

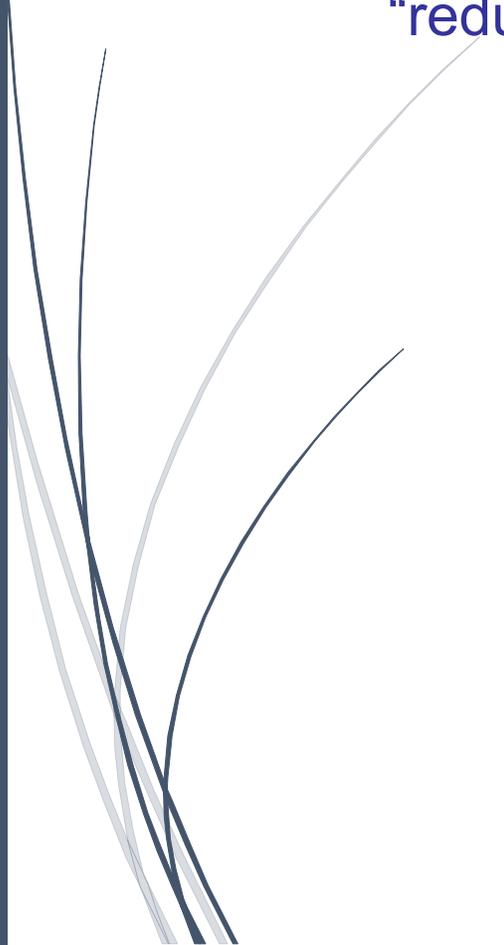


University
of Glasgow
Settlement

Scottish
COT DEATH
Trust

Find a Solution

How can we better communicate
“reduce the risk” messages?



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Sudden Unexpected Death in Infancy (SUDI) is more common among young families and families that are economically or socially deprived; and these are two factors which often coincide. For the past eight weeks, we have been undertaking a research project with the Scottish Cot Death Trust to try and find ways of reducing the occurrence of SUDI in these high risk groups.

We have found that these groups are more at risk of SUDI because safe sleeping messages are not getting through to them, rather than because of any obstetric or medical factor about young/deprived parents. As such, we have been looking into ways that the SCDT can better communicate with these families, as well as ways in which they can improve the effective communication of safe sleeping messages by others, such as Midwives.

Our findings and recommendations are derived from survey results, group interviews, discussions with health professionals and existing academic research. We believe that the Trust needs to present itself as a key source of 'safe sleeping' and 'reduce the risks' information. In addition, the Trust needs to take active steps to engage with high risk groups, steps such as investing in peer education and educating professionals as to how to communicate consistent messages.

Although the initial remit of this project focused on social media, it is clear to us that reducing the risk of SUDI among young and socially/economically deprived families requires a multifaceted approach, incorporating web promotion of information as well as face to face and leaflet distribution.

We have decided to organise our recommendations around three themes: improving accessibility, investing in peer education and ensuring consistent messaging.

1. Improve Accessibility

We recommend that the SCDT tries to make itself as accessible as possible in order to reach out to a wide and diverse group of parents.

An overview of existing websites suggests that most information available on reducing the risks of SUDI is highly textual. Other SIDS/SUDI charities such as the Lullaby Trust and SIDS & Kids have invested substantially in easy read resources. This suggests that the need for easy read accessible resources, and their effectiveness in targeting those who are at high risk of cot death, is a recognised issue among SUDI organisations. The high risk demographic that the SCDT is aiming to target may find text-heavy advice unappealing, and many people may find it easier to access information from resources that are clear, simple and utilise functional pictures. Despite this, existing pictorial resources feature images which are largely decorative rather than functional; there is also a lack of informative and appealing resources in alternative formats, such as video resources or “apps”.

Information collected during surveys and group interviews has revealed that parents prefer information which is fully explained; they are more likely to internalise, remember and follow guidelines if they can articulate the reasoning behind the guidelines. This suggests that information which simply gives short guidelines about cot death will not be as effective as guidelines combined with explanations.

We recommend that the following steps are taken to make the ‘reduce the risk’ messages, and the Scottish Cot Death Trust, more accessible to a wider demographic.

Easy read resource

We have commissioned an easy read resource which aims to communicate “reduce the risk” information through functional pictures. We recommend that this is printed on a large scale and distributed widely throughout existing networks, including but not limited to: GP’s surgeries, childminders, nurseries and commercial outlets. The pictorial resource should be available on the website.

