



Māori whānau and Pasifika family experiences of sleep health messages

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Implications for decision-makers

This small-scale qualitative research (n=25) explores Māori whānau and Pasifika family (with children under two) awareness, understandings and experiences with commonly promoted healthy sleep messages. Overall key findings suggest that:

- Generally, safe sleep messages had higher awareness than messages promoting quality sleep.
- Why a message was important was not always communicated or understood.
- Families were exposed to messages through multiple sources, which were often conflicting. Family seemed to be one of the most trusted sources.
- Barriers to implementing messages were interconnected with determinants of health, inequities and the social, cultural, collective and economic realities for Māori whānau and Pasifika family.
- Caregivers did not always implement sleep advice due to these factors. As a result, experiences of self-doubt, judgement and pressure were common.
- Families preferred information to be communicated visually, via social media or face-to-face.

The implications from key findings in this report suggest that effective resources and healthy sleep messages for Māori whānau and Pasifika family:

- **Are simple and clear:** The focus is on one key point. Jargon is removed and the language and messages are simplified. Messages are also clear, whether they are prescriptive for safety reasons or suggest approaches for families to consider.
- **Provide understanding about why they are important:** Changing awareness, attitudes and understanding about messages was considered more likely to influence behavioural change (particularly in light of conflicting advice) among Māori whānau and Pasifika family. Understanding why implementing a suggested behaviour is beneficial to the sleep of their pēpi may increase the motivation of families to implement it.
- **Resonate with Māori and Pasifika parents and family:** Effective messaging is not individualistic and provides practical advice that aligns with te ao Māori and tikanga, Pasifika worldviews, socio-cultural contexts and realities (eg, how to support healthy sleep on a marae or in large households or family settings).
- **Recognise that relationships matter:** Advice provided by trusted sources (family or health professionals who have built trusting relationships eg, in a wānanga) are more likely to influence parents and caregivers' attitudes and behaviours relating to healthy sleep. Discrepancies of intergenerational and

caregiver sleep knowledge can result in conflicting messages and advice being adhered to.

- **Reach and engage family:** Encouraging family responsibilities, guidelines, targeted messaging and practical support and advice acknowledge the important role Māori whānau and Pasifika family have in raising a child.
- **Engagement should be non-judgemental, flexible and practical:** A ‘share and discuss’ engagement style between family and health professionals is needed to acknowledge and understand conflicting advice, and allow for informative, non-judgemental, flexible and practical application of healthy sleep practice among family.

Suggested changes to strengthen different sleep messages are provided in the summary section of this report.

Executive Summary

Why

Te Hīringa Hauora/Health Promotion Agency are researching ways to support Māori whānau and Pasifika family with good sleep. Te Hīringa Hauora commissioned Malatest International to conduct small-scale qualitative research with Māori and Pasifika parents and caregivers of children aged two years or under. The purpose was to understand the level of awareness of commonly promoted healthy sleep messages, experiences with these messages, enablers and barriers to implementing the messages, whether additional support or information may be needed and how this could best be shared with Māori whānau and Pasifika family.

How

The primary method of data collection was semi-structured in-depth focus groups and interviews with twelve Māori parents/caregivers from Auckland (6) and Northland (6) and 13 Pasifika parents/caregivers from Auckland. Participants included mothers (18), fathers (3) and grandmothers (4). As this is a small-scale qualitative study including participants from Auckland and Northland, the findings are suggestive, and may not reflect views of all Māori whānau and Pasifika family. Nonetheless, the research does identify a number of issues for consideration in the development of healthy sleep advice to support Māori whānau and Pasifika family.

Awareness of healthy sleep messages

Participants expressed varied levels of awareness about the different sleep messages (Figure 1). However, despite higher awareness about breastfeeding, smoking cessation and establishing consistent bedtime routines, many also noted only being aware of some parts of these messages.

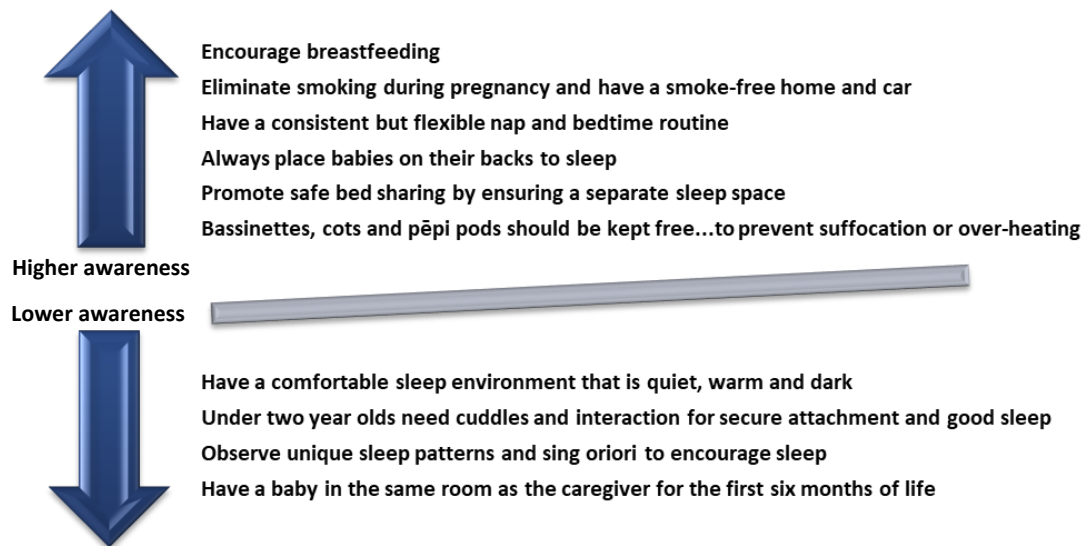


Figure 1: Participants' awareness of healthy sleep messages

Participants had heard, seen or read about healthy sleep messages through health professionals (nurse, midwife, Plunket) and resources (pregnancy packs, videos and wānanga with Māori providers), family, friends, strangers and the internet (google). The small number of fathers interviewed (3) mostly heard about messages through their spouse/partner and other female family members.

Awareness of healthy sleep messages did not necessarily transfer into practice. All participants had at least heard about each healthy sleep message and most participants had tried what was recommended. However, the implementation of behaviours was varied for a range of reasons (see experiences below). A small number of participants had not tried some of the messages. For example, four participants had not tried what was suggested as safe bed sharing because they did not have access to wahakura or Pēpi Pod. Another four participants had not tried oriori because they were unaware of this part of the message and/or did not have access to Māori or Pasifika lullaby or understanding of connections to ancestral knowledge.

Despite differences in recommended healthy sleep practice, most participants seemed satisfied with the amount and quality of sleep their babies were getting. Although, some also engaged in non-recommended healthy sleep advice (eg, bed sharing without wahakura or Pēpi Pod). A very small number of participants prioritised a need for support to help their baby sleep (eg, due to colic) over healthy sleep messages.

Experiences with the healthy sleep messages

Māori and Pasifika parents and caregivers highlighted both positive and negative experiences across the healthy sleep messages.

Family responded positively to messages that:

- Provided useful, clear and straightforward points
- Promoted behaviours that family agreed with
- Reinforced common sense
- Were believed to foster safe and loving relationships.

