

1 Executive summary

1.1 About the investigation

1.1.1 Functions of the Western Australian Ombudsman

The Western Australian Ombudsman (**the Ombudsman**) has four principal functions:

- to investigate and resolve complaints about public administration;
- to improve the standard of public administration over time;
- to review certain child deaths, and family and domestic violence fatalities; and
- to undertake certain inspectorate and other functions as specified in legislation.

1.1.2 The Ombudsman's Child Death Review function

On 30 June 2009, following the passage of the *Parliamentary Commissioner Amendment Act 2009*, the Ombudsman commenced a new jurisdiction that involved reviewing investigable child deaths. Investigable deaths are defined by section 19A(3) of the *Parliamentary Commissioner Act 1971*. For these investigable deaths, the Ombudsman's functions are outlined in section 19B(3) of the *Parliamentary Commissioner Act 1971* as follows:

- (a) to review the circumstances in which and why the deaths occurred;
- (b) to identify any patterns or trends in relation to the deaths;
- (c) to make recommendations to any department or authority about ways to prevent or reduce investigable deaths.

Through the review of the circumstances in which and why child deaths occurred, the Ombudsman identified a pattern of cases in which infants (in this report infants are defined as children under the age of 12 months) appeared to die suddenly and unexpectedly during their sleep. For this reason, the Ombudsman decided to undertake an investigation of these sleep-related infant deaths with a view to determining whether it was appropriate to make recommendations to any department or authority about ways to prevent or reduce such deaths.

1.2 Objectives of the investigation

The objectives of the investigation were to:

- analyse all sleep-related infant deaths notified to the Ombudsman between 1 July 2009 and 31 December 2011;
- undertake research, including a comprehensive literature and practice review, in relation to sleep-related infant deaths;
- undertake consultation with key stakeholders;

- identify patterns and trends specifically in relation to sleep-related infant deaths; and
- from this analysis, pattern and trend identification, research and consultation, identify opportunities for State Government departments to prevent or reduce sleep-related infant deaths, and make recommendations to these departments accordingly.

1.3 Overview of methodology

The Office of the Ombudsman (**the Office**):

- conducted a review of the relevant national and international literature regarding sleep-related infant deaths and current approaches to prevention (the information drawn from this review is referred to as **the research literature** throughout this report);
- consulted with key government and non-government stakeholders;
- analysed all sleep-related infant deaths notified to the Ombudsman between 1 July 2009 and 31 December 2011; the Office also obtained additional information regarding each of the cases from the Department of Health and included this information in its analysis;
- identified the current strategies and practices of State Government departments and authorities and other national and international agencies that were relevant to sleep-related infant deaths; considered whether these current strategies addressed the patterns and trends identified during the research and analysis; and
- made findings and developed recommendations about ways to prevent or reduce sleep-related infant deaths and opportunities for implementing these recommendations.

1.4 Infant deaths and sleep-related infant deaths

- Infant deaths have declined to historically low levels, from 100 deaths per 1,000 live births in the early-1900s to 3.6 deaths per 1,000 live births in 2010. However, infants born in very remote areas, as defined by the Australian Bureau of Statistics (**ABS**), Indigenous infants and infants born into socio-economic disadvantage had higher mortality rates than WA infants as a whole.¹
- Infant deaths formed a significant proportion of the child deaths notified to the Ombudsman. Over the period 1 July 2009 to 31 December 2011, the Chief Executive Officer (**CEO**) of the Department for Child Protection notified the Ombudsman of 242 child deaths. Ninety one (38 per cent) of these deaths concerned infants.

¹ Australian Bureau of Statistics, *Australian Historical Population Statistics, 2008*, ABS Canberra, (3105.0.65.001), 2008. <<http://www.abs.gov.au/ausstats/abs@.nsf/mf/3105.0.65.001>> Accessed: 19 March 2012. Available as at 30 October 2012. Australian Bureau of Statistics, *Deaths, Australia, 2010*. ABS Canberra,(3302.0), 2010. <<http://www.abs.gov.au/ausstats/abs@.nsf/Products/6BF83C1213FEDA97CA257943000CF105?opendocument>> Accessed: 19 March 2012. Available as at 13 July 2012; Glover, J, Tennant, S & Page, P, 'The impact of socio-economic status and geographical location on Indigenous mortality in Australia, 1997-99', *Occasional Paper Series No. 1*, 2004, Public Health Development Unit, Adelaide.

