

NATIONAL SUDI PREVENTION PROGRAMME

Needs Assessment and Care Planning Guide







KARAKIA MH

He hōnore, he korōria ki te Atua He maungarongo ki runga i te mata o te whenua He whakaaro pai ki ngā tāngata katoa Āmine

Arohaina ngā tēina me ngā tuākana E wehi ana ki te Atua Whakahōnoretia te Kīngi Māori o te Motu! Kīngi Tūheitia Pōtatau Te Wherowhero te tuawhitu E noho nei i runga te ahurewa tapu o ōna tīpuna. Paimārire

He aha te mea nui o tēnei ao? Māku e ki atu - he tangata, he tangata, he tangata Kia whakataurangitia te whakaaro nui kia eke ki runga te manaaki i ā tātou tamariki mokopuna Atu ki ō tātou mokopuna kare anō kia whānau mai.

In honour and Glory to God Peace reign throughout the land Goodwill to all Mankind Amen

Love to the young and elder siblings
Acknowledging the greatness of our God
Honouring and acknowledging our Māori King!
King Tūheitia Pōtatau Te Wherowhero
Residing on the sacred threshold of his ancestors.
Paimārire

What is the greatest statement that we can share in our world? Allow me to say that it is people, it is people, it is people To vary our thinking that we may converge On focusing on caring for our children and grandchildren And also those of our unborn grandchildren yet to come.

Glossary Māori to English

Atua - Ancestor with continuing influence, God, deity

Hapū - Pregnant

Kuia - Elderly woman/women, grandmother

Kaimahi - Worker/s

Kaumātua - Elderly person or people

Māmā - Mother, Mum

Mana - Personal staus/prestige

Māori - Native, indigenous, belonging to Aotearoa New Zealand

Pēpi/Pēpē - Baby

Pēpi-Pod® - A portable safe sleep device

Taonga - Precious item or treasure

Tapu - Be sacred, set apart or under atua protection

Wahakura - Woven flax bassinet (various designs)

Waikawa - Woven flax bassinet with a specific style and design

Waka - Vehicle, car

Wānanga - Seminar, conference, forum, education seminar

Whānau - Extended family

Whanaungatanga - A relationship developed through shared experiences and working together that provides people with a sense of belonging

Whare - Home, house



Foreword

Approximately 60,000 pēpi/babies are born each year in Aotearoa New Zealand. Around 44 of them die in the first year of life due to sudden unexpected death in infancy (SUDI). This is a rate of about 0.7 SUDI deaths among every 1,000 babies born. Most of these deaths are preventable and most occur among Māori and Pacific babies.

The National SUDI Prevention Programme aims to reduce SUDI rates through increasing SUDI prevention and protective services for families and whānau. Services will target the two key modifiable risks for SUDI: exposure to tobacco smoke during pregnancy and unsafe bed sharing. The programme will also consider other factors including breastfeeding, position of pēpi/baby when sleeping, alcohol and drug use, and immunisation in its approach to national SUDI prevention messaging, activities and services in our communities.

This needs assessment and care planning guide recommends strategies for protecting babies from SUDI. It has been developed for health professionals working in the SUDI prevention setting. During the development of the guide, a wide range of experts provided guidance to ensure that the guide is consistent with current research, best practice and national messaging. Although it is framed in a clinical methodology, it is important for health professionals to take an integrated approach that acknowledges the perspectives and strengths of community, families and whānau.

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A special acknowledgement to the four regional coordinators in Northern, Midland, Central and Southern regions who facilitated a review process with frontline health practitioners and service providers.

Ngā mihi ki a tātou katoa.

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Introduction

This needs assessment and care planning guide provides health professionals with strategies to assess the care, support and health needs of families and whānau in relation to sudden unexpected death in infancy (SUDI) prevention. It also provides a foundation for developing a care plan. This guide is intended to inform the ongoing development and implementation of best-practice processes and relationships and support experienced health professionals already using appropriate needs assessment and care planning tools. Some health professionals may be using other tools such as a safe sleep calculator and are encouraged to continue doing so.

For new and less experienced health professionals, this guide may support them to have conversations with families and whānau that they would not otherwise feel confident having. It can provide advice on improved methods for working with families and whānau when the assessment reveals one or more SUDI risks.

Note: this guide is not a checklist. Instead, it offers an approach to help health professionals put in place mechanisms that help support families and whānau to prevent SUDI.

