Pépi-Pod® Program
Materials for registered distributors: 2015

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Story of the SUDI Star artwork

The SUDI Star artwork has been drawn by an Aboriginal (Yidinji) / Torres Strait Islander (Stephen Island) artist working with Iscariot Media, a Brisbane based Indigenous graphic design company. The SUDI Star was developed specifically for the Aboriginal and Torres Strait Islander component of the Australian safe infant sleeping research project. The artwork and story are the result of discussions with the artist, a father himself, who knew very little about SUDI before this project.

Leanne Craigie, Senior Project Officer

“The SUDI Star is about putting a brighter approach to draw attention to a subject that is not commonly known to those unaffected. The five points of the star represents the five categories of SUDI. The star also plays on the idea of when at school you got a gold star for doing well and excellence. In this instance the gold star in the centre represents a baby. The use of gold or yellow signifies how special all babies are. The star is drawn in a very organic style to reflect individuality and life – each and every baby is different. The multiple stars within stars, is used to create visual movement which represents the journey and milestones of a baby. The black line with the white dots is the journey of each baby through their first twelve months. The use of different size dots is to show that no baby is the same. It also represents those babies that have passed and how their star shines bright in the night sky. The white star is the many babies that have been unaffected by SUDI. The outer 12 segments represent the first twelve months of life. The use of the bright colour is to celebrate how special all babies are, and the importance of SUDI. Lower case letters are used rather than upper case because it’s about babies and not older children or adults.”

Michael Gilsenan
Pēpi-Pod® Program

Materials for registered distributors - 2015 (Australia)

Atawhaitia ahau i roto moemoea
(From my earliest beginnings, pursue protection so that I may dream.)
Words given to the Safe Start effort by Whaea Terehia Kipa

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Supported in Australia by: University of the Sunshine Coast

sids
kids

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Acknowledging Australia

We warmly welcome you, our Australian friends, to this program and the global vision of ‘safe sleep for every baby, every sleep’. There are no borders when it comes to protecting infant life and we are honoured to be sharing what we have developed in New Zealand, with you.

We have made modest changes and inclusions to this resource to acknowledge you for the sleep space work already underway in Queensland. This work is as part of a study to determine the acceptability and feasibility of the approach in Aboriginal and Torres Strait Islander communities.

Thank you for your decision to put yourselves forward to lead this change within your settings. We trust you to find that balance between adapting the program to fit your people, their languages and circumstances, whilst holding true to the core components that are the heart and soul of what makes it work.

May I acknowledge Jeanine Young, Professor of School of Nursing, Midwifery and Paramedicine, University of the Sunshine Coast. Jeanine has been the driving force in bringing this work to Queensland. May I also acknowledge Leanne Craigie, Senior Project Officer at Queensland Health, who is the driving force in engaging with Aboriginal and Torres Strait Islander communities across the state and inviting and supporting their participation. The program is in safe hands with these wonderful women, and now you, as its custodians.

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Acknowledging the many environments and communities of Australia
Acknowledging traditional innovation

Throughout history, babies have slept in general purpose containers used for carrying everyday things, or they have been protected in various other ways as they sleep. Dedicated baby furniture is a relatively new concept. Some examples of traditional baby sleeping innovations are below.

Coolamon

Aboriginal and Torres Strait Islander peoples used a variety of devices to carry and sleep their babies. Baskets woven from palm leaf or pandanus were used in some parts of Australia as were carved wooden vessels such as the Coolamon (pictured).

(Photograph by Karen Watson)

Wahakura

The Wahakura is a Māori innovation based on traditional baskets. In its current form, it was introduced into Māori communities in 2006 under the leadership of Māori doctor David Tipene-Leach pictured opposite with one. Wahakura means ‘holder of that which is precious’. It is an infant sleep space, handwoven from flax (harakeke), that can be brought into the adult bed. The Pēpi-Pod® sleep space developed as a ‘little sister’ to Wahakura - to share the protection work.

(Photograph by Leanne Craigie)

Kamanak

To the right is a modern version of a device used traditionally in Afghanistan to protect a baby’s face and head while sleeping. The frame is positioned under the infant mattress and warns people against sitting or stepping on the baby wherever they may be sleeping. It also protects against anything covering the face. At picnics a makeshift structure would be made from tree branches if there was no Kamanak available, and a baby needed to sleep.

(Photograph by Zibulnessa Alam)
Acknowledging you

Despite the Tasman Sea between us, we feel connected to you through this work, as the Pepi-Pod® Program finds a home in parts of your state and country. It is beautiful work. Through it you have the opportunity to make a difference that lasts. The approach is designed to enable, empower and entrust parents and their communities to take the work forward within their spheres of influence. They become your partners in the protection effort, magnifying its impact.

This training is to prepare you for your role in distributing the sleep space program to families of more vulnerable babies. It is a simple orientation to the approach we have designed, the knowledge that underpins it, and the steps you will need to take to meet standards, and succeed in this role.

We acknowledge and appreciate all that you bring with you to this role. We do not promise that it will be easy. Many people do not like change and are rather attached to the ways they think and act. What we can promise is that the work will be important and meaningful and you will be supported by all of us to achieve in it.

Change for our Children Limited has developed the Pépi-Pod sleep space program as a comprehensive package of education and support. The mark has been registered with the Intellectual Property Office of New Zealand (IPONZ) to safeguard the core elements of the program and ensure a standard experience for families.

We have written this document more as a conversation with you than a text book. We have translated evidence and issues into everyday language to support you, but you know your communities best. We encourage you to find your own words and ways to deliver this program and match it to the individual circumstances of your people, while holding true to the core elements explained here.

May you enjoy being part of this program and the safety it promises babies.

Stephanie

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Beginnings in New Zealand

Many people and agencies have been involved in the Pēpi-Pod® sleep space story. We appreciate them all. Here is a summary of who was there at its start.

- The concept was in development in 2010, led by Stephanie Cowan, Director, Change for our Children, and supported by Māori colleagues Alys Brown (midwife) and David Tipene-Leach (doctor), and baby Jessica and her parents.

- The term ‘pēpi-pod’ was coined by the Māori SIDS team and given to the humble plastic box by Dr David Tipene-Leach. It has developed as a ‘sister’ to Wahakura, to enable larger scale support for safe infant sleeping practices.

- The 2011 Christchurch earthquake was the catalyst for implementation, with 1000 Pēpi-Pod® sleep spaces distributed to vulnerable earthquake babies by Change for our Children and local supporters.

