

Southern Sleep Space Programme Reporting 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	Name:		
	Phone number:		
Privacy Statement (Please read to parent/whānau)			
<p>I need to collect some personal and health information that is shared with Te Whatu Ora – Southern about the Sleep Space programme. The information will be stored and protected in compliance with the Health Information Privacy Code and the Privacy Act 2020.</p> <p>You can ask us for access to your health information. You can ask for it to be corrected if you think it is wrong or misleading. You can direct any concerns about the privacy of your information to the Te Whatu Ora – Southern Privacy Officer or the Office of the Privacy Commissioner.</p>			
Parent and baby details			
Parent's NHI:	If Parent's NHI unknown, please complete below		
Parent's name:	DOB:		
Baby's NHI:	If Baby's NHI unknown, please complete below		
Baby's due date or date of birth:	Baby's name:		
Baby's ethnicity includes:	Māori <input type="checkbox"/>	Pasifika <input type="checkbox"/>	NZ European <input type="checkbox"/> Other <input type="checkbox"/>
Reasons baby requires extra sleep protection (please indicate all those that apply)			
Parent's age: Less than 20 years <input type="checkbox"/> 20–24 yrs <input type="checkbox"/>			
Premature birth (less than 37 weeks) <input type="checkbox"/> Low birth weight (under 2500gms) <input type="checkbox"/>			
Multiple pregnancy <input type="checkbox"/> Previous SUDI-baby loss <input type="checkbox"/>			
<i>Tobacco use/smoke exposure</i>			
Birth parent before this pregnancy <input type="checkbox"/> Birth parent during this pregnancy <input type="checkbox"/> Regular in baby's household <input type="checkbox"/>			
<i>Alcohol, recreational or other drug use</i>			
Birth parent before this pregnancy <input type="checkbox"/> Birth parent 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"/> Bed sharing or intending 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: _____			
Sleep space accepted or declined			
Accepted <input type="checkbox"/> Declined <input type="checkbox"/> If declined, please indicate all the reasons below that apply			
Already has a sleep space <input type="checkbox"/> Intends to get a sleep space <input type="checkbox"/> Does not want a sleep space <input type="checkbox"/> May reconsider later <input type="checkbox"/>			
Personal information collection <input type="checkbox"/> Other _____ No reason given <input type="checkbox"/>			
SLEEP SPACE DISTRIBUTION			
Date provided (if different from above):			
Provided by (if different from above):			Signature:
Organisation/agency name (if different from above):			
Organisation/agency where sleep space obtained (if different from above):			
Sleep space type: Pepi-pod <input type="checkbox"/> Wahakura <input type="checkbox"/>			
Age of baby at distribution: Pre-birth <input type="checkbox"/> Post-birth 0–2 weeks of age <input type="checkbox"/> Post-birth >2 weeks of age <input type="checkbox"/>			
HEALTH MESSAGES Indicate all messages shared:			
Safe sleep messages (own bed, smokefree, baby on back, face clear, encourage/support breastfeeding) <input type="checkbox"/>			
Picture card & key messages card used <input type="checkbox"/> Your tube used <input type="checkbox"/> Gentle handling <input type="checkbox"/> Immunization <input type="checkbox"/>			
If parents or whānau smoke - Smoking cessation referral offered - Yes <input type="checkbox"/> /No <input type="checkbox"/> Referral was accepted <input type="checkbox"/> / declined <input type="checkbox"/>			
If pregnant or breastfeeding – Breastfeeding discussed <input type="checkbox"/> Contact details of local breastfeeding support provided <input type="checkbox"/>			
Whānau encouraged to share safe sleep & health messages with others Yes <input type="checkbox"/> No <input type="checkbox"/>			

On completion scan and email to SO-NPHS-Sleepspaces@tewhatauora.govt.nz Keep original for your own records. Thank you