HUTT maternity
Hutt Valley Maternity Care

HUTT VALLEY DHB

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Safe Sleep Policy

Hutt Maternity Policies provide guidance for the midwives and medical staff working in Hutt Maternity Services. Please discuss policies relevant to your care with your Lead Maternity Carer.

Introduction

New Zealand has the highest rate of death from SUDI amongst industrialised nations. Around sixty infants die of Sudden Unexpected Death in Infancy (SUDI) each year in New Zealand. Maori infants represent over half of all deaths from SUDI, and Pacific infants also have a disproportionately high rate. Implementing the safe sleep practices of this policy will substantially reduce the risk of SUDI.
Hutt Valley DHB alongside community health and social service providers have worked hard to reduce the SUDI rates in our community. In the period of 2013-2017 HVDHB had one of the lowest rates in the country (NZ Mortality Review Data Group, 2018).

The Ministry of health have set an aspirational goal of:

- To reduce the overall rate of SUDI by 86 per cent and 94 per cent for Maori by 2025, the number of SUDI deaths would be reduced from 44 to six.
- The SUDI rate is about 0.7 in every 1,000 babies born, and 1.59 for every 1,000 Maori babies born. The goal was to get that rate down to 0.1 in every 1000 births by 2025.

Scope

The policy applies to all HVDHB staff working at Hutt Valley DHB or under contract for service who has responsibility or influence over where infants under 1 year may sleep.
This policy also applies to all Lead Maternity Carers holding an access agreement.

Purpose

The purpose of this policy is to provide clear guidelines for safe sleeping practices that are culturally appropriate and culturally prioritised by:

- Having a clearly defined policy on safe sleep to inform practice while babies and their families are within the hospital setting.
- Providing consistent and accurate information to guide parents for the home situation, based on contemporary best practice.
- Ensuring babies cared for, by facility staff, are positioned on their backs for sleeping and ensuring families are informed about SUDI and infant positioning.
- The message ‘safe sleep, every sleep, every place’ must be given correctly and consistently by all health professionals.
- Safe sleep messages need to be given from before birth, and health care professionals, including midwives, Well Child providers and general practice

(GP) practice nurses, have a responsibility to reinforce messages that are current, scientifically proven and consistent across all spheres. This early intervention is especially important as infants under two months represent the largest single group at risk of suffocation while in a place of sleeping.

Definitions

Sudden Unexpected Death in Infancy (SUDI) includes:

- Deaths that can be explained (for example, suffocation or accidental choking) and
- Deaths that cannot be explained (for example sudden infant death syndrome (SIDS)).

Most SUDI is explainable and happens when a baby is asleep in an unsafe sleeping environment. Common causes are suffocation by bedding or accidental smothering by an adult or child who is sleeping with the baby.

Furthermore, unintentional suffocation is increasingly being recognised as a significant contributing factor to SUDI in those aged less than one year. As more information becomes available from death scene investigations, it is becoming clear that a considerable proportion of deaths that might previously have been labelled as sudden infant death syndrome (SIDS) are attributable to unsafe sleeping situations. Death by traumatic asphyxia occurs in these situations as suffocation occurs when an infant becomes wedged between bedding and a firm surface or is overlain by a co-sleeping partner, by a mother while breastfeeding, overlay by sibling in a co-sleeping situation or by mother or father in a co-sleeping situation.

A death is generally classified as a SUDI if it concerns:

- An infant less than 12 months of age
- A death that was sudden in nature
- A death that was unexpected.

Safe sleep: Conditions that promote breathing throughout the sleep episode

Principles

Principles of Safe Sleep	
Safe Sleep Principle	**Additional Information**
Place	Place baby in their own baby bed in the same room as their parent or caregiver. Babies are at lowest risk from SUDI when they sleep on their backs. Research shows that babies' gagging and swallowing reflexes are stronger when babies sleep face up. Sleeping on the side increases the risk of SUDI two-fold and sleeping prone (on the front) increases the risk six-fold.
Eliminate	Eliminate smoking in pregnancy and protect baby with a smokefree whānau, whare and waka.