- In 54 (59 per cent) of the 91 cases of infant death notified to the Ombudsman, the information provided in the notification indicated that the infant appeared to die suddenly and unexpectedly during their sleep. Throughout this report, these 54 cases of sleep-related infant death are referred to as **the Ombudsman's cases**.
- The most frequent cause of sleep-related infant deaths is likely to be Sudden Infant Death Syndrome (commonly referred to as **SIDS**). SIDS is a classification of the cause of death used by medical practitioners and coroners.² A definition of SIDS that is widely accepted in Australia is:

The sudden and unexpected death of an infant, with onset of the fatal episode apparently occurring during sleep, that remains unexplained after a thorough investigation, including performance of a complete autopsy and review of the circumstances of death and the clinical history.³

- The Department of Health's Perinatal and Infant Mortality Committee (**PIMC**) investigates cases of infant deaths in WA and classifies each death using the standardised system developed by the Perinatal Society of Australia and New Zealand. Its latest report (**the PIMC report**) identified that there were 62 sudden and unexpected infant deaths over the period 2005-2007, and in 44 (71 per cent) of these cases, the PIMC classified the cause of death as SIDS.⁴

1.5 Infant characteristics

- The research literature identifies that certain factors increase the risk of SIDS, and refers to these as 'risk factors' for SIDS. Some of the identified risk factors concern infant characteristics (**infant risk factors**). It is important to note that these risk factors are correlative, not necessarily causal.⁵

² Blair PS, Byard RW & Fleming PJ, 'Proposal for an international classification of SUDI', *Scand J Forensic Sci*, vol.15, no.1, 2009, pp. 6-8.

³ Krous H, Beckwith J, Byard R, Rognum T, Bajanowski T, Corey T, Cutz E, Hanzlick R, Keens T & Mitchell E, 'Sudden infant death syndrome and unclassified infant deaths: A definitional and diagnostic approach', *Pediatrics*, vol.114, no.1, 2004, pp. 234-238.

⁴ Department of Health Western Australia, *The 13th Report of the Perinatal and Infant Mortality Committee of Western Australia for Deaths in the Triennium 2005-07*, December 2010, p. 68.

⁵ Child Death Review Unit, British Columbia Coroner's Service, *Safe and Sound: A Five-Year Retrospective Report on Sudden Infant Death in Sleep-related Circumstances*, 2009, p. 11.

- The infant risk factors are: infant is aged older than one month and less than four months; infant is male; infant was born prematurely; infant had low birth weight; and infant's mother smoked during pregnancy.⁶ These infant risk factors for SIDS have also been found to be relevant to other types of sleep-related infant deaths.⁷ Our analysis found that these infant risk factors were also prominent among the Ombudsman's cases.

1.6 Environmental characteristics

- Other identified risk factors for SIDS concern characteristics of the infant's sleeping environment (**environmental risk factors**). These environmental risk factors are: prone sleeping position; unsafe sleeping surface; unsafe bedding; and environmental tobacco smoke (within the infant's sleeping environment).⁸ These environmental risk factors for SIDS have also been found to be relevant to other types of sleep-related infant deaths.⁹ Our analysis found that these environmental risk factors were also prominent among the Ombudsman's cases.

⁶ Trachtenberg, FL, Haas, EA, Kinney, HC, Stanley, C & Krous, HF, 'Risk Factor Changes for Sudden Infant Death Syndrome After Initiation of Back-to-Sleep Campaign', *Pediatrics*, 2012; Department of Health Western Australia, *The 13th Report of the Perinatal Infant Mortality Committee of Western Australia for Deaths in the Triennium 2005–07*, December 2010; Child Death Review Unit, British Columbia Coroner's Service, *Safe and Sound: A Five-Year Retrospective Report on Sudden Infant Death in Sleep-related Circumstances*, 2009; Australian Bureau of Statistics, *SIDS in Australia 1981-2000, A statistical overview*. ABS Canberra, 2003. <<http://www.sidsandkids.org/research>> Accessed: 11 November 2010. Available as at 30 October 2012.

⁷ American Academy of Pediatrics, 'SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment', *Pediatrics*, vol. 10, no. 12, 2011, pp. 2011-2284; Public Health Association of Australia, *Policy-at-a-glance – Sudden Unexpected Death in Infancy (SUDI) and Sudden Infant Death Syndrome (SIDS) Policy*, September 2009. It should be noted that, when co-sleeping is involved, the risk factor 'infant is aged under four months' is associated with an increased risk of sleep related infant death, including from causes other than SIDS, as discussed more fully in Chapter 4.

⁸ Trachtenberg, FL, Haas, EA, Kinney, HC, Stanley, C, & Krous, HF, 'Risk Factor Changes for Sudden Infant Death Syndrome After Initiation of Back-to-Sleep Campaign', *Pediatrics*, 2012; Vennemann, MM, Bajonowski, T, Brinkmann, B, Jorch, G, Sauerland, C, Mitchell, EA & the GeSID Study Group, 'Sleep Environment Risk Factors for Sudden Infant Death Syndrome: The German Sudden Infant Death Syndrome Study', *Pediatrics*, vol 23, no. 4, April 2009, pp. 1162-1170.

