

TRANSFORM: 28

a communiqué for networks transforming SUDI into 'survive and thrive'

Remembering

Today Christchurch remembers. Here at Change for our Children, we remember you. In Transform 23 on 3rd March 2011 we called for helpers to sew covers for pēpi-pods and enable safe sleep for earthquake babies. On that day, there were more than 910 visits to our website to download patterns and sewing instructions. The rest you know. What you may not know is that in 2011 NZ had the lowest infant mortality ever at 4.7/1000 live births, down from 5.1 in 2010.

We remember the National Women's Hospital sewing bee and the 300 covers and sheet sets that enabled us to 'almost' keep up with demand at the start. We remember the courier packs from across the country that we woke to each morning, from all the other sewing bees, with more beautiful covers and messages of hope. And we remember the unbelievable feeling of solidarity that you gave and continued to give throughout a very tough year. We appreciate you.

We have prepared a report of feedback from parents on how they received and used their pods, sent as an attachment to this Transform. It honours you and all that was achieved together.

Until next time, Stephanie, Sharon and Judith



**pursuing safe sleep
for every baby, every place, every sleep**

New location: 132c Victoria St, PO Box 36406, Christchurch 8146. Tel: 03 379 6686

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End of year greetings

Baby Jesus is central to the Christmas story. It is a story of a family away from home and in circumstances that required them to improvise in order to meet the needs of their newborn baby. And so our safe sleep work is supported every December by the many images of the sleeping child, on his back, in his manger (baby bed), close to his parents. We can only assume that He was also smokefree!



The next weeks are a time when many modern day parents are also away from home and in changed circumstances that might influence the care decisions for their babies. It is a sad fact that in the **month of January** 2010 **five babies** in the Northland/Auckland region died a sudden infant death. All five babies were exposed to smoking in their households and only one of the five was bed sharing at the time of death. This is a harsh reality check that babies do die in summer, that smoking in pregnancy is a **tenacious risk factor** and that we cannot relax our advocacy for developmentally appropriate conditions for babies, especially as they grow in the womb and in the places that they sleep.

Wishing you a peaceful Christmas and until next year,
Stephanie, Sharon and Judith



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Greetings

It is five months since the last Transform so you may well think we have all curled up inside our pēpi-pods and gone to sleep here at Change for our Children. Not so! But over 1000 babies have. We are currently analyzing responses to our usage survey, and an early peep at the data is reassuring. Not only are parents keeping the rules of protection, using the bedding items, spreading the education and loving the closeness, but we have been reassured about accidents and mouldy mattresses, too. More on survey results later.

Mushrooms: Pēpi-pod services are developing like mushrooms. Some DHBs in high needs regions have welcomed the option. We have a commitment to 3000 pods so far and are supporting set-up with quality standards, systems, education and monitoring for participating providers. It seems this simple concept is a solution for service managers, professionals, communities and babies.

Transforming times: The very day we called on your support to help sew pēpi-pod covers for our earthquake babies, we had 987 visits to our website. How do we thank you for what has followed. As well as the fine work you all do on a day to day basis to promote infant safety and resilience, your support across the nation has truly led to transformative change. Pēpi-pods are now a quality, sustainable public health option for more vulnerable babies and infant death rates are trending downwards.

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Greetings

Pēpi-pods 500: We have just had **request 503** for a pēpi pod. It is just 10 weeks since we gave the first one to little Ethan and now they have become an established option for Christchurch parents wanting their babies close and safe. Just as the lovely covers have been made by people from as far away as Hong Kong, requests for pods are coming from other regions, too. (We have even provided a pēpi-pod for a hospital in Vietnam!)

The package: We have learned from coroners' reports of SUDI events, that an unsettled baby, or, change in circumstance for a family, often sits behind care decisions in the moment. For this reason, the pēpi-pod is viewed as more than a physical space.

It is set up as a **package of support** for protecting babies that includes: *the pod itself, a complete bedding set with each item designed to enhance safety, education about how babies suffocate and in what situations, a demonstration in how to make up and use the pod and safe settling skills.*

Role models: The pod also comes with a role, an expectation that parents educate others about why babies are vulnerable and how to protect them. While pepi-pods may initiate a change in practice for parents, it is in growing role models within priority groups that we are likely to influence sustained change.

