

Bay of Plenty District Health Board

SUDI Prevention Plan: 2018 - 2019



Bay of Plenty District Health Board SUDI Prevention Plan

1. Introduction

The Bay of Plenty District Health Board (BOPDHB) SUDI Prevention Plan applies to the period from July 2018 to June 2019. The goals align with the Midland SUDI Prevention Strategic Goals that demonstrate commitment to reducing SUDI rates by acting to:

- integrate SUDI prevention into all maternal, infant and child workforce development programmes
- provide services, information and education that supports health literacy and engagement with those populations whose infants are most vulnerable to SUDI
- support equitable health outcomes for all infants in the first year of life

2. Bay of Plenty District Health Board Population Profile¹

The BOPDHB covers an area of 9,666 square kilometres and serves a population of 221,000. Eighteen iwi are located within the BOPDHB area. Population demographics specific to BOPDHB include:

- the Māori population is overrepresented in socio-economically deprived areas
- Māori are less likely to live in main urban areas than non-Māori and are more likely to live in smaller urban areas or rural areas than non-Māori
- BOPDHB has more people who live in the two most deprived New Zealand deprivation categories compared to the national average (21% versus 18%)
- deprivation increases towards the east of the DHB where Māori make-up a greater proportion of the population
- 32.4% of the population are under 25 (50.3% for Māori) and 25% identify as having Māori ethnicity
- 18% of the population is aged 65 years and over

¹ Midland Regional SUDI Plan: 2018 - 2019

- the population is declining in the Eastern Bay of Plenty, but increasing across the Western Bay of Plenty and the Bay of Plenty as a whole
- The Māori population is predicted to grow further than the non-Māori population, with the greatest percentage growth to occur in the 65+ and over age group

3. Bay of Plenty District Health Board Population Data¹

3.1 - Annual Births (2017)	Total	Other	Māori	Asian	Pacific
Bay of Plenty DHB	3221	1659	1215	263	84

3.2 - SUDI Incidence Rates (2016)	Māori			Non-Māori			Total Bay of Plenty Population		
	Deaths	Rate	Confidence Interval	Deaths	Rate	Confidence Interval	Deaths	Rate	Confidence Interval
Bay of Plenty DHB	4	0.61	0.17 – 1.56	<3	s	-	5	0.35 ²	0.11– 0.81

3.3 - Provision of SUDI Prevention Information (September 2017 @ Core Contact 1 WCTO Assessment)	Target	Māori	Non-Māori
Bay of Plenty DHB	90%	100%	99%

¹ Midland Regional SUDI Plan: 2018 - 2019

² Ministry of Health target - incidence of SUDI 0.1 in every 1000 births by 2025 (Letter of Intent to all District Health Boards, 13 April 2017)

3.4 - Smoking Rates During Pregnancy and Postnatal <i>(Jan – Dec 2015)</i>	Māori <i>(pregnant)</i>	Non-Māori <i>(pregnant)</i>	Māori <i>(smokefree 2/52 postnatal)</i>	Non-Māori <i>(smokefree 2/52 postnatal)</i>
Bay of Plenty DHB	Unavailable	Unavailable	61%	82%

Access to data on smoking rates during pregnancy is unavailable.

Going forward, further work with the Ministry of Health is required to understand how this information can be accessed more readily by the BOPDHB.

3.5 - Breastfeeding Rates <i>(September 2017)</i>	Target: <i>B/F @ 2 weeks</i>	Māori	Non-Māori	Target: <i>B/F @ 6 weeks</i>	Māori <i>(6 wks)</i>	Non-Māori <i>(6 wks)</i>	Target: <i>B/F @ 3 months</i>	Māori <i>(3 mths)</i>	Non-Māori <i>(3 mths)</i>
Bay of Plenty DHB	85%	80%	82%	75%	72%	79%	70%	48%	66%

3.6 - Immunisation Rates @ 8 months <i>(Quarter 4, 2017)</i>	Target	Non-Māori	Māori
Bay of Plenty DHB	95%	85.7%	79.2%

3.7 - Primary Health Organisation Enrolment <i>(July-September 2017)</i>	Target	Non-Māori	Māori
Bay of Plenty DHB	100%	100%	95%

3.8 - Number of Pēpi-Pods® Distributed <i>(July 2013 – June 2017)</i>	Total to Date	Māori	%	Smoking in Pregnancy	%	Community Services Card Holder	%
Bay of Plenty DHB	1273	1068	84	1016	80	905	71

3.9 - WCTO Core Contact 1 before 50 days <i>(September 2017)</i>	Target	Māori	Non-Māori
Bay of Plenty DHB	90%	81%	92%

3.10 – Alcohol and Drug Use during Pregnancy and Postnatal

Data is unavailable.

