



Wāhanga 6

Whāngai Ū me te Haumarutanga o te Moe

Module 6

Breastfeeding and Safe Sleep

Te Marautanga o ngā Akoranga Hapūtanga me te Mātuatanga

The Pregnancy and Parenting Information and Education Curriculum





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Tirohanga Whānui – Overview

Every year, the lives of many New Zealand babies are cut short because they are put to sleep in an unsafe sleep environment. Many of these deaths can be prevented. Creating a safe sleep environment is more than providing a separate sleeping space – it includes supporting mothers to eliminate smoking, sleeping babies on their backs and breastfeeding their babies.

Breastfeeding is essential in helping babies to grow and develop. Research shows that mothers who receive adequate information and support about breastfeeding antenatally are more knowledgeable about the benefits of breastfeeding and are therefore more likely to breastfeed.¹ Mothers who don't receive adequate antenatal information don't know how to initiate breastfeeding. These mums may discontinue breastfeeding because of fear of pain or a perceived lack of milk production for their baby. Women should be encouraged to discuss their desires around breastfeeding before baby is born and to draw on various support systems to guide them, such as whānau, lactation consultants and midwives.

The Ministry of Health recommends around six months of exclusive breastfeeding and then the introduction of solids while breastfeeding continues. With the rising rates of childhood obesity, particularly among Māori and Pacific children, it is important parents and/or whānau are supported to ensure babies continue to be exclusively breastfed for their first six months. This includes restricting the use of pacifiers, not introducing complementary ('comp') feeds and not introducing formula. Solids can be introduced at around six months of age.

Ngā Whāinga – Objective

The aim of this module is to emphasise the importance of breastfeeding, informed infant nutrition and safe sleep for infants.

Ngā Huangā Ako – Learning Outcomes

By the end of this module, participants will be able to:

- highlight the benefits of breastfeeding and how to get started with breastfeeding
- identify the risks of sudden unexpected death in infancy (SUDI) and describe safe sleeping practices for babies using engaging delivery methods and resources for families
- discuss infant nutrition and when to introduce solids.

Ngā Ngohe Whakawhanaungatanga – Ice Breaker Activities

1. Have a discussion about their understanding and beliefs regarding breastfeeding and safe sleep. Participants can state what their beliefs and practices are and the educator can try to understand the core reason behind them and what benefit they have today. Share current medical information supported by the latest evidence-based research and encourage further discussion about what is similar or different between cultural beliefs discussed.
2. Ask mothers and partners how they are feeling today. Use this as an opportunity for further discussion.

¹PPE Consultation interviews and focus groups with Māori and young mothers, 2015.



Ngā Kaupapa Matua – Key Messages

Key Messages and Tools	Delivery Guidelines, Details and Tips	Tools
Breastfeeding		
<i>Requirements of the Ministry of Health Pregnancy and Parenting Information and Education Services Nationwide Service Framework 2014 are shown below.</i>		
Breastfeeding Provide information to support establishing and maintaining breastfeeding, including breastfeeding benefits, skin-to-skin contact, rooming in, latching techniques and milk supply (including recognising cluster feeding patterns by infants and growth spurts), management of complications, availability of breastfeeding support services or lactation consultants, roles for fathers/partners and the importance of exclusively breastfeeding for around the first six months.		Refer to the Ministry of Health resources on breastfeeding and guidelines on healthy nutrition for breastfeeding women.
Safety and key equipment Discuss considerations for baby including car seat, bassinet/cot, first aid including resuscitation, sudden unexpected death in infancy (SUDI) prevention and safe sleep messages and Preparing for Parenthood.		
The Baby Friendly Hospital Initiative The Baby Friendly Hospital Initiative is a global campaign of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). The goal is to increase breastfeeding initiation and duration rates by protecting, promoting and supporting breastfeeding. This campaign recognises that implementing best practice in health services is crucial to the success of programmes. Best practice is represented by the Ten Steps to Successful Breastfeeding, which were first published in a joint WHO/UNICEF statement in 1989 – Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services. In New Zealand, all maternity services are required to achieve and maintain Baby Friendly Hospital accreditation. Nearly all services have achieved accreditation and 99.85% of infants born in maternity services are delivered in facilities accredited by the Baby Friendly Hospital Initiative (BFHI). Accreditation includes the following: <ul style="list-style-type: none"> • The person responsible for midwifery or nursing services reports that breastfeeding is discussed and information is given to pregnant women using those antenatal services, either individually or in a group. • The facility has a written description of the topics discussed in the antenatal programme (pertaining to BFHI and breastfeeding) and this is available for review along with the printed materials that support the topics being discussed. • The breastfeeding education content and information covers the Ten Steps to Successful Breastfeeding and other relevant information. 		Baby Friendly Hospital Initiative accreditation documents: http://www.babyfriendly.org.nz/going-baby-friendly/baby-friendly-hospital-initiative/

