

Global Strategies for the SUDI End Game

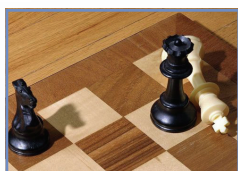
Stephanie Cowan, Change for our Children, Christchurch, NZ

INTRODUCTION

In the language of chess, we are now in the end game for preventing sudden infant death. There are fewer pieces on the board and their different characteristics require different strategic concerns. To overwhelm the opponent, pieces must be developed, promoted and centralised to enable strong defence at the heart of play.

For SIDS/SUDI, the end game 'players' are from vulnerable groups, the 'heart of play' is the context of infant sleep, and 'strategic concerns' involve decisions about where the work will focus, who will be communicators and what will enable action.

Table 1. summarises the changing features of three SIDS/SUDI prevention phases. Based on end-phase characteristics, the illustration below offers global strategies for ending SIDS/SUDI completely.



¹Stephanie Cowan, Creating Change: How Knowledge Translates into Action for Protecting Babies from Sudden Infant Death. *Current Pediatric Reviews*, 2010, 6, 86-94

Characteristic	Prevention Phases		
	Start: 1984-1994	Middle: 1994-2004	End: 2004-
Prevention pace	Rapid	Gradual	Slow
Participation mode	Leadership	Partnership	Ownership
Dominant expertise	Scientific	Professional	Local
Dominant Methods	Awareness campaigns	Education programmes	Innovations
Target audience	Parents	Professionals	Vulnerable groups
Engagement process	Knowledge based	Systems focussed	Shared vision
Communicators	Researchers	Professionals	Peers and elders
Approach	Telling	Advising	Trusting
Strategy	Reduce risks	Increase protection	Pursue protection
Confidence in advice	High	Moderate	Low
Behavioural change	To non-prone	To face-up, face clear	To smokefree
Costs to uptake	Low	Moderate	High
Supported by	Knowing	Believing	Enabling
Education purpose	To inform	To reform	To transform

Table 1. Characteristics of the three phases of the changing rates of SIDS in New Zealand¹

GLOBAL STRATEGIES