	Baby's exposed to cigarette smoke in utero have a lower hypoxic drive, reducing the baby's drive to breathe and their arousal state in the postnatal period.
Position	Position baby flat on their back to sleep – face clear of bedding. A baby's face and head are important for breathing and cooling so the face and head need to stay clear and not get covered up during sleep.
Encourage	Encourage and support breastfeeding and gentle handling of baby.
In their own bed	Babies need a safe sleeping place for every sleep, either in a "baby bed" or a space made safe for baby.
In a room with an adult	Baby's sleeping place is kept as safe as possible by being in the same room as an adult. Changes to baby's sleeping environment can be more closely observed and safely maintained. Ensure baby has a "sober carer" if there is alcohol, drugs or partying.

Other Principles

1. All parents and caregivers have a right to know about the hazards present for infants sleeping in some situations, so they can make an informed choice about how they sleep their baby. Risks include: bed sharing or sleeping alone in an adult bed and to be informed about safe sleeping practices.
2. The dissemination of safe sleeping information should be universal and consistent.
3. Every contact with health professionals is an opportunity to impart knowledge about safe sleeping practices and inform caregivers of the hazards present for infants sleeping in some situations.
4. Safe sleeping practices should be modelled at all times in all HVDHB facilities.
5. Breastfeeding is very important for the wellbeing of infants and mothers so must be supported and encouraged.
6. Every infant discharged from DHB facilities should have a safe place to sleep once they leave hospital. Parents/Care givers of all children under 1 year who come to HVDHB will be asked open ended questions such as: where and how baby sleeps and be given some safe sleep health education and be offered the MoH leaflet (Keep Your Baby Safe during Sleep).
7. If a baby is eligible to receive a wahakura or Pepi-Pod complete the Moe Ora mō ngā pēpi referral form so it can be given whilst they are still an inpatient. The criteria for eligibility includes:

Two of the below factors should be identified each time
- Smoke Exposed Baby.
- Maori/Pacific People prioritised.
- Safety Concerns identified by clinician.

Safety concerns (could be biological factors e.g.)
- Baby born before 37 weeks.
- Unsafe co-sleep situation.
- Non-prescription drug used in the home.
- Or by clinicians discretion.

8. Consider referrals for community supports including cultural, financial, social, spiritual needs.

Procedure for staff

- All babies admitted are to be placed to sleep on their backs in their own cot, which is to be placed at their mother/caregivers bedside.
- Offer the First Days Pepi-Pod to the mother/caregiver with the full education, both verbal and written about how to use it
- Consent form to use First Days Pepi-Pod signed by mother/caregiver (see appendix 4).
- Do a risk assessment to determine if a baby is eligible for a wahakura or Pepi-Pod, if they are complete the Moe Ora mō ngā pēpi referral form www.takirimai.org.nz
- Babies are to be positioned face up to sleep
- Ensure the baby's face and head stay clear
- Head position should be changed regularly and parents should be educated about importance of this.
- Use a firm clean mattress that fits snugly to the cot
- **Never** place a pillow on top of the cot mattress
- Tuck the baby in securely, safe from loose covers, duvets or pillows, but with hands free (not tightly swaddled)
- Ensure the baby sleeps in smoke-free air
- Cots must be placed flat. Tipping of cots is not recommended practice for newborns because it may cause them to slide under the bed covers and prevent the maintaining of a neutral head position.
- No hats should be worn unless clinically indicated (cold/ prem.)
- No unnecessary items in incubator/cot (e.g. bumpers, cot surrounds, toys, pillows)
- No unnecessary bedding/linen in incubators
- Natural fibres are recommended for bedding and linen. **Polar fleece is not recommended due to risk of overheating.**
- Do not use car seats or capsules as a cot or bassinet.

Education for parents

All education and resources provided to the mother and whānau should be documented in the clinical notes.

Care plans should detail the individual education requirements of each whānau and education given must be documented.

Whānau are to be provided with: *Keep Your Baby Safe during Sleep,* from MOH

Education for staff

All staff should have access to education on infant sleeping best practice as part of their orientation.