- An outstanding national network of community people sewed covers and bedding items for the sleep spaces, in response to the emergency times, and some businesses provided materials and services at reduced cost.

- Change for our Children Limited led the spread of the program and developed the education approach, based on evidence from research, reports from coroners, and experiences in providing sleep spaces following the earthquakes.

- Hawkes Bay District Health Board was the first agency to commit to a sleep space program (in 2011), followed by Waikato District Health Board (in 2012) and several other regions and agencies have followed this lead.

- There is no central funding for the program. All revenue comes from sales from goods and services involved in providing the complete program.

- The Pēpi-Pod® approach is being studied. There are two studies happening in New Zealand, feasibility studies in Aboriginal and Torres Strait Islander communities in Queensland, Australia, in Texas, USA, one proposed in the UK, as well as regular reporting on implementation data by the project team.

- A strong network of provider agencies and dedicated distributors are breathing life into the program at local level and infant death rates are reducing.
Part 1: Approach

Concept

The natural world has various ways to protect and shelter its young. Pēpi means baby in Māori and a pod is a symbol of protection in nature. In Australia, Eucalypts replace the New Zealand harakeke (flax), for national significance as an adaptable, vital and protective resource.

Tool

The Pēpi-Pod® sleep space is like a great big leaflet. It is as much an education tool as it is a baby bed because it draws people into conversations about safety for babies.

Safe and close

Pēpi-Pod® sleep space enables a parent and child to be safe and close, especially when everyone is sleeping. The sleep space provides a zone of physical protection around a baby when a baby sleeps in places where suffocation risk is heightened (in or on adult beds, on couches or in makeshift beds).

Package

While the pod can be a safe space, parents need to add in the safe care. This is the safety package: ‘safe space + safe care’. The principles of protection spell out what safe care is. They apply to all babies, everywhere, in all cultures and times.

Exchange

The Pēpi-Pod® package is not free. In exchange, parents are asked to help spread education about protecting babies as they sleep. In this way the Pēpi-Pod® briefing that you will give to parents is like their training for educating others.

Empowerment

Passing to parents an education role as well as a Pēpi-Pod® sleep space is intended to empower, entrust and extend the influence of the program within priority networks. Participation in this way is a core element of the approach.

Trust

This program relies on a chain of trust to be effective:

- trust in the evidence behind the infant safety recommendations
- trust that you will believe this evidence and brief parents well
- trust that parents will believe you and use the pod to act on what they know
- trust that they will share new understandings with family and friends,
Engagement

Engagement requires a clear objective for the relationship, in this case it is to **protect breathing** for babies more vulnerable to accidental suffocation. Engagement is made easier when there is high **awareness** of risk, high **desire** to avoid it and a **required action** that seems possible, worth it, and fits with personal and cultural **values**.

Engagement can be thought of as connecting, participating, being ‘on the same page’. There is a willingness to discuss, learn, be involved; a positive energy to the relationship.

The Pépi-Pod® Program requires distributors to take the greatest of care in their relationships with families, and has built-in supports to help achieve strong engagement. Distributors are expected to align with the following approach:

**A program not a product:** This is big work. The approach has been designed to drive down inequalities as well as infant loss; to strengthen self-worth and esteem as well as safe sleep knowledge; to grow networks of influence within priority communities, as well as to grow strong babies. To see this work as a product to be handed out to a baby at risk, minimises the intention of the work, and reduces the opportunity for broad reach and sustainable change.

**Offered not imposed:** Sleep spaces are offered to families where babies have been identified as at increased risk of accidental suffocation. However, families must stay in control of the decision of whether or not to accept and use one. The program approach is to offer for a period of use, to check-in after a couple of weeks to see if the family would like to keep it, and to graciously accept it back if not, and trust that safety will be managed in some other way.

**An exchange not a gift:** The program approach respects the law of reciprocity which is at the heart of genuine partnerships: ‘this is what you can expect from me and this is what I expect from you’. The protection effort is team work and this program places a high value on the influence of families to spread safe sleep awareness within their own social systems.

**Trusting not knowing:** The goal of your safety briefing is that people come away trusting and not just knowing. A person is more likely to use a Pépi-Pod sleep space to protect their baby in risk locations, when they understand why their baby is more vulnerable, believe the seriousness of the consequences of unsafe sleep, feel able to take protective action, and that the benefits of doing so outweigh any disadvantages. These are the perceptions to influence.

‘**Held rein’ not ‘free rein’ approach:** The integrity of the Pépi-Pod® program is held by its design. Distributors are expected to uphold processes, standards and accountabilities for how the program is delivered. This includes the collection and entry of data for every sleep space issued. Timely and complete paperwork gives a value to the work, the resource allocated to it and enables continuation.
Part 2: Knowledge

**Sudden infant death:** You will need to promote fresh and up-to-date knowledge about sudden infant death. Old thoughts get in the way. Parents need to know that cot death is no longer a mystery. We now know the main risk factors. Most such deaths are preventable and many are also explained by accidental suffocation.

**Development:** Babies change. They need conditions for growing and sleeping that fit their stage of development. One such condition is how they are positioned. We need to be very mindful of a baby’s head and neck position in the early months.

**Triple risk:** If you are a baby, it matters where you grow, where you sleep and what age you are. These are the triple risk conditions of vulnerable age, vulnerable baby and vulnerable setting. These can line up to cause sudden infant death. The combination of unfavourable conditions in pregnancy, and in the sleep environment, plus being less than 6 months old, is a highly dangerous one.

**Triple response:** A positive response to the triple risk is for babies to grow with plenty of oxygen during pregnancy (smokefree), plenty of oxygen when they sleep (face clear) and positioned flat and on their backs for sleep, through the critical first months. This is a time when their airways and breathing need this extra protection.

**Co-sleeping debate:** Everyone agrees that there are real fears for smoke-exposed babies who also share their parents’ beds. Smoking weakens breathing responses. The Pēpi-Pod® program draws attention away from negativity and problems, to focus on a positive solution - support for parents and protection babies.

A baby in a sleep space, when sleeping in, or on, an adult bed, on a couch or away from home, is better protected from pillows, being rolled on (or against), changing their position, slipping under bedding, becoming wedged into gaps. Your role is to support the use of sleep spaces every time babies sleep in such risk situations. Breaking the ‘smoking + bed sharing’ risk is a major benefit of sleep spaces.