<<http://pediatrics.aappublications.org/content/123/4/1162.full?sid=80bdf1b6-aca8-4c92-8569-adb7b7e5ead3>> Accessed: 14 June 2012. Available as at 30 October 2012; Mitchell, EA, Scragg, R, Stewart, AW, Becroft, DM, Taylor, BJ, Ford, RP, Hassall, IB, Barry, DM, Allen, EM, & Roberts, AP, 'Results from the first year of the New Zealand Cot Death Study', *New Zealand Medical Journal*, vol.104, no.906, 1991, pp. 71-76; Child Death Review Unit, British Columbia Coroner's Service, *Safe and Sound: A Five-Year Retrospective Report on Sudden Infant Death in Sleep-related Circumstances*, 2009.

⁹ American Academy of Pediatrics, 'SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment', *Pediatrics*, vol. 10, no. 12, 2011, pp. 2011-2284; Public Health Association of Australia, *Policy-at-a-glance – Sudden Unexpected Death in Infancy (SUDI) and Sudden Infant Death Syndrome (SIDS) Policy*, September 2009.

1.7 Key findings and recommendations

1.7.1 Eighty nine per cent of the Ombudsman's cases involved risk factors that are potentially modifiable and therefore present opportunities for State Government departments and authorities to assist parents and carers in relation to risk factors for sleep-related infant death

- Once an infant is born, it is obviously not possible for parents and carers to modify the infant characteristics of premature birth and low birth weight. Similarly, an infant's age and sex are obviously not modifiable. These infant characteristics are all risk factors for sleep-related infant death.
- On the other hand, it may be possible for parents and carers to modify other relevant risk factors. Forty eight (89 per cent) of the 54 Ombudsman's cases involved environmental risk factors or maternal smoking during pregnancy. This indicates that, by assisting parents and carers in relation to the possible modification of these risk factors, there are potential opportunities for State Government departments and authorities to prevent or reduce the number of sleep-related infant deaths beyond that action which is currently undertaken.
- Given its central role in promoting and protecting infant health, the Department of Health is well-placed to undertake this action. Our analysis indicates that two other departments with responsibilities for infant health and well-being, namely the Department for Child Protection and the Department for Communities, are also well-placed to take action on a number of the issues identified. The discussion and recommendations may also be of relevance, interest and importance to other State Government departments and authorities that have contact with families and infants, beyond the three departments specifically discussed in these sections.

1.7.2 More than half of the Ombudsman's cases involved one or more of the environmental risk factors that safe sleeping advice has traditionally and still commonly recommends should be avoided

- Four key messages about how to avoid the environmental risk factors set out at section 1.6 above were at the core of the advice about safe sleeping that was communicated in the *Reducing the Risk of Sudden Infant Death Syndrome* program (**the Reducing the Risk program**). This program was launched in 1991 by the National SIDS Council of Australia, trading as SIDS and Kids, a national not-for-profit organisation that provides information and education on how to place infants safely to sleep to reduce the risk of SIDS and fatal sleeping accidents. SIDS and Kids Western Australia (**SIDS and Kids WA**) is a member organisation of the National SIDS Council of Australia and is the service provider for WA.

- The four key messages were: place an infant on its back to sleep; use a safe sleeping surface; use safe bedding, keep infant's head uncovered, and avoid soft toys and other items in the infant's sleeping environment; and avoid environmental tobacco smoke.¹⁰
- A recent evaluation conducted by the Telethon Institute for Child Health Research (**the TICHR evaluation**) contained a detailed comparison of 12 current policies, guidelines and brochures produced by government and non-government organisations that provided advice on safe sleeping, particularly co-sleeping. It found that these key messages were still commonly promoted across the safe sleeping advice that was compared.¹¹
- A total of 30 (56 per cent) of the 54 Ombudsman's cases involved one or more of the environmental risk factors that safe sleeping advice, discussed above, has traditionally and still commonly recommends should be avoided. These findings point to the continued relevance of the four key messages common to safe sleeping advice and the importance of continuing to assist parents and carers to follow this advice when placing their infants to sleep.
- In 2008, the Department of Health issued an Operational Directive (**the Directive**) setting out its *Statewide Mother-Baby Co-Sleeping/Bed-Sharing Policy (the Policy)*. These are complemented by Clinical Guidelines (**the Guidelines**) developed by the Department of Health's Women and Newborn Health Service, in association with key stakeholders. All three materials aim to reduce the sudden death of infants while co-sleeping. The Directive, the Policy and the Guidelines apply to all healthcare workers in State Government hospitals and health services.¹² The Directive, the Policy and the Guidelines set out the department's policy on co-sleeping in hospital and on the advice to be provided to parents and carers about co-sleeping with their infant once they leave hospital. These materials are not intended to, and do not, focus on the wider issue of parents' and carers' practices when placing infants to sleep, beyond co-sleeping.