Messages did not resonate as well with family when:

- **There was limited justification or understanding about why the messages are important:** Most participants noted that some of the recommended actions and behaviours promoted within messages had not been maintained because they did not consider they were justified, they didn't understand the message and/or the reasons behind the message.
- **They were impractical or challenging for their environment:** Some messages were seen as having a deficit focus and were believed to be unachievable for all family primarily because of a perceived association with social determinants of health. For example, low income, inadequate housing and the range of people in and out of households. Impractical, challenging and unrealistic expectations (eg, having a separate room, Pēpi Pod or wahakura) were seen to enhance self-judgement, critique and a lack of confidence among some families to implement and maintain new behaviours.
- **Advice that was not always realistic for their wider family:** Some behaviours promoted within messages were seen as focusing on individuals and may be better understood and addressed within a family context (eg, smoking habits of their wider family).
- **They promoted multiple points:** Messages promoting multiple points and behaviours relating to safety and sleeping were confusing.
- **Cultural contexts and lived realities were not recognised:** Living with babies in Māori and Pasifika contexts included life on marae and in communal aiga settings that were not reflected in the messages. For example, safe sleeping on a marae included communal sleeping in noisy settings.
- **Formal advice contradicted family views/practices:** Parents/caregivers received healthy sleep information and advice from multiple sources. It was not uncommon for conflicting advice received from family to take precedence over the recommended health professional messages (eg, sleep babies on their backs) because of intergenerational experience and parents own health and safety concerns.

Information and communication needs

Participants wanted information to be presented visually, via social media, YouTube videos and live engagement with medical professionals (eg, WhatsApp). Face-to-face engagement via wānanga and antenatal classes were noted as more effective forms of engagement for Māori and Pasifika whānau than pamphlets and written information.

Participants generally thought it would be useful to receive more information about:

- **Oriori:** Not all families had access to oriori. Access to and understanding of oriori connected to identity and consolidating strength in cultural identity.
- **Available support systems:** For immediate online access to GPs rather than travelling to a clinic, YouTube video clips etc., providing different examples of behaviours to support sleep and encourage healthy sleeping.
- **How to get baby to sleep:** Practical information about how to settle and re-settle babies – how to safely help babies cry themselves to sleep (within lived realities and contexts).
- **Risk factors:** Information about risk factors and why the behaviours in the messages are safer.

1. Background

Te Hīringa Hauora/Health Promotion Agency are developing ways to support Māori whānau and Pasifika family with good sleep. Commonly promoted quality sleep messages for infants include:

- Have a consistent (but flexible) daytime nap and bedtime routine: This might include a bath, brushing teeth, a story then bed. Quiet activities are good before bed (Ministry of Health, 2019)
- Have a comfortable sleep environment that is quiet, warm and dark (Ministry of Health, 2019)
- Under two-year-olds need cuddles and interaction to feel secure and emotionally attached. Secure attachments contribute to good quality sleep (Ministry of Health, 2017)
- Observe unique sleep patterns and look for signs of sleepiness. Encourage sleep by singing oriori (lullaby) as a way of sharing Pūrākau (ancestral knowledge) (Ministry of Health, 2017)
- Always place babies on their back to sleep (Ministry of Health, 2017; Ministry of Health, 2019a)
- Promote safe bed sharing by ensuring a separate sleep space, for example a wahakura (woven bassinet) or Pēpi Pod (Ministry of Health, 2017)
- Bassinets, cots, Pēpi Pods and wahakura should be kept free of loose covers, bumpers, pillows, blankets and other objects, such as cuddly toys, that could cause suffocation or over-heating, and fitted sheets should be the correct size for the mattress and pulled tight (Ministry of Health, 2017)
- Eliminate smoking during pregnancy and have a smoke free home and car (Ministry of Health, 2019a)
- Encourage breastfeeding (Ministry of Health, 2019a)
- Have a baby in the same room as the caregiver for the first six months of life (Ministry of Health, 2019a)

Evidence has identified ethnic and socioeconomic inequalities and inequities for sleep duration of three to four-year olds from Māori whānau and Pasifika family (Muller et al., 2019b). Barriers for parents to support and provide good quality sleep include financial resources, work patterns, housing quality and education and health services (Muller et al., 2019a; Muller et al., 2019b). These inequities need to be addressed early in the life course. Previous research for Te Hīringa Hauora about sleep, with Māori and Pasifika parents/caregivers of two to five-year olds, identified the need to promote more culturally friendly messages and non-judgemental sleep support information. Te Hīringa Hauora wanted to understand if Māori/Pasifika parents/ caregivers of under two-year olds experience similar barriers with sleep information.

1.1. The sleep research project

Te Hiringa Hauora commissioned Malatest International in mid-November 2019 to conduct small-scale qualitative research with Māori and Pasifika parents/primary caregivers of children aged two years or under. The main objectives of the research were to gain some initial insights from parents/caregivers about what is effective and useful about the information they currently receive, what is ineffective and how sleep health information can be improved. The research aimed to respond to key questions from Te Hiringa Hauora for Māori and Pasifika parents/caregivers:

- How do Māori and Pasifika caregivers of under two-year olds access sleep health information?
- Where or how have they seen or heard messages about good quality/safe sleep?
- What experiences have they had with these messages? (In hearing/seeing these messages, in trying these suggestions at home? Positive or negative?)
- Are there any barriers to prevent them following these messages? (Do these messages work, are they hard to follow?)
- What additional support/information would they like to help their babies/infants sleep well?
- What can Te Hiringa Hauora do to best support health professionals and families?
- What is the best way to share information about good quality sleep with them? (For example, could messages be more culturally sensitive? Where would they like to get this information from? What format is best to present this information in?)

Ethics approval was received from the New Zealand Ethics Committee on 2 December 2019.

1.2. Method

Data were collected using semi-structured in-depth focus groups and interviews with Māori and Pasifika parents/caregivers. Focus groups and interviews aimed to explore and understand participants' awareness, understandings and experiences of each sleep health message.

Recruitment approach: The research team engaged with their professional networks, including kaupapa Māori and Pasifika providers who work with families, to recruit parents/caregivers of infants under two-years-old. Provider recruitment was focused in Auckland and Northland (to capture both urban and rural settings). In addition to these professional networks, the research team conducted snowball sampling through personal networks for potential participants.

Māori participants: A total of 12 participants were recruited from Auckland (6) and Northland (6). Five participants were recruited through a provider network and seven were through personal and community networks. Participants included ten mothers, one grandparent and one father.

Pasifika participants: A total of 13 participants were recruited from Auckland. Eleven were recruited through personal, community and church networks, and two through a provider network. Participants included eight mothers, three grandmothers and two fathers.

Facilitation: Focus groups and interviews were led by experienced Māori and Pasifika researchers. Where required discussions were held in Te Reo Māori and Samoan.

1.3. Analysis

The qualitative data gathered through focus groups and interviews were analysed using a general inductive approach. General thematic analysis was conducted to examine participants' experiences with each sleep health message. A coding framework was developed for each message to identify dominant themes, consistencies and inconsistencies within and across themes. Throughout this process, the research team met regularly to workshop thematic coding frameworks. Māori and Pasifika team members led analysis and ensured that interpretations of the data were contextualised within cultural perspectives and understandings and that research findings were framed accordingly. De-identified verbatim participant quotes have been used in this report.

1.4. Research strengths and limitations

The strengths of this research included:

- The research team's professional and personal networks facilitated participant recruitment in Auckland and Northland in a short timeframe
- A close working relationship between the research team and Te Hīringa Hauora
- A preliminary findings workshop on 20 December 2019 provided early feedback and guidance for reporting.

The limitations of this research included:

- Data collection was between 4 and 15 December 2019. Limited timeframes meant that participant recruitment was limited to small numbers and geographic locations. The research findings cannot be generalised for all Māori and Pasifika parents and caregivers of children aged two years and under.

2. Findings

2.1. Message 1: Have a consistent (but flexible) daytime nap and bedtime routine...

Have a consistent (but flexible) daytime nap and bedtime routine: This might include a bath, brushing teeth, a story then bed. Quiet activities are good before bed.

