



Government of **Western Australia**
Department of **Health**

Safe Infant Sleeping

Inter-Agency

Implementation Plan

Womens and Newborns Health Network

Reviewed August 2014

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Acknowledgements

The Womens and Newborns Health Network convened an inter-agency group to develop this plan. A full list of the members and their agencies can be found at Appendix 1.

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1. Definitions

This implementation plan aims to reduce the risk and raise awareness of Sudden Unexpected Deaths in Infancy (SUDI). Sudden Unexpected Deaths in Infancy is an umbrella term that refers to a broad category of sudden unexpected infant deaths which covers SIDS, fatal sleep accidents and other types of unexpected deaths such as congenital, infections and trauma¹.

A full list of definitions can be found at Appendix 2.

2. Context

The Womens and Newborns Health Network sponsored the Telethon Institute for Child Health Research (TICHR), with funding from WA Health, to undertake an evaluation of the implementation of the Department of Health WA Operational Directive - Statewide Co-sleeping/Bed sharing policy for WA Health hospitals and health services². This was in response to the Deputy Coroner's recommendation that WA Health demonstrates the implementation of the Operational Directive and support education of WA Health staff.

The TICHR report is titled *Evaluation of the Department of Health Western Australia Operational Directive Statewide Co-Sleeping/Bed Sharing Policy for WA Health Hospital and Health Services*³ and makes 14 recommendations that are listed in Appendix 3. The report is found at:

http://www.healthnetworks.health.wa.gov.au/docs/TICHR_Co-sleep_2012.pdf

This implementation plan maps these recommendations against core concept themes, identifies the target audience and proposes implementation strategies across three key areas:

1. Operational Directive and Policy Development
2. Education of parents, carers, families and communities
3. Education of health & social service providers

This implementation plan also informs and supports a number of the recommendations of the Ombudsman's Report titled *Investigation into ways that State Government departments can prevent or reduce sleep-related infant deaths*⁴ that was tabled in State Parliament on 7 November 2012.

2.1 Establishment of the Safe-Sleeping Working Group

The Safe-Sleeping Working Group (SSWG) was convened by the Womens and Newborns Health Network (WNHN) through invitation and an Expression of Interest (EOI) across the health and social service sector in Western Australia. This group demonstrates strong inter-agency representation with 36 members from 21 government, non-government and private sector agencies.

The group operates within the Terms of Reference (see Appendix 4) with the objective to develop strategies for implementing the 14 recommendations set out in the TICHR Report.

A list of the agencies represented can be found at Appendix 1.

3. Development of the Safe Infant Sleeping Inter-Agency Implementation Plan

This Plan has been developed following extensive workshops held by the SSWG to develop strategies for implementing the 14 recommendations set out in the TICHR Report³. There are three key themes (and one area for consideration by maternity service providers) for implementation that map to the recommendations of the report as follows:

3.1 Operational Directive and Policy Development

- Review and update the Operational Directive and develop a policy to be adopted more broadly by government, private and community agencies who work with families.

3.2 Education of parents, carers, families and communities

- The need for communication of consistent messaging for parents, carers, families and communities, including development of culturally appropriate information for Aboriginal families and Culturally and Linguistically Diverse (CaLD) communities.

3.3 Education of health & social service providers

- The need for ongoing education, training, professional development and information for health and social service professionals working in maternity and child health services, to have the skills and knowledge to deliver consistent messages about safe infant sleeping.

3.4 Clinical Needs of at risk populations in maternity units

- Maternity service providers ensure those women who are at postnatal risk, such as fatigued or on pain medication, receive appropriate levels of clinical care to reduce the risk for the infant from co-sleeping.

3.1 Operational Directive and Policy Development

The following table represents: the core themes to be addressed; the target audience; and factors that will enable these strategies to be adopted for implementation.

The TICHR Recommendation/s (R #) the core themes map against is listed.