These guidelines for positioning are provided by Hutt Valley DHB, although final choice and responsibility lies with the mother/caregiver of the baby.

Appendix 1: Maternity unit specific information

Parental over tiredness and recent drug intake are two of the risk factors for infant death during co-sleeping. Mothers post-birth are likely to be very tired and may be under the influence of drugs used for pain relief in labour.

Skin to skin is encouraged for all babies following birth and on the postnatal ward.

- While baby is skin to skin with the mother she is awake. If mother is sleeping- baby should be dressed and moved to sleep on its back in the First days Pepi-pod or bassinet. At this time dressed warmly in woolen layers.
- Mothers to ask for assistance to place baby in chosen sleep space when wanting to settle for the night.

Whānau are to be provided with: *Keep Your Baby Safe during Sleep, from MOH*

It is to be documented in the woman's notes that it has been done.

These guidelines are to be discussed with the women, however, final choice and responsibility lies with the mother/caregiver of the baby.

Guidelines for the home situation

We acknowledge that babies bed-sharing and co-sleeping with their parents is a common practice within many cultures. While there are benefits, there are also risks from this practice. Parents are to be provided with education around bed-sharing and co-sleeping for when they return home. All eligible babies to receive a wahakura or Pepi-Pod prior to discharge if they don't already have one at home.

Key messages include:

- premature babies < 36 weeks
- Low birth weight (<2500g)
- IUGR
- Babies exposed to smoking
- Avoid situations where the baby's airway is compromised either by propping baby's head on a pillow or parental arm.
- Remember that a face up position is safest for babies.

The risk of suffocation i.e. by rolling onto babies is greater:

- If the adult sleeps heavily
- If baby left sleeping with other children or pets
- If the adult is obese
- After parental drug taking
- After alcohol consumption

- When sleeping on inappropriate furniture i.e. babies can roll to face down position on soft surfaces such as beanbags, waterbeds or soft mattresses. They can get wedged against bed things e.g.
  Pillows, or in gaps on couches or chairs. Loose bedding can bunch up or cover the face and babies may slip down under blankets and duvets.

Recommendations

Babies are to sleep in their own bed, on a flat surface with face and head clear next to the parental bed. If a baby is taken into the parental bed, parents must be awake so baby can be monitored at all times. Or should be slept in a safe sleep device.
Never bed share if there is a risk of parents falling asleep, or have smoked, used drugs, or drunk alcohol.

Documentation

Care planning around the education is the responsibility of the LMC; however, all HVDHB maternity staff is reminded of their professional responsibility to provide education to women on safe sleep and to update the care plan when the education is given. All women under secondary care must have this education provided by DHB staff and their care plan must reflect this.

Appendix 2: SCBU specific information

Safe sleep during medical interventions

There are times when nursing care will vary from the safe sleep principles, for example prone and side positioning and the use of O2 or CPAP which can prevent the face being clear. During these times the following recommendations should be adhered to:-

- While safe sleep positions are compromised due to medical interventions these infants must be supervised at all times by a health professional
- Baby must be monitored at all times using a cardiac monitor (apnoea monitor may be used if medically indicated).
- Variations from Safe Sleep Principles must be explained to parents (the Safe Sleep Talk Card can be used to assist in this).
- Where possible, babies should spend the majority of their sleep time on their backs and on a flat surface.

Safe sleep in SCBU

- Babies must always be monitored by at least an apnoea monitor, unless rooming in for discharge.
- Babies must always be put to sleep in a supine position (face up).
- Face must always be clear: no unnecessary items i.e.: rolled up nappies, toys, unnecessary linen
- Wrapping of baby should be firm and allows the babies arms to be free
- Cots must be placed flat unless medically instructed.
- Head position should be changed regularly and parents should be educated about importance of this.
- Education for the families about safe sleep should be provided on admission and discussed throughout the babies stay.