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Sharon and Judith



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Link to Baby Essentials Online:

http://www.changeforourchildren.co.nz/safe_start_programme/baby_essentials_online

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Greetings from Christchurch

Your amazing response: There were 913 visits to our pēpi-pod web page following our last Transform calling for people to help sew covers and enable us to provide a safe sleeping option to earthquake babies. In just two weeks we have received 500 gorgeous designer covers just like the one opposite made by Natasha of Wellington, and 40 pēpi-pods have gone out to families since Wednesday.



Babies in emergencies: There is a well documented 'clustering of risks' for babies following disasters which Pediatrician Dr Nick Baker spoke to in a National Radio interview last week. It was followed by a Christchurch Press article with a lovely photo of a pepi-pod user. Together, these things have given exposure to the initiative and it now has its own life. (*links to interview and article on at: www.pepi-pod.co.nz*)



Usual times: The conditions of transience, over-crowding, challenged mental health, poor hygiene, displaced living and no transport, that characterise the increased risk for earthquake babies, are a living reality for babies in some families during 'usual times'. Let's not forget these babies as winter approaches. Let's also work as hard to protect them.

Until next time, Stephanie,
Sharon and Judith



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Would you like a practical way to help Christchurch?

We urgently need sewers for 1000 pepi-pod covers. We all know that babies need a protected space to sleep during their critical first months. Unfortunately there have been many families in Christchurch with young babies who are homeless and for several reasons do not have a safe place to sleep their baby. The pepi-pod is such a space for more vulnerable babies. Our goal is to provide 1000 pepi-pods to the Christchurch community. You can help! We need everyone on this network to either sew a cover or support someone else to sew a cover, and we need them asap. We appreciate your support. Please refer to our webpage for pattern details and where to send etc: http://www.changefourchildren.co.nz/safe_start_programme/pepi-pod

New contact details

We are fully operational as a service. We cannot access our offices or server, but thankfully we have been able to restore data from our back-up drive, divert our phones, set up with new equipment and relocate. Our interim details are: 50 Webb St, St Albans Christchurch 8014, Phone: +64 (03) 3796686. Stephanie's cellphone is 0276499428, Interim email: stephaniecowan11@gmail.com, sharon.changefourchildren@gmail.com, judith.changefourchildren@gmail.com Until next time, Sharon



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Greetings, everyone and a belated welcome to 2011

Imagery clean-up: Our work to address the issue of media images of sleeping babies in unsafe positions or settings got a huge boost of support recently. The Advertising Standards Authority (ASA) has ruled against a TV advertisement opening with a sleeping baby lying on a sheepskin, stating that the advertisement was in breach of the ASA Code of Ethics for **social responsibility**.

This decision is strong support for the Safe Sleep campaign and sends a **clear warning** to the media community at large to be more vigilant. The advertisement at the centre of the ruling used an advertising agency to prepare the advertisement, which itself, no doubt, used video footage from a photo stockist. The advertisement was approved by an official approval agency and shown repeatedly on morning television. All five entities involved demonstrated low awareness of the essential nature of back positioning and a firm surface for young babies when they sleep. (Link to the [ASA Decision](#))

Imagery that does not align with safety recommendations weakens perceptions of importance of safe sleep advice especially in social groups with fewer role models for best practice. We encourage you to use the ASA decision to support your work, too.

Until next time, Stephanie



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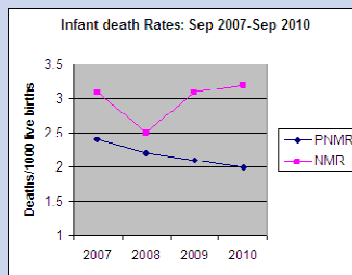
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Greetings, everyone

Feedback: Together, it seems we may be winning. The graph opposite tracks declining post-neonatal mortality rates for the past four years (NZ Statistics data for September to September years). Most SUDI happen in the **post-neonatal** age, so Sept 2010 rates are current feedback that, while modest, the decline is positive. In contrast there seems no pattern with neonatal mortality (babies aged 0-28 days).

Thank you: As 2010 draws to a close, our team at Change for our Children would like to acknowledge you as a reader of this communiqué for your part in the **turning of the tides** for SUDI that we hope this trend is heralding. It has been an outstanding year of collaboration, participation, alignment and commitment to improve survival rates for NZ babies. We appreciate **every conversation** you have had to influence this change. In 2011 we plan to focus on **preventing suffocation**, but for now Sharon, Judith, David and I wish you a joyful Christmas and restful break.



