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| **ISA ISPID  Abstract Submission  Nº: 268**   |  | | --- | | Topics: **Implementing best practices** | | Type: **Oral** | | **A culturally acceptable and targeted district health board programme to reduce Sudden Unexpected Death in Infancy in a high risk indigenous population in Aotearoa, New Zealand** | | **Mulligan, Estelle**1; **Dear, Mary**1; **Christine, McIntosh**1 *1 - Counties Manukau Health.* | | **Introduction:** Sudden Unexpected Death in Infancy (SUDI) is the leading cause of preventable death in infancy in New Zealand. Māori are 5 times more likely to experience SUDI than non-Māori in New Zealand, with around 40 SUDI among Māori per year. These deaths can be prevented by modifying risk factors e.g. safe sleep space, back sleeping, smoke free pregnancy, and breastfeeding. Counties Manukau Health (CMH) has approximately 8,500 births per year. 57% of children live in high deprivation and material hardship, and 30% in crowded housing with many whanau (families) transient. CMH has one of the highest SUDI rates in New Zealand.  **Objective** To integrate the principles of the Northern Regional Alliance (NRA) SUDI Action Plan and the Safe Sleep Policy throughout CMH in order  to significantly reduce SUDI within our communities.  **Material and Methods**  CMH established a SUDI Governance Group to implement the SUDI Action plan.   The CMH Safe Sleep Intervention Programme was informed by CMH research McIntosh & Trenholme 2013-14 , and aligned to NRA SUDI 5 year action plan. A Safe Sleep Coordinator was appointed providing leadership and implementing a work programme targeting workforce practice and education, community engagement, and safe sleep intervention with whanau. Safe Sleep Education and culturally acceptable practice became the first priority for the workforce of Maternity and Child Health Professionals working with Mothers, babies and whanau.   Whakawhetu provided ‘PEPE’ safe sleep messages and a Maori cultural perspective, and TAHA  Well Pacific Mother and Infant Service,  provided a Pacific cultural ‘world view’. A Safe Sleep intervention model was established to support families with baby beds, education, smoking cessation program, breastfeeding support and PEPE messaging with all SUDI awareness education is promoted at Community festivals, and National Safe Sleep Day.  The Safe Sleep Policy & Audits implemented in all Birth units, Maternity wards, Neonatal care, Kidz First medical; with point of care audits reported as quality and safety processes. Establishment of Safe Sleep Champions in all Maternity and Child Health services, including a Safe Sleep Champion monthly meeting with Community, Health and Social Sector organisations.  **Results** SUDI rates dropped – reduction of a third over the last 5 years versus prior 5 years; SUDI rate reduced by 33% among the total Counties Manukau population in 2010-2014, compared to 2005-2009 (going from 1.44 to 0.96 per 1,000 live births). There was a 40% reduction in the Counties Manukau Māori population in 2010-2014, compared to 2055-2009 (going from 3.26 to 2.13 per 1,000 live births).  **Conclusions** Workforce understanding of best practice and recognising the right communication styles with a variety of ethnicities is essential to embedding safe sleep messages. PEPE messaging and Safe Sleep behaviours are now embedded within all Maternity, Newborn, Infant and Child health services in CMH  through a comprehensive education campaign. Links with community support networks have been established and have motivated to effect change in SUDI rates. A Safe Sleep Intervention program provides baby beds for babies identified in unsafe sleeping environments, and where whanau have no other options.  [i]  Ministry of Health, New Zealand, SUDI baseline information February 2016. Five year annualised average rate of sudden unexpected death in Infancy, Maori, Non-Maori and total population by District Health Board, 2005-2009 and 2010-2014 [ii] NRA SUDI 5 Year Action Plan 2013-2017; Safe Sleep Policy September 2013 [iii] McIntosh C.G. and Trenholme A., 2014.  Haumaru Moe O Te Pepe, South Auckland Safe Sleep Research [iiii] PEPE: Place baby in their own baby bed in same room as caregiver; Eliminate smoking in pregnancy, and protect baby with smokefree whanau, whare, and waka; Position baby on their back to sleep; Encourage breast-feeding and gentle handling of baby. | |  |  |  |  | | --- | --- | | **CONTACT** | | | Name: | **Estelle** | | Lastname: | **Mulligan** | | E-mail: | **Estelle.Mulligan@middlemore.co.nz** | | Country: | **New Zealand** | | Institution | **Counties Manukau Health** | | Cellphone: | **+64 21418453** | | City: | **Auckland** | |