Appendix 3: Children's Ward specific information

Safe sleep during medical interventions
There are times when nursing care will vary from the safe sleep principles, for example babies may be positioned prone or side lying to facilitate better gas exchange or may require O2 or CPAP which prevent the face being clear. During these times the following recommendations are to be adhered to:-

- Baby must be monitored at all times using a cardiac monitor
- Variations from Safe Sleep Principles must be explained to parents (the Safe Sleep Talk Card can be used to assist in this).
- Head position should be observed and regularly altered, regardless of sleep position.
- Where possible, babies should spend the majority of their sleep time on their backs.

It is not uncommon for parents to change sleeping methods with events such as illness or hospitalisation. Whānau of children admitted under 1 year old are to be given safe sleep health education, and offered either: *Keep Your Baby Safe during Sleep, from MOH, or Safe Sleep Essentials from Change for our Children*

Appendix 4:

A resource for staff teaching safe sleep education to woman/whānau

- Baby to always sleep on their back:
  - **Face up** – head turned from side to side
  - **Face and head clear** – of clothing and bedding. No hats
  - Unless clinically indicated i.e. cold baby.
- Firm mattress that fits snugly to cot:
  - No pillows or tilted cots that may alter the neutral
  - position of baby`s head and neck.
- Securely tuck baby in:
  - No loose covers blankets or clothing. Hands free or
  - Loosely swaddled.
- Smoke free environment:
  - Smoking in pregnancy reduces a baby`s drive to breathe
- Natural fibres recommended for bedding and clothing:
  - Cotton and wool blends help keep baby warm without
  - Over-heating. Polar fleece is not recommended for
  - Sleeping.

Ensuring the sleeping place is safe

- Baby sleeps in same room as an adult. Environmental changes can be more closely monitored.
- Baby sleeps in their own `baby bed` or a space made safe for baby.
- Notice and remove all hazards i.e. toys
- A sober carer when there is alcohol drugs or partying
- Car seats or capsules are not a safe sleeping place for babies

References

Abel, S., Stockdale-Frost, A., Rolls, R., & Tipene-Leach, D. (2015). The wahakura: a qualitative study of flax bassinet as a sleep location for New Zealand Maori infants. NZ Med J *128*(1413).

Abel, S., & Tipene-Leach, D. (2013). SUDI prevention: a review of Maori safe sleep innovations for infants.NZ Med J *126*(1379).

Baddock, S., Tipene-Leach, D., Williams, S., Tangiora, A., Jones, R., Iosua, E., . . . Taylor, B. (2017). *Wahakura Versus bassinet for Safe Infant Sleep: A Randomized Trial*. Pediatrics *139*(2)

Ball, Helen L., et al. (2006) *Randomised trial of infant sleep location on the postnatal ward.* Archives of Disease in Childhood 91.12:1005-1010.

Capital & Coast DHB (2001) *Babies and bed sharing* policy. Capital & Coast DHB, women's health service.

Child and Youth Mortality Review Committee, Te Ro -Pu - Arotake Auau Mate o te Hunga Tamariki, Taiohi. (2017). *Sudden unexpected death in infancy (SUDI): Special report .* Wellington: Child and Youth Mortality Review Committee.

Child Youth Mortality Review Committee (2013) *Special Report. Unintentional suffocation, foreign body inhalation and strangulation*. Wellington: Child and Youth Mortality Review Committee.

Craig, W.R., Hanlon-Dearman, A., Sinclair, C., Talback, S., & Moffatt, M. (2006). Metoclopromide and positioning for gastro-oesophageal reflux in children under two years**.** *The cochrane database of systematic reviews. Volume 3.*

Cowan, S., & Bennett, S. (2009). Baby Essentials User's Resource Kit. Change for our Children. NZ.

Cowan.S. & Clarke. J. (2006) Safe start education: supporting public health and neonatal professionals in promoting infant safety.

Drever-Smith, C., Bogossian, F., New, K. (2013) *Co-sleeping and Bed sharing in Postnatal Maternity Units: A review of the literature and critique of clinical practice guidelines.* International Journal of Childbirth 3.1: 13-27

McDonald G, Hii J. NZMRDG (2018) SUDI Safe Sleep Day data request for the Ministry of Health.NZ Mortality Review Data Group. University of Otago

Mitchell, E., Cowan, S., & Tipene-Leach, D. (2016). The recent fall in postperinatal mortality in New Zealand and the safe sleep programme. Acta paediatrica *105*(11), 1312-1320.