This guide offers conversations, questions, advice and care options before, during and after birth. It has been framed around PEPE – the top four ways of preventing SUDI.

- 1. Place baby in their own baby bed in the same room as their parent or caregiver.
- 2. Eliminate smoking in pregnancy and protect baby with a smokefree family or whānau, whare (home) and waka (car).
- 3. Position baby flat on their back to sleep face clear of bedding.
- 4. Encourage and support exclusive breastfeeding and gentle handling of baby.

The PEPE framework provides consistency in national messaging and a context for delivering best practice. However, health professionals also need to consider a combination of other factors that can contribute to SUDI at the same time. Of particular concern are premature birth, a baby that is small for gestational age, multiple birth, age of baby (peak incidence occurs at one to two months of age), previous experience of SUDI, gender (more likely in boys), postnatal depression, age of mother, no antenatal education and late engagement with a midwife.

When using this guide, it is important to use appropriate conversation skills that are mana enhancing and non-judgemental as well as establishing a good rapport with māmā (mother) and families and whānau. Likewise, health professionals must take into account the strengths, wishes, beliefs, practices and needs of families and whānau.

SUDI Needs Assessment and Care Planning Guide

Place baby in their own baby bed in the same room as their parent or caregiver

Questions to help health professionals assess the needs of hapū māmā (pregnant mothers), families and whānau	Risk factors	Protective care	Support services available to help families and whānau reduce risk
Antenatal A safe sleep space is very important and should always be considered. Have you thought about or have you decided where baby will sleep?	 Baby sleeps in the same bed as parents, siblings, other family or whānau, especially when occupants have been using drugs or alcohol, or are very tired. A car seat is used as a place for baby to sleep. This is a particular risk when baby is very young as their head may slump forward and obstruct the airway. Car seats must be used in cars but should not be used as a sleeping space when not traveling in a car. 	 Provide baby with their own bed (eg, bassinet, wahakura or Pēpi-Pod®) in the same room as their parent or caregiver. Place baby in their own bed (eg, wahakura, Pēpi-Pod®) for every sleep, including when visiting friends and whānau. 	Whānau can access wahakura and/or waikawa through the safe sleep coordinator of their district health board (DHB) or equivalent service (eg, midwife or Well Child / Tamariki Ora). Some weavers make wahakura and/or waikawa that whānau can buy if they do not have access to these taonga and are not eligible to attend a weaving wānanga (education seminar) or receive one via their DHB. Families and whānau can obtain a Pēpi-Pod® through their DHB's safe sleep coordinator if they are eligible or they can buy one through Change for
Birth I'm keen to hear about baby's sleeping arrangements at home. Has baby got their own baby bed or safe sleep device (SSD)? Postnatal How has baby been sleeping? Does baby always sleep in their own baby bed, bassinet, cot, wahakura or Pēpi-Pod®?	Objects make it hard for baby to breathe, cover baby's face, flex baby's neck or apply pressure to baby's chin or chest. Sleeping surfaces that are unsafe (eg, pillows, sofas, hard surfaces, saggy or soft mattresses). Sleeping spaces that contain toys, pillows, bumper pads etc Baby sleeps in another room without proper monitoring or some distance from parents' room. The evidence is clear that unsafe sleep spaces are a risk, even if sleep position is optimal.	 Sleep baby in their own SSD (eg, cot, bassinet, wahakura or Pēpi-Pod®) in the same room as their parent or caregiver. Have a mattress that fits to all of its edges. Have a firm flat mattress, no more than 40 mm thick, as it could be a suffocation hazard. Have blankets firmly tucked under the mattress. Have no extra blankets. Place the SSD away from windows, curtains and any hanging objects. Sleep baby in their own bed (eg, cot, bassinet, wahakura or Pēpi-Pod®) for every sleep, including when visiting friends and whānau. 	our Children: www.changeforourchildren.nz/safe_start_programme For contact information on safe sleep coordinators in your DHB region, please go to: www.sudinationalcoordination.co.nz/Safe-Sleep-coordinators

Eliminate smoking in pregnancy and protect baby with a smokefree family, whānau, whare (home) and waka (car)