¹⁰ Mitchell, EA, Freemantle, J, Young, J & Byard, RW, 'Scientific consensus forum to review the evidence underpinning the recommendations of the Australian SIDS and Kids Safe Sleeping Health Promotion Programme – October 2010', *Journal of Paediatrics and Child Health*, 2011. <<http://dx.doi.org/10.1111/j.1440-1754.2011.02215.x>> Accessed: 8 May 2012. Available as at 30 October 2012; Report of First Australian SIDS Pathology Workshop, *Adoption of a National Consensus for the Definition of SIDS and Autopsy Approach to Unexpected Infant Death*, Canberra, 22-23 March 2004.

¹¹ Dodd, J, *Evaluation of the Department of Health Western Australia Operational Directive State-wide Co-sleeping/Bed-sharing Policy for WA Health hospitals and health services*, Collaboration for Applied Research and Evaluation, Telethon Institute for Child Health Research under contract with the Department of Health, Western Australia, 2012, pp. 24-26.

¹² Department of Health Western Australia, *Operational Statewide Policy For Identifying And Responding To Mother-Baby Co-Sleeping/Bed-Sharing In WA Health Hospitals And Health Services*, May 2008. <www.health.wa.gov.au/circularsnew/pdfs/12410.pdf> Accessed: 13 March 2012. Available as at 30 October 2012.

Recommendation 1: It is recommended that the Department of Health establishes a statement on safe sleeping, either by expanding its existing Policy on co-sleeping, or by establishing an additional statement on safe sleeping, which:

- takes into account and complements existing information available from non-government organisations including SIDS and Kids WA, as appropriate;
- forms the basis for safe sleeping advice provided to parents and carers;
- forms the basis for strategies across State Government hospitals and health services to assist parents and carers understand and apply this advice; and
- is a guide for policies and strategies by other State Government departments and authorities aimed at achieving the same objective.

1.7.3 In eight of the Ombudsman’s cases, the infants were placed to sleep in a cot or bed somewhere other than their usual sleep location

- Our analysis of the 54 Ombudsman’s cases found that eight infants (15 per cent) were placed to sleep in a cot or bed, but somewhere other than their usual sleep location, including in a different location in the home or in the home of a relative. Recent research has suggested that the risk of SIDS is higher when the infant sleeps in a different location than their usual place of sleep, particularly if at a friend or relative’s house.¹³ These findings point to the need to emphasise that safe sleeping advice applies not only when placing an infant to sleep in their usual cot or bed, but at all times and places when placing an infant to sleep, including in places other than their usual sleep location. The various materials currently providing advice on how to place infants to sleep safely do not explicitly address this issue.¹⁴

Recommendation 2: It is recommended that the Department of Health ensures that its safe sleeping statement emphasises that parents and other carers should be advised to be vigilant about applying safe sleeping advice wherever they are placing infants to sleep, including in a location other than their usual sleep location, such as in another room within the family home, or at a relative or friend’s house.

¹³ Vennemann, MM, Bajanowski, T, Brinkmann, B, Jorch, G, Sauerland, C, Mitchell, EA & the GeSID Study Group, ‘Sleep Environment Risk Factors for Sudden Infant Death Syndrome: The German Sudden Infant Death Syndrome Study’, *Pediatrics*, vol 23, no. 4, April 2009, pp. 1162-1170.

<<http://pediatrics.aappublications.org/content/123/4/1162.full?sid=80bdf1b6-aca8-4c92-8569-adb7b7e5ead3>> Accessed: 14 June 2012. Available as at 30 October 2012.

¹⁴ Dodd, J, *Evaluation of the Department of Health Western Australia Operational Directive Statewide Co-sleeping/Bed-sharing Policy for WA Health hospitals and health services*, Collaboration for Applied Research and Evaluation, Telethon Institute for Child Health Research under contract with the Department of Health, Western Australia, 2012, p. 26.

1.7.4 Twenty nine of the Ombudsman's cases reportedly involved co-sleeping, and in all of these cases infant and/or environmental risk factors were also involved

- In this report, as in much of the research literature, co-sleeping refers to an infant sharing the same sleeping surface (for example, a bed or a sofa) with an adult or child when both parties are sleeping. In 29 (54 per cent) of the 54 Ombudsman's cases, the infant was reported to be co-sleeping at the time of death.
- In all of the 29 Ombudsman's cases in which the infant was co-sleeping at the time of death, the circumstances of death also featured one or more of the infant and/or environmental characteristics that have been identified in the research literature as risk factors for sleep-related infant deaths. Infant risk factors were involved in 28 (97 per cent) of the 29 cases, and environmental risk factors were involved in 16 (55 per cent) of the 29 cases. In 15 (52 per cent) of the 29 Ombudsman's cases in which the infant was reportedly co-sleeping at the time of death, both infant and environmental risk factors featured in the circumstances of the infant's death.
- As discussed above, the Department of Health has a Directive, a Policy and Guidelines on co-sleeping. A report of an Inquest by the WA State Coroner into a co-sleeping death, released in 2010, states that 'the Clinical Guidelines and Operational Directive provide clear and accurate guidance on co-sleeping. They need to be actively promoted.'¹⁵ The effectiveness of the implementation and dissemination processes for the Directive and the Policy are analysed in the TICHR evaluation, which also makes 14 recommendations to increase this effectiveness.

