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Tēnā koe

National SUDI prevention needs assessment and care planning guide

Thank you for your email dated October 19 asking for quick feedback on the above guide. New Zealand Nurses Organisation *Tōpūtanga Tapuhi Kaitiaki o Aotearoa* (NZNO) have consulted members with relevant experience and expertise, who welcome the guide and offer the suggestions, listed below. These are mainly aimed at providing a rationale and/or more information to help parents understand and anticipate risks more broadly which will help with their assessment and decision-making in other contexts other than the ones listed. Eg understanding the importance of making sure the baby's head cannot slump forward and block its airway is knowledge that can be applied beyond not using car seats for sleeping. Note: NZNO additions/comments in italics.

SUDI prevention strategy: Place baby in their own baby bed in the same room as their parent or caregiver:

- *We recommend guidance (and education) around cultural sensitivity as for many cultures it is normal for parents to sleep with babies. The wrong approach may alienate the parent, undermine trust and be a barrier to good health outcomes. At the recent Waitangi Tribunal hearing on Māori health, Te Rūnanga o Aotearoa, NZNO noted that it is essential that all Aotearoa New Zealand and overseas registered health professionals are required to complete any bicultural training before working with Māori¹.*

Risk factors

- Baby sleeps in the same bed as parents, siblings or whānau, *especially when occupants have been using drugs, alcohol, or are very tired. (In this context we note that historic data rarely captured all risk factors)*
- Using a car seat as safe-sleep device. *This language is confusing – a bed is not a “safe-sleep device”. We suggest: Using a car seat as a safe place for baby to sleep, particularly when the baby is very young as the baby's head may slump forward and obstruct the airway.*
- Objects that make it hard for baby to breathe, cover baby's face, flex baby's neck or apply pressure to baby's chest, *such as bumper pads in cots, covering the pram/ stroller or car seat with a blanket, or*

¹ <https://www.justice.govt.nz/assets/Documents/Publications/Final-Submissions-Summary-Report.pdf>

covering the breast area when breast feeding. Overheating can also be an issue when babies' are covered.

Support Services

- *NZNO strongly advocates for a proactive strategy whereby all new parents are offered a Pēpi-pod®. Members note that many people do not know they are available, and/or are too shy to ask.*
- *We recommend adding Family Start to the list of referral agencies.*

SUDI prevention strategy: Eliminate smoking in pregnancy and protect baby with a smokefree whānau, whare and waka.

Risk Factors

- *any environment with smoke, including smoke from substances other than tobacco, because it contains tiny particles which may be inhaled.*

Protective Factors

- *Services can include support to switch to vaping (e-cigarette use) if the mother or whanau is not ready to quit (harm minimisation). We suggest this will only be effective if vape products are subsidised. We strongly recommend the Ministry of Health reverse its contradictory approach to e-cigarettes and regulate them, rather than merely recommend them as a quit-aid. In view of the increasing uptake of e-cigarettes and paucity of research around the long term effects, we also recommend the Ministry funds research on the potential impact of vapour especially around babies.*

SUDI prevention strategy: Encourage and support exclusive breastfeeding and gentle handling of baby.

Risk Factors

- *Add information that some cases sick or premature babies might need formula: get advice from medical/ health professionals about safe formula use*
- *We suggest rephrasing Compared with breastfeeding, formula feeding produces a different sensitivity to cues between baby and mother, which increase the risk of SUDI because breastfeeding while talking on the telephone or being on the internet can also interfere with a mother's sensitivity to baby's cues.*

Protective Factors

Breast feeding is recommended as best for baby because:

- *Breastfeeding protects against diabetes, heart disease [and] obesity and ear infection.*
- *Breastfeeding provides baby with complete age/developmentally appropriate nutrition.*
- *Breastfeeding provides baby with immunity and good gut flora to reduce risk of allergy.*
- *Breastfeeding helps to establish a bond with mother.*
- *Breastfeeding develops jaw muscles, which help with language development*
- *Breastfeeding needs to begin as soon as possible after birth.*
- *Babies are vulnerable and need gentle handling.*

Additional Considerations

Blue Area. Risk Factors Alcohol and Drug use

- Birth – *Parental alcohol and drug use can contribute to poor decision making and low tolerance of baby's needs*
- Postnatal – *Babies are vulnerable to loud voices and actions and need a calm, focused person caring for them*

Green area. Questions Antenatal

- Have you been well in your pregnancy? *Additional question needed re Gestational Diabetes or large for gestation*

We trust the above is useful.

Nāku noa, nā



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About NZNO

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 52,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse.*