R #	Core concept themes	Target audience	Enabling factors	Implementation strategies	Lead agency	Time frames / KPIs
R1 R2	Update WA Health Operational Directive	WA Health	WA Health 2008 Operational Directive Queensland Health 2012 <i>Safe Infant Sleeping Policy</i> (Policy # QH-POL-362:2012)	Review and revise the WA Health 2008 Operational Directive to align with the policy and framework Dissemination of Operational Directive: <ul style="list-style-type: none"> ▪ This Operational Directive is disseminated across WA Health ▪ The private health service providers are informed of the Operational Directive 	WA Health WNHN SSWG WA Health WNHN	Completed November 2013 Reviews to be held 12 monthly
R1 R2	Development of a <i>Safe Infant Sleeping Policy and Framework</i>	Health and social service providers both in government and community sector agencies	WA Health has permission to utilise Queensland Health 2012 'Safe Infant Sleeping Policy' (Policy # QH-POL-362:2012)	Develop a framework and policy for safe infant sleeping that supports health and social service providers to deliver consistent messaging Dissemination of Policy: <ul style="list-style-type: none"> ▪ Develop a communications strategy for all relevant government agencies, public, private, not-for-profit and community organisations including women's health, multicultural and Aboriginal Community Controlled Health Organisations to inform them of the new policy and how to apply it to their respective organisations 	WA Health WNHN SSWG	Completed November 2013 Reviews to be held 12 monthly

R #	Core concept themes	Target audience	Enabling factors	Implementation strategies	Lead agency	Time frames / KPIs
		Adolescent Community Health (CACH) <ul style="list-style-type: none"> All community agencies such as: Ngala, Community Midwifery WA (CMWA) 	for example: <ul style="list-style-type: none"> <i>Having a Baby in WA</i> website Ngala website SKWA website 	<p>'Healthy You Healthy Baby' by Ngala</p> <ul style="list-style-type: none"> utilise current social media methods such as Facebook and YouTube (for story-telling and visual based methods) for effective exposure of consistent messaging <p>Promote to service providers the WA Health policy for tobacco control:</p> <ul style="list-style-type: none"> Health Promotion Strategic Framework 2012-2016 http://www.public.health.wa.gov.au/2/1588/2/the_wa_health_promotion_strategic_framework_pm WA Health System Policy http://www.health.wa.gov.au/smokefree/home/ <p>Link service providers with national and state-wide campaign messages and appropriate existing smoking cessation resources, including:</p> <ul style="list-style-type: none"> The National Tobacco Campaign http://www.quitnow.gov.au <ul style="list-style-type: none"> The National Tobacco Campaign: Quit for you Quit for two (Commonwealth Department of Health and Ageing) http://www.quitnow.gov.au/internet/quitnow/publishing.nsf/Content/pregnancy-and-quitng Make Smoking History Campaign http://www.cancerwa.asn.au/prevention/tobacco/quitsmoking/ Quitline 13 7848 <ul style="list-style-type: none"> Quitline referral and call back programs Quitline Aboriginal Liaison Team -Smokefree Having a Baby in WA website http://www.health.wa.gov.au/havingababy/home/ 	Health Networks WNHN	

R #	Core concept themes	Target audience	Enabling factors	Implementation strategies	Lead agency	Time frames / KPIs
				<p>Target populations and engage with:</p> <ul style="list-style-type: none"> • Department of Corrective Services (DCS) • Drug and Alcohol Office (DAO) • Mental Health Commission • Department for Child Protection and Family Support (DCPFS) • Department for Local Government and Communities (DLGC) • Foster Care Association of WA • Disability Services Commission (DSC) • People with Disabilities WA • National Disability Services WA 		
	Start education early through high schools and antenatal classes	<p>Young pre-pregnancy adults, and expectant parents</p> <ul style="list-style-type: none"> • All Maternity Service Providers • All Maternity Settings 	<p>Apply to education sector - public, Catholic and independent schools</p> <p>NHMRC Antenatal Guidelines and Maternity Service Providers</p>	<p>Engage with WA Education Department (public), Catholic and independent schools to request they:</p> <ul style="list-style-type: none"> • review what resources they deliver in regards to the safe infant sleeping message • review what resources they receive in regards to the safe infant sleeping message <p>Provide consistent messaging resources to public, Catholic and independent high schools for inclusion in sexual health and relationship education curricula</p> <p>Antenatal care settings</p> <ul style="list-style-type: none"> • review the content and structure of antenatal education in structured antenatal care settings • SKWA website 'safe infant sleeping information' to be used by midwives and nurses from both the government and community sector • include a directory of service • Pregnancy/maternal/baby/sleep manual that 	<p>WNHN</p> <p>WA Health</p> <p>WA Health</p>	

3.3 Education of health and social service providers

The following table represents: the core themes to be addressed; the target audience; and factors that will enable these strategies to be adopted for implementation.