Until next time, Stephanie



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Greetings, everyone

Earthquakes and sleep: Understandably, Christchurch people spend quite a bit of time pondering on the September 4 earthquake. I was musing on how such a momentous and destructive event caused no loss of life, yet the calm and gentle event of sleep can so easily claim the lives of vulnerable babies. There seems to be a **striking contrast** in strategies for ensuring protection of people in 'crisis' times over 'usual' times. So what does this mean for preventing SUDI?

After the earthquake the city went into emergency mode, such was the priority for protecting human life. Danger areas were identified, the inner city was cordoned off, assessors went building by building to determine the safety of property, risk status was communicated to people through notices on entrances, access to unsafe areas was blocked, authorities had increased powers, there was even a curfew imposed. 'Safety first' was the message conveyed to all.

Imagine if the SUDI risk was framed differently in our minds and strategies. With SUDI, we know there is a crisis in some communities. We know who the more vulnerable babies are (those exposed to smoking), where the danger lies (in unsafe sleeping settings), what will enable added protection (NRT in pregnancy, dedicated baby beds). With good systems we can go pregnancy by pregnancy and baby by baby to assess risk, ensure smokefree support and provide baby bed options. Parents of our more vulnerable babies need a **clear message** from authorities of the 'safety first' approach. This will **strengthen** their perceptions that the **risks are real** and action is of **high importance**.

Until next time, Stephanie



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Greetings, everyone

The big clean-up: Last week we released a report of a study we undertook of **internet imagery** of sleeping babies, and the adherence of these images to safe sleep recommendations. This project is part of a wider 'clean up' strategy to remove signs and signals that weaken perceptions of importance in safe sleep principles. For the 64 images that met inclusion criteria, **40% were consistent with recommended practice** (face-up + face clear + smokefree). 30% of images showed babies sleeping on the side or front, 57% had a potential asphyxia hazard visible, and a concerning 20% portrayed both side or front positions and one or more potential asphyxia hazards.

Willing to align: The initial response from website editors has been excellent, with a strong desire to be aligning with health recommendations and a willingness to adopt the recommendations of the report. These are: to develop strong policy that imagery aligns with recommended practices, clear checking systems for placement of images on a site, and display of a qualifying statement that all sleep-related products be used within the safe sleep guidelines. One manufacturer has taken a lead and included this qualifier as a **swing label** attached to their product.

Keep watch: We encourage **you** to act on any inappropriate imagery by bringing these, and this report, to the attention of internet site editors. From our experience, they will appreciate this and their viewers will be supported to do what is safe. (You can see or download the report from <http://www.changeforourchildren.co.nz/publications>)

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Greetings, everyone

Baby beds of the future: Baby beds are changing. The prolonged controversy about the safety of babies in beds with parents has highlighted the need for a new reality for babies and parents when they sleep. The controversy has never been about the importance of closeness of baby to parent, only about the safety of that closeness. Maori have responded with the wahakura (woven flax bassinette for use in and out of the adult bed), manufacturers with products like the BedNest (same surface by-the-bed bassinette) and Snuggle Nest (in-the-bed co-sleeper), hospitals with clip-on cots (a three-sided cot for 'same surface/own space' mother-baby sleeping), and more.

Explorations: So what do people think of these innovations? We are exploring this question with professionals and families. Clip-on cots for postnatal beds are being trialled in some hospitals around the country. Jessica and her parents are trying out a BedNest baby bed, and a family are using a low cost option for 'in the bed, on the couch or away from home' protection for their more vulnerable baby.



It would seem that baby beds of the future will remove the conflict that current beds impose, making it easier for parents to be close, and their babies to be safe, when everyone is sleeping.

Until next time,
Stephanie



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Greetings, everyone

How are we doing? We called this communiqué TRANSFORM because we are chasing transformative change. That means markedly fewer infant deaths, **and soon**, especially of Maori babies. Feedback from Statistics NZ for the March 2010 year is that we are some way off that worthy goal. In fact, as the table below shows, overall infant death rates

	Mar 2008	Mar 2009	Mar 2010
Total infant death rates	5.3	4.7	5.0
Maori infant death rates	7.4	5.9	7.4
Postneonatal death rates (babies aged >27 days)	2.4	1.9	2.2

have **increased** slightly over 2009 and are not much different from 2008. While SUDI deaths are a subgroup of the total deaths, they are more likely to be preventable.