Questions to help health professionals assess the needs of hapū māmā (pregnant mothers), families and whānau	Risk factors	Protective care	Support services available to help families and whānau reduce risk
Antenatal I'd like to share with you the benefits of you, and family or whānau who live with you, being smokefree. I also have some great options to help you become smokefree.	Smoking in pregnancy: increases the risk of SUDI doubles the chance of premature birth can result in low birthweight lowers the amount of oxygen available to mother and baby, which can affect baby's arousal reflex once they are born increases baby's risk of developing respiratory problems. Note: These risk factors also apply to smoke from substances other than tobacco.	 Local stop smoking support services are available. Many are free. Practitioners trained in helping pregnant woman are available. Stop smoking services are also available to anyone wishing to have a supported quit journey. Support can be face to face – individual, group, family or whānau – or through phone calls, text, workplace initiatives and web chat. Evidence shows that quitting smoking with a support service is much more effective than quitting alone. Services can include support to switch to vaping (e-cigarette use). Services support the mother and/or whānau to switch to vaping. if they have been unsuccessful, using nicotine replacement therapy or vaping is preferred. Services are able to support women to make an informed choice on this matter. 	See 'Further information' for websites on where to access stop smoking support services across Aotearoa New Zealand. Note: Government-funded providers are available.
Birth I'd like to give you a little information about the benefits of a smokefree environment. (Note: Asking permission first encourages a more positive response.) Postnatal Have the family or whānau or you considered any changes to smoking since baby has arrived?	Second-hand smoke contains a range of toxic substances that are harmful to babies, children and adults. Second-hand smoke increases the risk of developing breathing difficulties, middle ear infections, lung problems, life-long cancer and heart disease risk. Babies and children are more susceptible to the effects of second-hand smoke than adults are.	 Have a smokefree family, whānau, whare and waka. All tobacco use occurs outside, away from baby's environment and breathing space. Brand the whare and waka smokefree (eg, using stickers and magnets). Wash face and hands after tobacco use and before handling baby. 	

Position baby flat on their back to sleep - face clear of bedding

Questions to help health professionals assess the needs of hapū māmā (pregnant mothers) and whānau	Risk factors	Protective care	Support services available to help whānau reduce risk
Antenatal I'd like to give you a little information about the safest sleep positions for baby.	Family, whānau and hapū mama have not received best-practice safe-sleep information.	Provide information on access to antenatal educational providers (eg, hapū wānanga, Royal NZ Plunket Trust, childbirth classes, Parents Centre).	Mokopuna Ora (<u>https://mokopunaora.nz</u>) Well Child / Tamariki Ora service eg, Royal NZ Plunket Trust or local Māori/iwi service provider.
Birth Tell me about how baby settles to sleep.	Sleeping baby on his/her front is a very significant risk factor that contributes to the deaths of otherwise lower-risk infants. Baby sleeps on side or front (stomach).	 Provide best-practice safe-sleep information. Provide information on keeping baby's airway open wherever they are sleeping (eg, in a baby bed or a car seat). 	Midwives, hospital staff, doula (supporter during and after birth). National SUDI Prevention Coordination Service (http://sudinationalcoordination.co.nz).
Postnatal Tell me about how baby settles to sleep. (Most families and whānau have beliefs about what is a good sleep position and usually other family and whānau members are offering advice. Achieving protection requires a genuine inquiry into concerns and providing good information to the whole family and whānau.)	 Baby sleeps on a pillow or deep, soft item. Baby is too big for bassinet or safe sleep device. Baby sleeps with neck flexed (eg, with a pillow or in a car seat). Sleeping on front increases the arousal threshold (it's harder to wake baby up) so that baby doesn't wake normally when they have problems breathing. 	When baby sleeps on their back, their cough and gag reflexes are strongest. That means they will clear their airways if they need to and gravity will take the milk back into the oesophagus, which is behind the airway when a baby is on their back.	