Awareness

- Participants' awareness about this message either as a whole or in parts was high.
- Many had also tried this message because it was considered...

Is easier to establish if parents and family were familiar (raised) with routines:

If you [haven't] been bought up in a routine, it's not something that you would normally do... My family don't really understand that we put [baby] to sleep at a certain time, [they] think 'oh it's fine' she can stay up and she can sleep whenever she wants.

First time mothers saw the message as providing new and useful information, while mothers with multiple children noted the message was a good reminder.

If you're a first time mum, all these tools and tips are good to have because you have no idea. Having my second [baby] I'm still going what am I meant to do now? I forgot. It's good to go back and re-visit these things.

- **Widely promoted:** Participants saw/or heard this message promoted by health professionals (nurses/plunket nurses/midwives and through wānanga), family members and on digital platforms (YouTube, Pinterest and safe sleep blogs).
- **Common sense:** Putting a routine in place for baby was considered *general knowledge* for those who had not seen/or heard this message.

Experience (positive)

- Most participants tried this message and thought the message was useful, clear and straight forward.
- Many participants agreed that routine...

Experience (negative)

- Most participants had not maintained all aspects of this message because there were multiple messages condensed in to one.
- Most participants also noted that establishing a routine was challenging for whānau who have...

- **Provides structure and creates ongoing (ideal) habits for baby:**

It's helpful, you've got a set routine. At night time they know if I start to do this the end result is I'm going to sleep. They're not confused on what's happening, it's a process.

- **Makes things easier for parents and family:**

I've [set a routine] with my eldest. She knows it really well and it makes night time really easy for me. At night time she knows as soon as she has dinner, [it's] shower, a book [and] cuddle with her papa and goes to sleep.

- **Is easier to establish with the family support:** This included having older children who could help.

If [baby] is sick it will interrupt my routine but if he goes to his other nana then I can have my rest. Him having a routine is important for us too.

- **Multiple children in the household:**

Having another baby [as well as whāngai children] we've got a nine-year-old and a thirteen-year-old in our house and there is no quiet time.

- **Experienced birthing complications and ongoing impacts:** These families said their need to comply with medication routines and timing delayed their ability to set up a routine.

...because of [the babies] being premature so we haven't put them on that schedule yet. We've been told they have to wake up every three hours, eat every three hours.

Barriers

- Routines were considered difficult to maintain because:

- **Some parents had multiple roles and responsibilities:** The constant *juggling* of roles and responsibilities such as housework and employment meant it wasn't always feasible to stick to baby's routine.

...housework, other responsibilities that you have that aren't necessarily your child.

This included *having other kids/people* in the household.

[Now with two children] we're juggling two different routines that's what gets in the way now. It's adjusting to the new normal.

- **Baby was unwell or unsettled:**

Most days he has a routine, but days that he is sick or he is doing something different or he wakes up earlier than expected then it kind of throws everything off.

- **Māori whānau and Pasifika families involved in caring for baby had inconsistent routines:** Participants also noted the reality of having a constant flow of family in and out of the home.

Māori get a lot of visitors. I get my sisters coming into town every day with her kids and when they're over the bigger kids are fighting and it's chaotic but it is the reality of it.

One family believed their child was getting healthy sleep and prioritised their comfort and needs over setting up a routine and causing distress.

[It] didn't quite work for us and that's okay. It made me realise that you don't have to do that...[baby] is quite content most of the time so if it ain't broke don't fix it and I'm realising that.

Considerations

- Key considerations to strengthen this message include:

- **Simplify message and define terms such as 'quiet activities':** This takes the responsibility off families to navigate this message (even more so for families whose second language is English).

Other Pasifika parents who can't speak English won't understand this even though it's black and white.

Need to define what quiet activities are...just being quiet...on a phone but that's still very stimulating for the child.

- **Provide Māori whānau and Pasifika families centric information about the importance of routine:** Families have a strong influence on raising baby. Information needs to emphasise the effect a routine can have on baby, parents and the wider collective.

This [message] doesn't show the importance of having a routine...How a child benefits from having a routine. It [should] highlight the importance of naps and how they can affect the rest of [our] day.

Information should affirm with families that this message is a suggestive rather than prescriptive to avoid pressuring those unable to meet this expectation.

For Pasifika mums – some may think what are quiet activities? They'll be like 'oh just go to sleep'

Acknowledge alternative ways to settle/incorporate routine.

- **Align the intent of this message with te ao Māori and tikanga:** Incorporate cultural practices that are embedded in the routine of the whānau.

The way that it reads is bath, teeth, story and that is purely coming from a te ao Pākehā perspective. We do a bit of a karakia, waiata, and awhi from a te ao Māori perspective.

For Pasifika families this can also include cultural beliefs and understandings that can impact on baby's sleep.

My mum is always saying 'stop making baby laugh he will have a bad nightmare' [that's a belief in our Samoan culture]. There are also beliefs that driving around at night with baby can affect him and the way I hold him as well. So all these are things to consider.

2.2. Message 2: Have a comfortable sleep environment...

Have a comfortable sleep environment that is quiet, warm and dark.

Awareness

- Participants had mixed levels of exposure to the message.

- Some participants had not heard/seen this message. Others said they were exposed to it through their health professionals (midwife, plunket nurses, NICU), online (blogs for mothers) and safe sleep pamphlets.

I've seen it on the safe sleep pamphlets and the blogs for mothers that I find through Facebook...If I look things up for baby it will send me to a mother blog and it gives pointers on what to do.

Experience (positive)

- Some participants had tried this message or at least parts of it. It was described as...

- Simple, clear and easy to understand:

I think other Pacific families would understand this message.

- Common knowledge amongst whānau:

You always hear the mothers and grandmothers telling everyone to shut up [when baby is sleeping].

Experience (negative)

- Most participants did not think this message was realistic for families because...

- Parents may be on the go and have no choice but to take baby with them:

Some parents have no option but to take their child everywhere and find anywhere to give their child a nap - whether that is holding them and run errands. Or parents are too busy to do this.

They did not agree with the message: There was a belief among some participants that baby should learn to adapt to a noisy/changing environment.

Why adapt everything to the baby. The baby needs to adapt or your whole household is tippy toeing around the baby.

Some participants noted that creating an unnecessary dependence on a quiet, warm and dark environment puts additional stress and pressure on parents.

I don't think quiet, warm, dark places is what I want my kids to get used to. It can create all sorts of problems when they won't sleep because it's not quiet, warm and dark.

Others also noted that babies unable to adapt to different environments placed additional pressure on families who may be looking after and settling them.

You need that whānau support too, and if your whānau is not able to look after your baby because they're hard to settle, then you find that the mum has less support.

Most participants valued having babies able to adapt to different environments because of the importance they placed on whānau support, belonging and connection.

I was brought up in a massive family and it was always noisy but then you learn to have a rest with all that noise.

Immediate and extended family were seen as the *village* that provided support to raising the baby. Living at home or being closely connected with family enabled the *village to look after the baby*.

Barriers

- Participants noted that this message was challenging to maintain because...