The TICHR Recommendation/s (R #) the core themes map against is listed.

R #	Core concept themes	Target audience	Enabling factors	Implementation strategies	Lead Agency	Time Frames / KPI's
R3 R4 R9 R11 R13	Professional education to ensure all education meets the evidence base and consistent with SKWA information	<p>Health and social service providers, such as:</p> <ul style="list-style-type: none"> • maternity units at hospitals • antenatal clinics • GPs • Child health nurse clinics • Parenting WA • DCPFS • community sector agencies <p>Organisations including:</p> <ul style="list-style-type: none"> • education and care sector • private hospital networks/ associations • Medicare Locals • registered training organisations 	<p>Safe Sleeping E-Learning Package</p> <p>Train the trainer</p>	<p>Health and social service providers</p> <p><u>Current Employees</u></p> <ul style="list-style-type: none"> • update skills, education and training with consistent messaging including harm minimisation strategies • include directions to employees to present consistent messaging in ways that are not as directive, more open to discussion • review and assess/audit current levels of education and training provided • ensure training and education includes culturally appropriate ways to address cultural and lifestyle practices (such as 'wrapping', 'stroller sleeping' and 'co-sleeping') in CaLD and Aboriginal communities • include the Safe Sleeping E-Learning Package¹ in mandatory staff training requirements (to be completed every three years) <p><u>New Employees</u></p> <ul style="list-style-type: none"> • train and educate with consistent messaging including harm minimisation strategies • include directions to Employees to present consistent messaging in ways that are not as directive, more open to discussion • ensure training and education includes culturally appropriate ways to address cultural and lifestyle practices (such as 'wrapping', 'stroller 	WA Health	

R #	Core concept themes	Target audience	Enabling factors	Implementation strategies	Lead Agency	Time Frames / KPI's
				awareness of new training opportunities		
R3	Undergraduate education	Medical students (including obstetrician and paediatrician), teachers, social workers, nurses and midwives, Aboriginal health workers	Apply to Education Sector - Universities, TAFE's and Private Colleges	Engage with universities, registered training organisations, TAFEs and private colleges <ul style="list-style-type: none"> • review current curriculum and identify opportunities for supporting learning • develop and provide appropriate information for inclusion in curriculum that is consistent with consumer information and health professional education 	WA Health	

3.4 Clinical needs of at risk populations in maternity settings

The following table represents: the core themes to be addressed; the target audience; and factors that will enable these strategies to be adopted for implementation.

The TICHR Recommendation/s (R #) the core themes map against is listed.

R #	Core concept themes	Target audience	Enabling factors	Implementation strategies	Agency Responsible	Time Frames / KPI's
R5 R6	Clinical care to at risk postnatal populations	Health providers in all maternity settings including: <ul style="list-style-type: none"> • Hospital birth suites • Birthing centres • Home births 	Maternity service providers clinical pathways	Maternity service providers review current clinical practice to ensure midwives are able to deliver safe sleeping information to women with complex needs	WA Health	

3. Glossary

Abbreviation	Definition
ABA	Australian Breastfeeding Association
AMA WA	Australian Medical Association WA Branch
ACM WA	Australian College of Midwives WA Branch
CACH	Child and Adolescent Community Health
CaLD	Culturally and Linguistically Diverse Communities
CMP	Clinical Midwifery Practice
CMWA	Community Midwifery Western Australia
DCP	Department for Child Protection
GP	General Practitioner
KEMH	King Edward Memorial Hospital
SIDS	Sudden Infant Death Syndrome
SKWA	SIDS and Kids WA
SOSU	State Obstetric Support Unit
SSWG	Safe-Sleeping Working Group
SUDI	Sudden Unexplained Death in Infancy
TICHR	Telethon Institute for Child Health Research
WACHS	Western Australian Country Health Service
WA Health	Department of Health WA
WA	Western Australia
WNHN	Womens and Newborns Health Network
WNHS	Womens and Newborns Health Service

