

Safe Sleep Advice to Safe Sleep Action:

Pilot of the Pēpi-pod Program in Indigenous communities

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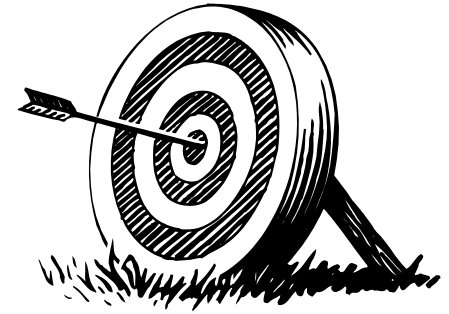
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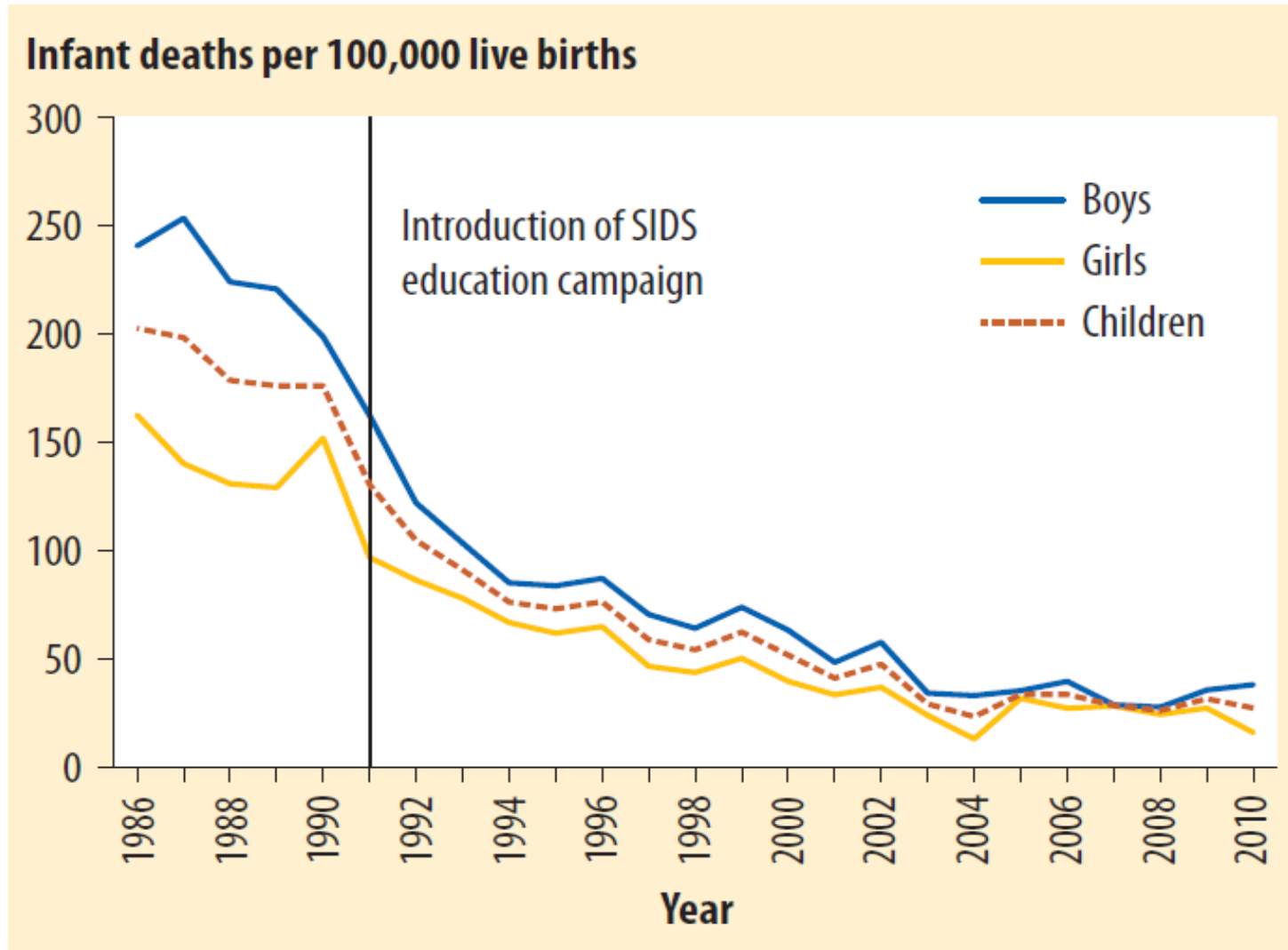
Learning Objectives

Describe an innovative strategy that aims to reduce Indigenous infant mortality by combining practical real-time support with a health promotion intervention that uses community networks used by vulnerable families.