There should be further consideration as to whether the individual illustrations could be incorporated into a ‘reduce the risk’ app. Our consultation with those who work with high risk groups suggest that although those high risk groups do not always have computers connected to the internet, many do have smart phones on which they go online. The SCDT website is too complex and textual to use on a smartphone; a separate, specially designed app may be effective.

A well maintained website

An overview of the existing SCDT website revealed out of date and duplicated information, as well as incorrect signposting and missing resources. We have begun to renovate the website by updating the information available, deleting duplicated information and updating signposting and resources. Removing duplicated information ensures that information present on the website can be easily updated and maintained by a small staff team.

We have also reordered some sections of the website such as 'new and expectant parents' and 'professionals': there are now fewer subheadings and information is simpler, clearer and more concise. As well as improving accessibility, this too ensures that the website is easier to manage.

In order to maintain and further improve the accessibility of the website, we recommend the following:

- The role of Office Administrator should include the duty to maintain and update the website. Whoever takes on this role ought to either have existing knowledge in how to maintain a website, or should be trained to do so. Information on the website needs to be reviewed and updated regularly, and new resources need to be added consistently.
- Steps should be taken to make the website more visually attractive, and to emphasise important advice and services offered by the Trust. The background (an image of daisies) currently takes up a large amount of space; this makes the page look cluttered and busy, and distracts from the text. The section of the page including text could be larger and clearer.
- The format of the front page of the website should be reconsidered. The 'new and expectant parents', 'grieving families' and 'professionals' sections should be highlighted on the front page in order to better guide those looking for specific information to the correct section. The front page should particularly highlight signposting to information about cot death, both targeted at bereaved parents and at expecting parents; this ensures that the charity is seen as a place to go for advice and not just a place to go for support.
- A search function should be added to aid navigation through the website.

Many of these changes can be outsourced to SKYBLU who created the website and provide technical support.

Utilise existing resources

When we began the 'Find a Solution' project we envisaged commissioning an app or other web-based resource. However, there are many existing resources which promote safe sleeping and safe baby care which could and should be promoted by the SCDT, in lieu of creating their own resources. These resources should be promoted on their website, and through their educational and other services. By recommending existing resources, the SCDT reduces its workload and makes the most of its limited funding.

We have already begun to incorporate signposting to external resources into the website. Here are some of the sources we have referenced:

- Ready Steady Baby
- Lullaby Trust Easy Read
- NHS Plagiocephaly leaflet
- Smokefree.nhs.uk
- UNICEF resources

The following resources are particularly noteworthy:

- Tommy's Baby Be
This is a clear and effective website, aimed at young pregnant women who smoke.
- Bump Buddy/Baby Buddy App
This is an app currently being designed and released by the Royal College of Midwives. This has yet to be reviewed by the Trust, but is worth looking into when it becomes available.
- Bubbalicious
This is an online forum and information site produced and maintained by the Lullaby Trust. It is an excellent place for young parents to learn about safety in an informal, peer-led way, and should be promoted to any and all young parents in Scotland, whenever possible.
- The Dads2b Resource
This is a partnership production between Children in Scotland, NHS Lothian, National Childbirth Trust, West Lothian Sure Start and Fathers Network Scotland. It is a resource aimed at professionals running parenting classes.

2. Invest in Peer Education

We recommend that the SCDT invests in peer education techniques to promote reduce the risk messages among young parents and their families. The Trust ought to work with young parents to develop these techniques.

This recommendation is based on academic research which suggests that young parents, especially young mothers, often feel victimised and judged by health professionals, and are therefore defensive and unlikely to respond well to instructions. Any campaign attempting to target young mothers should aim to empower them: to reassure them that we have faith in their parenting skills and that we aren't assuming they are unable to take care of their babies. It should encourage young parents to take a proactive role in educating their peer group and surrounding family; this is an effective way to avoid making young parents feel judged or defensive, and we know that messages are more credible when coming from someone who is perceived to be in a similar situation.

A peer education technique has the added bonus of ensuring that messages are dispersed further; it allows us the opportunity to incorporate grandparents, friends of the family, babysitters and others into our target audience, as these are all people that parents can be encouraged to convey messages to.

The Family Nurse Partnership (FNP) emphasises the importance of teaching young parents how to assert themselves as the decision maker in their child's welfare. This is an assertion that we feel is important, as many young parents feel that they are not trusted to be responsible for their babies and that others (parents, health professionals, social services) are trying to take their babies away. This feeling further explains why young parents may be defensive and unlikely to respond well to safety messages given by health professionals. Empowering young parents as the key decision maker in their child's life, and entrusting safety messages to them to pass on, may persuade young parents to acknowledge and internalise the messages.