Key Messages and Tools	Delivery Guidelines, Details and Tips	Tools
Breastfeeding	<p>Have a female guest speaker attend with her baby to explain her experiences and show how to breastfeed baby.</p> <p>Encourage women to contact a lactation consultant within their area.</p> <p>Have a La Leche League or a hospital breastfeeding specialist as a guest speaker and see if you can organise a breastfeeding mother to demonstrate or use a DVD.</p> <p>Encourage mothers to download the free BreastFedNZ smartphone app.</p> <p>Use the Mama Aroha Breastfeeding Talk cards: http://www.mamaaroha.co.nz/</p>	<p>Breastfeeding – Ministry of Health: http://www.health.govt.nz/your-health/pregnancy-and-kids/first-year/helpful-advice-during-first-year/breastfeeding-perfect-you-and-your-baby</p> <p>The benefits of breastfeeding your baby and the different breastfeeding positions that you will find useful – Ministry of Health: http://www.health.govt.nz/your-health/pregnancy-and-kids/first-year/helpful-advice-during-first-year/breastfeeding-perfect-you-and-your-baby/how-breastfeed</p> <p>Breastfeeding NZ: https://www.youtube.com/user/breastfeedingnz</p> <p>Breastfeeding Support</p> <p>Auckland: http://nationalwomenshealth.adhb.govt.nz/Portals/0/A%20to%20Z/A%20to%20F/B/B%20Breastfeeding%20Support%20Directory%20ADHB.pdf</p> <p>Breastfeeding Support Directory – Counties Manukau District Health Board http://www.countiesmanukau.health.nz/assets/Our-services/attachments/2012-breastfeeding-support-directory.pdf</p> <p>Breastfeeding Support – Directory Waitemata District. Download from: http://www.healthpoint.co.nz/public/maternity/waitakere-hospital-maternity-services-waitemata/</p>
Skin-to-skin contact is important once baby is born (recommendation is for one hour) as it helps to establish early initiation of breastfeeding, bonding, breathing, heart rate, adjustment from womb to room temperature and temperature control.		<p>Starting Breastfeeding – the First Feeds – Ministry of Health Website http://www.health.govt.nz/your-health/pregnancy-and-kids/first-year/helpful-advice-during-first-year/breastfeeding-perfect-you-and-your-baby/starting-breastfeeding-first-feeds</p>
Emphasise the importance of breastfeeding , including the nutritional, protective, bonding and health benefits for the mother and baby and that it's economical.		<p>Pictures diagrams, DVD and support material to be provided.</p>