Focus on the most vulnerable. Babies most vulnerable to SUDI are **easy to identify**. They are the babies of women who smoke, especially in pregnancy. We need to focus our immediate effort onto **two things** for this group of babies:

- ☺ **a smokefree pregnancy** - NRT can enable this, so let's be sure **every baby** has this chance
- ☺ **a safe place to sleep** - face-up, face clear and in their **very own baby bed** for every sleep (wahakura or cot).

Until next time, Stephanie



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Greetings, everyone

Winter worries: Sudden infant death is attracted to winter. Babies passing through their critical stage of development during the colder months have **even greater need** of the 'face-up, face clear, smokefree' protection. Earlier studies from the 1980's and 1990's have found that the combinations of "face down + **winter**", "covered face + **winter**" and "smoke-exposed + **winter**" increase a baby's risk of sudden infant death. They also found that this elevated risk persists into spring time.

If we are to end the SUDI story completely, as we are currently trying to do, we need to **do something different** in winter and spring. If we stay mindful ourselves of the **extra burden** the colder months place on survival, we will have **different conversations** with parents about safe sleep for their babies.

First-timers: We also need to be alert to the potential for extra risk when things are **different 'that sleep'**. Cold temperatures may cause a family to change their sleeping arrangements in order to keep warm and this may include their baby. Research has identified '**first time' situations** such as 'first time prone' as having a highly elevated risk for sudden infant death. Until we know more, we need to encourage families to provide a **dedicated space** for their baby to sleep and to use it every sleep.

Until next time, Stephanie



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Greetings, everyone

Baby Slings: The issue of the moment is baby slings and concerns about safety. This follows warnings issued by US officials last week following 14 deaths of babies in slings in the past 20 years (two in the past three months). Given that there were more than 80 million babies born in this period, and sling use is considered common, it is clear that sling deaths are extremely rare.

We could shrug this latest warning off as scare tactics, or, seize it as an opportunity to reinforce some principles of protection. Parents will have their questions and appreciate a discussion based on fact. The fact is that while we have not had any sling deaths in NZ, we have had many babies die in a similar way. Accidental asphyxia has claimed the lives of babies in a variety of places including: couches, car seats, propped on pillows, in infant cots and on adult beds, people, bean bags

Parents need to know that babies need a **clear face** and an **open airway** in order to stay breathing. In a sling, they need to be **held high, upright and securely against the parent**. A slumped or curled position can push a baby's head 'chin to chest' and may occlude their airway, be they in a sling, car seat or in the crook of their mother's arm.

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Greetings, everyone

Languages: Awareness travels in social groups and language can block that travel, leaving some groups isolated. We are often asked if our materials are available in languages **other than English**. It is a tricky one because language is **so much more** than words. A literal translation may give quite a different meaning from the one intended, with no way to check. Yet, 'one language only' materials may act as 'graffiti' or an unintended sign that SUDI is an issue only for speakers of that language. Within families, older members who may not speak English, can be excluded from pregnancy and parenting discussions that younger members have with their health professionals. So ...

As a **strategy for inclusion**, we have taken the bold step of having the six principles for protecting a baby's life translated into the 20 main languages of our multicultural society. These are available as the **A5 Talk Card** and a **summary presentation**. Copies may be printed from our website (link below).

While language and culture specific services are the ideal, we hope the translated versions support those of you who work with families where languages other than English are spoken.

Until next time, Stephanie



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Greetings, everyone and a belated welcome to 2010

Watch out for graffiti: Every environment has its graffiti - that 'writing on the wall' that communicates '*something else*' to parents. A casual approach to promoting the **essential** nature of the 'face-up, face clear, smokefree' response to SUDI, **acts like unsolicited graffiti**. It invites risk-taking by parents through diluting their perceptions of importance of the safety information.

Graffiti needs to be removed as soon as it is spotted. This Transform is a call to all in our network to **be vigilant** about any sign or signal in your environment that may undermine how parents rate the importance of safe sleep principles. Parents will act in the best interests of their child when the **signs are all around them** that 'this really matters' and they are enabled to act..