Considerations

- Participant views have informed the following key considerations to strengthen this message:

- **Some families are unable to provide a quiet, warm and dark space:** An inability to provide this was not realistic for all and impacted negatively on self-confidence and judgement. Participants highlighted that the realities of poverty and the housing situation in Auckland meant that many whānau were struggling to make ends meet, and a *safe and comfortable sleep environment is a luxury.*
Some kids don't have warm houses, so they are not going to have a comfortable warm sleep.
- **It was not uncommon for multiple families to live in a household:** The cost of owning a home and the housing crisis were also seen to influence families to move in with their/other families *so they're not struggling.*
We need to understand what people's sleep environment actually look like. For example, if someone has six kids in a two bedroom house, how much space do they actually have.
- **Baby's comfort and needs were prioritised:**
Some babies like to sleep with music or the TV on and when there's no noise some babies know its too quiet so they like being surrounded by noise. But my baby likes sleeping in the dark and in quiet places.
- **Align the intent of this message with te ao Māori tikanga and spaces:** Incorporate cultural contexts and practices into this message and supporting information.
A lot of the kaupapa Māori hui you sit in; you have your baby there with you. People are singing waiata, people are cracking up, that [message] virtually can't apply at all times.
I guess for us as Māori, like on a marae; we all sleep in the one whare, so it's a bit impossible to get your child in a quiet, warm dark space.
- **Provide a holistic focus on both mother and baby (positive energy flows to baby):** Māori participants commonly highlighted that the wellbeing and sanity of the mother was considered as important as the baby's.
I feel like a baby feels whatever energy you're feeling. So I do whatever makes me feel comfortable and baby feels the same.
- **Consider and incorporate the realities of families living circumstances and the value placed on the village raising a child:**
I think for the Pacific side, there's a lot of children in one household so you might get the warm, but I don't think you'll get the small or quiet space for a baby if you have quite a lot of children. It's common for a lot of Pacific to have multiple families in one household.

Message 3: Under two-year-olds need cuddles and interaction...

Under two-year olds need cuddles and interaction to feel secure and emotionally attached. Secure attachments contribute to good quality sleep.

Awareness

- Participants had mixed levels of exposure to the message.

Some participants had *never heard of cuddles being associated with sleep.*

Others said they were exposed to it through their midwives and Plunket/First 1000 days resources.

My midwife covers all of this stuff – not word for word.

Experience (positive)

- Most participants' agreed with this message and thought it promoted...

- **The importance of good bonding time and connections between parents and baby:** It is an opportunity to fulfil the *nuturing* role of parents and fosters a mutual unconditional love.

Yes I cuddle her all the time and I think she knows that she is loved and I think it is returned.

- **Cuddling as a way for parents and baby to distress and connect:** One participant described cuddles as a mental distressor and a *win-win situation for me and baby.*

Mentally for me it's good. It soothes them straight away if they're in distress and it calms me down and de-stresses them at the same time.

- **Mutual and unconditional love, trust and a strong sense of security for babies:** Participants believed that cuddling provided a strong sense of trust and security.

When she goes to sleep with someone she trusts and knows she is secure she isn't going to wake up constantly frightened or uneasy.

It is important to note that one father interpreted and likened the intent of this key message with the message about skin to skin contact.

Yes, that's basically the skin to skin message that's everywhere...Comforting for me and the babies...it makes me happy seeing how easy it is for them to fall asleep on us rather than being in their own cot.

Experience (negative)

- Some participants' described the following concerns relating to hearing/seeing and trying this message...

- **The potential to create an over-dependent/clingy (hiki) baby:**

I read [this] as hiki your baby which is no thank you...That sounds like hiki[ing] a baby to sleep. Cuddles are good but you don't want them to fall asleep cuddling all the time.

A whānau group mentioned that first time mums could take this message literally, and it would be setting them up for unnecessary stress. *I think that's setting them up. If I was to hear that as a first time mum I'd listen and then I'd be stuck with a hiki baby.*

- **The message was largely dependent on experience:** Cuddling with children was considered a big expectation for families who were not raised in an (overtly) affectionate environment. An inability to achieve this practice could negatively impact on parents'/caregivers' self-confidence and judgement

I think it all goes back to how they were raised really. I think people that didn't have that with their parents so they don't how to show that affection with their children.

- **Some families do not understand this message:** One Pasifika participant said the terms 'emotional and secure attachment' may be difficult to understand.

Other Pacific Island parents won't understand what secure attachment means. Unless someone is there with them to explain.

Barriers

- Participants described the main challenges to maintaining this message as...

- **Mothers with limited interactions and time to cuddle in households with multiple children:**

It would be difficult if you had more than one kid, because you're catering to more, so you might not be able to have as much interaction with them as you'd like.

- **A preference for self-settling:** One participant promoted self-settling as opposed to children becoming dependent on parents to sleep.

I don't think it's something you would want to do, because that's more pressure on you again.

Considerations

- Informed by participants' views, this message could be strengthened by...

- **Removing jargon and simplifying language:** It is important that this message is simplified and terms for 'secure' and 'emotional attachment' for Māori and Pasifika peoples are understood/used.

What does secure attachment mean? Maybe changing it to 'the child will bond more' because having a secure attachment does that mean to yourself (as the mother) or to the parents or other people.

- **Promoting this message for children of all ages:** There are long-term impacts/benefits this message can have on the development, attachment and interactions of a child.

I think it's important to be able to do that throughout the children's lives even when they're older.

- **Recognising the importance and impact of mental health and wellbeing:** A small number of participants noted that mothers experiencing post-natal depression may feel additional pressure and disconnection with baby/others by the content of this message.

It is easy for Pacific to not talk about things that affect us...we have the mentality that we don't want others to know what we're going through...I'm thankful my midwife always made sure I was alright and told me there is support available.

- **Empowering and affirming families:** Participants highlighted the importance of promoting this message as suggestive rather than prescriptive to avoid self-judgement for those unable to meet this expectation.

It depends on your child...Some kids don't know how to be emotionally attached to you until they're a certain age.

- **Including common cultural practices and contexts.** Participants noted the importance of massage for good quality sleep as an *alternative to cuddling*.

My mum taught us to massage our babies after their bath.

2.3. Message 4: Observe unique sleep patterns and look for signs of sleepiness...

**Observe unique sleep patterns and look for signs of sleepiness.
Encourage sleep by singing oriori (lullaby) as a way of sharing pūrākau (ancestral knowledge).**

Awareness

- Most participants had only heard or seen parts of this message and did not think it was widely promoted.

- Encouraging the importance of sharing *ancestral knowledge* and languages with baby:

I like the idea of singing in Māori so they start to learn and become familiar with the type of songs and kupu.

- Singing to baby was the most commonly known part of this message: This was seen as a common practice that had been passed down through generations in some families.

It's just the way we were brought up and we just carry it on...Some Pacific Islanders grew up in church so they would just carry that on...I know a lot of the old-school mums like our mum will sing to baby all the time.

A small number of participants said they were aware that reading to their baby supported learning and comprehension.

I was told that reading was good for baby not singing. It helps them learn about colors, pronunciation.

Experience (negative)

- Many participants found it difficult to understand and implement this message because...

- It integrated multiple messages: It was challenging to associate the observation of unique sleeping patterns with the importance of singing and lullabies and healthy sleep.

[This] talks about lullabies as a technique, I don't know what its got to do with unique sleeping patterns.

- It assumed a strong connection to culture, identity and cultural knowledge: Use of the terms oriori, pūrākau and ancestral knowledge was seen as targeting *only for Māori and Pasifika women...chuck some Māori words in there.*

However, access to and knowledge of oriori as a means of sharing ancestral knowledge was considered a challenge for parents who may not be immersed in their culture and/or who are non-bilingual.

[Sharing ancestral knowledge] is what we grew up with, so in the Samoan sense it's the lullabies that my parents sang to us and all of their kids and knowing who you are. I think a lot of New Zealand born Islanders don't really know that.

Experience (positive)

- Most participants described the benefits of this message as...

- Creating and nurturing a *special* bond between baby and parents: Singing to baby was considered a positive way to sooth baby and support bonding and attachment

My husband sings to her and its good because it's their chance to bond.