**Suffocation:** Better investigations of how babies die has led to a large increase in accidental suffocation deaths. Every component of the Pēpi-Pod® package has been designed to help prevent such a tragedy. Understanding how babies breathe and how they might suffocate is the main theme of the Pēpi-Pod® safety briefing.
TOPIC 1: Infant Mortality Statistics

As for New Zealand, Australia has seen a pattern of falling infant deaths (all causes and not just SUDI) prior to 2000, but a slow rate of change since, with higher rates persisting in some communities and regions of Australia compared to others.

Our more vulnerable babies

The graphs below identify our more vulnerable babies and where we must focus our prevention. Vulnerable babies are those who are younger, Indigenous, living in more deprived circumstances, from remote communities and exposed to known risks. The Pépi-Pod® program is designed specifically to benefit these more vulnerable infants, their families and communities. (Sources: SUDI data for Queensland (2005-2014) from the Queensland Commission for Family and Children; National Infant Mortality data from Australian Bureau of Statistics)

Perspective

In 2013 there were 308,065 live births in Australia. Of these 18,368 were Aboriginal and Torres Strait Islander infants. There were also 1,094 deaths (all causes) of infants less than 1 year, giving a total rate of 3.6, and Indigenous rate of 6.5, per 1000 live births. SUDI represents the largest category of death for infants older than one month. In 97% of cases, one or more risk factors were present at the time of death.

Inequalities

Inequalities exist where there are variations in mortality rates. These are seen between and within groups. For example, as shown above, SUDI rates for Aboriginal and Torres Strait Islander infants are twice those for non-Indigenous, and within Aboriginal and Torres Strait Islander groups, total infant mortality rates are trebled for babies in the Northern Territory compared to those in New South Wales.

Indigenous infants are also more likely to be exposed to smoking during pregnancy than are non-Indigenous infants, raising considerably their SUDI risk from unsafe sleeping. (Source: http://www.healthinfonet.ecu.edu.au/health-facts/overviews/mortality)

Changing patterns in New Zealand

New Zealand has seen a recent fall in infant death rates (for infants 1-52 weeks, and from all causes, not just SUDI). The fall has been most significant for younger, Māori infants, and reached a record low of 1.9/1000 live births in 2014. (Source: Statistics NZ, 2015)
TOPIC 2: Evidence-based principles

On the back
Sleeping flat, level and on the back protects breathing in these ways:

- Strengthens the life-protecting ‘wake-up’ response or ‘systems reboot’
- Helps to keep a baby’s airway open for oxygen to flow through
- Protects against the ‘chin to chest’ position which can block oxygen
- The breathing tube (trachea) is above the food tube (oesophagus)

Clear face
A clear face is one of four ways to ensure that oxygen flows freely through the airways. A covered face, pinched nose, ‘chin to chest’ neck position, and pressure on or against the chest can slow or block the flow of oxygen through airways. A covered face can also lead to overheating as well as suffocation.

Smokefree
Babies who develop smokefree and are born into smokefree households have the best survival chances. Smoking in pregnancy takes oxygen from babies and they develop as if low oxygen is normal. This weakens their breathing and defences. Once born, babies who breathe in the smoke of others have less oxygen, less immunity, more frequent and serious illness and risk death.

Close by
Babies who sleep in the same room as parents for the first 6-12 months have less risk of sudden infant death. These babies are more likely to sleep on their backs, and less likely to get under covers and tangled under bedding. Babies are safest when they are close enough to parents to alert them of a need and parents are close enough to their babies and able to respond.

Own space
All babies need a safe place to sleep, one that considers their stage of development. Wherever they sleep, they need to be on their backs and free to breathe easily. Risks escalate for babies who share a sleep surface with others, if also smoke-exposed, premature, of low birth weight, or the bed mate is a child, or an adult impaired by recent use of alcohol or drugs.

Breastfed
Babies are safest when breastfed. Breastfeeding protects from frequent and serious illness and strengthens every aspect of development, including the important ‘wake-up’ response. Exclusive breastfeeding for 6 months is best.

Immunised
Immunity means protection. Immunised babies are protected against what used to be the killer diseases of childhood such as diphtheria, tetanus and whooping cough, as well as other diseases. Research shows that sudden infant death rates are also lower in immunised babies. To be fully protected babies need to be immunised on time according to the recommended schedule (2, 4 and 6 months).

Handled gently
Babies need gentle handling. The brain is ‘loose’ inside the skull. Sudden or violent movement can tear blood vessels and cause brain damage or death. They need always to be in the safe hands of a responsive and sober carer.
TOPIC 3: Settling babies for sleep

An unsettled baby can lead parents to take risks

Coroners’ reports often describe situations where an unsettled baby led parents to ignore safety advice and place their baby on the tummy, prop them on pillows or bring them into their bed. For this reason, we have built ‘settling skills’ into the Pêpi-Pod® safety briefing.

Conditions that settle babies

Babies often go to sleep at the breast. Here, all the conditions that support settling happen at once: a full tummy, the rhythm of sucking, the warmth of being held and the closeness to a parent’s noises, touch and smells. Parents can achieve these three conditions with the Pêpi-Pod® sleep space. The pod removes the need to ‘put baby down’ from an upright hold, avoiding the risk of immediate waking.

- **Feeling held**: Babies feel safe and calm when being held and can fuss and cry when put down. The Pêpi-Pod® sleep space enables parents to lay their baby down for sleep with baby feeling firmly held across the shoulders by the ‘wrap around’ sheets and merino blanket. When these are firmly tucked around a baby, they help to replace the warm hold of a parent’s arms.

- **Feeling close**: Babies feel safe when close to a parent. The Pêpi-Pod® sleep space enables parents to have their babies close by as they settle them for sleep. The baby can hear, see, smell, feel and sense that their parent is near.

- **Feeling rhythm**: Babies feel safe with rhythmic noise or movement such as sucking, rocking, swaying, singing. They are calmed by the regular motion. The Pêpi-Pod® sleep space can be placed across the knee and a baby rocked gently to sleep with a parent right there, perhaps watching TV or talking on the phone.

Resettling

Babies cycle through active and quiet sleep states. When they stir from deep sleep, they may be resettled by a firm hold across the shoulders, with the arms contained, and a few moments of rhythmic motion as reassurance that a parent is close.

Your influence

If unsupported, a parent may ...

- Know back is best  ➔  Baby is unsettled  ➔  Break safety rules

With your support a parent may ...