Key Messages and Tools	Delivery Guidelines, Details and Tips	Tools
<p>Explain:</p> <ul style="list-style-type: none"> • the role of colostrum • the importance of early initiation of breastfeeding • how to identify the signs baby is hungry and getting enough, e.g. lots of wet, dirty nappies, satisfied after a feed, gaining weight, settled most of the time • good positioning and attachment of the baby at the breast • supply and demand – how to increase their milk supply • the importance of keeping well, eating healthily and rest – the mother's body needs good food to feed baby • how to preventing common breastfeeding problems • that some women will have trouble with any of the following points and provide general advice on and options for: <ul style="list-style-type: none"> – what to do if baby is unsettled and has difficulty sucking or latching – concern about weight gained – ensuring a good milk supply – managing sleep and stress. <p>Discuss how fathers bonding will be affected by breastfeeding.</p>	<p>Undertake an activity to explain how often baby feeds and what is normal. Use the food diary for a pregnant woman; then compare it with the feeding pattern of a new-born.</p> <p>Or use a sample picture of real colostrum and compare it with mature milk and discuss.</p> <p>Explain the benefits of colostrum compared with cow's milk.</p> <p>Empower the mother to know what is normal and use the driver's licence as an analogy, e.g. week 1 & 2 beginner, week 3 restricted, then by the fourth week full.</p> <p>Advise pregnant women, partners and families that breast milk is specially designed to meet their baby's needs. Breast milk provides all the necessary nutrients and immunity for your baby and reduces the risk of SUDI.</p>	<p>Breastfeeding – Ministry of Health: http://www.health.govt.nz/our-work/life-stages/breastfeeding</p> <p>La Leche League NZ: http://www.lalecheleague.org.nz/</p> <p>Breastfeeding Friendly Workplaces: http://www.bfw.org.nz/</p> <p>Women's Health Action: http://www.womens-health.org.nz/</p> <p>Breastfeeding Support Directory– Auckland District Health Board (DHB): nationalwomenshealth.adhb.govt.nz/Portals/0/A%20to%20Z/A%20to%20F/B%20Breastfeeding%20Support%20Directory%20ADHB.pdf</p> <p>Breastfeeding Support Directory – Waitemata DHB: http://www.healthpoint.co.nz/public/maternity/north-shore-hospital-maternity-services-waitemata/</p> <p>Breastfeeding Support Directory – Counties Manukau DHB: http://www.countiesmanukau.health.nz/assets/Our-services/attachments/2012-breastfeeding-support-directory.pdf</p>
<p>Provide advice on where to get breastfeeding support:</p> <ul style="list-style-type: none"> • midwives • lactation consultants • peer councillors. 		

Key Messages and Tools	Delivery Guidelines, Details and Tips	Tools
<p>Encourage the mother to breastfeed.</p> <p>Promote exclusive breastfeeding (i.e. no water, drinks or food) to six months.</p> <p>Provide guidance on storing, expressing and use of breast milk. Provide advice that wherever they breastfeed to make sure they are awake, and when they have finished, to place baby back in the baby's own bed in the same room as a caregiver.</p> <p>If they are formula feeding, advise them to ensure it is prepared properly, including with washed hands and a fresh bottle, and that for the first three months water is boiled and cooled.</p>	<p>Have a female guest speaker attend with her baby to explain her experiences and show how to breastfeed baby.</p> <p>NOTE: In line with the Baby Friendly Hospital Initiative, you are only allowed to teach formula feeding on a 1:1 basis.</p>	<p>Ministry of Health DVDs.</p> <p>Eating for Healthy Babies and Toddlers – Ministry of Health: https://www.healthed.govt.nz/system/files/resource-files/HE1521%20Eating%20for%20healthy%20babies%20and%20toddlers.pdf</p> <p>Feeding Your Baby Infant Formula – Ministry of Health: https://www.healthed.govt.nz/system/files/resource-files/HE1306-Formula%20Feeding%20WEB.pdf</p>
<p>If they are returning to work, provide advice on workers' rights to breastfeed/express in a separate or private space at work.</p>		<p>Parental Leave – Employment New Zealand: http://employment.govt.nz/er/holidaysandleave/parentalleave/index.asp</p>

Dental Care

Advise parents and families that as soon as their child's teeth start to show, they will need to start brushing them.

Advise them to use a small soft toothbrush with a thin smear of fluoride toothpaste to brush their child's teeth from the time the first teeth appear and to assist with brushing until the child can hold a pencil.

