

The babies to watch

Context from statistics for identifying Auckland babies more vulnerable to unexpected death

By Stephanie Cowan, Director, Change for our Children

Every year, an estimated 115 Auckland children die before their first birthday. This article offers Auckland childbirth professionals a context for deciding where to focus effort in order to reduce the impact of this loss of new life.

All babies are vulnerable to sudden infant death because it is a condition of development. For this reason, there can be no let up in promoting 'face-up + face clear + smokefree' as essential care for all babies in their first six months. However, some babies are more vulnerable than others and require that we, professionals and parents alike, have a more specific focus for protecting them. The most obvious **identifier of vulnerability** is exposure to smoking, especially in pregnancy, and within the smoking group, babies who bed share.

Life and death statistics

Statistics New Zealand publishes birth, fertility and death data every quarter. These provide an immediate **reality check** for life and death statistics for babies. This article is based on the most recent data, for the March to March year, 2010, translated into the Auckland context. (Source: www.stats.govt.nz)

In the March 2010 year there were 63951 babies born alive in New Zealand and 23091 of these were from the Auckland region. This is 36% of all live births. In this same 12 month period, 318 babies died aged less than 12 months. It seems reasonable to assume that 36% of deaths, being **115** babies, were in the Auckland region. Not all these deaths can be considered preventable, but it is understood from coroner reports that many can.

SUDI forms the largest group of preventable infant deaths, with more than 60 victims per year. Assuming 36% of SUDI happen in the Auckland region, there are 22 babies born each year who miss the chance to survive. Preventing such deaths would reduce the region's death rate by 20%.

The deprivation factor

Two thirds of Auckland SUDI deaths happen in the Counties Manakau DHB region. Some may say that social deprivation is the reason, yet a recently published study¹ challenges such a view. When the circumstances of SUDI babies were compared with babies who did not die, but were from a similar socioeconomic background, it was found that it was a matter of exposure to risk factors that tipped the balance for SUDI babies. This gives a **message of hope** to families who struggle. Also, it offers encouragement to professionals to strengthen every effort to enable safe sleep for babies in those families with more challenged social realities.

¹ Blair et al. Hazardous co-sleeping environments and risk factors amenable to change: case-control study of SIDS in south west England BMJ 2010;339:b3666 http://www.bmj.com/cgi/content/full/339/oct13_1/b3666?fmr)

Link to Baby Essentials Online education (a 15 minute update for all):

http://www.changeforourchildren.co.nz/Safe_Start_Programme/Baby_Essentials_Online

In the next three months

In Auckland in the next three months, an estimated 5800 babies will be born, 1900 will develop in smoky wombs and homes, 29 will die, of which at least 6 will be SUDI. This is one preventable death for every 300 smoke-exposed pregnancies/families. What must we do to watch out for these babies and help protect their lives, in our roles as childbirth professionals: educators, sonographers, physiotherapists, midwives, nurses, laboratory technicians, doctors, specialists?

To make an immediate difference to the survival chances of Auckland babies will require us to see **every smoke-exposed baby** as **more vulnerable to death** and to take focussed action every time. Most preventable deaths will come from the 1900 smoke-exposed babies. We need to be sure their parents:

- **know** their babies are more vulnerable to death and why
- **use** nicotine replacement products (NRT) early in pregnancy if unable to be smokefree
- **place** their babies 'face-up + face clear' and on a firm flat surface to protect their airways
- **provide** a 'baby bed' (bed designed for babies) to hold their babies' safety every time and place they sleep.

Enablers

Make safe infant sleep matter. Keep it high on your agenda for discussion with families and in classes. Smoke-exposed babies that are also under six months of age already have two strikes against them. All they need is a stressor in the sleeping environment to complete the triple risk profile. This may come from lying non-supine (i.e. on the front, side, propped or curled chin to chest), sharing a bed, or from a covered face or head from soft surfaces, pillows, bedding or from sleeping on a couch.

Families most at risk may need more than just knowledge of safe sleep principles. They may also need **practical enablers** so that they can take protective action. In your many and varied roles, you, the readers of this newsletter, provide this when you: raise the issue to **enable** parents to see it as important, support with NRT to



enable their unborn baby to be protected from smoke, and ensure they have, or, are provided with a 'baby bed' (wahakura, cot or other kind of bed designed for babies) to **enable** their baby to be safe from SUDI when they sleep. This is what it will take to reduce the preventable death toll in Auckland in the next three months.

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