evidence of increased risk of death in specific locations, situations and groups. Safety is built into the product itself, as well as the training and implementation of the complete programme. (Source: graph compiled from Statistics NZ data)

There are ethical challenges in designing studies to assess the role of portable sleep spaces in reducing sudden infant death per se. However, there is evidence from our reports on distributing and using more than 15,000 Pēpi-Pod® sleep spaces and an independent report on the Hawkes Bay Pēpi-Pod® programme. In the absence of more formal studies these give confidence that sleep spaces are being used appropriately to support safer sleep opportunities for babies in priority communities.

Further evidence of potential safety is in Statistics New Zealand population data reporting that infant mortality (all causes, 7 days to 12 months) has been declining for five consecutive years to June 2015. This reduction in infant deaths is most marked for younger babies (1-13 weeks), Māori babies and babies from the Midland region where 60% of PSSs have been supplied. No claims can be made of cause and effect but the statistics are encouraging.

Two studies are near completion in New Zealand, and a feasibility study is happening in Aboriginal communities in Queensland, Australia. As well, the implementation process of current services is being closely monitored and reported by Change for our Children Ltd along with infant mortality changes.