4. References

1. WA Health and SIDS and Kids WA - Safe Sleeping E-Learning Package 2012
[Safe Sleeping E-learning Package](#)
2. Department of Health WA Operational Directive - *Statewide Co-sleeping/Bed-sharing policy for WA Health hospitals and health services 2008*
<http://www.health.wa.gov.au/circularsnew/pdfs/12410.pdf>
3. TICHR report: *Evaluation of the Department of Health Western Australia Operational Directive Statewide Co-Sleeping/Bed Sharing Policy for WA Health Hospital and Health Services 2012*
http://www.healthnetworks.health.wa.gov.au/docs/TICHR_Co-sleep_2012.pdf
4. Ombudsman Western Australian Report: *Investigation into ways that State Government departments can prevent or reduce sleep-related infant deaths 2012*
<http://www.ombudsman.wa.gov.au/Publications/Documents/reports/OWA-Sleep-related-infant-deaths-Report-71112.pdf>

5. Supporting documents

Safe Sleeping Tips from SIDS and Kids WA – SIDS and Kids WA
<http://sidsandkidswa.org/safer-sleep.aspx>

Safe Sleeping for Aboriginal babies – SIDS and Kids WA
<http://www.sidsandkidswa.org/safer-sleep/reducing-the-risk-of-sudi-in-aboriginal-communities.aspx>

Australian Breastfeeding Association
<https://www.breastfeeding.asn.au/bf-info/sleep/your-baby-sleeping-safely>

Queensland *Safe Infant Sleeping Policy* (Policy # QH-POL-362:2012)

Queensland *Safe Infant Sleeping Policy – Co-sleeping and Bed-sharing Implementation Standard* (Standard # QH-IMP-362-1:2012)

Queensland *Safe Infant Sleeping Policy – Safe Infant Sleeping Implementation Standard* (Standard # QH-IMP-362-2:2012)

6. Appendices

Appendix 1: Acknowledgements

The table below lists the members (in alphabetical order) of the SSWG and the agency they represent.

Name	Organisation	Name	Organisation
Donna Baker	Osborne Park Hospital	Deborah Ireson	King Edward Memorial Hospital
Terri Barrett	Statewide Obstetric Support Unit	Kim Johnson	Ngala
Michelle Bateman	SIDS and Kids WA (A/CEO 1 June 2013 – present)	Shirilee Kerrison	Western Australian Country Health Service
Alison Blake	Child and Adolescent Community Health	Shaughn Leach	Breastfeeding Centre, King Edward Memorial Hospital
Graeme Boardley	Women and Newborn Health Service / Womens and Newborns Health Network Co-Lead	Denise Livsey	Osborne Park Hospital
Brenda Bradley	St John of God	Nicole McCartney	Aboriginal Health Division
Susan Bradshaw	Child and Adolescent Community Health	Anne-Marie McHugh	Women and Newborn Health Service/Aboriginal Health Council of Western Australia
Pip Brennan	Community Midwifery WA	Sandy Miller	King Edward Memorial Hospital
Wendy Candy	Joondalup Health Campus	Diane Mohen	Western Australian Country Health Service/ Statewide Obstetric Support Unit
Lli Chapman	Aboriginal Maternity Services Support Unit	Gwendoline Piesse	Kaleeya Hospital
Mark Crake	Child and Adolescent Community Health	Kate Reynolds	Western Australian Country Health Service
Margaret Crane	Joondalup Health Campus	Sue Riccelli	Parenting WA
Margaret Davies	King Edward Memorial Hospital	Anna Roberts	St John of God

Name	Organisation
Julie Dixon	Department for Child Protection
Shauna Gaebler	SIDS and Kids WA (CEO until 31 May 2013)
Kate Gatti	Western Australian Country Health Service
Hilary Giles	Child and Adolescent Community Health
Leonie Hellwig	Child and Adolescent Community Health
Janet Hornbuckle	Women and Newborn Health Service / Womens and Newborns Health Network Co-Lead
Dawn Hudd	Community Midwifery Program