Barriers

- A small number of participants who tried this message found it difficult to maintain because...

- **Self-settling and techniques to encourage this were preferred:** Encouraging sleep through oriori was considered to a way of adding parental pressure and creating a dependency on parents for baby to sleep.

I think it's special but you don't want to rely on it. It is special to cuddle your kids and sing to them.

Singing works for my daughter...but I sing for hours because she doesn't sleep.

This was not always considered realistic, particularly within households with multiple children.

You want your kids to self-settle especially if you have multiple kids.

- **Oriori and Pūrākau are two of many ways to put baby to sleep:** Families practiced what worked for baby; examples included letting baby *self-soothe, roll around and read books.*
Some mums may have their own ways of putting them to sleep – that's not singing.
- The reality for many families are their competing priorities, roles and responsibilities. For some, they would do whatever it took to put baby to sleep.
[I am] exhausted, especially for a mum who works all day and then comes home and has to feed, bath them and you want them to just sleep straight away, too tired to sing them to sleep or try any method.

Considerations

- Participant views have informed the following key considerations to strengthen this message:

- **Simplify this message and clarify the connection between 'observe signs of sleepiness' and 'singing oriori and sharing pūrākau':**

This is like two messages, like is this saying that once you see your child starting to get sleepy then you sing to them? Is it trying to link the two things together?

A suggestion was to provide specific examples of signs of sleepiness and then emphasise the action to follow on from this (to sing oriori and share pūrākau).

It would be good to provide examples and say 'Observe signs of sleepiness such as rubbing of the eyes, scratching of the ears and crying and then encouraging singing lullabies, singing...

- **Provide information about why singing oriori and sharing pūrākau is important for healthy sleep:**

It doesn't show why things should be done this way or the benefits.

- **Develop user-friendly cultural resources that increase access to oriori, Pasifika lullaby as well as ancestral knowledge:**

Each mother gets a postnatal pregnancy pack, and it would be nice like in the Māori books or pamphlets if they had a lullaby we could sing to help them go to sleep.

2.4. Message 5: Always place babies on their backs to sleep.

Always place babies on their back to sleep

Awareness

- Participants' awareness about placing babies on their backs was high because they saw the message

Baby choking on their back...I've heard other Pacific mums say that if baby is on their back the airways are blocked...[Airways are] not as open compared to if baby were to sleep on their side or stomach.

- **Widely promoted by health professionals:** All participants had heard and/or seen this message being promoted by health professionals, in various settings and on different platforms (i.e. digital, infographics, pamphlets).

I hear it everywhere; hospitals, doctors, midwives, nurses.

- **Clear and easy to understand:** The language was simple and direct.

The message itself is easy to understand.

Experience (positive)

- A small number of participants positively described the message as..

- **Mostly justified and understood:** Placing baby on their back was seen as the safest way to prevent *suffocating* and *rolling* when sleeping and to support *weak necks*.

I've always put my babies on their back so that their face is there and away from suffocation. So, personally I think its relevant.

Experience (negative)

- Many participants did not agree with this message and commonly described the following concerns relating to hearing/seeing and trying this message.

- **A belief that sleeping baby on their back was a health and safety risk:** Participants were anxious about the potential for baby to choke on vomit, block airways and/or develop flathead.

This message conflicted with previous advice provided about sleeping positions: Messages about healthy sleep positions today are different to those for earlier generations. As a result, participants (both parents and grandparents) felt confused because they were not aware of the rationale or supporting information about why sleeping on the back is now the most important position.

The old message before [was] to sleep baby on their stomachs.

Family advice was very important and changes in messages have led to confusion: Upbringing and sleeping practices within families strongly influenced participants' views and sleeping practices for their children.

[For] some families its how they've been brought up. My family they all sleep babies on their stomachs, so when the message changes people are like no, no we were brought up this way and we're still here. It's the way they do things.

Participants noted a stronger inclination for parents to listen to the advice of a family member or someone they respect. Sleeping advice provided by mums, grandmothers, aunties etc was in many cases adhered to despite conflicts with the recommended message.

[What our family say] contradicts what the midwife or plunket say – because they say if baby throws up and they're on their backs they can choke.

The advice provided by family was viewed as safe, trusted and informed by generations of practice.

In [the Islands], it's very rare that a baby is placed on their backs when they sleep. People believe that placing [babies] on their backs they can choke [on their vomit]. I heard this from my mother and grandmother.

- A feeling of pressure and judgement from health professionals when this message was not followed: This stemmed from the lack of understanding and leniency from health professionals about doing what ensures a '*comfortable rest*' for babies and their mothers.

With these sorts of messages when professional people ask you are you doing this [and you are not] it makes you feel like a shit mum.

Barriers

- All participants had tried this message but it was not consistently practiced by many because..
- **Baby's comfort and needs were prioritised:** Participants noted that because baby slept more soundly in other positions (i.e. on their side or front) they continued to do what they needed to ensure baby had a '*comfortable rest*'. These participants were also adamant that in doing so they '*kept an eye*' on their baby.
[Baby] doesn't like being on his back...So I do what works for us [to] get some sleep.
A baby sleeping soundly in any position was noted by first time parents as providing an opportunity to rest.
In those first three weeks [of baby's life] you're a zombie, you don't have enough sleep, your milk is coming in, you take what [rest] you can get.

Considerations

- Participants' views have been used to inform the following key consideration to strengthen this
- **Provide rationale and information to support the intergenerational promotion of sleeping baby on their backs which addresses safety concerns and previously conflicting advice:** Healthy and safety concerns and strong familial influence overruled this message because the justification for sleeping on the back is not commonly known.
We need to put the reason behind putting baby on their backs, because some fear baby choking.
Information should affirm families that this message is a suggestion rather than prescriptive to avoid pressuring those unable to meet this expectation.
I think it's a suggestion...I think mums need to work out what works best for their babies.
- **Messages and information must be family centred:** In light of the important influence family can have on healthy sleep, key messages must reach and resonate with all members of this collective.

2.5. Message 6: Promote safe bed sharing by ensuring a separate sleep space...

Promote safe bed sharing by ensuring a separate sleep space, for example a wahakura (woven bassinet) or Pēpi pod

Awareness

- Participants' exposure to and awareness about safe bed sharing was high.
- The message was easy to understand and clear.

Participants had heard and/or seen this message in pre- and postnatal resources (brochures, posters, flyers) and through engagements with families, Plunket and midwives.

Everywhere and when I was in the birthing unit there was a picture of the woven bassinette. There was a book about it and brochures...everywhere in the antenatal and postnatal – Do we practice it? Not so much.

Experience (positive)

- A small number of participants positively described the message as...

- **Something they agreed with:** The message was seen as positively promoting bed sharing in a safe way.

We don't want whānau feeling bad about comforting their babies and sleeping with their babies if that's going to be the only way they settle their babies.

Experience (negative)

- Many participants commonly described the following concerns relating to hearing/seeing and trying this message.

- **Deficit-based messaging that assumes all have access to a wahakura or Pēpi Pod:** All participants had heard about this message, but not all had tried it. However, a small number of participants stated that they had not tried safe bed sharing because they did not have or know how to access a wahakura or Pēpi Pod.

They are expensive. I've seen them online, they can be quite dear, mums might not have money to fork out for a flax basket or a storage container.

- **An inability to provide a separate sleep space was not realistic for all and impacted negatively on self-confidence and judgement:** Poor quality housing, shared living arrangements with multiple families and children in households, overcrowding and limited finance were identified as a reality for many Māori whānau and Pasifika family. These factors influenced families ability to provide and/or maintain a separate sleep space for babies.