1.7.5 More than half of the Ombudsman's cases involved infants whose mothers reported smoking during pregnancy

- Twenty eight (52 per cent) of the mothers of infants involved in the 54 Ombudsman's cases reported that they smoked during their pregnancy. By the early-1990s, there were more than 50 population-based studies that showed an increased risk of SIDS associated with maternal smoking during pregnancy. Since the *Reducing the Risk* program in 1991, this link has been confirmed by more than 17 studies.¹⁶
- The Department of Health already has in place a range of policies and strategies designed to inform pregnant women of the dangers of smoking and to assist them to give up smoking where they choose to do so. Our analysis points to the continued importance of these policies and strategies, as well as to the importance of linking strategies to deliver safe sleeping advice with the range of existing programs designed to assist people to give up smoking.

¹⁵ WA State Coroner, *Finding upon inquest into the death of Nathaniel West* (F/No: 384/06), January 2010.

¹⁶ Mitchell, EA, 'SIDS: past, present and future', *Acta Paediatr*, vol.98, no.11, 2009, pp. 1712-1719.

Recommendation 3: It is recommended that the Department of Health ensures that:

- its safe sleeping statement explicitly recognises the importance of avoiding smoking during pregnancy; and
- strategies for delivering the safe sleeping advice are closely linked with the range of existing programs designed to assist people to give up smoking, so that pregnant women who continue to smoke can be connected to this assistance as effectively as possible.

1.7.6 Thirty five per cent of the Ombudsman's cases involved Indigenous infants, even though Indigenous infants comprise only six per cent of WA infants

- Nineteen (35 per cent) of the 54 Ombudsman's cases involved Indigenous infants. For comparison, Indigenous infants comprise six per cent of all WA infants. This finding reflects the research literature, which has identified that Indigenous infants are over-represented among infants whose death is diagnosed as SIDS, and that the decline in the rate of SIDS has not been as significant in the Indigenous population as it has been in the non-Indigenous population.¹⁷
- Our analysis and the research literature indicate that strategies to assist Indigenous parents and carers to modify risk factors in their infant's sleeping environment, and to give up smoking where they choose to do so, have a role to play in achieving this objective.¹⁸ Environmental risk factors were involved in 11 (58 per cent) of the 19 Ombudsman's cases in which the infants were Indigenous (and in some cases multiple factors were present), as follows: three infants (16 per cent) were not placed on their backs to sleep; four infants (21 per cent) were placed to sleep on an unsafe surface; and eight infants (42 per cent) were placed to sleep with potentially unsafe bedding. In addition, 12 (63 per cent) of the 19 Indigenous infants were born to women who reported smoking during pregnancy.
- Our analysis of the 19 Ombudsman's cases points not only to the importance of strategies that are culturally appropriate for Indigenous people in general, but also to those Indigenous people who live in very remote WA and to young Indigenous mothers. In particular, all eight of the Ombudsman's cases that involved infants residing in very remote regions of WA involved Indigenous infants, and all of these deaths involved co-sleeping. In addition, the mothers of the Indigenous infants involved in the Ombudsman's cases were on average four years younger than the mothers of non-Indigenous infants involved in the Ombudsman's cases.

¹⁷ Freemantle, J, Read, AW, De Klerk, NH, McAullay, D, Anderson, IP & Stanley, FJ, 'Sudden Infant Death Syndrome and Unascertainable Deaths: Trends and disparities among Aboriginal and non-Aboriginal infants born in Western Australia from 1980 to 2001 inclusive', *Journal of Paediatrics and Child Health*, Volume 42, Issue 7-8, July/August 2006, pp. 445–451.

¹⁸ National Institute of Clinical Studies, 'Reducing the Risk of SIDS', *Evidence–Practice Gaps Report*, vol 2. 2005, NICS, Melbourne.

<http://www.nhmrc.gov.au/_files_nhmrc/file/nics/material_resources/evidence_practice_gaps_report_volume_2.pdf> Accessed: 27 March 2012. Available as at 30 October 2012; Queensland Government, *Safe infant care: to reduce the risk of sudden unexpected deaths in infancy, policy statement and guidelines*, 2008, p 34. <<http://www.health.qld.gov.au/qhpolicy/docs/pol/qh-pol-082.pdf>> Accessed: 20 November, 2010. Available as at 30 October 2012.

Recommendation 4: It is recommended that the Department of Health ensures that its strategies for delivering safe sleeping advice:

- assist Indigenous parents and carers, including Indigenous people living in very remote areas, to understand and apply this advice; and
- to Indigenous parents and carers are closely linked with the range of existing programs designed to assist people to give up smoking, so that Indigenous women who are pregnant and who continue to smoke can be connected to this assistance as effectively as possible.