Going forward, further work with the Ministry of Health is required to understand how this information can be accessed more readily by the BOPDHB.

3.11 – Bay of Plenty Population Data Analysis

Bay of Plenty data identifies a number of factors relevant to SUDI prevention:

- The number of annual births in the Bay of Plenty increased from 2760 in 2016 to 3221 in 2017. There was a significant increase in births of Other/European infants in this period whilst the number of births for Māori decreased. Asian and Pacific annual births remained reasonably static.
- Following on from the 2010 to 2014 SUDI Incidence Rates, 2016 data shows that Māori continue to have a higher rate of SUDI than non-Māori. The total rate for the Bay of Plenty population reduced from 1.04 (2010 – 2014) to 0.35 (2016). This is a

significant reduction in the incidence of SUDI and a positive shift towards achieving the Ministry of Health target of 0.1 in every 1000 live births by 2025.

- Bay of Plenty DHB exceeded the 90% target for Māori and non-Māori provision of SUDI information and education at WCTO Core Check 1 (data to September 2017).
- Ongoing effort is required to reduce the rates of smoking in Bay of Plenty women postpartum, particularly among Māori women as data from 2015 demonstrates that inequities exist in relation to the number of Māori and non-Māori women smoking postpartum.
- Bay of Plenty DHB breastfeeding target rates at 2 weeks, 6 weeks, and 3 months postpartum (Table 3.5) are largely unmet indicating the need for greater emphasis on strategies to support improvements in this area, particularly for Māori.
- Regional immunisation 8 month targets in Quarter 4, 2017 (Table 3.6) in Midland are lowest in the Bay of Plenty for Māori and non-Māori indicating the need for an ongoing strategic approach to support improvements in this area.
- Bay of Plenty DHB achieved 100% Primary Health Organisation enrolment in Quarter 3, 2017 for non-Māori (Table 3.7) and is closest to achieving the 100% target for Māori of all Midland DHBs.
- Among Midland DHBs, Bay of Plenty DHB has the highest proportion of Māori who are distributed Pēpi-Pods® (Table 3.8). The percentage of new mothers who are smokers during pregnancy and / or postpartum and who receive Pēpi-Pods® is also highest in the Bay of Plenty. This indicates that the Bay of Plenty Pēpi-Pod® Programme achieved greatest distribution of pods to smoke-exposed infants from July 2013 to June 2017 in the Midland region. More recent data from Change for Our Children (July 2017 to

June 2018)³ demonstrates that nationally Bay of Plenty is leading this distribution to smoke-exposed infants among the 20 Pēpi-Pod® Programmes.

- An improvement to the number of referrals made by LMCs to the Bay of Plenty Pēpi-Pod® Programme is required.
- Ongoing effort in the Bay of Plenty to achieve completion of the WCTO Core Contact 1 assessment before 50 days target is required, particularly for Māori (Table 3.9).

3.12 - Bay of Plenty SUDI Summary from Application of the Health Equity Assessment Tool (HEAT)

a) What Inequalities Exist?

- More non-Māori infants than Māori were born in the Bay of Plenty in 2017
- Māori infants have the highest rate of SUDI
- More Māori women smoke than non-Māori women 2 weeks after giving birth
- Breastfeeding rates for Māori infants are significantly lower than for non-Māori infants by 3 months
- The immunisation rate for Māori infants is less than for non-Māori infants
- These inequalities demonstrate that Bay of Plenty non-Māori infants experience a better health status than Māori infants

b) How did the Inequalities Occur?

- Inequalities have accumulated over time from the impact of European colonisation that has destabilised the constructs of Te Ao Māori. Disconnection from whānau, hapū and iwi, cultural values and identity has for many Māori weakened their social and economic foundations in Te Ao Māori and disrupted the passing on of traditional customs, protocols, values and ethics that guide and protect the people. Assimilation to European ways has impacted on the holistic health and wellbeing

³ Pēpi-Pod® Programme quarterly report to participating DHBs, Period: 1 July 2017 – 30 June 2018

of Māori and inequalities have emerged from unequal distribution of wealth and application of policies that influence the social determinants of health.

c) How will the BOPDHB Reduce SUDI Inequalities Experienced by Māori?