- Know back is best  ➔  Know how to settle baby  ➔  Be able to keep the safety rules
TOPIC 4: Protecting the older baby

Condition of development

Sudden infant death is a condition of development. Younger babies are especially sensitive to how they are positioned when they sleep. As breathing develops and jaw joints firm up, positioning risks lessen, but mobility risks increase. Twenty percent of sudden infant deaths (about 12 babies per year) are of babies aged 5 months or more; an age when most babies have outgrown a Pépi-Pod® and are starting to roll. We need to ensure protection for babies, beyond their time in pods.

Increasing mobility

By their own movements, older babies may get into asphyxia-generating situations due to getting underneath loose or bulky bedding, or, in an effort to free themselves, become tangled in covers, or pressed face-down into pillows or any soft item in the cot. These situations can lead to overheating if the head becomes covered, airway obstruction, or accidental suffocation.

Safety options for older babies

Older babies need their carers’ heightened awareness of potential risk situations that their rolling, wriggling and exploring may get them into. A bare cot that meets safety standards, with firmly tucked bedding, or a baby in a sleep bag, is safest.

Fig.1. A 5 month old baby, in a bare cot, wearing a sleep suit for warmth, and practising rolling

Risks act in combination

Tummy sleeping interacts with other risks. As does smoking. For example, it is more dangerous for babies who become prone, or babies who are smoke-exposed, if they are also exposed to covers over the head, being unwell, wintertime, a soft sleeping surface, sleeping in another room, are swaddled or overwrapped. A vulnerable baby may be older when they meet their first asphyxia challenge and have multiple risks to contend with all at once.

What this means for education

Our education needs to support parents to make the sleeping place safe for their older, more mobile babies, too. Development must not be restrained. Babies will delight in practising their new moves. Promoting ‘bare cots’ with lightweight bedding, and babies firmly tucked near the foot ends of cots (or the use of infant sleeping bags instead of covers), are ways to reduce risks. Warmth can be managed by more or less clothing rather than more covers. The evidence suggests that babies sleeping in the same room as parents for their first year of life has the best chance of alerting parents in time, should babies get into trouble in their cots.
TOPIC 5: Legal duties of carers

In New Zealand and most states and territories of Australia, parents have clear legal responsibilities to provide their child with the necessities of life and take reasonable steps to protect their child from injury and death.

New Zealand, but not yet Australia, has gone so far as to involve the courts in determining liability where a parent is ‘drunk in charge of a baby’ and that baby dies. Mothers have been jailed for ‘gross negligence’ due to bed sharing with their babies while drunk. This is a double tragedy we need to work to avoid.

Deadly combination

As these tragic cases show, it is dangerous for babies and young children to be in the care of any person who cannot keep them safe. The brain slows down when people drink alcohol or use drugs. They cannot think, communicate, move or make decisions in the normal way. They become temporarily unfit to carry out their legal duties to protect a baby or child.

Example: Legal duties as defined by the New Zealand Crimes Act 1961

152 Duty of parent or guardian to provide necessaries and protect from injury

Every one who is a parent, or is a person in place of a parent, who has actual care or charge of a child under the age of 18 years is under a legal duty—

(a) to provide that child with necessaries; and

(b) to take reasonable steps to protect that child from injury.

Section 152: replaced, on 19 March 2012, by section 6 of the Crimes Amendment Act (No 3) 2011 (2011 No 79).

What can happen

A drunk or ‘stoned’ person may fail to wake to a baby’s cries for food, comfort or protection, and so, fail to ‘provide the necessaries’. The person may drop a baby, make poor judgements about safety, or be unaware of dangers in the sleeping environment that can cause a baby to suffocate, and so fail to ‘protect from injury’.

Promote ‘arrange a sober carer’

We must promote the concept of ‘always in safe hands’ every time we issue a Pépi-Pod® sleep space, for those times when babies are in the care of ‘others’. We must have those ‘difficult’ conversations about drinking, drug use and partying. Through this program, let’s build a culture of ‘arrange a sober carer’ where there is drinking, drug use and partying, as we have come to accept ‘arrange a sober driver’.

Judges’ comments from sentencing judgements made in New Zealand

- “Your real wrongdoing that night was to engage in a sustained period of drinking that effectively robbed you of the ability to reason and to make sound judgments about your son's welfare.”
- “Alcohol, as much as bed sharing, killed [name of baby].”
- “You failed him completely in the manner in which you attended to his sleeping arrangements on that night.”
# TOPIC 6: Questions about products and practices

You may be drawn into conversations on a range of topics and practices about infant sleep safety. Most questions can be answered by referring back to safety principles. Ask “How will this product or practice support or undermine…”

- Safe sleep (on the back, face clear, own space, carer near)