1.7.7 At least three of the Ombudsman’s cases involved infants from culturally and linguistically diverse backgrounds, and all of these cases involved modifiable risk factors

- Two infants involved in the Ombudsman’s cases were born to women identified in the Department of Health’s information as Asian, and one was born to a mother identified as Indian. On this basis, we estimate that at least three (six per cent) of the 54 Ombudsman’s cases involved infants from culturally and linguistically diverse (**CaLD**) backgrounds. All three cases involved modifiable risk factors (apart from maternal smoking during pregnancy), and all three deaths occurred in circumstances that safe sleeping advice commonly recommends should be avoided.
- These findings point to the importance of strategies to assist parents and carers to modify risk factors in their infant’s sleeping environment being appropriate to people from CaLD backgrounds.

Recommendation 5: It is recommended that the Department of Health ensures that its strategies for delivering safe sleeping advice assist parents and carers from CaLD backgrounds to understand and apply this advice.

1.7.8 Thirty seven per cent of the Ombudsman’s cases involved infants from families whose children had already been the subject of concerns raised with the Department for Child Protection

- Twenty (37 per cent) of the 54 Ombudsman’s cases met the requirements of s.19A(3)(a) of the *Parliamentary Commissioner Act 1971*. That is, in the two years prior to the infant’s death, the Department for Child Protection had received information that raised concerns about the well-being of the child or a child relative of the child. In 15 of these 20 cases, the Department for Child Protection had determined that some action should be taken in regards to the child or a child relative of the child, and that action was taken. It is important to note that these concerns and actions were not necessarily related to modifiable risk factors associated with sleep-related infant deaths.
- Interactions between families and Department for Child Protection staff, however, particularly those that are more extensive and those that take place in the family home, provide an opportunity for these staff to work proactively with parents and carers to put safe sleeping advice into practice. It is important that the Department for Child

Protection builds on these opportunities by ensuring that its relevant staff understand safe sleeping advice, are equipped to deliver it and take up the opportunities to do so.

Recommendation 6: It is recommended that the Department for Child Protection collaborates with the Department of Health to establish a departmental policy on safe sleeping, based on the Department of Health's safe sleeping statement, to guide interactions between the Department for Child Protection staff and parents and carers.

Recommendation 7: It is recommended that the Department for Child Protection ensures that its Casework Practice Manual and its Safety and Well-being Assessment tool reflect the department's policy on safe sleeping and are kept up to date as information changes.

Recommendation 8: It is recommended that the Department for Child Protection ensures that its adoption of a departmental policy on safe sleeping is accompanied by strategies to:

- ensure that staff in direct contact with families, and the supervisors of these staff, have the skills and knowledge necessary to implement the policy;
- keep program workers' skills and knowledge up to date as information changes; and
- evaluate the implementation of its new procedures for providing the safe sleeping advice to families, particularly by those staff who have more extensive interactions with families such as those working in the Best Beginnings Service.

- In 14 (70 per cent) of the 20 Ombudsman's cases that met the requirements of s19A(3)(a) of the *Parliamentary Commissioner Act 1971*, the mothers reported that they smoked during pregnancy.

Recommendation 9: It is recommended that wherever practicable the Department for Child Protection assists women with whom they have established relationships, and who are pregnant or planning to become pregnant, by providing them with information regarding the risks of smoking and the range of existing programs that assist people give up smoking.

1.7.9 In 14 of the Ombudsman's cases, fathers or grandparents were immediately present at the time of the infant's death

- In 14 (26 per cent) of the Ombudsman's cases, the father or a grandparent was immediately present at the time of the infant's death. In two of these 14 cases, the infant was in the primary care of the father, and in another two cases, the infant was in the primary care of a grandparent. The research literature and our consultations with stakeholders also identify that as well as playing the role of direct carer, fathers and grandparents may influence how mothers place infants to sleep. In addition, the research literature identifies that it is difficult for a pregnant woman to quit smoking

while sharing a home with other smoking family members or her smoking partner.¹⁹ These findings point to the importance of ensuring that strategies to assist women to modify environmental risk factors and smoking during pregnancy are extended to include fathers and grandparents.

Recommendation 10: It is recommended that the Department of Health ensures that its strategies for delivering safe sleeping advice:

- assist fathers and grandparents to understand and apply the advice; and
- to fathers and grandparents are closely linked with the range of existing programs to assist people to give up smoking.

- The Department for Communities administers a range of programs at the local community level, including programs targeting Indigenous parents and carers, as well as grandparents, which our analysis identified as key audiences for safe sleeping advice. These programs present a good opportunity to deliver safe sleeping advice to these key audiences.

Recommendation 11: It is recommended that the Department for Communities collaborates with the Department of Health to establish a departmental policy on safe sleeping, based on the Department of Health's safe sleeping statement, to guide interactions between Department for Communities' staff and parents and carers.