Disclosure Statement

I, Professor Jeanine Young, employee of the University of the Sunshine Coast, declare that I have no conflict of interest, nor relationship through sponsorship or commercial support, with any financial organisation regarding material discussed in this presentation.

Background: Infant Mortality Trend in Australia



Australian Institute of Health and Welfare 2012. A picture of Australia's children 2012. Cat. no. PHE 167.
Canberra: AIHW; Released October 2012

The last 20%

- SUDI: 97% have ≥ 1 preventable risk factors
- SUDI rate 3-4x higher for Indigenous infants
- Infant mortality 2x higher for rural / remote
- LBW, premature
- Smoking/ drugs/ alcohol
- Not breastfeeding
- Shared sleeping in unsafe environments (36-46% of deaths in co-sleeping environment)
- Sofa sharing



<http://www.abc.net.au/news/2011-10-12/aboriginal-baby-mortality-rates-higher/3553304>

2012: Sleep Safe, My Baby: 6 ways to reduce risk of SUDI

- Sleep **baby on the back** from birth, not on tummy or side
- Sleep baby with **head and face uncovered**
- Keep baby **smoke free** before birth and after
- Provide a **safe sleeping environment** night & day
- Sleep baby in their **own safe sleeping place** in the **same room as adult care-giver** for the first 6-12mths
- **Breastfeed** baby

sidsand**kids**®



MITCHELL EA, FREEMANTLE J, YOUNG J, BYARD RW. (2012) Scientific consensus forum to review the evidence underpinning the recommendations of the Australian SIDS and Kids Safe Sleeping Health Promotion Programme – October 2010. *Journal of Paediatrics and Child Health* 48(8): 426-633.

YOUNG J, WATSON K, ELLIS L, RAVEN L. (2012) Responding to evidence: Breastfeed baby if you can – the sixth public health recommendation to reduce the risk of sudden and unexpected death in infancy. *Breastfeeding Review* 20(1): 7-15.

Identification of the Problem

- Indigenous SUDI rate 3-4 times higher
- Co-sleeping: cultural norm in Indigenous communities
- Risk factors associated with co-sleeping that increase SUDI risk are more common in Indigenous populations
- Successful trials of safe sleep enablers in NZ Maori communities

Need

- culturally acceptable strategies to promote safe sleeping environments in Indigenous communities



<http://www.creativespirits.info/aboriginal-culture/health/aboriginal-mothers-and-children#toc0>

Photo: k-girl, Flickr

Aim

To determine acceptability of the Pēpi-pod Program, a portable infant sleep space, embedded within safe sleep health promotion, within a sample of Aboriginal and Torres Strait Islander families.

Design

Exploratory descriptive design to report parent experiences of using the Pēpi-pod Program.



Ethical, Site Specific & Elder Approval

The Values and Ethics: Guidance for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research (2003)

Statement on Ethical Conduct in Human Research (2007), Updated March 2014

Ethical approval from each participating
Queensland government health service
Site Specific Approval and collaborative
agreements from each participating site

Consultation with Community Council was
sought to gain support and approval for the
project in communities

www.nfsa.gov.au



Population & Sample

Purposive selection: 4 Indigenous antenatal & maternity care services (metro/rural/remote)

Eligibility Criteria:

Parents of baby (ideally <1 month) with ≥ 1 SUDI risk factors

- Aboriginal and/or Torres Strait Islander
- Maternal smoking: antenatal/postnatal
- Intention to bedshare
- Recent drug use (including prescription)
- Alcohol use
- Preterm (≤ 36 weeks)
- Low Birth Weight (< 2500 grams)

Recruitment: Pēpi-pod trained local service provider or research team member



Pēpi-pod Program: Intervention

3 interlinked components

Safe Space

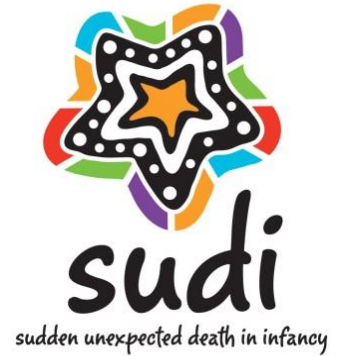
General purpose box transformed into an infant bed through fabric cover, tight fitting mattress and bedding

Safe Care

Parent education about safe sleeping and '*Rules of Protection*'

Role of the Family

Commitment to spread what they have learned about protecting babies as they sleep