The SCDT ought to consider young parents, and their attitudes and circumstances, whenever they attempt to educate or promote "reduce the risk" guidelines to the public. A special effort ought to be made to include young parents in the group that SCDT regularly targets with educational campaigns. However, the Trust ought to be wary of launching campaigns or strategies which blatantly single out or focus entirely on young parents, as feedback from focus groups has demonstrated that young parents do not respond well to campaigns that pick them out. Such campaigns are frequently seen as "suspect", or as reaffirming that nobody has faith in young parents. Instead, the Trust must ensure that their campaigns and educational resources are inclusive and understanding of the circumstances of young parents, without singling them out as requiring extra education.

For a list of points that ought to be considered when designing or implementing a campaign designed to educate young parents, please see *Appendix One*.

Social marketing campaign

We suggest a social marketing campaign centred on the message “Cot Death: Talk About It” (although this slogan will need to be reworded, as it is already the slogan for an existing campaign) and incorporating slogans such as the following:

"You know that your baby can easily overheat, but does your partner know to use light blankets in your baby's cot?"

"You know dummies are good for your baby, but does your babysitter know to use one every time your baby is put down to sleep?"

"You know that your baby needs to have a clear head and face, but does your partner know to keep the cot clear of toys, pillows and bumpers?"

"You know to put your baby to sleep on its back, but do your parents know how important this is for your baby's safety?"

We hope that these slogans will encourage parents to discuss cot death messages with their immediate family and peer group.

While we haven't had enough time to gather comprehensive feedback on these slogans as of yet, the feedback we have managed to gather has been mainly positive. We presented the adcepts (see *Appendix Three*) to the Renfrewshire Postnatal Young Mums Group in Barrhead, and found that the messages were understood. However, the group requested that a diverse range of parents feature in the finished campaign, so that it does not single out young parents. We would support this request.

We also strongly feel that there ought to be further research into the effectiveness and appropriateness of these slogans before they are commissioned.

6+1 project

The 6+1 peer education project originally took place in New Zealand, facilitated by Anna Pease. It was a direct response to higher rates of cot death amongst disadvantaged families, and aimed to empower young parents as educators and informers about safety messages. By taking the time to explain the messages properly, as well as the reasoning behind them, this project ensures that parents understand and internalise the safe sleeping guidelines, and communicate them effectively to other caregivers. As such, the 6+1 project reflects many of the priorities that we wanted any resource or project we developed to reflect.

The project consisted of running workshops with small numbers of parents. Mothers were given safety information centred around six key themes: face up, face clear, smokefree, breastfed, close to a parent and handled gently. The +1 aspect referred to reading to infants, which was promoted as very beneficial. Each message was explained in some depth, with attempts at explaining the rationale behind each guideline. We feel as though this aspect of the project could be done better, with better explanation and further information about why exactly smoking is bad for the infant, what the consequences and risks are etc. We also feel that the information given in the project ought to be updated to reflect recent developments, for example in the area of co-sleeping.

Participants were asked to hold conversations about the messages with their peers, partners, parents etc, and to provide evidence of these conversations (e.g. photos) at a two week follow up. All participants agreed to do so, and there was evidence of 45 conversations after two weeks. Participants indicated that they had enjoyed the experience of being part of a project.

Having been successful in New Zealand, Anna Pease ran a pilot 6+1 project in Scotland. She recommended the project be funded to run regularly; unfortunately, funding was not acquired and the project did not run. We recommend that the SCDT should make a renewed attempt to secure funding for this project.

3. Ensure Consistent Messages

We recommend that the SCDT tries to combat inconsistent 'reduce the risk' messages by promoting itself as the most reliable information source for safe sleeping advice.

Our magazine, book and internet review demonstrated that although many sources include references to safe sleeping advice, the guidelines given are usually incomplete or entirely missing. While baby/mother magazines frequently feature adverts or editorials mentioning meningitis or stillbirth/neonatal death, SUDI and safe sleeping messages are noticeably lacking. Parenting books often leave out safe sleeping guidelines altogether, despite speaking at length on how to encourage babies to sleep well or longer. Internet research confirmed this: while newspapers often run stories that mention cot death, they rarely incorporate safety information into these stories.

This suggests that SUDI is seen as a solved problem. Although our focus groups suggest that parents are worried about it, there is not the same publicity about SUDI as about other childhood illnesses/causes of death. Although SUDI has been visible on television, the most prominent example was a storyline in *Eastenders*, where SUDI itself was not explored in depth and 'reduce the risk' messages/support advice were not included at all.