Name	Organisation
Nicola Roberts	Ishar Multicultural Women's Health Centre
Karen Simmer	King Edward Memorial Hospital
Kirsten Tannenbaum	Australian Breastfeeding Association
Monnia Volpi-Wise	SIDS and Kids WA
*Kim Lazenby (*observer only)	Ombudsman Office
*Kylie Maj (*observer only)	Ombudsman Office

Appendix 2: Definitions

Term	Definition / Explanation / Details	Source
Co-sleeping	Co-sleeping refers to a mother or her partner/support person (or any other person) being asleep on the same sleep surface as the baby.	WA Health & SKWA – Safe Sleeping E-Learning Package http://www.kemh.health.wa.gov.au/services/SOSU/sleeping/player.html
Fatal sleeping accident	Fatal sleep accidents describe the death of an infant which has occurred in an infant's sleep environment that is potentially preventable.	WA Health & SKWA – Safe Sleeping E-Learning Package http://www.kemh.health.wa.gov.au/services/SOSU/sleeping/player.html
Health professional	One who diagnoses and/or treats physical and mental illnesses and conditions, and recommends, administers, dispenses and develops medications or treatments to promote, restore or manage good health.	ACT Government Health Directorate http://health.act.gov.au/professionals/allied-health/salary-information
Health provider	Refers to any person or organisation that is involved in or associated with the delivery of healthcare to a client, or caring for client wellbeing.	Australian Government (2008) Australian Institute of Health and Welfare http://meteor.aihw.gov.au/content/index.phtml/itemId/356020
SIDS	Sudden Infant Death Syndrome (SIDS) is defined as the sudden and unexpected death of an infant less than one year of age during their sleep that remains unexplained after a thorough investigation. SIDS is the main cause of death in infants less than one year of age. The peak time for SIDS deaths to occur is between the ages of 2 and 4 months. Although it can happen to younger babies and older infants, approximately 90% of SIDS deaths occur in babies aged less than 6 months.	SIDS and Kids WA http://www.sidsandkidswa.org/
Social Service Provider	Is an organisation, which delivers social or community services, including children and family services and provides assistance and support to disadvantaged and vulnerable groups. Social services generally refer to the	Western Australian Council of Social Service (WACOSS) http://www.wacoss.org.au/home.aspx

Term	Definition / Explanation / Details	Source
	wide range of human services other than health and education. Community service providers are usually mission-driven, not-for-profit and non-government organisations (including charities) that operate to achieve positive community outcomes rather than financial gain.	
Stroller Sleeping	Refers to an infant left sleeping in a stroller or pram. Infants who are left sleeping unsupervised in a pram, stroller or bouncinette can move about and become trapped in parts. Entrapment can lead to injuries, suffocation or strangulation.	Australian Competition and Consumer Commission – Product Safety Australia http://www.productsafety.gov.au/content/index.phtml/itemId/975000
SUDI	Sudden Unexpected Deaths in Infancy (SUDI) is an umbrella term that refers to a broad category of sudden unexpected infant deaths which covers SIDS, fatal sleep accidents and other types of unexpected deaths such as congenital, infections and trauma.	WA Health & SKWA – Safe Sleeping E-Learning Package http://www.kemh.health.wa.gov.au/services/SOSU/sleeping/player.html
Wrapping	Wrapping is a useful method to help babies settle and sleep on their back. The wrap should be firm but not tight, and the infant's face and head must not be covered. Infant must not be bed-sharing if wrapped. The wrap should be of muslin or light cotton material, and the infant must not be overdressed under the wrap.	SIDS and Kids WA http://sidsandkidswa.org/assets/sleepingtips/wrappingb2012(lr)singles.pdf

Appendix 3: TICHR Report

Evaluation of the Department of Health Western Australia Operational Directive Statewide Co-Sleeping/Bed Sharing Policy for WA Health Hospital and Health Services.