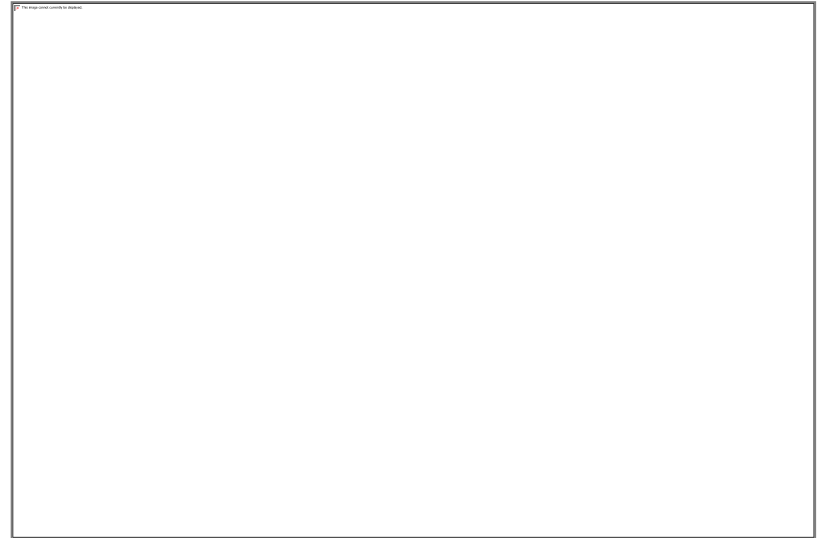
RULES OF PROTECTION

for babies in pēpi-pods

*On the back, face clear, only baby in here,
every sleep, everywhere,
always breathing smoke free air,
drugs and drinking nowhere near,
own space, best care.*

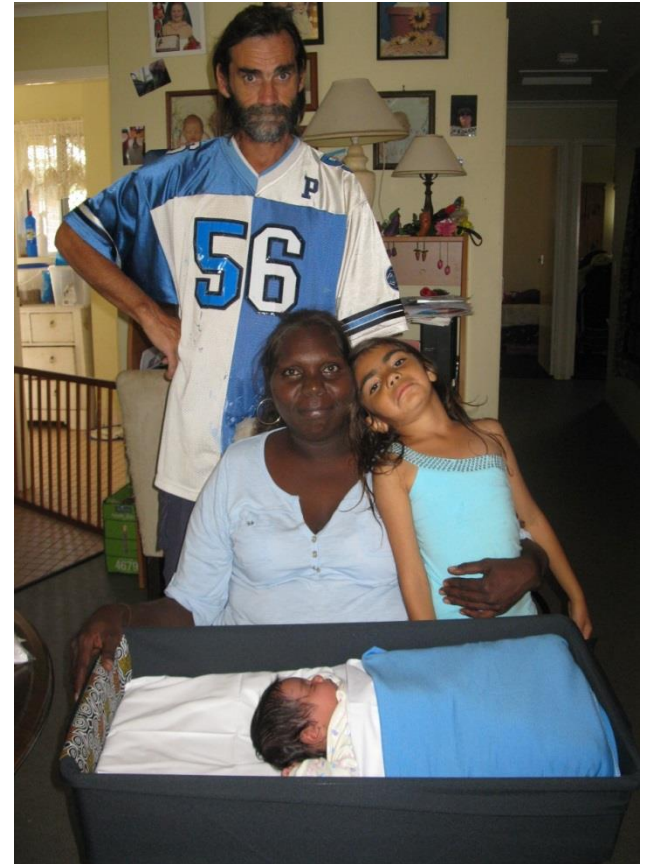
Health Professional Education and Support

- Study protocol and eligibility criteria
- Family information and consent
- Tailored recruitment process for specific service: use existing networks, & current visiting schedule with families
- Family information & consent
- Infant settling strategies
- Potential role of Pēpi-pod
- ABC responsibilities of distributors:
 - Assemble the Pēpi-pod
 - Brief parent on safe use of Pēpi-pod
 - Complete the paperwork
- Briefing information checklist: safety briefing and ‘rules of protection’



Data Collection

- Family Detail Form at Recruitment
- 2 week check – check acceptability of Pēpi-pod
- Monthly Surveys
(phone or face-to-face: 4, 8, 12, 16, 20 wks or until pod use ceases)
 - Knowledge of SUDI risk factors
 - Strategies to enhance safety
 - Circumstances *of pod* utilisation
 - Usual baby care ‘yesterday’ & ‘last night’
 - Infant care enhanced by pod use
 - Limitations/adverse events associated with pod