In addition to a lack of consistent and informative messaging in media, we found that some parents thought that health professionals were avoiding discussions about SUDI, or even giving out incorrect information. Similarly, a recent study based in NHS Greater Glasgow and Clyde suggested that teenage parents did not have cot death and child safety fully explained to them. One parent commented that when she brought up the subject of cot death at an antenatal class, it was quickly passed over as an undesirable topic. Other parents highlighted Health Visitors as a particular problem, suggesting that many relied on their own opinion to give advice.

It is clear that the SCDT needs to tackle these problems. The Trust ought to promote itself better, as there is a distinct lack of awareness of SCDT as a place to go for information. Education for health professionals, other than nursery staff and childminders, should also be considered.

We recommend the following in order to ensure consistent messaging:

Educating professionals

The SCDT are currently working on an education module/tool for professionals who work with parents and within childcare. This includes 'reduce the risk' guidelines as well as how to support bereaved parents.

This tool should be widely promoted, potentially available to the public as well as to professionals.¹ Options for expanding the implementation of the module should be explored. If possible, it should be publicised on the SCDT website. Our discussions with the Royal College of Midwives revealed that they have an online learning tool (ILearn), which does not currently include a module on cot death. Gillian Smith, the Scottish Director for RCM, expressed interest in creating one in conjunction with the Lullaby Trust and the SCDT (tool must also be applicable to England due to RCM funding requirements). The tool currently being developed could be a fitting tool for ILearn; this should be discussed with the RCM.

Any information given to professionals should include practical advice on how to communicate with parents, for example on how to combat common myths such as babies choking when they are laid on their back. The Trust should also consider including the advice in this report about communicating with young parents in educational resources for health professionals.

‘Reduce the Risks’ through utilising media outlets

Our magazine review showed that the Meningitis Trust and Tommy’s were highly represented in popular media; we found advertorials and fundraising articles about both charities. In addition, ‘real life story’ magazines included many stories about child illness and death. The SCDT should utilise popular media to get its message across to high risk groups; they should take the time to approach magazines. This recommendation is backed up by our review of the ‘choose life’ suicide prevention campaign. This campaign used the Scottish Sun to access its target group of men aged 18-44, in conjunction with a poster and radio campaign. If the SCDT decides to run a campaign which promotes peer education, it should include adverts and articles in magazines, papers and on the radio.

One thing that we found from a focus group with young mums in Barrhead was that one mum insisted she would never cosleep because of a story she’d seen on Casualty, several years prior to falling pregnant. This suggests that popular television can be a powerful educational tool, if it is utilised effectively.

In general, the Trust should make an effort to raise its profile through appropriate media outlets, such as parenting magazines. It should also aim to fill in the obvious gaps present in places like parenting books, where “reduce the risk” guidelines ought to be present but are not. This could be achieved by simply communicating with magazines, books and newspapers to ensure they

¹ Cowan, Pease and Benett (2012) *“Usage and impact of an online education tool for preventing sudden unexpected death in infancy”* reports on the success of an online learning tool, originally designed for professionals, but available to the public. They conclude that online learning tools are a cost effective way of “aligning a population in understanding and action for preventing SIDS.”

include a “reduce the risk” summary alongside information about cot death, infant sleeping or other relevant topics.

The role of the charity

The SCDT currently presents itself as bereavement support orientated. We strongly feel that the Trust needs to present itself in a more balanced manner. By promoting itself as the place to go for safe sleeping information, the SCDT can combat inconsistent messaging. It is impossible for the SCDT to review all sources of infant sleeping advice, but by becoming an organisation that forms the hub of the “reduce the risk” discussion in Scotland, the Trust can override incorrect or incomplete advice.

In addition to our recommendations, we also suggest that the Trust takes time to discuss the following points:

Rebranding the charity

We recommend that the board discuss whether the 'Scottish Cot Death Trust' is the most appropriate name for the charity. This discussion should be based on feedback from those supported by the Trust, who have indicated that the term "cot death" is becoming outdated. It is misleading, as cot death can occur during any period of sleep rather than exclusively in a cot, and it is rapidly becoming obsolete as a term in the medical profession. While most have acknowledged that it is still the most commonly understood term outside of health professionals, this is perhaps because professionals are reluctant to move away from "cot death" in case non-professionals do not understand. We feel it is important that the Trust be up to date: if SUDI is used across all our resources and information, it will be used among the public as well. It is important to be consistent in the terms we use, throughout the website and all our resources and education.