The BOPDHB will facilitate equitable access to timely, high-quality, effective and culturally appropriate services:

- LMCs
- Birthing facilities
- Social Work services
- Stop Smoking services
- Kaupapa Māori antenatal education programmes
- Māori midwife services
- Safe sleep devices – Pēpi-Pods® and Wahakura
- Wahakura Wananga
- Breastfeeding support services and information
- Immunisation services
- Community drug / alcohol services
- Family Start and Teen Parent Units via the Maternity Care, Wellbeing and Child Protection Multi-Agency Groups

Application of the Whanau Ora self-assessment tool will support the BOPDHB to engage with whanau, hapū, iwi and communities to identify what is required to reduce SUDI and guide action for SUDI prevention. A cross-sector approach that addresses the broad determinants of health is required to achieve the aim of reducing SUDI inequalities and gaining sustainable change.

d) How will the BOPDHB know if SUDI Inequalities have been reduced?

Evaluation and key performance measures will demonstrate short-term impact and long-term outcomes.

Measurable data will include:

- Child and Youth Mortality Review – incidence of SUDI
- Referrals to Hapainga Stop Smoking Service (includes referral source)
- Participation in Kaupapa Maori antenatal education programmes
- Referrals to the BOP Pēpi-Pod® Programme (includes referral source)
- Distributions of Pēpi-Pods® and wahakura to infants assessed as vulnerable to SUDI
- Change for Our Children Pēpi-Pod® Programme quarterly reports
- Wahakura Wananga facilitated, participation and numbers of wahakura made
- Plunket breastfeeding reports
- Immunisation reports
- Teen Parent Unit student participation in antenatal education programmes
- Community drug / alcohol services reports
- Other Ministry of Health reports

Application of the Health Equity Assessment Tool (HEAT) has informed and supported the development of Bay of Plenty SUDI Action Plan: July 2018 – June 2019.

4. Bay of Plenty SUDI Action Plan: July 2018 – June 2019

Task / Objective	Action	Key Performance Measures	Outcome	By Whom	By When
1. Increased first trimester LMC registration and engagement	<ul style="list-style-type: none"> ▪ Review and update the First 1000 Days project, 'As Soon as you're Pregnant' to include social media and a greater online presence. ▪ Scope consumer focus groups and all LMCs to identify barriers to early registration, then develop and implement strategies to support pregnant women to register with an LMC by 12 weeks gestation. Strategies will prioritise Māori and Pacific women and teen mothers. ▪ Promote awareness of the importance of registration with a LMC by 12 weeks gestation and the channels available to them to achieve this, e.g. DHB media releases, wide distribution of social and print media. 	<ul style="list-style-type: none"> ▪ Updates made to the 'As Soon as you're Pregnant' project. ▪ Consumer focus groups and meetings with LMCs held, barriers identified and mitigation strategies developed and implemented. ▪ Increased promotional activity to generate public awareness of the importance of early LMC registration and the channels through which this can be achieved. 	<ul style="list-style-type: none"> ▪ Increase in first trimester LMC registration and engagement, particularly among Māori and Pacific women and teen mothers. 	<ul style="list-style-type: none"> ▪ First 1000 Days and 'As Soon as you're Pregnant' Project manager and team. ▪ LMCs and Midwifery Manager ▪ Relevant stakeholders, e.g. GPs, PHOs, Maternity Units / Birthing Centre, Midwifery Centres, Family Planning, Pharmacies, Plunket Centres, Tamariki Ora Providers, Health NGOs including Māori / Pacific providers, school nurses, Hospital campuses (ED, Social Work and Paediatric Services), Iwi providers, 	<i>June 2019</i>