Head start: We started 2010 with over **600** people having completed the 'Baby Essentials' programme either as a facilitated session by a peer or the online version. This happened in less than 3 months. We acknowledge everyone involved in this fantastic effort to align understandings and encourage you to bring **everyone you know** to the programme.

Until next time, Stephanie



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Festive Greetings everyone

Our **SUDI prevention blitz** is well underway. 215 people have so far been reported as having attended an education session with a Safe Sleep Champion. Another 160 have completed the 15 minute online training. This is a **fabulous result** and these numbers will grow rapidly as we move into the New Year. Many Champions are finding a variety of opportunities to deliver education sessions ranging from incorporation of sessions into formal educational updates through to opportunistic sessions delivered to colleagues as time permits.

Safe Sleep Champions are being encouraged to make simple changes to their systems that will make it more likely that **all parents will receive safe sleep advice as a matter of routine**. One example of a systems change has been made in one unit where they have attached a laminated Safe Sleep Talk Card to each cot to ensure it is available for every family. Another example is adding a 'tick box' to the discharge summary to confirm and record that Safe Sleep information has been discussed.

Simple systematic changes support sustained change and help to ensure that **every** family receives essential information and that **every** baby is protected.

Until next time, Sharon and David



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TRANSFORM: 11

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Greetings, everyone

The first 1000 sleeps. SUDI is a developmental issue. As development unfolds and resilience strengthens, the risk period for SUDI passes. At an average 5 sleep periods a day, the first 1000 will bring a baby through the period of vulnerability to 28 weeks. For those of us working to prevent SUDI, there are **60 million sleeps** to protect. If prevention get things right for 59 999 940 of them, we will have made no difference to SUDI rates. Clearly, we need **a lot more helpers** than just this network!

Baby Essentials Online: Today our Baby Essentials education '**goes live**' (link below) so as to reach more people. As well as facilitated sessions to health colleagues by Safe Sleep champions, the same online version (with audio) enables people from across society also to **update themselves** on sudden infant death. Our goal for 2010 is ten thousand people through the 15-20 minute course. Those who complete the programme receive a certificate of acknowledgement. We will be able to track usage by purpose, role, ethnicity and region to ensure education is reaching far and wide. Baby Essentials Online is a start in our joint effort to magnify impact and reach beyond the health sector.

Until next time, Stephanie Cowan



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TRANSFORM: 10

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Greetings, everyone

Hope for more vulnerable families: New research on SIDS was published in the British Medical Journal in October and the full article is attached. The study was designed with **two control groups**, a usual randomly chosen group of families as well as a group of 'high risk' families. Risk factor comparisons between the groups found the two control groups to be similar and the SIDS group to be different from them both. This is a **most important finding** for it asserts that the risk of sudden infant death does not lie in social disadvantage, but in the risk behaviours themselves. When like was compared with like, it was the risk behaviours that tipped the balance. **SUDI can be eliminated!**

Clarity on co-sleeping hazards: The study also provides convincing evidence for the dangers of adults sleeping on a shared surface (bed or sofa) with a baby **after using alcohol and drugs**. These conditions accounted for much of the excess in bed sharing prevalence in the SIDS group compared to the controls. While the media highlighted the 54% bed sharing deaths compared to 20% bed sharing in the control groups, what **must not be missed** in our pursuit of protection is awareness of what is dangerous co-sleeping and support for parents to avoid such situations.

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www.changeforourchildren.co.nz

TRANSFORM: 9

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Greetings, everyone

Safe Sleep conversations are **filling the airwaves**. Following the release of the new Safe Sleep materials just last week we have received questions from midwives, mayors, whanau workers, nurses and coroners about **associated issues** such as: skin-to-skin time, propping practices, bed-sharing in hospital beds, over-crowded and cold houses, pillows, swaddling, how to challenge faulty thinking in respectful ways, and more. Newborn environments, especially, are grappling with the need to **examine some existing practices**, and the evidence basis for them, in order to **model what is safe at home**.

These are conversations that **need to happen in your settings** and that we want to encourage. So we are developing a **discussion forum for Safe Sleep champions** to thrash out such issues and share perspectives. Meantime, the safe sleep principles of "face-up, face clear, smokefree" and "always in own bed if not smokefree or prem/low birth weight" can support you as you decide your safe sleep policies and practices. These principles are a **sieve**, if you like, for accountability to a baby's safety.