We feel a larger rebranding of the charity is necessary to present the Trust as a source of information, rather than simply a bereavement charity. As part of this, we feel it is necessary to reconsider the overall look of resources promoted by the Trust, and of the website. Consistency is one reason for this: the Trust ought to pick one logo and use it across its resources. We also feel that expectant parents may be put off accessing the Trust's resources if they are greeted initially with "support" images; infant death and bereavement are not what you want to think about as an expectant family. While it is important not to compromise on support, we feel that a combination of balancing these aspects in terms of promotion, and keeping them separate in terms of the website or resources, can ensure both aims are promoted.

The rebranding of FSID to Lullaby Trust may be interesting to consider when discussing this recommendation.

Cosleeping

The Trust needs to discuss its position on cosleeping. There is a growing body of evidence demonstrating that cosleeping increases the risk of SUDI. However, this is a somewhat controversial issue, and is perhaps different to the majority of other guidelines as parents do not yet fully believe the evidence about cosleeping. This is partially because the evidence is not effectively promoted as most organisations are reluctant to take a firm stance on cosleeping. Another reason for this is that parents are able to see clear benefits to cosleeping: many parents we spoke to highlighted that their babies obviously slept better while cosleeping, and

that they themselves felt better. However, it is essential that parents are given correct information and that the risks of cosleeping are effectively promoted, although this should obviously be done in a way that minimises the guilt felt by parents who have suffered a SUDI while cosleeping.

We recommend that the SCDT has a discussion on how cosleeping ought to be included in 'reduce the risk' guidelines. The Trust ought to consider whether or not we can condemn cosleeping as dangerous, in the same way that we condemn smoking and prone sleeping as dangerous. However, asking parents not to cosleep may well be useless - most parents admit that they have all fallen asleep on a sofa with their baby at some point, due to the sheer exhaustion of being a new parent. Taking a hard-line "just don't do it" approach may therefore do more harm than good, alienating parents and making them feel judged rather than giving them constructive advice. A balance is needed; we have had feedback from parents that suggests our guidelines are not realistic, or sympathetic to the realities of being a new parent. We suggest discussing whether or not "safe" (or safer) cosleeping options could be promoted, such as pepi-pods or side along cots.

For details of the feedback we received from parents about cosleeping, see the sections on cosleeping in *Appendix Two*.

Appendix One

The following points are important to bear in mind when designing a campaign for young parents:

- The campaign should appeal to and portray a diverse group of parents.
- Fathers should definitely be included and portrayed as key caregivers. A range of studies show that the involvement of fathers throughout pregnancy and their child's life has a beneficial effect on both the mother and the child, but that fathers need their unique and important role reinforced to ensure that they remain involved. This rarely happens, as fathers are often excluded from maternity care, and are rarely given information or support that is designed for them. This is not due to a lack of interest or enthusiasm on the part of the father, but due to a lack of father specific services and resources. We feel that young dads may be more receptive to childcare messages targeted at or inclusive of them; this reinforces the importance of their role and gives us a further method of introducing reduce the risk guidelines into the family.
- The campaign needs to recognise that family and friends are a key source of healthcare advice. Studies suggest that parental advice may often override official advice. An example is that in one study a 17 year old mother stated: 'obviously, you know, you get told everything by loads and loads of people but you only listen to your mum's advice'.² It may be useful to highlight to young parents that family members are not always right and encourage independent research. This is a sensitive subject so will have to be carefully considered and focus groups should be consulted.
- A wide range of distribution methods ought to be considered for the campaign. The Choose Life 'Don't hide it, talk about it.' campaign report indicates that their radio adverts were a successful part of promulgating their message. In addition, they paired with the Scottish Sun to reach their target group of men aged 18-44. The SCDT should consider using articles in newspapers and magazines to promote the campaign. This should be part of the wider push to raise the profile of the SCDT and of cot death, which is noticeably lacking from places like parenting magazines. Examples of how these outlets could be utilised include through adverts, editorials or through ensuring that reduce the risk messages are present alongside articles/"true life stories" mentioning cot death.
- Slogans and posters created for the campaign could be transformed into leaflets and videos which follow the same theme. Furthermore, the campaign and its promotion can be used as part of the 'rebranding' of the trust as equally focused on bereavement and prevention.
- Campaigns targeting young parents must be designed and implemented with care, as there is evidence that campaigns which lead with the idea that young parents are more at risk are seen as insulting and offensive. This can be seen (for example) on Bubblicious, where an article which stated "Young parents are more at risk of cot death" provoked angry and upset responses from parents who felt persistently victimised by perceived ongoing negative

² Alexander, C., Duncan, S. & Edwards, E. (eds) (2010) *Teenage Parenthood: What's the problem?* (The Tufnell Press, LSE) Pg. 58

campaigns against young parents. We can deduce from this that campaigns that openly highlight that young parents are a high risk group will not be effective; instead we would recommend a campaign that focuses on empowering young parents and highlighting that they are the key decision maker in their child's life.