				Kohanga Reo, Teen Parent Units, Early Childhood Education Centres etc.	
<p>2. Strengthen relationships to improve LMC referral rates for:</p> <ul style="list-style-type: none"> ○ stopping smoking ○ safe sleep devices ○ drug / alcohol support ○ teen parent education ○ breast feeding support 	<ul style="list-style-type: none"> ▪ Engage with LMCs to identify and mitigate any barriers to referring for stop smoking services, safe sleep devices, drug / alcohol support, teen parent education and breast feeding support. ▪ Develop an integrated plan to mitigate barriers, facilitate referrals and strengthen relationships between LMCs and Hapainga Stop Smoking Service, BOP Pēpi-Pod® Programme, community drug / alcohol support services, Teen Parent Units and breast feeding support services to facilitate increased referrals for pregnant women, new mothers, whānau and teen parents. 	<ul style="list-style-type: none"> ▪ Meetings with LMCs held, barriers identified and mitigation strategies developed and implemented. 	<ul style="list-style-type: none"> ▪ Improved referral pathways. ▪ LMCs generate more referrals to: <ul style="list-style-type: none"> ▪ Hapainga Stop Smoking Service ▪ Bay of Plenty Pēpi-Pod® Programme ▪ community drug / alcohol support services ▪ Teen Parent Units ▪ breast feeding support services ▪ Ukaipo 	<ul style="list-style-type: none"> ▪ Relevant stakeholders develop strategies to support improved rates of LMC referrals: <ul style="list-style-type: none"> ○ LMCs ○ Midwifery Leader ○ Kaiwhakawhānau Coordinator for Smoking Cessation and Safe Sleep ○ Hapainga Stop Smoking Service ○ Lead Coordinator BOP Pēpi-Pod® Programme ○ Portfolio Managers for Child and Youth ○ Maternity Managers ○ WBOP Community Lactation Consultant 	<i>June 2019</i>

<ul style="list-style-type: none"> ▪ Identify and address staff resourcing gaps within the BOPDHB, e.g. BOP Community SUDI Prevention Coordinator, Community Lactation Consultant in the EBOP, FTE for the Kaiwhakawhānau Coordinator for Smoking Cessation and Safe Sleep and drug / alcohol service support for pregnant women, new mothers, whānau and teen parents. 	<ul style="list-style-type: none"> ▪ Gaps in staff resourcing identified and addressed. ▪ Stocktake of community drug / alcohol service support completed, gaps identified and addressed. 	<ul style="list-style-type: none"> ▪ BOPDHB Community SUDI Prevention Coordinator and EBOP Community Lactation Consultant employed. ▪ Kaiwhakawhānau Coordinator for Smoking Cessation and Safe Sleep position job sized and FTE relatively applied. ▪ Increased access to community drug / alcohol support services offered by relevant stakeholders. 	<ul style="list-style-type: none"> ○ Representatives from DHB and community drug / alcohol support services, Teen Parent Units and Birthing Centre ▪ Relevant BOPDHB service managers in conjunction with Portfolio Managers for Child and Youth and the People and Capability team.
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<p>3. Increased access to stop smoking support for pregnant women and their whānau</p>	<ul style="list-style-type: none"> ▪ Facilitate the Ukaipo Stop Smoking Support Programme for pregnant women and their whānau in the WBOP. ▪ Facilitate Marae-based Wahakura Wananga across the BOP, and Kohanga Reo-based Wahakura Wananga in the EBOP. Access to stop smoking support will be available at these Wananga. ▪ Universal ABC Smokefree Screening and support for all pregnant women (and their whānau) who access maternity units, the Birthing Centre and other DHB hospital and community services. ▪ All BOPDHB contracted antenatal programmes provide access to stop smoking support. 	<ul style="list-style-type: none"> ▪ Completion of 6 Ukaipo Stop Smoking Support Programmes in the WBOP ▪ Completion of 4 Marae-based Wahakura Wananga across the BOP and 4 Kohanga Reo-based Wahakura Wananga in the EBOP. ▪ 100% of all pregnant women (and their whānau) who access maternity units, the Birthing Centre and other DHB hospital and community services are offered stop smoking support. ▪ 100% of all pregnant women (and their whānau) who participate in BOPDHB contracted 	<p>Increased uptake of pregnant women and their whānau accessing stop smoking support.</p>	<ul style="list-style-type: none"> ▪ Relevant stakeholders: <ul style="list-style-type: none"> ○ Kaiwhakawhānau Coordinator for Smoking Cessation and Safe Sleep ○ WBOP PHO ○ Mama and Pēpi Coordinator, Te Puna Ora O Mataatua ○ Participating whānau, hapū and iwi ○ Participating Kohanga Reo ○ Lead Coordinator BOP Pēpi-Pod® Programme ○ Coordinator for Child & Youth Mortality Review and Injury Prevention ○ Hapainga Stop Smoking Service ○ All DHB contracted antenatal programme providers, e.g. Hei Tiki Pumau (WBOP) and Te 	<p><i>June 2019</i></p>
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	<ul style="list-style-type: none"> ▪ Identify and address gaps re access to culturally tailored antenatal education programmes, including those for teen mothers (and their whānau) who attend Teen Parent Units. 	<p>antenatal programmes are enabled access to stop smoking support.</p> <ul style="list-style-type: none"> ▪ Teen mothers (and their whānau) who attend Teen Parent Units have access to culturally tailored antenatal education programmes. Programmes include stop smoking support. 	<ul style="list-style-type: none"> ▪ Teen mothers (and their whānau) have equitable access to culturally tailored antenatal education programmes that include stop smoking support. 	<p>Ha Ora (EBOP).</p> <ul style="list-style-type: none"> ▪ Relevant stakeholders: <ul style="list-style-type: none"> ○ Teen Parent Units ○ Ministry of Education ○ Portfolio Managers for Child and Youth ○ Antenatal Programme providers ○ Hapainga Stop Smoking Service ○ BOP Community SUDI Prevention Coordinator (position to be established) 	
<p>4. Increased timely referral to Well Child Tamariki Ora providers and Family Start</p>	<ul style="list-style-type: none"> ▪ LMCs provide written referrals to WCTO providers that meet the guidelines agreed by the New Zealand College of Midwives and providers of well child services, between 2 and 4 weeks following birth. 	<ul style="list-style-type: none"> ▪ Maternity Services Section 88 of the NZ Public Health and Disability Act, 2000 <i>Ref: DA9 Service linkages: transfer to well child services (2).</i> 	<ul style="list-style-type: none"> ▪ Early antenatal and postnatal referral to Family Start will: <ul style="list-style-type: none"> ○ provide timely SUDI prevention information and response ○ facilitate timely, 	<ul style="list-style-type: none"> ▪ Relevant stakeholders: <ul style="list-style-type: none"> ○ Midwife Leader ○ LMCs ○ Plunket ○ Tamariki Ora providers ○ Family Start providers 	<p><i>June 2019</i></p>