The newly published **SWISS** study provides strong support for the prevention approach NZ is taking. More about this next time.

Until then, Stephanie Cowan



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TRANSFORM: 8

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Greetings, everyone

We would like to offer you a preview of our refreshed SUDI resources (Safe Sleep leaflet (HE 1228), cot card (HE 1229) and poster (no code)) at http://www.changeforourchildren.co.nz/safe_start_programme/safe_sleep_essentials. These will be available to you next week from your local authorized health education provider. Simply quote the HE code to order leaflets and cot cards, and ask for the Safe Sleep poster by name.

Strong Support: Producing these materials may have taken longer than we had planned, but the support we have had, in terms of feedback, endorsements, photographs and assistance with funding, has been amazing. The way to support the Safe Sleep vision, now, is to make these materials **highly visible** and **used** in your settings. Perhaps create an opportunity to have a **local promotion** to introduce them, put someone forward to be a **Safe Sleep Champion** (email Sharon) if you have not already done so, or, revisit your organisation's **Safe Sleep policy** to refresh commitment to SUDI prevention.

Bold Goal for 2010: Bold goals stretch us. They drive achievement. We are chasing a goal for 2010 to eliminate SUDI from our country. The new materials are to support you in making this happen.

Until next time, Stephanie Cowan



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TRANSFORM: 7

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Greetings, Everyone

I returned from a week of leave to news of three sudden unexpected infant deaths during my time away. Our hearts are with the families of these children as they struggle to make sense of what has happened. SUDI is real in our country. It is not an abstraction. Our work with you is to change that.

Safe Sleep Champions: Safe Sleep champions are growing like mushrooms across the country. In just three weeks we have 19 of 21 DHBs with one or more named Safe Sleep champion. One third of these have already been prepared to deliver the 'Baby Essentials' programme to colleagues and communities in their districts. Plunket has taken the lead in sharpening its focus on SUDI prevention. A network of Plunket leaders are in full swing aligning all staff with the 'Baby Essentials' material. We are also delighted to be working with the national Family Start team who are gearing up for a whole of service approach to integrating SUDI prevention into their programmes. Thank you, all, for your care.

Baby Essentials Talk Cards: Copies of this simple, yet popular resource is available free to Safe Sleep Champions to support their education work with peers.

Until next time, Stephanie Cowan



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for every baby, every place, every sleep

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TRANSFORM: 6

a communiqué for networks transforming SUDI into 'survive and thrive'

Greetings, Everyone

What a great response to the 'call to action' of our last Transform. We are impressed. Something is happening out there and it is not just about daffodils and blossom! We have been so encouraged that we have brought **David Smith** on board to help us respond quickly to the interest. David is Nelson based and has worked with us before to achieve systems level change. Welcome, David.

New resources

As we speak, our new SUDI resources are being produced, supported by the Ministry of Health. These were designed to support the work of our contract with the Ministry of Health, in particular, to support the conversations that health professionals have with families. We have brought the four previous leaflets into one "**Safe Sleep Essentials**" leaflet and redesigned the hospital **Cot Card** to carry a message from the baby on the flip side. This message as an explanation for why the '**face-up, face clear, smokefree**' information is important. At the suggestion of Midwife Leaders around the country, the Cot Card will also have room recording the baby's name and birth details. What a beautiful system!

Until next time, Stephanie Cowan



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TRANSFORM: 5

a communiqué for networks transforming SUDI into 'survive and thrive'

August greetings to you all

We have not called this communiqué **Transform** for nothing. The name is our challenge. Every year that we keep doing what we have always done, another three classrooms lie empty in our schools. We need an 'awareness virus' to sweep our country and bring safe sleep to every baby.

Awareness, like a virus, needs carriers if it is to spread far and wide. First, a small group of 'sneezers' need to spread awareness to a larger group of 'early adopters'. In time, 'late adopters' and eventually even the 'laggards' get on board. In this way, awareness is raised for a lot of people in a short time.

Wake-up call. What we really want is for **all babies to wake up** when sleep is finished. So, this communiqué is a wake-up call to our network. We are calling for champions, people keen to be 'sneezers' to start the spread of the wake-up call in your settings and communities. Whatever your area of interest, **you are needed** in order to make transformative change possible. You will need 30 minutes on the phone with us going through our 'SUDI Essentials' package, as preparation, and then go 'sneeze' the wake-up call everywhere! We look forward to being swamped with your emails!