- Care must be taken that campaigns do not suggest young parents are incompetent, less able than older parents or “children themselves.”
- It is essential to ensure a campaign targeting young parents avoids being patronising. Young parents ought to be approached and treated as adults, with campaigns emphasising their maturity and responsibility, rather than their young age. The format of any posters or paper resources ought to reflect this responsibility: photographic images are preferable to cartoons or a comic style, which are seen as juvenile. Treating young parents like children does not demonstrate faith in their parenting abilities; it is a sure way to alienate them.
- The campaign also needs to recognise that young parents often find it difficult to assert their own knowledge over that of their older relatives, who frequently feel they know better. This is particularly relevant to cot death messages, as guidelines have changed so much in the last couple of generations; grandparents are likely to believe that babies ought to sleep on their tummies so that they don't choke. Any campaign targeting young people needs to empower them as the decision maker in their child's welfare, ideally enabling them to hold conversations with other caregivers and educate them. Peer education with immediate family is effective for a number of reasons already discussed. Furthermore, encouraging young parents to hold conversations about guidelines is a highly effective way of ensuring that young parents know them.
- Any campaign that targets young parents ought to be designed, developed and implemented in consultation with young parents themselves. The views, input and suggestions of young parents ought to be a key influence on the shape of the campaign. Young parents should be consulted through existing contacts and links with other organisations, including the FNP, Sure Start and Bubblicious (Lullaby Trust). This may take time and effort, but is an important step in ensuring that the campaign is effective, appropriate and appealing. It will also allow the SCDT to develop a database of young people to consult with in the future for a range of purposes, including further research into reducing cot death among this group.

Appendix Two: Write up of Initial Focus Group

Three first-time mums (aged 27, 30, 33); babies around eight months old; all rated receiving cot death information as important; all rated themselves as well informed about cot death.

- **Cot death was a key concern for these parents; they spent a lot of time thinking about it and looking into it.**

“...it was the thing I panicked about the most, even though it's not actually that common.”

“It was the thing that I was most concerned about.”

“I think it's every mother's worst nightmare. As well they don't know the cause so you're just completely paranoid that one night he's just gonna die.”

“The first time she....ever woke up [after me]... I convinced myself she was dead in the cot, she'd not woken up. I had to get someone else to like go look in the cot, I was like completely panicky!”

“Um yeah I probably was quite paranoid about it yeah.”

“I don't think you're going to overestimate how paranoid I am about cot death, like seriously. I still get up like twice in the night to check he's alive.”

- **These parents all did extensive research of their own into cot death, mostly online.**

“I looked up loads of stuff.”

“...loads online, like I was always [online].”

“I just kind of ended up scouring all the conversation forums...All of those like you go through them and they tell you like what you should be expecting and they'll always be like hyperlinked at some point to cot death, so it's like clicking on all the hyperlinks and being a bit panicky about it and what I could do to avoid, reduce the risks of it happening.”

- **These parents felt signposted to cot death information from other parenting websites.**

“It was always just a hyperlink, like it was always just the word cot death hyperlinked so that you could click on it.”

- **Cot Death wasn't seen as a concern after baby turned six months of age.**

“And also I was just waiting for her to get to six months, because I knew that the risks reduced. Once she's six months, it's ok, she might not die. It's alright. Literally, that was my first thought when she was six months”

“Once they get past the six month mark you're like phew. I honestly got to six months I thought he's out of the woods.”

- **These parents all saw smoking as a key risk factor.**

"I knew smoking was one of the worst things. So I immediately gave up smoking when I found out I was pregnant, and I never would smoke in my house, and I'm totally paranoid about her being held by people who smoke. My mum's a complete chain smoker and it gets in all her clothes and she gives me stuff and it stinks and she gets really sensitive when I was saying stuff and I like I couldn't care."

"He's a smoker, my other half... Last night I was out with a friend and I came in and I could see that he'd been kissing him, I could smell smoke off him and I said to him. ...he went in a huff and I said I'm just saying, like you need to be more prepared. You need to wash your hands. But it's hard cuz he's his father!"