Let caregivers know that Plunket staff or other Well Child health providers can tell caregivers how to contact their local dental clinic and enrol their child. They can do this as soon as the teeth come through. It is a free service. Community dental centres are often located at primary schools, or they should contact the dental department at their district health board to find the nearest clinic.

For information on how to enrol a child for free dental care, see the Ministry of Health's Oral Health webpage: www.health.govt.nz/oralhealth



Source: Well Child / Tamariki Ora My Health Book 2014, p. 27.

Caring for First Teeth – Plunket:

<https://www.plunket.org.nz/your-child/2-5-years/health-and-daily-care/caring-for-first-teeth/>

Key Messages and Tools	Delivery Guidelines, Details and Tips	Tools
<p>Introducing solids</p> <p>Provide advice that solids can be introduced from approximately six months and not earlier. Explain why:</p> <ul style="list-style-type: none"> • Their baby's bodies won't be ready. • Their baby's kidneys and digestion are not developed enough to cope with solid foods. • Babies and toddlers can choke on food easily, mainly because they have small air and food passages and are still learning to move food around in their mouths and how to bite, chew and grind food. • If solids are introduced early, the baby is more likely to get eczema, food allergies or respiratory infections. <p>Explain that it won't necessarily help them sleep better at night.</p> <p>Explain that as babies start eating other foods they may need fewer breastfeeds but it is still an important part of their diet. Until eight or nine months old, it's best to give them breast milk before solid food.</p>		<p>Feeding Your Baby – Ministry of Health: http://www.health.govt.nz/your-health/pregnancy-and-kids/first-year/6-12-months/feeding-your-baby</p> <p>Eating for Healthy Babies and Toddlers – Ministry of Health: https://www.healthed.govt.nz/system/files/resource-files/HE1521%20Eating%20for%20healthy%20babies%20and%20toddlers.pdf</p> <p>What Are Good First Foods for My Baby? – My Family Food: http://myfamily.kiwi/foods/articles/what+are+good+first+foods+for+my+baby%3F</p> <p>Starting Solids – Ministry of Health: https://www.healthed.govt.nz/system/files/resource-files/HE6014-Starting%20Solids-WEB.pdf</p>

Key Messages and Tools	Delivery Guidelines, Details and Tips	Tools
Safe Sleep		
<p>Safe sleep preparation</p> <p>Emphasise that safe sleeping for baby is important because it helps to prevent sudden unexpected death in infancy (SUDI).</p> <p><i>Explain what SUDI is and the risk factors:</i></p> <ul style="list-style-type: none"> • prone or side sleeping • smoking in pregnancy • not breastfeeding • bed sharing or co-sleeping. <p>Provide the following advice to keep babies safe while they are asleep:</p> <p>Place baby in their own sleeping space such as a bassinet, cot, Pēpi-Pod or wahakura.</p> <p>Baby's sleep space should be in their parent's room when parents are asleep for the first six months of life.</p> <p>This space should be separate from siblings and be provided in places visited frequently.</p>	<p>Encourage pregnant woman and their families to spot the 12 dangers on the safe sleep diagram in the workbook. Then explain the 12 dangers and suggest alternatives. Help mothers to think about the space they have at home and how they might configure it better for baby.</p> <p>This session can be held in a home with a mother with an infant (preferably still in a bassinet) if possible. Encourage the mother to have the infant there during the session so the attendees can observe mother–child interaction, crying and calming techniques, and particularly where and how baby is put to sleep. The mother could provide a brief tour of where baby sleeps, pointing out baby's bed (free of pillows, soft surfaces, gaps and cords), away from the window and heater.</p> <p>Where appropriate, the mother could share her experiences of being tired, breastfeeding, benefits of support people, and the fact that every time baby sleeps baby is put in baby's own bed.</p> <p>Every sleep is a safe sleep (in baby's own space and on his/her back).</p>	<p>Safe Sleep – Ministry of Health http://www.health.govt.nz/your-health/pregnancy-and-kids/first-year/helpful-advice-during-first-year/safe-sleep</p> <p>SUDI prevention services – Whakawhetū Mokopuna Ora: http://www.whakawhetu.co.nz/</p> <p>Pēpi-Pod Sleep Space Programme – Change for our Children: http://www.changeforourchildren.co.nz/pepi_pod_programme</p> <p>Safe Sleep for Your Baby – Kids Health: http://www.kidshealth.org.nz/safe-sleep-your-baby</p> <p>Safe sleep YouTube video: https://www.youtube.com/watch?v=oT1MQWvfgK8</p> <p>Keeping your baby safe – Plunket: https://www.youtube.com/watch?v=PVEsnVFqSnY</p>
<p><i>Promote safe sleeping by using PEPE message:</i></p>		