This report can be found at: http://www.healthnetworks.health.wa.gov.au/docs/TICHR_Co-sleep_2012.pdf

The 14 recommendations are:

- R1.** The OD is distributed to diverse maternity health system services, including those not connected to the Department's 'global email', such as: community, women's health, multicultural and Aboriginal Community Controlled Health Organisations.
- R2.** The implementation practices of the OD are evaluated, followed up regularly, are ongoing and better informed by the 'realities' of health workers' every day experiences of caring for women and babies within the individual and diverse contexts they occur.
- R3.** Professional development and more comprehensive education about co-sleeping are offered and embedded in educational/professional curricula for midwifery, child health nurse, teaching, social work and Aboriginal health worker training. Professional development about co-sleeping is ongoing, includes consistent and credible information about the risks and 'safer co-sleeping' perspectives, utilises a 'train the trainer' method and interactive 'e-learning' modules that enable health professionals in a range of maternity system services to collaborate and discuss diverse 'case-studies' and co-sleeping issues.
- R4.** Health professionals/workers across maternity and child health services are provided with the education, organisational and emotional support and resources to openly discuss the issue of co-sleeping with women, in ways that enable them to conduct individual risk assessments of parents and provide education about how to co-sleep more safely if this is appropriate.
- R5.** Co-sleeping information and education is provided to all birthing women at maternity hospitals, including those who have previously had children; midwives are supported to ensure that women who are fatigued or under pain medication have had the opportunity to absorb and discuss co-sleeping information with them.
- R6.** Health professionals/workers are adequately resourced so that women who have caesarean births, are taking pain medication, or are fatigued, receive appropriate support to maximise skin to skin contact and the successful establishment of breastfeeding; appropriate co-sleeping information is developed for fathers and partners of women.
- R7.** Improved information and guidance about the range of 'safe-sleeper' aids available from the internet and credible sites such as the ABA is provided by the Health Department and SIDS and Kids; identification and approval of side-cots that can be used in hospitals and home is expedited.
- R8.** Culturally appropriate processes and information about co-sleeping including the provision of consistent and credible information about risks and 'safer' co-sleeping messages are developed for CaLD women and Aboriginal women; Aboriginal women trained as co-sleeping educators are based in major maternity units to individually model and educate Aboriginal parents about how to co-sleep more safely. Peer education

strategies are developed and owned by local Aboriginal communities so that Aboriginal women and girls are educated by Aboriginal people within their own communities about the risks and benefits of co-sleeping, particularly for those women living in remote and rural locations.

- R9.** Health professionals/workers are supported and trained to recognise and respond to the particular cultural and lifestyle conditions and contexts within which Aboriginal women and CaLD women live, including cultural and life-style practices associated with birth and child care in these communities such as ‘wrapping’ and ‘stroller sleeping.’ Recognition of the cultural sensitivities in broaching these subjects are acknowledged and addressed in the professional development, policies and strategies used.
- R10.** Co-sleeping education and messages are consistent about risks and include ‘safer’ co-sleeping information and are disseminated and presented through social media, documentary, story-telling and visually based methods that are informed developed and owned by local communities.
- R11.** Co-sleeping education and information are presented by health professionals in ways that are more open to discussion and not as directive.
- R12.** Balanced, credible information about co-sleeping including a range of scientific studies that presents all the benefits as well as the risks of co-sleeping is accessible on one official web-site – with opportunities for mediated forum discussions involving other women and health professionals.
- R13.** Health workers who care for CaLD women and their babies require an urgent review and guidance about how to respond to the issue of ‘wrapping’ babies in some CaLD communities.
- R14.** The issue of ‘toxic mattresses’ and the association with SIDS is confusing for mothers and health workers, clear and coherent information about ‘mattress fumes’ is required

Appendix 4: Safe-Sleeping Working Group – Terms of Reference

1. Name

The Working Group will be known as the **Safe-Sleeping Working Group (SSWG)**.

Definition

'Safe-Sleeping' includes both Co-sleeping and Bed-sharing.

Co-sleeping refers to a mother or her partner/support person (or any other person) being asleep on the same sleep surface as the baby. Bed-sharing may include co-sleeping, whether intended or not and should therefore be considered in the same way.

2. Origin

In 2008 WA Health in response to a coronial inquest developed an Operational Directive on Co-Sleeping/Bed-sharing. The aim of the policy is to reduce the risk of babies dying of Sudden Infant Death Syndrome (SIDS) and other fatal sleep accidents.