It was really hard for me. All of my children slept with me from birth and that's just being honest but of course with a certain space between us.

- **This message conflicted with cultural contexts and practices:** Messages about safe bed sharing were devoid of cultural practices and realities such as sleeping on a Marae, and beliefs about the importance of skin-to-skin contact and bonding with baby.

It also goes back to when we are on the Marae. We don't have cots there for babies, we just have to be adaptable and make sure that we are being safe in the way that we are setting ourselves up.

It's a challenge now because [the babies] are used to falling asleep on your chest. So when you pop them in their own sleeping space they don't sleep. It's a challenge now.

One participant noted that Pasifika mothers may understand separate sleep space as sleeping in separate rooms and are unlikely to sleep at a distance from babies.

I think culturally we do things differently than the Westernised world so I think it has to play a part in these things.

- **A feeling of pressure and judgement from others when this message was not followed:** The criticism experienced from others about sleeping with baby was considered a reason to hide whether safe bed sharing was practiced.

... sleeping with your baby? oh my god. You feel like a shit mum for not putting them in their own bed but it's working for you, and whatever works for you, you need to do it.

Barriers

- All participants had tried this message but it was not consistently maintained by some because...

- **Parents and baby needs were prioritised:** The tough reality, pressures and lack of sleep associated with being parent to a newborn was a barrier to establishing consistent and safe bed sharing practices.

I did hear that message, but realistically, sometimes baby just wants to be held and cuddled, to be on your skin. And in those times I just let it happen. We both want to sleep.

If I can, I wake up [breastfeed] him and then put him back in his bassinet, but it's not something you can always do as a mum because you're so tired.

Considerations

- Participants' views have been used to inform the following key considerations to strengthen this message.

- **Identify alternative solutions to safe bed sharing if access to a wahakura or Pēpi Pod is not feasible:** Encourage families to work with the resources they have.

It was really hard for me, all of my children slept with me from birth and that's just being honest but of course with a certain space between us.

A wahakura or a Pēpi Pod would be cool but there are a lot of things, products that are nice to have but if you don't it's not [the end of the world] if you don't have one, you just use what you have.

- **Provide rationale to support the promotion of safe bed sharing and details about how to access wahakura and Pēpi Pod:** Bed sharing without wahakura or Pēpi Pod continued for some participants primarily because the message was not adequately justified and/or they had no access to these resources.

Other mums I know sleep with their children and they've had better sleeps on the bed with them than in their bassinets – being close to the baby.

It needs to have details of where to get a wahakura from together with this message.

- **Consider terms for wahakura and Pēpi Pod that resonate with Pasifika family.**

I think another Island mum may not know what those terms wahakura or Pēpi Pods mean.

2.6. Message 7: Bassinettes, cots and Pēpi Pods should be kept free...

Bassinettes, cots, Pēpi Pods and wahakura should be kept free of loose covers, bumpers, pillows, blankets and other objects, such as cuddly toys, that could cause suffocation or over-heating, and fitted sheets should be the correct size for the mattress and pulled tight.

Awareness

- Participants' awareness about this message was high because it was...

- **Promoted, posted and displayed in health spaces:** Most participants had heard about this message through various health practitioners and forms of health promotion (i.e. word-of-mouth, card/pamphlets, hospital).

I hear it everywhere; hospitals, doctors, midwives, nurses.

- **It was clear and explained why these practices are important:** Participants liked the detailing of the message as it educated adults/parents on 'what it could do' if safe sleeping spaces were not in place.

It's good because it tells parents what not to have. It provides a reason for what it could do...Like don't have those because it can cause suffocation and overheating.

Experience (positive)

- Most participants (especially first time mothers) viewed this message as positive and important because it....

- **Reinforced safety:** The message encouraged participants to think about safe sleeping spaces and the danger of soft toys and loose covers.

The simplest messages are so important to be put out there to remind people that a little loose cover can make a lot of damage for a baby that doesn't have a natural instinct.

Experience (negative)

- Participants highlighted barriers to implementing this message:

- **Financial burden:** Most participants noted that purchasing safe sleeping materials was not always a reality for families who needed basic necessities for their children.

If you're going to save money and spend it on nappies and formula and then have your baby sleep in the bed with you. You're going to make that sacrifice. The priority is not a separate sleeping space.

- **Limited educational resources:** A small number of participants said they were provided outdated educational resources.

The resources I received were really old, they still had contacts for TAHA and Whakawhiti. They need to update those packs those organisations are non-existent now.

Barriers

- Most participants had heard and understood the message, but did not always practice it because...

- **Conflicting priorities:** Families were commonly thought to prioritise practices and behaviours they considered the most comfortable as well as safe for baby, despite what the message promoted.

The whole blanket thing. They needed something soft, so there was a blanket there, I just made sure it wasn't loose.

We add blankets just to make them feel comfortable...To be honest I feel like one fitted sheet is too hard for the baby, so I add layers.

Considerations

- Participants' views have been used to inform the following key considerations to strengthen this message.

- **Emphasising the importance of safety within the context of baby product advertising and marketing:**

A small number of participants highlighted that beautifully marketed baby products can potentially distract new mums from providing safe sleep spaces.

People don't think logically, they just think about what looks good, what matches with the colour theme that you've got going on in your bedroom, particularly first time mums. You learn a lot from your first child and scale it back with your second child and so on.

The whole idea of having teddy bears, a new mum would be like, 'that looks so cute', and then you put your baby in there and that could be detrimental.

Being cute, being a first time mum and not really understanding the depth of it. But it's a good reminder, because you set up your nursery and some mums are really airy-fairy about it.

- **Recognising cultural contexts and realities:** A small number of Pasifika participants described what they saw as *the norms* in some Samoan families of using mink blankets to comfort and keep babies warm.

Our Samoan side have heaps of mink blankets, it's the norm that's what I've noticed.

The use of mink blankets for one participant was considered both a show of love and affection but also a potential risk for overheating.

When your child is first born they say immediately wrap them. They need to be warm because they're going to get sick and I think some mums like me, wrapped baby up all the time and I could see she was sweating but I thought it was better to over cover her than to not cover her...So some people could take this as confusing or contradicting because its saying one thing and then the other.

This healthy sleep message will benefit from understanding and exploring the cultural nuances associated with Samoan cultural values and beliefs, mink blankets, and gifting.

2.7. Message 8: Eliminate smoking...

Eliminate smoking during pregnancy and have a smoke-free home and car.

Awareness

- Participants' awareness about eliminating smoking was strong because...

I think its judgy as, you walk into town you see a hapū mum smoking, you're going to think bad things straight away. It's judgmental as.

People still do it, and for some people giving up smoking is impossible. Negative to that is that they're portrayed as bad mums or bad parents for smoking around their children which is sad, because its no different to us sleeping our babies with us. It's against the grain but it still happens but no one sees it so we're not portrayed as bad mothers because it's not done in public.

- **Widely promoted:** All participants had heard and/or seen this message being promoted by health professionals on all platforms.

TV, radio, everywhere, smoking packets, at work...That's the number one message that I've seen.

I think the message is clear, but sometimes the situation of the family or the environment that māmā is in, isn't the best time for her to stop, or dial it back.

Smoking is not an easily curbed addiction and combined with negative perceptions often affected the self-esteem of mums/parents.

I do feel aroha for the people that do smoke when they're pregnant because they do definitely get frowned upon and talked down, but they obviously are not able to give it up.

Experience (positive)

- Participants' described the message as being 'common sense' and straight forward.

- **Intergenerational norms:** Upbringing and family norms influenced participants' views on smoking and for some, made it harder to provide a smokefree environment for their baby.