"My mum was hating me cuz whenever she came over to my house I'd make her change clothes before she went out for a cigarette, tie her hair back, wash her face when she came back in, wouldn't let her near Arya for forty five minutes and.. yeah, she really was not happy with me for a long time! *Laughs* But yeah, smoking, it really made me paranoid."

- **Other than smoking, key cot death messages were back to sleep, feet to foot and overheating.**

"I was completely and utterly paranoid about overheating."

- **It was clear that these parents would turn to each other, and to other friends, for advice and information. Older relatives, particularly mothers, were also cited as sources of support and information, although they were also cited as a source of conflict about safety messages.**

"This has been here the best thing about having this group, because they're all the same age and we can just bounce off one another."

"Yeah, I think you respect older relatives, and what worked for them."

"I would take it probably and discuss it with these guys. I think other mums. Mums that have, like are still with young kids, that have maybe been there. Like friends."

"I had said to my mum about the not weaning till 6 months and her exact words were "That is such a crock of shit, never heard such!" ...and when I told her about the new guidelines to make up a bottle she was like "You are just, that's just stupid." ...She said she used to put our bottles in a storage heater at night in the room cuz it just kept it at the right temperature, and as soon as we woke up she fed us and that was just the way she did it. And she's sorta "You's were fine!""

"My mother in law... does say quite a lot of the time "I've raised two children and they were both fine.""

"My mother did say "I had big seven, eight pound babies and I smoked all the way through my pregnancies.""

- **These parents were all aware that cosleeping was a risk factor, but all admitted to doing it sometimes. They cited their babies' preference for cosleeping as a reason they didn't follow the guidelines, as well as exhaustion. All believed that safe cosleeping was a plausible option, and that that should be promoted.**

"I've got into co-sleeping, I've got into trouble for it but my health visitors a man and he's all safety first and I mean I get that, but see when he was colicky and he had reflux and he'd

been up screaming for four hours and I just needed to sleep. ...And i know it was a high risk but sometimes you're just a wee bit beyond talking.”

“When she was ill I slept with her. That was the time I felt like not having her in my bed would have been [wrong] cuz her breathing was funny. I made sure she was like outside of her covers and boxed in with a pillow and not getting my body heat, so I was under the cover.”

“It's all so conflicting because there's so much online about cosleeping is natural, as well, so I mean. I mean I did co-sleep quite a lot and I, I'm still happy with it cuz I think it is quite natural.”

“People wanna co-sleep. I mean end of. Parents, thats what [they want]. I think it does feel right and I think rather than saying “don't co-sleep,” they should promote those tools that allow safe co-sleeping. So you're basically getting all the benefits of cosleeping and none of the risks.”

“I think they should promote the safe co-sleeping option rather than saying no co-sleeping, because I think some parents just want to do it, that is what feels natural. Maybe that would be more beneficial to people.”

“If babies are close to you, they don't cry.”

“Really with a newborn, you just want to get them to be quiet if you can.”

“because you're aware of co-sleeping, you wouldn't necessarily do it every night, whereas if it hadn't been raised as an issue, you might have just done it all the time. But I guess it's more about where and when cuz there is theoretically a higher risk.”

- **Exhaustion was cited as a reason for not following guidelines, particularly cosleeping guidelines, as well as persistent crying and exhaustion.**

“You're just like there were times when he would maybe be slightly on his side and I was just like don't touch him, if he wakes up I think I'll like die.”

“I don't know anyone that hasn't, in sheer exhaustion, fallen asleep on the sofa.”

“She cried everytime I put her down, and it's the worst sound when they just... And she just wouldn't stop. I was picking her up, I was walking around with her... Eventually someone gave me a carry-me sling, cuz I knew squashing them down the sofa was a risk. But she wouldn't let me put her down and I couldn't just sit there and listen to her cry! And I was falling asleep so I strapped her to me and laid on the sofa with her strapped to me, so I knew she wouldn't slip, and she stopped crying.”

“When I first had her... she just cried for two or three hours straight in the evenings, especially when I put her down. And like I was, I mean I was absolutely, I was so exhausted I fell asleep standing up holding her. And so I had to sit down, and had to sleep on the sofa.”

“I found that those first two, three weeks it was a practicality issue. She just cried. ...the first two weeks she was crying till 3 or 4 in the morning. I was literally falling asleep standing up, walking.. I was in tears. I mean luckily I had people staying with me and I went into my mum and was just like “You need to have her, I can't do it.””