<table>
<thead>
<tr>
<th>Issue</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amber necklaces</td>
<td>Potential suffocation and strangulation risk. Not for use when sleeping.</td>
</tr>
<tr>
<td>Baby beds</td>
<td>Devices designed as a regular place of sleep for babies e.g. cots, bassinet.</td>
</tr>
<tr>
<td>Baby carriers</td>
<td>Must ensure a straight spine, held high on the chest, with the face clear.</td>
</tr>
<tr>
<td>Baby sleep bags</td>
<td>An alternative to firmly tucked bedding, for the older, more mobile baby.</td>
</tr>
<tr>
<td>Bedding</td>
<td>Be alert to over-bundling, heavy covers, excessive layers, ‘hot’ fabrics.</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>Protective. For all carers, hold to feed (as if baby is at the breast).</td>
</tr>
<tr>
<td>Car seats</td>
<td>Designed for travel and not as a usual place of sleep. Babies can slump.</td>
</tr>
<tr>
<td>Clothing</td>
<td>Be alert to excessive layers, long and loose ties, poor fit with baby’s size.</td>
</tr>
<tr>
<td>Comforters</td>
<td>Discourage the use of all soft, loose and unnecessary items in the cot.</td>
</tr>
<tr>
<td>Co-sleeping</td>
<td>Babies must always sleep, close to carers, but in their own baby bed.</td>
</tr>
<tr>
<td>Dummies</td>
<td>Dummies are protective, so should not be discouraged.</td>
</tr>
<tr>
<td>Flat heads</td>
<td>Managed with ‘tummy time’ and upright time when baby is awake to enable gravity to shape the head (‘back for sleep, front for play, upright for cuddles’). Managed with varying head position when baby is asleep.</td>
</tr>
<tr>
<td>Product Safety</td>
<td>See <a href="http://www.productsafety.gov.au/content/index.phtml/itemId/971500">http://www.productsafety.gov.au/content/index.phtml/itemId/971500</a></td>
</tr>
<tr>
<td>Hats</td>
<td>Not advised for sleeping babies who can be left unobserved even for short periods. Can cover face. Head is important for heat exchange.</td>
</tr>
<tr>
<td>Pillows</td>
<td>Dangerous. Can push head forward and / or be a suffocation risk.</td>
</tr>
<tr>
<td>Portable sleep spaces</td>
<td>Portable sleep spaces are designed to protect babies when not in cots.</td>
</tr>
<tr>
<td>Port-a-cots</td>
<td>Not recommended as a regular sleeping place for babies. Assemble and use as instructed and only with the one supplied mattress.</td>
</tr>
<tr>
<td>Positioning devices</td>
<td>Not recommended or necessary. Heavy heads are sufficient.</td>
</tr>
<tr>
<td>Sharing beds</td>
<td>Risks increase when babies share beds, or sleep surfaces, directly with others, especially children. Safer to use sleep spaces when bed sharing.</td>
</tr>
<tr>
<td>Sharing rooms</td>
<td>Getting under covers, and death are less likely when babies sleep near carers. Babies cannot always get out of situations that they get into.</td>
</tr>
<tr>
<td>Sleep association products</td>
<td>Not necessary. Be alert to breathing hazards from soft, or loose items, new fads e.g. cloths over face to help keep dummies in place (!!)</td>
</tr>
<tr>
<td>Smokefree</td>
<td>Protective. Smoking is the main cause of preventable death and disease.</td>
</tr>
<tr>
<td>Toys</td>
<td>Keep the cot bare so that airways can stay clear. Babies are entertained by practising their moves more than by toys, during their first year.</td>
</tr>
<tr>
<td>Wrapping</td>
<td>Optional. Method needs to be age and stage appropriate. Can help with settling younger babies (&lt;6 weeks). Needs to become ‘arms free’ as they get more mobile, and cease completely before they can roll (&lt;12 weeks). Wrapping must always be loose around the hips and clear of the face.</td>
</tr>
</tbody>
</table>
Part 3: Steps

**Promotion:** We have designed a poster to promote Pēpi-Pod\(^{\circledR}\) sleep spaces in New Zealand. Promotion needs to be very clear about who qualifies and who doesn’t to manage expectations. Priority must be given to **new-borns** (<2 weeks) who are also one or more of the following: Māori/Indigenous, smoke-exposed (in pregnancy or infancy), premature (born <37 weeks gestation) or low birth weight (born <2500 grams).

**Referral:** Regions may prefer to use referral processes that fit with local systems. The Australian study will have clear criteria for referral processes and inclusion criteria.

**Distribution:** There are three parts to distributing a Pēpi-Pod\(^{\circledR}\) sleep space:

A) assemble the sleep space
B) brief the parent/carer/family
C) complete paper work

**Follow-up:** Prepare recipients for a follow-up call or visit, when they have had the sleep space for about **2-4 weeks**. It may not be a solution for everyone. Ask:

1. Has baby slept in the pod yet?
2. Do you want to keep it (or give it back)?
3. How many people have you spoken with so far about protecting babies as they sleep?
4. Complete the ‘protection checklist’ questions as a snapshot of practice.

**Feedback:** When babies are **2 months**, contact a sample of people who got a Pēpi-Pod\(^{\circledR}\) sleep space and invite them to give feedback, using the form provided. You may do this face to face or over the phone. For every five Pēpi-Pod\(^{\circledR}\) sleep spaces given out make sure at least one person, on average, has provided feedback.

**Standards:** You will soon become confident in going through the Pēpi-Pod\(^{\circledR}\) briefing, responding to questions, completing paper work and supporting parents to provide safe sleep for their babies. The checklists that follow are to support you.

- Safety Briefing Card checklist (for when you issue a sleep space)
- Paper Work checklist (for accountability)

Please use the checklists as a prompt and as a standard. They provide consistency across providers and make sure that no family misses out on important aspects of the safety briefing.

**Where to find materials:** All forms and resources you will need for distributing this program in Australia are available at [www.pepipod.co.nz](http://www.pepipod.co.nz). Go to the International page on the website and open the link to Australia’s page.
Responsibilities of distributors

NB The process steps and paper work described below relate to providing the program as an infant health service. There will be variations for those applying the program as part of a research study. Additional study-specific materials will be supplied separately.

Assemble the Pépi-Pod® sleep space

- Confirm the referral meets criteria.
- Take a pod, mattress, bedding package and new set of forms
- Note the Pod ID number on information flier.
- Write the Pod ID number on each form for cross reference (Consent Form, Distribution Record, Follow-up Record and Feedback Form).

Brief the parent/family (use the Safety Briefing picture card for consistency)

- WHY: Why we are providing Pépi-Pod® sleep spaces
  - Who are the babies *more vulnerable* to accidental suffocation
  - How babies get oxygen, are different from adults, can suffocate
- WHAT: What are its safety features and how to make up the pod
- WHERE: Where must the Pépi-Pod® sleep space be placed
  - Settling skills and how the Pépi-Pod® sleep space can help
  - Where a Pépi-Pod® sleep space must *always* be used
- SUMMARY: Principles of protection for babies in Pépi-Pod® sleep spaces

Complete the paper work (*this process may vary for the Australian study*)

- Check you have transferred the sleep space ID No. to all relevant forms.
- Take the Consent Form. Go through the terms and conditions for safe use and invite signed consent. Emphasis ‘safe care’ and ‘educate others’.
- Take the Distribution Record. Ask the person to fill out contact, family and baby details. You complete pod details and planning dates for:
  - 2-4 week follow-up contact
  - 2 month feedback survey contact
- Make follow-up and feedback contacts as planned and record answers to questions on appropriate forms.
- Enter information from paper to online forms at www.pepipod.co.nz.
  - First entry: Enter *at the same time* data from Distribution and Follow-up Records (data for 100% and 80% of issued pods respectively)
  - Second entry: Enter data from Feedback Survey (data for 20% of issued pods)
**Briefing information checklist** *(suggested scripts to help save time)*