For old people like my dad, they are so against it. My dad doesn't like the fact that when I go home with baby I tell him to smoke outside. He gets really hoha. It does affect relationships if you have family like that, which most Māori do.

The only thing is our family, my dad smokes, my sisters smoke. That's where the smoking becomes difficult.

- **Baby should be in a smoke-free environment:** Having a healthy smoke-free environment was important, and it was particularly easier to provide this type of environment for those who did not smoke or have immediate family who smoked and those who lived in their own home.

I agree, it should be no smoking during pregnancy, and everyone should have a smoke free home and car.

Experience (negative)

- There were a number of barriers and negative connotations attached to this message, which included...

- **Limited support and understanding of external factors:** For some families, eliminating smoking from their environment included removing themselves from their family structure.

It's talking about eliminating smoking from basically your environment, that's the message. But what about for people who can't eliminate it? Is there anything they can do? And if they can't eliminate it are they a bad person?

- **Strong public messaging causes public negativity:** The intensive promotion of smokefree environments often meant there was a negative stigma for those who were actively smoking around their children.

- **Idealistic rather than realistic:**
Eliminating smoking was not always a realistic option for Māori who have high proportions of family members who smoke.

In terms of our reality, a lot Māori do smoke. I guess it's a matter of looking at ways that we can akiaki and awhi them to control [it]. Or look at better ways to keep their children away from that habit so that children aren't being exposed to their habit instead of frowning upon them when they are smoking.

Barriers

- Participants had tried this message but identified barriers to maintaining a smokefree pregnancy and/or environment, which included...

- **Casual approach to smoking:**
Participants who associated with mums who smoked during pregnancy or smoked themselves during pregnancy struggled to see the effects because the kids were fine.

Another thing that contradicts the message is, there's all these kids and their parents smoked all the way through and they turned out fine.

Other people smoked with their first pregnancy, nothing happened to the baby so they just continued smoking with the rest... People take that risk, especially when first baby is fine.

- **Damaging family relationships:** Smoking was heavily intergrated into some family structures and often meant it would be challenging and potentially damaging on relationships if smoking was to be eliminated.

That's a hard one, because you don't want to ruin a relationship your baby has with these people because of the smoking. It's hard for me even with my dad.

Considerations

- Participants' views have been used to inform the following key consideration to strengthen this message.

- **Provide detailed explanations on the effects of smoking/second-hand smoking:**

It's missing the why – some people need to be convinced with facts, not just telling them to do something.

People might not know what happens to the baby when you smoke.

Need to understand the effects of smoking on baby, like smoking during pregnancy you're actually giving it to your baby but then at home its more about second-hand smoking. People are not going to stop smoking if they don't know why. They should change the message to say 'this is what it can actually do'.

More awareness around second hand smoking is needed. Participants thought it would be more effective and meaningful if there were better examples of second-hand smoking and how it may affect your baby.

If people understood the effects and for example the syndromes kids can have, then hopefully that encourages them to stop. But I know a lot of people who don't think that second-hand smoking [is dangerous] because they think its not directly going into them.

2.8. Message 9: Encourage breastfeeding.

Encourage breastfeeding.

Awareness

- Participants' had a strong awareness around breastfeeding from a range of sources...

- **Promoted by health professionals:** All participants had heard and/or seen this message being promoted by health professionals predominantly midwives.

Yeah, I've heard it heaps from my midwife, breast is best.

Many times - everywhere: midwives, health professionals, blogs.

Experience (positive)

- A small number of participants positively described the message as...

- **Bonding time with baby:** Breastfeeding allowed time for mum and baby to bond - a bond that only they can share with each other

There's a reason why your body is making milk...It's nice to have that bond with your child - for the first six months you're everything to your child, its nice to feel important.

Breastfeeding as a first option was welcomed by some participants and viewed as being positive.

I support that and I think it's a good message because that's what we want to encourage people to do first.

Experience (negative)

- Many participants did not agree with this message. They commonly noted it did not connect with their breastfeeding realities and was...

- **Idealistic rather than realistic:** Not all mums were seen as being able or wanting to breastfeed. Participants highlighted the message did not resonate with them and often made them feel inadequate.

Again, people that aren't able to breastfeed or chose not to breastfeed for what ever reason are frowned upon, or are like 'oh really'. They've obviously got their own reasons and that's on them.

They really encourage it... but any other alternative is frowned upon.

- **An intense source of pressure:** Health professionals were seen to place intense and unnecessary pressure on mothers to breastfeed. Difficulties with breastfeeding and other birthing related challenges were described as regularly overlooked by health professionals which impacted on a mother's confidence to breastfeed and wellbeing.

...being in NICU is very stressful and I felt my mental health deteriorating and my supply was dropping...And what made it worse was the nurses kept pushing it on me, breastfeed, breastfeed, breastfeed.

I think it should be a suggestion, it hasn't happened to me but I know if I wasn't able to breastfeed I'd be real upset about that. At all the antenatal stuff they're like breastfeed, but if you can't that would suck, then you'd feel like a crap mum.

- **Impacted by intergenerational patterns:** Not all mums were raised in families where breastfeeding was the first option, so this message was viewed as a conflicting/unnatural practice.

It's pressure, and some people are just not into it. It depends on what your whānau are like. [For] some people it might just be normal to go straight on the formula.

- **Pointless if mum was not healthy:** It was hard to see the health benefits of breastfeeding when mum did not nourish her body with good food.

My stepmum would say what's the point in breastfeeding I don't even eat good food.

- **Not sustainable for working mothers:** Many mums return to work and do not have the facilities/space to express milk or breastfeed their children while working.

Some people have to work, and some parents put baby to the bottle so they can go to work. So, it will be fine if they can pay the mothers two years maternity leave.

Barriers

- All participants identified different barriers to implementing and sustaining breastfeeding...
- **Breastfeeding related illness/challenges:** The message fails to highlight the challenges of breastfeeding. Participants discussed the struggle to produce milk, latch their babies on, excruciating pain, and infections.

I got mastitis three times with him when I was breast feeding it was so horrible, and then he started teething and he started biting so I stopped. I had to, it was too much, that's why I say feed is best.

When there isn't the option, some people just don't have enough milk and their babies never settle. It's not easy to breastfeed. All three times my nipples have got sore, it's excruciating pain, and for some people they can't push through that.

I'm 100% all for breast feeding but if you don't have the supply or baby is not latching then food is food at the end of the day, and you do what you need to feed your baby.

Considerations

- Participants' views have been used to inform the following key consideration to strengthen this message.
- **Provide rationale and information to support why people should encourage breastfeeding to support good quality and safe sleep for babies and infants:** The reasons 'why' breastfeeding supports good quality and safe sleep was missing and this often made it harder for them to push through the challenges. Suggestions were made to incorporate the importance of breastfeeding and why it is commonly promoted.

The why is missing— no one is going to listen to that if you've got no facts with it or no reasoning for it.

Breast is best because...?

Participants also considered it important to acknowledge that when breastfeeding is not an option, alternative forms of feeding are an option to ensure babies are fed and supported to sleep well.

I think feed is best, but definitely if you can breastfeed, then breastfeed.

My cousin is having trouble breastfeeding, she's stressed out, baby is stressed out, no ones getting any sleep. So day two she went and brought formula. So do you keep encouraging breastfeeding? Or do you just feed the goddamn baby and get on with it.

Formula isn't the same nutrients but its still along the lines of breast milk.

2.9. Message 10: Have the baby in the same room...

Have the baby in the same room as the caregiver for the first six months of life.

Awareness

- Most participants were not familiar with this message but thought it was...