Key Messages and Tools	Delivery Guidelines, Details and Tips	Tools
<p>Place baby in his own safe baby bed (no pillows, no soft surfaces/couch, no gaps and cords), in the same room as a sleeping caregiver for the first six months. Unsafe sleep spaces can lead to suffocation, wedging, strangulation or smothering.</p>	<p>Demonstrate with baby or doll what happens to baby's neck and airway in a sling, on a pillow, on an arm and in a car seat. Utilise a tube or a drinking straw to show how small babies airway is and how easily it can get blocked or cut off.</p>	 <p><i>Source: Whakawhetū</i></p> <ul style="list-style-type: none"> • wahakura • Pēpi-Pod • smoking cessation support – refer to Module 2.
<p>Eliminate smoking, tobacco and drugs within the home or sleeping space:</p> <ul style="list-style-type: none"> • Stop smoking while pregnant and after baby is born. • Create a smoke-free space for your baby at all times by being clear from anyone smoking or who is a smoker. • Make use of smoking cessation advice and support. 	<p>Utilise same tube or straw (as above) and explain how much smaller their lungs and airways would be in the uterus.</p>	
<p>Position baby on his back with face up:</p> <ul style="list-style-type: none"> • Put baby to sleep on her back during any of her sleep times. • Keep baby in the primary caregiver's room to sleep at night. 	<p>Brainstorm with pregnant woman and caregivers about why it would be important to position baby on his back. Talk about the size of the baby's head in comparison with an adult's head and explain that a baby's head is large and its body is developing/growing, so its chin and jaw are malleable. Because the head is so big and floppy, if it's laid on an angle because of an arm under its head or a V pillow, the head automatically falls forward and the chin is pushed back easily and blocks the airway.</p>	
<p>Encourage and support the mother so that the baby is breastfeeding.</p>	<p><i>Refer to key messages on breastfeeding.</i></p>	<p><i>Refer to Section 4 on resources.</i></p>

Myth Busters: Swaddling And Safe Sleep

While swaddling is used as a technique to encourage parents to place their babies in a supine position to sleep, once infants reach the age of three to four months, swaddling can cause greater risk to the infant. At this age, infants become more difficult to wake when swaddled, which increases the risk of SUDI. Some infants can also begin to roll over and possibly suffocate in the blanket.² It is recommended that swaddling be used only in infants under three months of age who cannot yet roll.³ Once baby tries to roll over, it is advised to stop swaddling, or to swaddle with baby's arms free.⁴

Babies who are swaddled too tightly may also develop a problem with their hips. Straightening and tightly wrapping a baby's legs can lead to hip dislocation or hip dysplasia, an abnormal formation of the hip joint where the top of the thigh bone is not held firmly in the socket of the hip.⁵

How parents swaddle their baby can make it a safe or unsafe practice.

If parents do swaddle their baby, emphasise the following points:

- Baby is on their back.
- Use a lightweight wrap.
- The wrap is not too tight (or it could stop baby from moving easily).
- The wrap is not too loose (or it could cover baby's face).
- Baby is only swaddled when sleeping in their own bed.