Demographic Characteristics of Pilot Families

Table 1: Demographic characteristics of families using the Pēpi-pod

Family	Maternal Age (yrs)	Marital Status	Pod use commenced baby age (wks)	Ethnicity	Risk Factors	Outcome
Family 1	Early 30s	Single	8wks	Aboriginal	<ul style="list-style-type: none"> • LBW baby • Crowded living conditions • Many siblings • Intended to bedshare • No baby bed/cot 	Did not use pod; didn't trust baby in pod with other children around
Family 2	Mid 20s	Married	8wks 6 days	Aboriginal	<ul style="list-style-type: none"> • Concerned about nighttime feeds & falling asleep in bed and husband rolling • No safe sleeping place when visiting family (pram used) • Portacot at home 	Pēpi-pod used
Family 3	Early 30s	Single	14 days	Aboriginal	<ul style="list-style-type: none"> • Premature, LBW • Regular household smoking • No baby bed: only pram or bedsharing 	Pēpi-pod used
Family 4	19	Partner	1wk 1 day	Maori (Mum) Aboriginal (Dad)	<ul style="list-style-type: none"> • No baby bed • Intention to bedshare 	Pēpi-pod used
Family 5	27	Partner	8wks 3 days	Aboriginal	<ul style="list-style-type: none"> • Regular household smoking • Regular alcohol use • Have cot, regularly bedshare with mum only 	Pēpi-pod used

Results



Safety

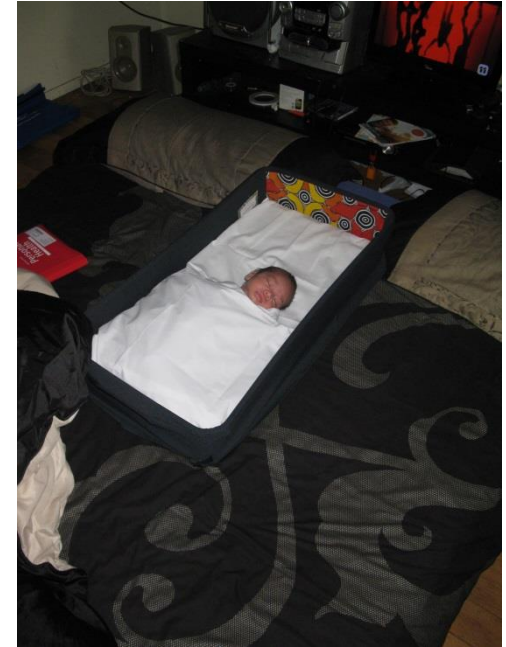
Convenience

Portability

Safety

“Can have it (the Pēpi-pod with baby) in the bed and not worry”

(mother of baby 8 week 3 days)



“Safety wise it’s awesome. Sometime, you just flake out, you’re exhausted. You know that baby’s there and I know she is safe. I am aware of the box but I know I’m not going to roll on her”

(mother of baby 9 weeks 4 days)

Convenience

“The pod is very convenient to use. I keep him with me, no matter where I am in the house.” (mother of baby 9 weeks)



“Baby can be in the Pēpi-pod on the couch until he falls asleep. I find this convenient – don’t have to disturb him”. “...don’t have to touch him.”
“..father can carry him into bedroom without waking him.”
(mother of baby 8 weeks)

“When I visit my parents, because I had the Pēpi-pod, I didn’t have to take a lot of stuff with me. I took it (pēpi-pod) to my parents and used it as a bath as well.” (mother of baby 9 weeks 4 days)

Portability

*“Can take to (grandmother’s) mother’s house.”
“Especially good when we go out to friends
BBQ (for example) – they live out of town a bit”
(mother of baby 8 weeks 6 days)*

*“Pēpi-pods are light, easy to carry, and don’t
take up much space. I can settle her in the pod
on my lap while I’m watching TV”
(mother of baby 4 weeks)*



Emergency Response

“Parents used the pods at the evacuation centre when we had the Cyclone in the Cape. We didn’t have space for cots”
(Indigenous Health Worker & Community Elder)

“The pēpi-pod fit in the car when the other stuff didn’t (prams, cots) when parents had to evacuate from their houses”
(Indigenous Health Worker)

Hopevale Community Centre
11 April 2014 Cyclone Ita



Conclusion



- Acceptability: Pēpi-pod Program was a culturally acceptable portable sleep space and intervention
- Themes:
 - safety
 - convenience
 - portability
- Used appropriately by parents
- Feasibility: integrated into some health services
- Pilot results have informed larger trial
n=300 across 7 Queensland communities

Safe Sleep Advice to Safe Sleep Action

Acknowledgements



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SIDS and Kids

Office of the State Coroner

Commission for Children and Young People and Child Guardian

Office of Fair Trading Department of Product Safety

The families

Ngarrama Antenatal and Birthing Project: Caboolture Hospital

Townsville-Mackay Medicare Local – New Directions: Bubba's Business

Woorabinda Multi-Purpose Health Service

Logan Aboriginal & Torres Strait Islander Community Health Service (ATSICHS) Mums & Bubs Clinic

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