Encourage and support exclusive breastfeeding and gentle handling of baby

Questions to help health professionals assess the needs of hapū māmā (pregnant mothers), families and whānau	Risk factors	Protective care	Support services available to help families and whānau reduce risk
Antenatal Tell me about your plans for caring for your baby. Is breastfeeding baby what you and your partner, family and whānau are planning?	Being formula fed could: contribute to more respiratory and/ or gastrointestinal infections that may compromise airways adversely affect breathing and swallowing coordination. Note: Formula feeding produces a different sensitivity to cues between baby and mother.	Breastfeeding: protects against diabetes, heart disease, obesity and ear infection. provides baby with complete age and developmentally appropriate nutrition. provides baby with immunity and good gut flora to reduce risk of allergy. develops jaw muscles, which help with language development. needs to begin as soon as possible after birth. supports the development baby needs to coordinate swallowing and provide a clear airway. improves mother's sensitivity to cues from baby – that is, she has better subconscious awareness of her baby's needs.	For information on breastfeeding support services, including lactation consultants and local support, ask your midwife or go to: NZ Breastfeeding Alliance: www.babyfriendly.org.nz La Leche League: http://lalecheleague.org.nz NZ Lactation Consultants Association: www.nzlca.org.nz Mama Aroha Talk Cards: www.mamaaroha.co.nz BreastFedNZ: www.breastfednz.co.nz PlunketLine: 0800 933 922.
Birth Have you received support to establish breastfeeding? What support have you been receiving for breastfeeding your baby? Postnatal Tell me about how breastfeeding is for you and your baby.	Formula feeding does not offer the protective factors that colostrum and breastmilk provide. Compared with breastfeeding, formula feeding changes the sensitivity to cues between baby and mother, which increases the risk of SUDI.	Colostrum: contains immune cells and antibodies to protect newborns against disease delivers its nutrients in a concentrated volume, which helps newborns because they have immature and small digestive systems. With positive breastfeeding experiences, mothers can sustain tikanga ūkaipō (traditional practice of breastfeeding) beyond the womb as a nurturer, protector and pillar of whānau ora. Breastfeeding improves coordination of breathing and swallowing.	

Additional considerations - Alcohol and drug use

Questions to help health professionals assess the needs of hapū māmā (pregnant mothers), families and whānau	Risk factors	Protective care	Support services available to help families and whānau reduce risk
Antenatal It is common for mothers to worry that things might affect their baby, like smoking, alcohol or drugs, or being stressed, or someone hurting baby. What are the things that you worry will affect your baby?	Alcohol and drug use can affect baby's growth and brain development during pregnancy	Provide information on the effects of alcohol and drug use for a growing fetus.	For information on alcohol and drug addiction services, contact your DHB or visit the Ministry of Health website at: www.health.govt.nz/your-health/healthy-living/addictions/alcohol-and-drug-abuse
Birth Is there anything in your home or that happens in your home that makes you concerned for baby's wellbeing?	Alcohol and drug use increases the risk of premature birth and low birthweight.	Handle baby gently – they are vulnerable.	
Postnatal Are there any times when you would like help with caring for baby?	 At some social events, baby may have no adequate sleeping area or space. Babies are vulnerable to loud voices and actions and it is good for baby to have a sober, calm and focused person caring for them. 	 Organise a safe sleep device (eg, wahakura, Pēpi-Pod®) for baby when attending social events. Note: Car seats are not appropriate. Ensure a sober adult caregiver is available for baby at all times. 	

Additional considerations - Immunisations

Questions to help health professionals assess the needs of hapū māmā (pregnant mothers), families and whānau	Risk factors	Protective care	Support services available to help families and whānau reduce risk
Antenatal Tell me what you know about immunisation.	Hapū māmā, family and whānau receive no information on the New Zealand Immunisation Schedule. Babies who are not immunised are at higher risk of SUDI.	Immunisation is safe and it is the best protection a child can get against serious illnesses that cause death or lifelong disability (eg, pneumococcal meningitis, measles encephalitis, paralysis from polio, whooping cough).	Refer to: • Family or whānau general practitioner • Well Child / Tamariki Ora service • Outreach immunisation service.
Birth Are you planning on immunising your baby? Postnatal Do you have any concerns about immunising baby?		Immunising baby: • protects them against childhood illnesses • reduces the risk of spreading disease to others. Health professionals should provide clear evidence-based information on immunisation, how and when immunisation is given and why it is important to have immunisations on time. They should make it easier to access immunisation by notifying primary care early of a baby's birth and reminding families and whānau of the six-week immunisations before baby is discharged from midwifery care.	Well Child / Tamariki Ora Programme www.wellchild.org.nz Plunket www.plunket.org.nz Ministry of Health www.health.govt.nz Immunisation Advisory Centre www.immune.org.nz
	The aim of vaccines is to prime the body so that when an individual is exposed to the disease-causing organism, their immune system is able to respond rapidly and at a high activity level. As a result, the immune system destroys the pathogen before it causes disease, reducing the risk of it spreading to other people.		