<ul style="list-style-type: none"> ▪ Develop an integrated plan to address identified gaps and to consistently facilitate timely referrals for transition of care from LMCs to WCTO providers. 	<ul style="list-style-type: none"> ▪ WCTO providers' referral data, e.g. from Plunket's Operational National Database. 	<p>positive health and social interventions that generate health gains for infants and their whanau</p> <ul style="list-style-type: none"> ▪ Early postnatal referral from LMCs to WCTO providers will facilitate: <ul style="list-style-type: none"> ○ A seamless transfer and unbroken chain of care between providers ○ 90% completion of Core Contact 1 with provision of SUDI prevention / safe sleep assessment and education ○ access to safe sleep devices as required 	
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<p>5. Provision of targeted safe sleep support including provision of safe sleep spaces</p>	<ul style="list-style-type: none"> ▪ Sustainable funding available for the BOP Pēpi-Pod® Programme and community providers. ▪ Identify and engage with kairaranga to support procurement of a sustainable supply of wahakura. ▪ Develop Wahakura guidelines and distribute with completed wahakura. ▪ Distribute Pēpi-Pod® /wahakura safe sleep spaces to BOP infants assessed as being vulnerable to SUDI. ▪ Procure 250 Pēpi-Pods® and 100 wahakura for the BOP Pēpi-Pod® Programme. 	<ul style="list-style-type: none"> ▪ Kairaranga engaged to provide wahakura to the BOP Pēpi-Pod® Programme. ▪ BOP Pēpi-Pod® Programme distribution data ▪ Change for Our Children Pēpi-Pod® Programme Quarterly Reports 	<ul style="list-style-type: none"> ▪ Reduced rate of SUDI in the BOP 	<ul style="list-style-type: none"> ▪ Portfolio Managers for Child and Youth ▪ Lead Coordinator, BOP Pēpi-Pod® Programme ▪ Coordinator, Injury Prevention ▪ Kaiwhakawhānau Coordinator for Smoking Cessation and Safe Sleep ▪ BOP kairaranga ▪ Change for Our Children ▪ Maternity services ▪ Birthing Centre ▪ Safe sleep device distributors 	<p><i>June 2019</i></p>
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