

Safe Sleep and the LMC Midwife: Implementation challenges & women's choice

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Underlying principles/responsibilities at stake

**Working in partnership to
facilitate informed choices
made by parents based on
accurate, current, clear and
appropriate information
sharing**

Frameworks for Practice

- MCNZ Competencies
- NZCOM Standards for Practice
- Section 88 Service Specifications
- MOH Guidelines
- DHB policies
- Current research presented at workshops/conferences/MW publications



**NZCOM – Consensus Statement
“Safe Sleeping for baby 2010”**

NZCOM Consensus Statement



Midwives have a key role in informing mothers/families/whanau about the current public health messages

- “Every NZ baby has a safe sleep, in every place, at every sleep”
- “Place baby to sleep in their own safe space, preferably one designed for babies, such as a cot, bassinet, wahakura or other types of ‘baby bed’ eg pepi-pod”

<http://www.midwife.org.nz/quality-practice/consensus-statements-and-guidelines/>

Challenges for LMC midwives

- **Confused** terminology/definitions:
 - Cot death/SIDS/SUDI
 - Bed sharing/co-sleeping
- **Keeping abreast** of latest statistics/research/evidence based practice with....
- Information often appearing to be **contradictory**
- Having appropriate and up to date **resources**
- Dedicating **time** for education/explanations
- Appropriate/accurate risk **assessment**
- Cultural/traditional/family/social **preferences**
- Confronting own **biases**

Some families will bed share and sleep with their baby

- Do we know that this is occurring?
- Will they disclose with us if they do?
- Have they made a truly informed decision?
- What are their reasons for this activity?
- How can we work with them to ensure the SAFEST WAY of this occurring ie reduce risks to the minimum?

Examples of Challenges

Family A

- Language barrier
- Cultural preferences
- Known **multiple** risk factors
- Freezing house
- No money
- No furniture

- Sleeps with baby less than 3/12 old

- Choice – informed or uninformed?

Family B

- Well read/informed
- Philosophical preferences
- **No** risk factors apart from bed sharing
- Affluent in comparison

- Sleeps with baby less than 3/12 old

- Choice – informed or uninformed?



<http://www.changeforourchildren.co.nz/epi-pod/archives/photos>



The Finnish Solution



<http://www.bbc.co.uk/news/magazine-22751415>

Am I a 'Safe Sleep Champion'?

- **Continuity** of care ...getting to know families
- **Individualise** care
- Development of **trusting** relationships during AN, L & B and PN time
- Appropriate/accurate **risk assessment**
- **Empower** with knowledge appropriate to each family
- Utilise every education **opportunity**:
 - Booking, Home visit, Birth talk @ 36/40, Birth and immediate 3 hours post birth, 1st PN visit at home, subsequent PN home visits, PN discharge/final visit
- **Develop relationships** with whanau/influential extended family
- Provide **resources** (if available)
- **Document** discussions, resources provided etc

My aims as a LMC midwife

- To show insight into realities of night time parenting
- To be aware that rigid/categorical information can be counterproductive
- To not alienate mothers in shutting down communication
- To avoid scare tactics that leads to non disclosure especially with cultures where bed sharing is the norm
- And that information provided must be tailored to minimising risk to baby in every family

And that information provided must be accurate and tailored to minimising risk to baby in every family, whilst upholding the right of that family to make an informed choice



Thank you!

References

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