Safe Sleep Device Referral Form

Criteria:

Safe sleep devices can be provided to all mothers and babies who fit any 2 of the following 3 criteria. The following 'risk factors' considered include: Ethnicity (Māori/Pacific), smoking status, birthweight <2500g, <37 weeks, unsafe co-sleeping arrangement, history of SUDI death in whānau, known alcohol and/or drug use.

Please select 2 of the 3 criteria met:

☐	Māori / Pacific People prioritized	☐	Smoke exposed baby *(in pregnancy or 2nd hand smoke in the home)*	☐	Safety concerns *(Please outline below)*

Safety Concerns, please provide details:

Service Information:

Kaimahi Name:		Service Name:	
Mobile Number:		Email:	
Date of Referral:		Device Number *(if completing form at distribution point, otherwise leave blank):*	

MoH Reporting:

Date of Assessment:		NHI of Mother:	
Family accepted safe sleep device (mark one)	☐ Yes ☐ No	Type of safe sleep device provided (select one)	☐ Wahakura ☐ Pepi Pod

Additional service development reporting requirements:

Ethnicity:					
Age of Mother:	☐ <19	☐ 20-24	☐ 25-30	☐ 31+	
Age of baby at distribution	☐ Pre-birth	☐ Birth-2 weeks	☐ >2 weeks		
Premature	☐ <37 weeks	☐ 37-39+6 weeks	☐ 40 weeks +		
Low birth weight (<2500g)					
Breastfeeding	☐ Exclusive	☐ Fully	☐ Partial	☐ Limited	☐ None
Baby's smoke exposure (before or during pregnancy)					
If yes, smoking cessation support offered?	☐ Yes	☐ No	Referral made?	☐ Yes	☐ No
Other concerns:	☐ Alcohol or drug use in home	☐ Overcrowding	☐ Mental wellbeing concerns	☐ Low maternal support	
	Other:				
Additional support offered and referrals made:					
Please complete the form and send:	**By email** to kim.teofilo@oratoa.co.nz		**By text** to 021 557 371 Photograph referral and text		

Admin Use Only:			
Device Number:		Date device was provided:	
Data Entered:		Signed:	