- **Unlike cosleeping guidelines, parents followed the temperature guidelines despite finding them surprising, unintuitive and often unpleasant for them. They cited research as the reason, as well as the noticeable preference babies had for the correct temperature.**

“And the room temperature is actually cold, and I never would've imagined that seventeen degrees was that cold.”

“I mean her hands were freezing, I ended up putting my socks on her hands to keep them warm, cuz the room was so cold. But once I got my thermometer working, I had a thermometer on my baby monitor. And like you said I could not believe how cold 16 degrees actually felt. And I would have never put her at that temperature without a thermometer. I would've gone into that room and gone “oh she needs to be much warmer than this.” But once I got a thermometer, and it was telling me that that was the optimum thing and I just left it. I had to get used to sleeping with a jumper on in the winter.”

- **These parents spoke about combining their own expertise and intuitions with the guidelines.**

“I felt really paranoid about co-sleeping until she was ill and then I went “actually I don't care what they're saying.” She felt like she was better and I felt better. She'd just got a really bad cold, she couldn't breathe properly. She just cried when she was on her own... She was distressed on her own. And I just bent, that was the point where I went “I feel I can trust my own judgement at this point.””

“I think you can make a judgement if you're halfway intelligent and the facts are presented to you, you can make a judgement from them.”

- **Conflicting information was raised as an area of concern by these parents, particularly in relation to information gained from health visitors.**

“Health visitor advice changes depending on who you see, as well. It's not consistent at all. It's clearly based on opinion sometimes, rather than research. It's based on their opinion of what research is reliable. That's what I've found. With a lot of their advice, not just cot death, which is maybe [why I] don't trust the rest of their advice, you know what I mean?”

“When he was unwell and in hospital they, obviously he was being monitored, but he was put on his side quite a lot. In the hospital. But he was in intensive care.”

“I also think neonates, when they're born, they sleep on their stomachs in the incubators.”

“They give you a hat when you're in the hospital, and then the next day they're like “Take that hat off that baby!” and you're like “They gave me it!””

“That ward was boiling! I thought I should keep my house like there!”

- **All agreed that attempts to give them information in the hospital at the time of birth would be a wasted effort, and that their research and reading had all taken place during pregnancy.**

“You can't give people information after the birth, they're either high on drugs or high on life.”

“And even when like the community midwife was visiting and .. I was out of it. I just.. I really was.”

- **These parents suggested targeting Dads, and highlighted how little knowledge the fathers' of their babies had.**

“Maybe you should target dads as well. Because as much as I've got nothing but praise for my other half... he had never so much as held a newborn really before.”

“I had really really bad heartburn and Gordon was like “oh, maybe you should start having like a hot chocolate. ...cuz we'll need to start buying in milk anyway for the baby coming,”

He was like “We'll need to start buying full fat milk” and I was like “Babies don't drink full fat milk” and he was like that “oohh what do they drink?” So I threw Ready Steady Baby and I was like “You'd better read that...”

“He was there for the first week and then he had to go back to work so I don't think. I think he just left me to it cuz he saw it as women's business, you know?”

“He didn't have a clue. Absolutely not a clue about how they sleep, I mean.. really.”

“If the mum's don't know, then the dads will have no idea.”

“I think they should prepare a Ready Steady Baby book just for men.”

“He came to antenatal and fell asleep cuz he just thought it was so boring...”

- **Parents all saw swaddling as a positive thing for their baby, and were unaware that it is linked with cot death.**

Appendix Three: Adcepts

These are rough mock ups of our slogans, for consulting with the target audience.

YOU KNOW DUMMIES ARE
GOOD FOR GETTING
YOUR BABY TO SLEEP.



BUT DOES YOUR
BABYSITTER KNOW?



Reduce the risk of cot death. Talk about it. www.website.com

LOGO

YOU KNOW DUMMIES ARE
GOOD FOR GETTING
YOUR BABY TO SLEEP.



BUT DOES YOUR
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LOGO

YOU KNOW YOUR BABY
CAN EASILY OVERHEAT
IN THE COT.



BUT DOES YOUR PARTNER
KNOW TO USE
LIGHT BLANKETS?



Reduce the risk of cot death. Talk about it. www.website.com

LOGO

YOU KNOW TO KEEP
YOUR BABY'S HEAD
AND FACE CLEAR.



BUT DOES YOUR PARTNER
KNOW TO EMPTY
THE COT OF TOYS,
PILLOWS AND BUMPERS?



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LOGO