Recommendation 12: It is recommended that the Department for Communities ensures that its adoption of the department's policy on safe sleeping is accompanied by strategies to:

- ensure that the relevant program workers have the skills and knowledge necessary to implement the policy in their programs;
- keep program workers' skills and knowledge up to date as information changes; and
- monitor and evaluate the implementation of its new procedures for providing the safe sleeping advice to families.

1.8 Opportunities identified by departments to put the key findings and recommendations into practice

- A woman's journey through pregnancy, birth and the first year of her infant's life can be broken into three key stages: antenatal, in hospital with a newborn infant (where the birth is not a home birth) and at home with the infant. During our investigation, stakeholders identified opportunities at each of these stages for putting the

¹⁹ Johnson, JL, Ratner, PA, Bortorff, JI, Hall, W & Dahinten, S, 'Preventing Smoking relapse in Postpartum Women', *Nursing Research*, vol.49(1), 2000, pp. 44-52. Cited by Quit Smoking Telephone Counselling Protocol for Pregnant and Postpartum Women, Ministry of Health, Canada. <<http://www.hc-sc.gc.ca/hc.ps/pubs/tobac-tabac/protocol/index-eng.php>> Accessed: 15 May 2012. Available as at 30 October 2012.

recommendations discussed above into practice. They aim to complement the education and awareness raising among the community as a whole, which is conducted by government and non-government organisations, including SIDS and Kids WA.

Opportunities during the antenatal period

- The antenatal period provides an opportunity to educate parents about safe sleeping environments and therefore provides opportunities to reduce the risks of sleep-related infant death, particularly as information provided at this time may also guide nursery preparation and purchases.²⁰
- The Pregnancy Health Record Western Australia is a recently introduced antenatal care strategy designed to involve pregnant women in communicating their health status and the plans for their care. The strategy involves a document that is held by these women, recording their health information during their pregnancy.²¹

Recommendation 13: It is recommended that the Department of Health ensures that the discussions associated with the Pregnancy Health Record reflect the safe sleeping statement set out in Recommendations 1 and 2.

- The Aboriginal Health Council of Western Australia has noted that ‘Aboriginal and Torres Strait Islander women attend antenatal care later and less frequently than non-Indigenous women’.²² This issue was also raised during our consultations. In 2010, the Department of Health, in partnership with the Australian Commonwealth Government, established the Aboriginal Maternity Services Support Unit (**the Unit**) to address this and other issues. Non-government organisations are also relevant stakeholders and work in this area. It would be useful for the Department of Health to consider further engaging with organisations and programs such as these to reach Indigenous people on their behalf.

Recommendation 14: It is recommended that the Department of Health considers further ways of working collaboratively with non-government organisations that are already working effectively in Indigenous communities to deliver safe sleeping advice to Indigenous women during the antenatal period.

²⁰ Office of the Child Safety Commissioner Victoria, *Tackling SIDS — A Community Responsibility, Child Death Group Analysis*, Office of the Child Safety Commissioner Victoria, November 2005, p. ix.

²¹ Department of Health Western Australia, Women and Newborn Health Service, *Services A – Z, King Edward Memorial Hospital, Pregnancy Health Record*.

<<http://www.kemh.health.wa.gov.au/services/mpowher/index.htm>> Accessed: 20 October 2011. Available as at 30 October 2012.

²² Aboriginal Health Council of Western Australia, *Maternal and Child Health Model of Care in the Aboriginal Community-Controlled Health Sector*, June 2010.

Opportunities in hospital

- Nearly 99 per cent of pregnant women in WA will give birth in a hospital.²³ The period that parents are in hospital with their newborn infant provides an opportunity for health professionals to discuss and demonstrate safe sleeping practices to nearly all parents and their families. It is therefore important that health professionals working in hospitals thoroughly understand the safe sleeping statement discussed in Recommendations 1 and 2 so that they can discuss and model the appropriate safe sleeping practices with and to parents.

Recommendation 15: It is recommended that the Department of Health ensures that health professionals are provided with professional development that enables them to accurately, consistently and appropriately discuss and model safe sleeping practices in hospitals.

Recommendation 16: It is recommended that the Department of Health monitors and evaluates the implementation, take-up and effectiveness of professional development, once the current plans for this are put into action.

- Under the Directive, while they are in hospital, mothers of newborn infants are provided with the Department of Health's *Women and Newborn Health Service Co-sleeping/Bed-sharing* brochure (**the Department of Health brochure**) and SIDS and Kids WA's *Safe Sleeping* brochure (**the SIDS and Kids brochure**). At this time, all parents are also provided with a Raising Children Network DVD produced by the Commonwealth Government as part of its *Stronger Families and Communities Strategy* (**the Raising Children Network DVD**).²⁴ Our review of these three materials indicates that there are certain potentially inconsistent messages about co-sleeping between these materials.

Recommendation 17: It is recommended that the Department of Health ensures that materials providing advice about co-sleeping to parents of newborn infants in hospital consistently reflect the Department of Health's safe sleeping statement set out in Recommendations 1 and 2.