Additional considerations - Wellbeing

Questions to help health professionals assess the needs of hapū māmā (pregnant mothers), families and whānau	Risk factors	Protective care	Support services available to help families and whānau reduce risk
Antenatal Tell me about your pregnancy. Have you had any medical problems or are you aware of any potential medical problems, eg, gestational diabetes or large for gestation?	 Baby has a low birthweight (under 2,500 g). Baby is premature (under 37 weeks). Multiple birth occurs. Hapū māmā has a mental health condition. 	 Provide regular antenatal check-ups. Give the māmā, family and whānau the knowledge and support they need to reduce risk. Check the māmā for mental health wellness. 	General practices (including nurses), lead maternity carers, midwifery and maternity services. Specialist intervention may be required where health is vulnerable.
Birth Have you received education on how to manage if baby is unwell? Do you have any questions you want answered? Have you received support for your mental wellbeing?	 Family and whānau are not aware of baby's signs of sickness (eg, high temperature, breathing difficulties). Babies with some disabilities (eg, down syndrome or cerebral palsy) find it harder to breathe, cough or move. Baby is admitted to small baby unit, neonatal intensive care unit or neonatal unit. Māmā has a mental health condition. Baby needs to be kept warm to grow and thrive. 	Learn how your baby responds when unwell. Keep room at a consistent temperature of about 20° Celsius.	
Postnatal If baby is not breathing well due to illness or any other medical issues, are you and your family and whānau confident about your ability to care for baby? Have you received support for your mental wellbeing?	 Baby has respiratory illnesses or gastroenteritis. Family and whānau do not recognise baby's signs of sickness, including breathing difficulties, fast heart rate and temperature changes. Māmā has a mental health condition. 	 Recognise baby's cues when they are unwell, having difficulty breathing or having increased heart rate. Have a mental health wellness check. 	Refer to: • Family or whānau general practitioner • Well Child / Tamariki Ora service • Mobile Māori nursing service • PlunketLine 0800 933 922.

Further information

Safe sleep coordination

The District Health Boards across New Zealand have dedicated safe sleep coordinators and champions who can advise on safe sleep programmes and on procuring, distributing and accessing safe sleep devices.

For contact information on safe sleep coordinators (by region), please go to:

Hāpai Te Hauora, Safe sleep coordinators
 http://www.sudinationalcoordination.co.nz/safe-sleep-coordinators

Stop smoking and harm reduction support services

Stop smoking service providers, located throughout Aotearoa New Zealand, can help smokers with the quit journey. They provide a quit plan, along with free and flexible support and free nicotine replacement therapy.

For information on your local stop smoking service, go to:

- Ministry of Health's 'Stop smoking' page www.health.govt.nz/your-health/healthy-living/addictions/smoking/stop-smoking
- Smokefree's stop smoking services www.smokefree.org.nz/help-advice/stop-smoking-services
- Quitline https://quit.org.nz

You can also visit the Heart Foundation website for information on the risks of smoking and where to access stop smoking support:

• Heart Foundation, Quit smoking - www.heartfoundation.org.nz/wellbeing/managing-risk/stop-smoking

Midwifery information

Visit the following websites for information on where to find midwives and other lead maternity carers across New Zealand plus their relevant contact details. The Midwifery Council website also describes what you can expect from a midwifery service.

- Find Your Midwife www.findyourmidwife.co.nz
- New Zealand College of Midwives www.midwife.org.nz
- Baby Friendly Aotearoa New Zealand https://www.babyfriendly.org.nz/

Well Child / Tamariki Ora and Plunket

Well Child / Tamariki Ora and Plunket are Ministry of Health funded programmes. Each child is registered with only one provider of these services. Well Child / Tamariki Ora provides health visits and support services that are free to all families and whānau with children from around six weeks to five years of age.

Tamariki Ora providers are Well Child nurses, usually linked to a community health or social service provider, who are trained to deliver the Well Child /Tamariki Ora programme. They are linked closely with community-based health and social services and are often Māori- or Pacific-based services.

Plunket is the largest provider of support services to develop health and wellbeing of children under the age of five years. It works together with families, whānau and communities to ensure the best start for every child.

For more information, go to:

- · Well Child / Tamariki Ora Programme www.wellchild.org.nz
- Plunket www.plunket.org.nz