<table>
<thead>
<tr>
<th>WHY: Why are we providing Pépi-Pod® sleep spaces?</th>
<th>For safety reasons. Babies need a <strong>safe place</strong> to sleep. They are not little adults. They are <strong>babies</strong> and need to be cared for in ways that protect them as they develop. All babies are vulnerable to suffocation if they get into certain situations, some babies more so. The pépi-pod sleep space is especially for those babies more vulnerable to accidental suffocation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who are these more vulnerable babies and why are they more vulnerable?</td>
<td>Babies <strong>under 6 months</strong> of age and babies <strong>weakened</strong> by: smoking in pregnancy, prematurity, low birth weight, obesity in pregnancy, smoking in households, or babies who sleep in unsafe sleeping positions or situations. <strong>An example of one way that smoking in pregnancy weakens a baby’s breathing.</strong> Smoking takes oxygen from babies. They develop as if low oxygen is normal. This weakens their life-protecting wake-up response. They are slow to, or may not, respond to danger.</td>
</tr>
<tr>
<td>How are babies different from adults and how can babies suffocate?</td>
<td>Sleeping babies need to breathe. If oxygen is stopped from reaching their lungs they suffocate and die. This can happen in <strong>4 ways</strong>: a covered face, pinched (wedged) nose, ‘chin to chest’ position of the neck, or pressure on a tiny chest. <strong>Position is extremely important for breathing.</strong> Babies have large heavy heads with one third behind them (nature’s pillow). Also they have loose jaws, short necks, large tongues and only breathe through their noses. Because of these things, <strong>pillows or being propped</strong> can push their heads into a ‘chin to chest’ position and narrow or cut off their airways.</td>
</tr>
<tr>
<td>WHAT: What are 10 safety features of the sleep space and how do you make it up?</td>
<td>Explain: 1 pod is a zone of physical protection in risk locations; firm 2 mattress supports safe positioning and has a moisture-resistant cover to encourage reuse; attractive nature/cultural 3 trim supports belonging; 4 slip on sheet keeps baby’s face clear; attached 5 tuck sheet holds baby firmly and supports settling; 6 merino wool blanket gives ‘warmth without weight’ and is light enough to drape baby’s body; 7 ventilation slits allow gentle air flow near baby’s face; 8 day night icons prompt head shape care; 9 side marks guide adult bedding placement; 10 safety information is embedded in the base.</td>
</tr>
<tr>
<td>What are essential places for using a pépi-pod?</td>
<td>When baby sleeps in, or on, an adult bed, on a couch, or in make-shift arrangements when away from home. It is dangerous to set up a make-shift bed using pillows, to lie baby on a pillow, or to use a pillow as a barrier between baby and others. Pod can be used as a <strong>total system</strong> for settling and sleep in the vulnerable first months.</td>
</tr>
<tr>
<td>WHERE: Where must the sleep space be placed for safety?</td>
<td><strong>Placement in adult beds:</strong> Place baby near top of pod, and pod near top of bed, in the centre. Make sure pod is <strong>flat and level</strong> on the adult mattress. Move adult pillows down a bit from top of bed (see guides on pod) so that adult bedding does not also cover baby. <strong>Other places:</strong> make sure pod is in a <strong>safe place</strong> when baby is in it, protected from pets, toddlers, falling objects, hot sun, heaters, water, sliding, being sat on, or heights.</td>
</tr>
<tr>
<td>Settling skills and how your pépi-pod sleep space can help.</td>
<td>Three conditions together help a baby settle for sleep after feeding: feeling firmly <strong>held</strong>, being <strong>close</strong> to a parent and <strong>rhythm</strong> (from sucking, gentle movement, walking, song). Babies may need help to fall asleep. E.g. “Place baby in pod when you decide it is time for sleep. Tuck baby firmly using tuck sheet to help baby feel held, place pod across your knee for closeness and gently sway and stroke to provide rhythm”.</td>
</tr>
<tr>
<td>SUMMARY: Key life-protecting principles for babies in sleep spaces.</td>
<td>Emphasise that ‘safe space’ not enough. Also need ‘<strong>safe care</strong>’ from parent. Promote the 8 principles for protecting a baby’s life and include breastfeeding, smokefree, immunisation, gentle handling (this is the place to discuss ‘arrange a sober carer’ where there is to be drinking). Discuss <strong>safe care of pod</strong> and the need to <strong>carry with two hands</strong> if baby is in it. Go through the <strong>poem</strong> on the information card: <strong>On the back, clear face, only baby in this space; Breastfed, smokefree, sober carer close by me; Own space, gentle care, drugs and drinking nowhere near.</strong></td>
</tr>
</tbody>
</table>
| CLOSE | **Position** effects breathing - position of head, neck and baby. On the back is essential. **Being smokefree, breastfed and immunised** strengthens babies (reduces vulnerability) **Please help spread** this education to others in your networks - and thank you **Pass sleep space (with this safety briefing) to **protect** another baby, or pass back to us.
Paper work checklist (process and forms will be different for the Australian Study)

List of Paper Forms to complete and file for each Pēpi-Pod® sleep space issued
- Consent Form - for gaining consent from recipients
- Distribution Record - for tracking Pēpi-Pod® sleep spaces
- Follow-up Record - for assessing acceptance of sleep space and advice
- Feedback Survey - for learning from whānau

How to enter information online (to be developed for Australia on the International page)
- Go to www.pepipod.co.nz
- Go to ‘DISTRIBUTORS’
- Go to ‘ONLINE FORMS’ and open:
  - ‘Distribution and Follow-up Record’ if you want to enter distribution and follow-up information (to be entered together)
  - ‘Feedback Survey’ if you want to enter feedback information from parents about using Pēpi-Pod® sleep spaces
- Complete forms and click ‘Submit’ when finished.

How to print off paper forms
- Go to www.pepipod.co.nz
- Go to ‘DISTRIBUTORS’
- Go to ‘FORMS TO PRINT’ and open:
  - ‘Distribution and Follow-up Record’ if you want to download and print off the paper form for distribution and follow-up
  - ‘Feedback Survey’ if you want to download and print off the paper form for the 2 month feedback from parents about using Pēpi-Pod® sleep spaces
- Transfer information from paper forms to online forms.