Until next time, Stephanie Cowan



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TRANSFORM: 4

a communiqué for networks transforming SUDI into 'survive and thrive'

Hello everyone

I received an email from an old colleague last week who had just seen the "Good Morning" show. She was concerned about the segment demonstrating side sleeping for settling babies and said she cringed at the thought of all the mums watching this and putting their babies at risk because of it.

The power of networks

What was I to do? Stephanie was away and I needed to act! Research identifies the risk of turning from side to prone as highly significant (a 45 fold increase, in the large Carpenter study, compared to 'on the back'). The promotion and demonstration of settling babies on their sides undermines key infant safety principles, our collective prevention efforts and the survival of our babies. I called a few people on our network, wrote an email to TVNZ and emailed another 20 or so people seeking their support to do whatever they could. Wow, what a fabulous response! Networks can be so powerful and so supportive.

So, go, you good people, email TVNZ or do whatever you can to promote safe sleep in your networks. Let's make sure everyone knows that safe sleep means **face up, face clear, smokefree** - every sleep.

Until next time, Sharon Bennett



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TRANSFORM: 3

a communiqué for networks transforming SUDI into 'survive and thrive'

Greetings to our networks

Just as the media thrives on controversy, education **thrives on balance**. As the media goes hunting for disagreement, education looks for **what is agreed** and builds on that. Coroner reports add context to published evidence. It is clear that New Zealand babies are being **exposed to unsafe sleeping** environments in a range of sleeping places - cots, couches and adult beds.

Education needs to support families to create safe sleep wherever a baby sleeps. To provide a broader safety net for babies, we need to move the prevention debate away from 'bed sharing' to 'every place' of sleep. And so, we have added '**every place**' to our safe sleep vision.

Let's be clear that **debate is a good thing**. We need vigorous argument when understanding is not complete. Various view points generate questions that shape new studies and get us closer to the truth. Yet issues under debate are a sign that **we do not know enough**, yet. They are a sign that more research is needed.

We must design our education to clarify for families what is certain and what is under study.

Until next time,
Stephanie Cowan



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TRANSFORM: 2

a communiqué for networks transforming SUDI into 'survive and thrive'

Greetings to our networks

SUDI hit the headlines last week with the release of the report of Wellington Coroner, Mr. Gary Evans on the sudden unexpected deaths of seven babies. Whatever our thoughts on the reporting, **we have a moment here**. What do we do with it? How can we make this moment work for us and for families?

Headlines can be powerful. They can focus the attention of a lot of people on an issue all at once. They can provoke discussion and debate in corners of society where such discussion may not ordinarily happen. In some cases they can be the tipping point for action.

Headlines can also confuse. They offer little opportunity to personalise the information presented, provide context or allay fears. This is where **we** come in. We are the professionals working to transform infancy into a time of 'survive and thrive' for babies and confidence and joy for parents. We need to **step into the hole** that headlines leave, **seize those motivational moments** and **have those discussions** with parents. Together, we must strengthen understanding for why babies are vulnerable, what safe sleep means and how to achieve it for **every** baby, **every** sleep.

Until next time,
Stephanie Cowan



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TRANSFORM: 1

a communiqué for networks transforming SUDI into 'survive and thrive'

A warm welcome to our many 'Safe Start' networks.

Over the years we have gathered a throng of committed people to work in a coordinated way to prevent sudden unexpected death in infancy (SUDI). **You are these people.** Your work spans pregnancy care, lactation support, NICU and SCBU, well child services, smokefree pregnancies, safe sleep promotion, parent education, Maori and Pacific health, public health, professional leadership and more.

And over the years your efforts have made incremental improvements to the **'survive and thrive'** outcomes for babies. On this strong base of commitment and effectiveness we can now build a very **different landscape** for our youngest children. We can **transform infancy** onto a 'survive and thrive' period **for all**. We will need to do some things differently, much more of other things and stop doing a few things altogether.

Our Safe Start team and Maori SIDS have a shared vision: **safe sleep for every child, every sleep.** This communiqué is to keep our networks connected to this vision.

Until next time
Stephanie Cowan



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