Ngā Tatauranga – Statistics

Topic	Statistics/Facts	Pregnancy or Infant Impact
Breastfeeding	<p>In New Zealand, between 2008 and 2012, approximately 80% of babies born each year were exclusively or fully breastfed at two weeks after birth.⁶</p> <p>The Growing Up in New Zealand study revealed that 97% (6,234) of the participants' babies had been breastfed at some point, and the remaining 3% had never been breastfed. By the time babies had reached nine months, the percentage of babies being breastfed had gone down to 52% (3,221). The median age when babies stopped being breastfed was four months.⁶ Breastfeeding rates (particularly exclusive/full breastfeeding) reduce markedly as infants age increased.^{4,5}</p> <p>Māori women tend to have lower rates of breastfeeding than New Zealand Europeans. The prevalence of breastfeeding in Pacific communities in New Zealand, at three and six months after birth, is slightly higher than among Māori, but remains lower than that among the European New Zealand population.⁶</p> <p>Babies residing in the least deprived areas had a higher proportion of breastfed babies (94.1% of babies in quintile 1) compared with babies residing in the most deprived areas (89.6% of babies in quintile 5).¹</p> <p>The Ministry of Health target (2011–2012) for exclusively breastfeeding at six weeks is 78%.</p> <p>Access to appropriate professional support is important to encourage and support breastfeeding, particularly continuation of breastfeeding. Culturally appropriate support for Māori and Pacific mothers is also encouraged to ensure they are supported to breastfeed.</p>	<p>Breastfeeding helps your baby:^{8,9}</p> <ul style="list-style-type: none"> • to grow and develop physically (better mouth development and straight teeth) and emotionally • to have better visual and cognitive development • to have a stronger immune system, giving protection for many years against: <ul style="list-style-type: none"> – allergies such as eczema and asthma – diarrhoea and serious stomach problems – meningitis, ear, chest and bladder infections and some childhood cancers • to have reduced risk of obesity and diabetes at a later age • to have lowered risk of SUDI and hospitalisation rates. <p>Breastfeeding benefits for mothers include:^{11,12}</p> <ul style="list-style-type: none"> • helps the uterus to contract after birth • promotes bonding with baby • assists in gradual and natural weight loss • lowers the risk of ovarian cancer, uterine cancer and premenopausal breast cancer • reduces the risk of postnatal depression • lowers the risk of developing type 2 diabetes • reduces the risk of hip fractures later in life • is convenient and saves money.

Topic	Statistics/Facts	Pregnancy or Infant Impact
Sudden Unexpected Death	<p>The incidence of SUDI has declined significantly since public prevention campaigns began in New Zealand in the early 1990s. Prior to this, in the 1980s, the SUDI mortality rate was over 4 per 1,000 live births.⁹ This corresponded to over 200 infant deaths per year. Now, the mortality rate is less than 0.8 per 1,000 live births (across all ethnicities), with approximately 50 deaths per year.¹³</p> <p>The decline in infant mortality has not been equal among all New Zealanders. Māori infants now form the overwhelming majority of SUDI deaths, with a mortality rate five times that of European infants. In 2009, Māori and Pacific infants accounted for 75% of all SUDI deaths (Māori 61.8%, Pacific 12.8%).¹³ Infants born to families in lower socioeconomic areas also have a disproportionately high likelihood of SUDI.¹⁵ Younger maternal age is another significant risk factor: the majority of SUDI deaths occur in infants whose mother is aged under 25 years.¹⁶</p>	<p>Primary causes and environmental contributing factors:¹⁷</p> <ul style="list-style-type: none"> • sleeping baby on their front or side to sleep • smoking • alcohol • lack of breastfeeding • bed sharing • sleeping baby on unstable surfaces such as a couch or pillow.
	<p>Place baby in a baby bed</p> <p>Adults sleeping in the same bed as an infant (i.e. bed sharing or co-sleeping) increases the risk of SUDI.¹⁶ A retrospective study of SUDI cases in Wellington found that 50% of the reported deaths occurred while bed sharing.¹⁹ A similar study in Auckland found that 67% of SUDI deaths occurred while bed sharing, and the vast majority of these deaths (97%) occurred in Māori and Pacific infants.²⁰</p> <p>Infants should be placed in a cot, next to the parent's bed, until at least age six months. Interventions that allow safe bed sharing to take place are also acceptable, such as wahakura (woven flax bassinet) or Pēpi-Pod (a basket-like device).⁹</p>	
	<p>Eliminate Smoking</p> <p>The risk of unexpected infant death is greatly increased by both prenatal and postnatal exposure to tobacco smoke – we should aim to achieve a smoke-free zone around pregnant women and infants.²¹</p> <p>Rates of maternal tobacco use in the postnatal period (two weeks after birth) between the three DHBs varied. Auckland DHB identified 3.6% women (total 4,578), Waitemata DHB had 6.2% (total 7,078) and Counties Manukau DHB had the largest number with 12.4% of women smoking (total 5,396). Co-ordinated tobacco cessation support for mothers and their family members should be offered during pregnancy and into the postnatal period.²²</p>	<p>Smoking during pregnancy:</p> <ul style="list-style-type: none"> • reduces the amount of oxygen baby can access in utero • increases risk of SUDI • increases risk of premature births • increases general risk of complications and poor long-term development of baby. <p>Unexpected death in infancy (SUDI) risk factors:¹²</p> <ul style="list-style-type: none"> • babies of mothers who smoked during pregnancy • babies in situations where people have been using alcohol or drugs or smoking • prematurely born babies • babies who have been put down on a couch, adult bed or makeshift setting away from home.