Quality processes
- Distributors must be registered as having completed training and achieved a standard. Registration requirements are:
  - Complete ‘Baby Essentials Online’ or foundation SUDI education
  - Complete a three hour ‘Distributors Training’
  - Submit a Competency Assessment form following an observed distribution session (see page 19)
- Invite parents to enter their survey feedback directly online
  - Go to www.pepipod.co.nz
  - Go to ‘PARENTS’
  - Scroll down to ‘How do I use my Pēpi-Pod® sleep space?’
  - Click the ‘feedback’ link
- Post out a Pēpi-Pod® Feedback Survey form for parents to complete.
Competency checklist for Pēpi-pod distributors

SAFE INFANT SLEEPING - PRACTICAL ASSESSMENT

Name: ____________________________________________________ Role: ______________________________

Service Name: ___________________________________________ Date: ______________________________

Instructions: Health Workers will be asked to practically demonstrate their approach to providing safe infant sleeping education to families being recruited to join the research study and accept a Pēpi-pod. Assessors will mark with a tick those elements below that were discussed or demonstrated in this session. The Safety Briefing, Safe Placement and Family Documentation are essential competencies. Absence of essential competencies will indicate requirement for further training and support.

COMPETENCIES

TOPIC 1: WHY WE ARE DOING THIS

☐ Demonstrate how babies breathe, how they can suffocate and why back sleeping protects.
☐ Explain why this baby is more vulnerable (eg age, smoke-exposed, premature).
☐ Explain which positions, locations and situations increase risk

TOPIC 2: HOW TO USE PĒPI-PODs

☐ Assemble the Pēpi-pod while explaining the safety features of each item in the package.
☐ Go through the Safety Briefing including the ‘rules of protection’.
☐ Explain the ‘spread the word’ expectation for sharing safe sleep information with others

TOPIC 3: WHERE TO PUT PEPI-PODS

☐ Demonstrate safe placement of the Pēpi-pod in a number of settings e.g. an adult bed, mattress on floor, around toddlers.
☐ Demonstrate how the Pēpi-pod can be used to help settle babies.
☐ Explain when a Pēpi-pod must always be used e.g. adult bed; sofa; when caregivers are affected by alcohol, drugs or are extremely tired.

TOPIC 4: PAPER WORK

☐ Go through the Family Information Sheet, ensuring the family understands the requirement to provide feedback through answering questionnaires, prior to obtaining consent.

<table>
<thead>
<tr>
<th>Summary Content:</th>
<th>Essential Criteria:</th>
<th>Overall assessment:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Safety briefing</td>
<td>□ Displayed competence</td>
</tr>
<tr>
<td></td>
<td>Safe placement</td>
<td>□ Needs more training and/or support</td>
</tr>
<tr>
<td></td>
<td>Documentation</td>
<td></td>
</tr>
</tbody>
</table>

Assessor Information:

Name: ____________________________________________ Role: ______________________________

Signed: ______________________________ Date: _____ / _____ / _______

School of Nursing, Midwifery and Paramedicine, University of the Sunshine Coast
Quality Tool: Program fidelity for provider agencies

How to meet local needs and also achieve program effectiveness

Rationale

The Pépi-Pod® sleep space program responds to strong evidence of increased risk of sudden infant death1 when more vulnerable babies sleep in, or on, an adult bed, on a couch, in makeshift beds, or away from home. Therefore, the implementation of the program should result in reducing infant death rates for these more vulnerable infants, especially Indigenous infants. With such high stakes, the program needs its best chance to be implemented effectively.

Program fidelity is defined2 as the extent to which delivery of an intervention adheres to the protocol or model originally developed. While some adaptation to local and personal conditions may be needed, in terms of language and cultural considerations, changes to the core elements such as content, duration, or delivery style of the program can diminish its effects3. There is a need to balance fidelity and adaptation4 in the implementation of this program to avoid diluting effectiveness in the prevention of sudden infant deaths.

Tool

<table>
<thead>
<tr>
<th>Elements</th>
<th>These are elements of the program that are core to its effective delivery.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methodology</td>
<td>□ Diffusion of Innovations Theory5: how to encourage the spread of ideas and practices</td>
</tr>
<tr>
<td></td>
<td>□ SUDI ‘end game’ strategy6: align with evidence, grow networks of influence inside priority groups, promote approaches that priority populations value</td>
</tr>
<tr>
<td></td>
<td>□ Partnership approach: recipient families considered as ‘partners’ in the protection effort with high value for their peer to peer discussions and respect for their feedback</td>
</tr>
<tr>
<td></td>
<td>□ Twin goals: to reduce infant deaths and reduce disparities (emphasis on issue to Indigenous and remote infants)</td>
</tr>
<tr>
<td>Delivery</td>
<td>□ Specified vulnerability criteria based on current evidence of infants most at risk: smoke-exposed especially in pregnancy, premature, low birth weight, have teen parents ...</td>
</tr>
<tr>
<td></td>
<td>□ Early issue: in last two weeks of pregnancy or first two weeks of life</td>
</tr>
<tr>
<td></td>
<td>□ Standard product: Pépi-Pod® sleep space, mattress, bedding and education</td>
</tr>
<tr>
<td></td>
<td>□ Standard safety briefing: considered a ‘training’ of recipients to a) help protect their own babies and b) influence the safety of others in their communities.</td>
</tr>
<tr>
<td></td>
<td>□ Briefing session 20 minute duration (minimum)</td>
</tr>
<tr>
<td></td>
<td>□ Core components promoted of ‘strong baby’ and ‘safe space’ using evidence-based program content</td>
</tr>
<tr>
<td></td>
<td>□ Consent process</td>
</tr>
<tr>
<td></td>
<td>□ Timely follow-up of 80% of recipients after 2-3 weeks, and feedback collected from a random sample of 20 recipients when babies are 8-10 weeks</td>
</tr>
<tr>
<td>Providers</td>
<td>▪ Signed participation agreement by the provider agency (funder)</td>
</tr>
<tr>
<td></td>
<td>▪ Distributor agencies who are accountable to the provider agency</td>
</tr>
<tr>
<td></td>
<td>▪ Distributor individuals who are trained, registered and accountable</td>
</tr>
<tr>
<td></td>
<td>▪ Online entry of data for monitoring and reporting</td>
</tr>
</tbody>
</table>

References

RESOURCE 1: Safety Briefing Prompt Card

This card is like the safety briefing card on planes. It is a pictorial prompt to cover all the essential components of the briefing. Distributors are expected to use it every time they issue a sleep space, to ensure a standard for families.

- **WHY**: essential information to influence perceptions of vulnerability, seriousness and the importance of action (use with plastic tubing supplied)
- **WHAT**: essential information to explain the safety features of every aspect, the reasons for them, and how the sleep space is made up and used
- **WHERE**: essential information about settling, safe placement and hazards
RESOURCE 2: Information card

This little summary card can hang on a lanyard for easy access to the steps of the briefing process. Rather than rely on memory, distributors are expected to use it every time they brief a family, as a check that essential content and steps have been covered.