The Women's and Newborns Health Network (WNHN) commissioned the Telethon Institute of Child Health Research (TICHR), funded by WA Health, to undertake an evaluation of the implementation of the WA Health Co-sleeping/Bed-sharing policy. TICHR has completed the evaluation and made 14 recommendations in key areas including:

- the need for ongoing education and training of health professionals to provide consistent messages about co-sleeping,
- improving access to education and
- resource material for parents, including development of culturally appropriate information

The SSWG is convened by the WNHN to develop strategies for implementation of the 14 recommendations set out in the Report.

3. Goal

The principal goal of the SSWG is to develop strategies for implementation of the 14 recommendations in the Report.

4. Accountability

The group is accountable to the WNHN Clinical Leads who report to the Executive Director, System Policy and Planning Division Department of Health WA.

5. Responsibilities

5.1. Service

- Develop strategies to implement the Co-Sleeping/Bed-sharing recommendations with a focus on integration of services through collaborative partnerships.
- Contribute strategies that are achievable and measurable for inclusion in the Safe-Sleeping Implementation Plan.
- Provide advice to the WNHN as required on national, state and local Safe-Sleeping initiatives.

5.2 Commitment

The SSWG will be time limited. The Working Group will allocate key roles/responsibilities and tasks to members/member organisations to develop implementation of strategies for agreed recommendations. The meetings will be kept to a minimum and where appropriate email will be used to share information for inclusion in the Safe-Sleeping Implementation Plan.

5.3. Reporting

The SSWG will report progress on a bi-monthly basis of progress against agreed outputs for the Safe-Sleeping Implementation Plan.

6. Leadership

The Working Group will be co-chaired by representatives of the Women's and Newborns Health Service and WNHN and Child and Adolescent Community Health Service. A distributed leadership approach will be applied to facilitate shared leadership, task allocation and pooling of expertise through participation and engagement of members and their broader networks.

7. Membership

The membership of the SSWG has been/will be by a process of invitation and nomination by agencies.

The group or its Chair/s may nominate persons to temporary membership of the group as required and co-opt working parties as appropriate.

8. Operating Procedures

8.1. Meetings

At the discretion of the group.

8.2. Quorum

There will be no quorum clause.

8.3. Meeting Papers

The following documents are expected as standard meeting papers.

- Agenda: to include Chair/s, members present and apologies, review of action items, arising issues for discussion, and date and location of the following meeting.
- Work plan: to be updated each meeting.
- Action statement summary from previous meeting: documents key discussion points, outcomes and allocation of tasks from the meeting.

8.4. Guiding Principles

- 8.4.1.** Members of the group are present as organisation representatives and are not representing personal views.
- 8.4.2.** Feedback and/or review of documentation responses are to be provided within requested time frames.
- 8.4.3.** A declaration of conflict of interest is required where a member has

competing professional or personal interests. In this instance, the member will on advice of the Chair/s either refrain from voting/ participating in consensus decision making or retire from the room at that point.

- 8.4.5. It is each member's responsibility to canvas views and provide feedback to its constituency as appropriate and as directed by the group.
- 8.4.6. Resolution of dissenting issues shall be achieved by a vote of members present and the Chair/s shall have the casting vote.
- 8.4.7. The group, through or at the direction of the Chair/s, is able to co-opt/seek expert advice as required.

8.5. Records

The Secretariat shall issue meeting papers and supporting material at least seven days in advance of each meeting.

The Secretariat shall keep separate files of at least the following:

- a) agendas and papers circulated with them
- b) action statement sheets
- c) correspondence, papers tabled at meetings and papers circulated other than with agendas.

The files of the WNHN SSWG are the property of the Department of Health – Western Australia and must be preserved in accordance with the *State Records Act 2000*.

9. Adoption and Amendment of Terms of Reference

The group shall review these Terms of Reference and any changes shall be approved as described above. Membership of the Group will be reviewed annually together with the Terms of Reference.

No	Date	Nature of change(s)
1	13/02/2012	Working Draft V1
2	16/03/2012	Final
3	07/09/2012	Title of <i>Co-Sleeping/Bed-sharing Working Group</i> amended to <i>Safe-Sleeping Working Group</i>



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on request for a person with a disability.**

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