Mitchell, E., Thompson, J., Zuccollo, J., MacFarlene, M., Taylor, B., Elder, D., . . . Fleming, P. (2017). The combination of bed sharing and maternal smoking leads to a greatly increased risk of sudden unexpected death in infancy: the New Zealand SUDI Nationwide Case Control Study. NZ Med J *130*(1456), 52-64.

National Party. (2017, August 2). *National SUDI prevention programme launched*. Retrieved September 22, 2017, from National Party: https://www.national.org.nz/national_sudi_prevention_programme_launched

https://www.hapai.co.nz/content/national-sudi-prevention-coordination-service

http://www.changeforourchildren.nz/

https://www.health.govt.nz/your-health/pregnancy-and-kids/first-year/helpful-advice-during-first-year/safe-sleep

Informed Consent

The right of a consumer to make an informed choice and give informed consent, including the right to refuse medical treatment, is enshrined in law and in the Code of Health and Disability Consumers' Rights in New Zealand. This means that a woman can choose to decline treatment, referral to another practitioner, or transfer of clinical responsibility. If this occurs follow the process map on page 18 of the Referral Guidelines (Ministry of Health, 2012).

Informed consent when using a First Days Pepi-Pod on the postnatal ward

Most NZ babies have their first sleeps in birthing facilities. Newborn babies benefit from being close to their mothers, closeness assists with bonding and breastfeeding. However babies sharing a sleep space with their mother in the hospital bed can put the baby at risk. The First Days pepi-pod is a smaller than an original pepi-pod and can fit beside the mother in bed or in the bassinet when not in the adult bed. It provides a separate sleep space for baby whilst allowing baby to be close to the mother.

If you are choosing to bring your baby in to bed with you the only safe way to do this is with the baby in its own sleep space – either a First Days pepi-pod or small wahakura.
Your midwife or nurse will discuss the key safe sleep messages with you, these include:

Place Place baby in their own baby bed in the same room as their parent or caregiver.
Eliminate Eliminate smoking in pregnancy and protect baby with a smokefree whānau, whare and waka.
Position Position baby flat on their back to sleep – face clear of bedding.
Encourage Encourage and support breastfeeding and gentle handling of baby.

Your midwife or nurse will show you how to use the pepi-pod safely. And will discuss your plan for sleeping your baby at home. If your baby requires a wahakura or pepi-pod prior to discharge home you will be provided one.

CONSENT TO USE FIRST DAYS PEPI-POD
I have read and discussed with staff and acknowledge the information.

CAREGIVER: DATE:

CHOOSES TO DECLINE TO USE FIRST DAYS PEPI-POD
I have read and discussed with staff and acknowledge the information, however I decline to use a First Days pepi-pod or a small wahakura.

CAREGIVER: DATE:

TAKIRI MAI TE ATA WHĀNAU ORA COLLECTIVE

REFERRAL
MOE ORA MO NGA PEPI (Safe Sleep) PROGRAMME

Kokiri Marae Health and Social Services
7-9 Barnes Street
Seaview, Lower Hutt
Phone 04 9394631
Fax 04 9394640
takirimaiteata@kokiri-hauora.org.nz

Date of referral: _____ Fax no: _____ Email: _____

From GP / other Service: _____ Contact number: _____

Name of person referring: _____

Designation: _____

Mothers Name: _____ Date of Birth _____

Mothers NHI: _____ Ethnicity _____

Baby's Name: _____ Date of Birth _____

Baby's NHI: _____ Baby due date _____

Current Medical Centre: _____

Address:

_____

_____

Contact number: _____

Wahakura/Pepi pod Criteria (Two of the below factors should be identified)

◊ Smoke exposed baby **◊Maori/ Pacific people prioritized**

◊ Safety concerns identified by Clinician e.g.: (low birth weight)