I guess space may not allow for that to happen for some people, they may only have space for a bassinette in their room.

- **Common sense and often practiced naturally:**

I haven't heard that message before but I do that anyway. It's another opportunity to bond with your baby.

I've heard sleep in the same room as your baby but with no timeframe.

Safe sleep pamphlets, midwives.

- **Sleeping baby in the same room may not align with parenting style:** Some parents were comfortable with having their baby in another room at a young age, and trusted that they were safe so the message did not necessarily apply to their situation.

When you do tough parenting, and you're trying to get your baby into sleep habits, sometimes its easier for them to be in a different room so you can close the door and let them cry it out a little bit and develop a better sleep routine.

In my case I was happy to not be in the same room but I needed them in the same room to make sure they are breathing and it wasn't until they were six weeks that they started fully sleeping in their own room. They were sleeping through the night so I didn't have any worries.

Experience (positive)

- A number of participants positively described the message as...

- **Encouraging bonding time with baby:** Actively practicing this meant that parents were able to further bond with their baby. Participants also highlighted the joy of having their baby in the room, while they are young.

I think its best to have them in your room at this age and then after that they can be on their own. Then that way you can know, because they're still developing till six months then they gain their independence.

Barriers

- All participants had tried this message but it was not consistently practiced by many because...

Experience (negative)

- There were a range of barriers that made it difficult to implement this message which included...

- **Mothers sometimes needed their own space and time:** It was not always practical for mums to keep their baby in the same room as them if it was impacting their emotions, sleep and sanity.
- *It's a little bit hard to shut your baby up when they're right next to you screaming their heads off in a cot, and they can see you there. So some people have to for the sake of more sleep and sanity some people will put their baby into a different room.*

- **Limited space:** In reality, many families were described as living in over crowded houses or in spaces that were not suitable to have a baby in their room.

Considerations

- Participant views have informed the following key consideration to strengthen this message:

- **Provide adequate detail to ensure mothers do not take it literally:** Parents who have limited support often rely on health messages to inform their parenting. Participants discussed the importance of explaining and expanding on the message to ensure the message is not interpreted in the wrong way.

You could expand on it – other mothers could see it as sleeping or having baby in the room all the time.

The baby in the same room – does that mean sleeping in their own bed?

Parents could read that as 'have baby in the same bed in the same room at the same time. So my suggestion would be to say "Have baby in the same room in their own bassinet/cot for the first six months of life"

3. Discussion

This research explores awareness, understandings and experiences with commonly promoted healthy sleep messages for Māori whānau and Pasifika family. Overall:

- Safe sleep messages generally had higher awareness than messages promoting quality sleep. Why a message was important was not always communicated or understood.
- Families were exposed to messages through multiple sources, which were often conflicting. Family seemed to be one of the most trusted sources.
- Barriers to implementing messages were interconnected with determinants of health, inequities and the social, cultural, collective and economic realities for Māori whānau and Pasifika family.
- Caregivers did not always implement sleep advice due to these factors. As a result, experiences of self-doubt, judgement and pressure were common.

Families preferred information to be communicated visually, via social media or face to face. A 'share and discuss' engagement style may allow for informative, non-judgmental and flexible sharing. The opportunities to ask questions, seek clarification and understand why a message is important are essential in the practical application of sleep messages to the lived realities of different families.

The findings of this report are consistent with research with the caregivers of four-year-old children, which found that implementing sleep supporting strategies was influenced by broader contextual factors beyond mothers' control, including environmental barriers, culturally responsive and respectful professional sleep advice (Muller et al, 2019a). Parents found advice disempowering when it did not align with their parenting views or they did not feel listened to by health professionals (Muller et al, 2019a).

Specific considerations for each message:

Have a consistent (but flexible) daytime nap and bedtime routine: This might include a bath, brushing teeth, a story then bed. Quiet activities are good before bed.

- Simplify message and define terms such as 'quiet' activities.

Have a comfortable sleep environment that is quiet, warm and dark.

- Provide a holistic focus on mother and baby (positive energy flows to baby).

Under two-year-olds need cuddles and interaction to feel secure and emotionally attached. Secure attachments contribute to good quality sleep.

- Promote this as a message for children of all ages.
- Recognise the importance and impact of mental health and wellbeing.
- Empower and affirm families.

Observe unique sleep patterns and look for signs of sleepiness. Encourage sleep by singing oriori (lullaby) as a way of sharing pūrākau (ancestral knowledge)

- Simplify and clarify the connection between ‘observe signs of sleepiness’ and ‘singing oriori and sharing pūrākau.
- Provide information about why singing oriori and sharing pūrākau is important for healthy sleep.
- Develop user-friendly cultural resources that increase access to oriori, Pasifika lullaby as well as ancestral knowledge.

Always place babies on their back to sleep

- Provide rationale and information to support the intergenerational promotion of sleeping baby on their backs which addresses safety concerns and previously conflicting advice.
- Messages and information must be family centred. (In light of the important influence family can have on healthy sleep, key messages must reach and resonate with all members of this collective).

Promote safe bed sharing by ensuring a separate sleep space, for example a wahakura (woven bassinet) or Pēpi Pod.

- Identify alternative solutions to safe bed sharing if access to a wahakura or Pēpi Pod is not feasible.
- Provide rationale to support the promotion of safe bed sharing and details about how to access wahakura and Pēpi Pods.
- Consider terms for wahakura and Pēpi Pod that resonate with Pasifika family.

Basinnettes, cots, Pēpi Pods and wahakura should be kept free of loose covers, bumpers, pillows, blankets and other objects, such as cuddly toys, that could cause suffocation or over-heating, and fitted sheets should be the correct size for the mattress and pulled tight.

- Emphasise the importance of safety within the context of baby product advertising and marketing.

Eliminate smoking during pregnancy and have a smoke free home and car.

- Provide detailed explanations on the effects of smoking/second-hand smoking

Encourage breastfeeding.

- Provide rationale and information to support why people should encourage breastfeeding to support good quality and safe sleep for babies and infants.
- Acknowledge breastfeeding is not always an option – provide alternative forms of feeding to ensure babies are fed and supported to sleep well.

Have the baby in the same room as the caregiver for the first six months of life.

- Provide adequate detail to ensure mothers do not take this message literally.

4. References

- Ministry of Health (2017). *Sit Less, Move More, Sleep Well: Active play guidelines for under-fives*. Wellington: Ministry of Health. Sourced from: <https://www.health.govt.nz/system/files/documents/publications/active-play-guidelines-for-under-fives-may17.pdf>
- Ministry of Health. (2019). *Factsheet: Sleep tips for young children*. Sourced from: Factsheet: Sleep tips for young children <https://www.health.govt.nz/your-health/healthy-living/food-activity-and-sleep/sleeping/helping-young-children-sleep-better>
- Ministry of Health. (2019a). National SUDI Prevention Programme: Needs assessment and care planning guide. Wellington: Ministry of Health. Sourced from: <https://www.health.govt.nz/publication/national-sudi-prevention-programme-needs-assessment-and-care-planning-guide>
- Muller, D., Pain, S-J., Wu, L. J., Leigh Signal, T. (2019a). “We’re doing the best job we can: Maternal experiences of facilitators and barriers to pre-schoolers sleeping well in Aotearoa/New Zealand. *Sleep Health* 5, 248-256.
- Muller, D., Pain, S-J., Wu, L. J., Leigh signal, T. (2019b). “Their Sleep Means More Harmony”: Maternal Perspectives and Experiences of Pre-schoolers’ Sleep in Ethnically and Socioeconomically Diverse Families in Aotearoa/New Zealand. *Qualitative Health Research* 1-12.