Topic	Statistics/Facts	Pregnancy or Infant Impact
	<p>Position baby on back</p> <p>It is estimated that prone sleeping increases the risk of SUDI between 3 and 14 times. Side sleeping is also strongly associated with an increased risk of SUDI, as it increases the likelihood that the infant will roll into a prone position.²³</p>	<p>Positioning babies on their back reduces the risk of SUDI/ suffocation.</p>
Infant Nutrition	<p>Infants and toddlers are entirely dependent on their parents or caregivers for their nourishment. The first two years of life are also a time of great nutritional change for the child, from a diet consisting entirely of milk (breast milk and/or infant formula) to one consisting of a variety of foods.</p> <p>Optimal nutrition has greater importance during this time of life than during any other because of its effect on brain growth, the development of the nervous system, overall growth and development, and future health.²⁴</p> <p>The prevalence of overweight and obesity is increasing in New Zealand¹⁹ and there is little New Zealand data about overweight and obesity in infants and toddlers. One study, however, found that Māori and Pacific peoples were more likely than New Zealand Europeans to introduce complementary foods before six months of age.¹⁹</p> <p>It is important parents are supported to ensure infants aren't introduced to solids earlier than around six months.</p>	<p>Infant Nutrition</p> <ul style="list-style-type: none"> • There is little New Zealand information about overweight and obesity in infants and toddlers. • There is a probable association between breastfeeding and reduced risk of obesity in later childhood and adulthood. • Strategies to create healthier food and physical activity environments for families may help to slow the development of overweight and obesity. • An intentional restriction of weight gain in an infant or toddler is inappropriate. If there are concerns about the growth of an infant or toddler, see a health practitioner. • The focus for families with under twos should be on promoting a healthy lifestyle within the family.¹⁹
Dental Care	<p>In New Zealand, children are entitled to free basic dental care from birth to the end of Year 8 (form 2). For information on how to enrol a child for free dental care, see the Ministry of Health's Oral Health webpage www.health.govt.nz/oralhealth¹⁹</p> <p>A NZ oral health report highlighted evidence of disparities by ethnic group among children in oral health status and service use. Māori and Pacific children were less likely to have accessed oral health care services during 2008 and generally had poorer oral health outcomes. Since childhood oral health predicts oral health in adulthood as shown in the Dunedin Multidisciplinary Health and Development Study,²⁵ it is crucially important to address these disparities and to ensure that free oral health services reach, and are appropriate for, all children and adolescents, particularly Māori and Pacific.</p>	

Rārangi Tohutoro – References

Breastfeeding

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