

Southern DHB sleep space form

Information to be completed for every baby and family-whānau eligible for a pepi-pod or wahakura sleep space.

SLEEP SPACE ASSESSMENT		Southland <input type="checkbox"/>	Otago <input type="checkbox"/>
Date assessed:	Assessed by:	Signature:	
Organisation–agency (if applicable):			
Mother and baby details			
Mother's NHI:	Mother's name:	Mother's DOB:	
Date baby due or DOB:	Baby's NHI (if known):		
Address:			
Phone number:		Alternative phone contact:	
Reasons baby requires extra sleep protection (please indicate all those that apply)			
Baby's ethnicity includes: Māori <input type="checkbox"/> Pasifika <input type="checkbox"/> NZ European <input type="checkbox"/> Other <input type="checkbox"/>		Maternal age: <20 years <input type="checkbox"/> 20–24 yrs <input type="checkbox"/>	
Premature birth <37 weeks <input type="checkbox"/>	Birth weight at term <2500gms <input type="checkbox"/>	Multiple pregnancy <input type="checkbox"/>	
Previous SUDI-baby loss <input type="checkbox"/>			
<i>Tobacco use/smoke exposure</i>			
Maternal before this pregnancy <input type="checkbox"/>	Maternal during this pregnancy <input type="checkbox"/>	Regular in baby's household <input type="checkbox"/>	
<i>Alcohol, recreational or other drug use</i>			
Maternal before this pregnancy <input type="checkbox"/>	Maternal during this pregnancy <input type="checkbox"/>	Regular in baby's household <input type="checkbox"/>	
<i>Other considerations</i>			
No sleep space for baby <input type="checkbox"/>	Indicates planning to bed share <input type="checkbox"/>	Housing related <input type="checkbox"/>	
Minimal or no antenatal care <input type="checkbox"/>	Little maternal support <input type="checkbox"/>	Other: _____	
<i>Personal information collection</i>			
Mother– whānau informed of the personal information that will be collected, who the information will be shared with and how the information will be used. Yes <input type="checkbox"/> No <input type="checkbox"/>			
Strong baby principles			
<i>Principles discussed</i>		<i>Baby feeding</i>	
Smoke free support availability <input type="checkbox"/>	Immunisation <input type="checkbox"/>	Pre-birth Intends to breastfeed Yes <input type="checkbox"/> No <input type="checkbox"/>	Post-birth (actual practice) Exclusive breastfeeding <input type="checkbox"/> Fully breastfeeding <input type="checkbox"/> Partial breastfeeding <input type="checkbox"/> Artificial feeding <input type="checkbox"/>
Gentle handling <input type="checkbox"/>	Sober–drug free carer <input type="checkbox"/>		
Exclusive breastfeeding <input type="checkbox"/>			
Sleep space accepted or declined			
Accepted <input type="checkbox"/> Declined <input type="checkbox"/> If declined, please indicate all those that apply			
Already has/intends to get a sleep space <input type="checkbox"/>	Wahakura from Ngai Tahu <input type="checkbox"/> or whanau <input type="checkbox"/>	Do not want a sleep space <input type="checkbox"/>	
May reconsider later <input type="checkbox"/>	Personal information collection <input type="checkbox"/>	No reason given <input type="checkbox"/>	
SLEEP SPACE DISTRIBUTION			
Date provided:	Provided by:	Signature:	
Organisation–agency name (if applicable):			
<i>Sleep space type</i>			
Pepi-pod <input type="checkbox"/>	Wahakura <input type="checkbox"/>	Other (eg, bassinet, cot) <input type="checkbox"/>	
<i>Age of baby at distribution</i>			
Pre-birth <input type="checkbox"/>	Post-birth 0–2 weeks of age <input type="checkbox"/>	Post-birth >2 weeks of age <input type="checkbox"/>	
<i>Safe sleeping practices shared</i>			
Prompt card and your tube used <input type="checkbox"/>	Prompt card only used <input type="checkbox"/>	Your tube only used <input type="checkbox"/>	
Neither used <input type="checkbox"/>	Whānau encouraged to share safe sleep messages with others	Yes <input type="checkbox"/> No <input type="checkbox"/>	

On completion scan and email to pepi-pods@southerndhb.govt.nz or fax to 03 476 9858. Keep original for your own records. Thank you.