- Our analysis of the Ombudsman's cases identified Indigenous parents and carers, younger Indigenous mothers, those from CaLD backgrounds, and fathers and grandparents as key audiences for the safe sleeping advice. These findings point to the need to reconsider the formats in which information is provided to mothers while they are in hospital with their newborn infant, and to include information through media other than brochures, and for audiences other than mothers. It may be necessary, for example, to use different formats tailored to each of these different groups.

²³ Department of Health Western Australia, Perinatal and Infant Mortality Committee, *Perinatal, Infant and Maternal Mortality in Western Australia 5-Year Cohort of 2004-2008 Births*, December 2010.

²⁴ Raising Children Network, *Australian parenting DVD a world first*, 2008. <<http://www.families.fahcsia.gov.au/our-responsibilities/families-and-children/publications-articles/frs-sector-e-news/edition-11-11-february-2008?HTML>> Accessed: 14 June 2012. Available as at 30 October 2012.

Recommendation 18: It is recommended that the Department of Health reviews its strategies for communicating the safe sleeping advice while mothers are in hospital with their newborn infant, to ensure that they are appropriate to the following key audiences: Indigenous parents and carers; parents and carers from CaLD backgrounds; fathers and grandparents, as well as mothers; and relatively young mothers.

Opportunities once the infant leaves hospital

- While it is important that parents are provided with information materials in hospital, the timing of the provision of this information can mean it is not always read and understood nor put into practice at home. It is therefore important to use opportunities once the mother and infant return home from hospital to reinforce the safe sleeping advice provided in hospital. Visiting midwives, community child health nurses and Aboriginal child health workers are all well-placed to provide advice on safe sleeping practices.

Recommendation 19: It is recommended that the Department of Health ensures that visiting midwives, community child health nurses and Aboriginal health workers apply the safe sleeping statement set out in Recommendations 1 and 2.

Recommendation 20: It is recommended that the Department of Health works with universities and colleges to ensure that midwives, community child health nurses and Aboriginal health workers are educated about the safe sleeping statement set out in Recommendations 1 and 2.

- The Best Beginnings Service (**the Service**) is a home-visiting service provided to primary caregivers (usually first-time mothers) with 'high-risk factors for poor life outcomes'.²⁵ The Service is a joint initiative between the Department for Child Protection and the Department of Health. As part of the Service, a SIDS Screening Tool is used to assess the parent's or caregiver's application of steps to reduce the risk of SIDS.²⁶ The assessment is conducted by a parent support worker during the 'Engagement' phase of the program, usually by the time that the infant is 7 weeks of age. Safe sleeping information and practices beyond SIDS are not covered.

Recommendation 21: It is recommended that the Department for Child Protection and the Department of Health review the Best Beginnings Service and the SIDS Screening Tool to ensure they reflect the safe sleeping statement set out in Recommendations 1 and 2, and are kept up to date as information changes.

²⁵ Department for Child Protection Western Australia, *Casework Practice Manual – Section 3.3 Best Beginnings Referral*. <<http://manuals.dcp.wa.gov.au/manuals/cpm/Pages/default.aspx>> Accessed: 27 January 2012. Available as at 30 October 2012.

²⁶ Department for Child Protection Western Australia, *Responsible Parenting Service and Practice Framework*, July 2009. <[http://www.dcp.wa.gov.au/Resources/Documents/Policies_and_Frameworks/Responsible Parenting Services and Practices Framework 2009.pdf](http://www.dcp.wa.gov.au/Resources/Documents/Policies_and_Frameworks/Responsible_Parenting_Services_and_Practices_Framework_2009.pdf)> Accessed: 19 April 2012. Available as at 30 October 2012.

Recommendation 22: It is recommended that the Department for Child Protection and the Department of Health consider modifying the program guidelines for the Best Beginnings Service so that the assessment using the SIDS Screening Tool is conducted within the first four weeks after the birth of the infant.

- Government and non-government organisations operate telephone helplines that directly or indirectly provide advice to parents about pregnancy and caring for infants. In WA, these include the Department for Communities' Parenting WA Line, Health Direct Australia's Pregnancy, Birth and Baby Helpline, the non-government organisation Ngala's Helpline and SIDS and Kids WA's Child Loss Support Line. During our consultations, one of these organisations advised that approximately 70 per cent of its contact with parents involved questions about infants and their sleep, and that program workers reported that they provided varying information regarding safe sleeping, particularly co-sleeping.

Recommendation 23: It is recommended that the Department of Health communicates to, and works with, relevant non-government organisations regarding its safe sleeping statement set out in Recommendations 1 and 2, so that these organisations can consider incorporating the statement into their own services.

1.9 Monitoring the implementation and effectiveness of recommendations

Each of the recommendations will be monitored by the Ombudsman to ensure their implementation and effectiveness in relation to the observations made in this investigation.