RESOURCE 3: Lanyard prompts
RESOURCE 4: Bedding labels (for ‘point of use’ education)

**pépi-pod® slip sheet**
Helping babies keep a clear face when sleeping.
Babies need a sleep space kept free of pillows and any soft or loose items that may interfere with breathing.
www.pepipod.co.nz

**pépi-pod® tuck sheet**
Helping babies settle for sleep because they feel held.
To use, secure sheet over mattress at corners. Tuck one side under mattress, Wrap across baby. Tuck other side.
www.pepipod.co.nz

**pépi-pod® blanket**
Helping babies manage temperature when sleeping.
Made from 100% merino wool for warmth without weight.
NZ made. Cold wash. Pull gently to restore shape. Dry flat.
For extra warmth, put more clothing on your baby, not more covers. Tuck blanket in firmly.
www.pepipod.co.nz

**pépi-pod® mattress**
Helping babies keep a safe position (on the back) for easy breathing as they sleep.
All babies everywhere need to sleep flat, level and on their backs. This protects breathing during a vulnerable stage.
www.pepipod.co.nz

RESOURCE 5: ’Your Tube’ card (for spreading education)

Plastic tube attached
RESOURCE 6: Product information

The Pépi-Pod® sleep space is assembled from a range of suppliers and materials. Most items are made in New Zealand and the goal is for all to be made here. Safety instructions are embedded into the base of the sleep space. Washing instructions and infant care advice are on labels sewn into bedding products.

Package

- 100% virgin PP box, (phthalate and BPA free), simple rigid construction to avoid assembly errors and potential collapse because of these, and extend use.
- Made to fit foam mattress (CFC free) covered in a moisture resistant cover. Can be wiped clean to enable reuse by successive infants.
- Quality sheets made from 80/20 cotton/polyester (to be 100% cotton)
  - 2 x slip on base sheet to protect from covering the face
  - 2 x wrap around top sheet to create a secure hold around the baby (to be replaced by a generous tuck sheet with a secured end)
- Double layer 100% merino blanket for warmth without weight (weight:210 gms; micron: 20.5), and to avoid ‘over bundling’ practices.

Care Instructions

- Air the mattress daily to avoid dampness. The cover is moisture-resistant and can be wiped with a damp cloth.
- Wash all bedding items on a normal cold wash cycle with regular washing powder. No other special care is needed. Cold temperatures prevent shrinkage.
- For sheets, line dry. Can be tumble dried on low heat.
- For merino, dry flat, in shade, gently pull to reshape. Do not soak or bleach.
- Merino needs regular airing, but only occasional washing. Fibres do not trap moisture or smells. Wash strong colours separately.

Fall Hazard: This sleep space is portable. Take extreme care with placement when baby is in it. Always place on a flat, level and low surface, protected from falling objects, direct sun, heaters, hot surfaces, water, sliding, being stood on, being sat on, unsupervised toddlers and pets, and anyone impaired by alcohol or drugs. Carry with two hands.

Stop Using: This sleep space is for young babies unable to roll. Stop using by 5 months or earlier, if a baby outgrows it, starts to roll, or there are any safety concerns from a baby’s increasing mobility.

Safety Briefing: This sleep space has been developed to help protect babies from accidental suffocation. The period of increased risk is 0 to 5 months. The risk locations are in, or on, adult beds, on couches or when makeshift beds are needed. This sleep space is not a cot or bassinet. It must be used as instructed on its base, and in the safety briefing available at www.pepipod.co.nz. It must only be used with the supplied mattress and bedding. Use more clothing on the baby instead of bulky covers over the baby if extra warmth is needed.
**Sleep space**

The features of the improved purpose-designed Pepi-Pod sleep space are explained in this resource “A Baby’s Viewpoint”. In summary, they are:

- 4 cm wider to last through the period of increased risk
- Transparent windows for reassurance, connection and developing infant trust
- Ventilation slits for gentle air movement near face
- Day-night symbols to prompt head turning in the early weeks
- Markings guides for safe positioning of adult pillows and bedding
- Low sides to enable comforting with touch
- Non-slide base
- Strong rigid construction to avoid accidents from set-up errors
- Nature-inspired blanket colours with Australian Aboriginal/cultural trim
- Safety information etched into base
 RESOURCE 7: Useful Links

SIDS and KIDS Australia
This is the key national non-government organisation for SUDI Prevention work in Australia. It supports research and education to reduce the risks of SUDI and provides bereavement services for affected families. The organisation has a multidisciplinary National Scientific Advisory Group which regularly reviews evidence underpinning the national Safe Sleep My Baby public health campaign.

Link: [http://www.sidsandkids.org](http://www.sidsandkids.org)

Australian Safe Infant Sleeping e-learning Programs
Aboriginal and Torres Strait Islander Safe Infant Sleeping (Sleep Safe)
Link: [https://www.sdc.qld.edu.au/courses/123](https://www.sdc.qld.edu.au/courses/123)

Safe Infant Sleeping eLearning Program (SIS)
Link: [https://www.sdc.qld.edu.au/courses/126](https://www.sdc.qld.edu.au/courses/126)

Queensland Health Safe Infant Sleeping, Co-sleeping and Bed-sharing

The Pēpi-Pod® Program
All materials and information related to providing the Pēpi-Pod® sleep space program are available from the program website which is regularly updated.

Link: [http://www.pepipod.co.nz](http://www.pepipod.co.nz)

Australia’s page: [http://www.changeforourchildren.co.nz/tender_shoot/pepi_pod_program/australia](http://www.changeforourchildren.co.nz/tender_shoot/pepi_pod_program/australia)

Summary of Scientific Evidence
Review of research evidence behind SUDI prevention recommendations
- [http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284.full.pdf](http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284.full.pdf)

New Zealand Links
Currently three agencies provide dedicated SUDI prevention services in New Zealand and support health and community providers with this work. While information may be packaged differently to be appropriate for general or targeted audiences, and refreshed from time to time, all three agencies base they programs on the same scientific evidence and are pursuing the same vision: safe sleep for every baby every sleep.

- Whakawhetu ([http://www.whakawhetu.co.nz](http://www.whakawhetu.co.nz))
- TAHA ([http://www.taha.org.nz](http://www.taha.org.nz))
- Change for our Children ([http://www.changeforourchildren.nz](http://www.changeforourchildren.nz))
Resources 8: Sample with Aboriginal design trim

Sample design: Bush tomato
By Audrey Napanangka
Thank you.