

# Position Statement Baby Boxes



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## Position Statement

### Baby Boxes

# RCM Position

**The RCM supports the introduction of universal baby box schemes. Universal baby box schemes can be a positive significant investment in the early years and may contribute in a small way to a reduction in inequalities at the start of life by providing a safer sleep option than other alternatives.**

- The RCM believes that universal provision of a benefit such as the baby box reduces the stigma of receiving the box, is a positive gift which signals that every baby is important and welcomed and is a measure that is seeking to meet some of the basic needs of all babies, whatever their background, to provide a more equal start.
- All baby boxes and their contents must be safe and of high quality. The box and the mattresses should meet at least the minimum UK safety standards.
- Decisions about the contents of baby boxes should be made in discussion with suitably qualified health professionals, experts on Sudden Unexpected death in infancy and child safety and parents.
- All baby boxes should provide parents with key information about how to use the box safely, how to care for the box and how to minimise any potential safety problems that may arise when using the box.
- Learning resources and health information connected to receiving a baby box should be accessible to all women, with particular consideration given to those without IT access, with limited literacy and with English as an additional language. These learning resources should be regularly updated and be based on current best available evidence.
- The baby box and its contents can make a valuable contribution to reducing costs and stress for new parents, particularly parents with little family support or financial means.
- Baby box schemes should not replace investment in front line maternity services and staff. Funding of baby box schemes should be in addition to the funding of safe, adequately staffed maternity services.
- The use of baby boxes as a vehicle for corporate marketing to new parents should be carefully controlled. The privacy and data of new parents should be protected by any organisation distributing and supplying baby boxes.
- To be an effective universal benefit baby boxes should be provided free of charge in order not to disadvantage families living in poverty.
- Baby box schemes should be evaluated and monitored. Evaluation should include parents' and professionals' feedback about contents and quality as well as audit of the box as a safe sleep space.
- Further research is required to identify the benefits or otherwise of the baby box schemes as they become established.

# Background and Context

**In 2013 a BBC online news story 'Why Finnish babies sleep in cardboard boxes' gained a huge amount of interest in the United Kingdom (BBC, 2013)<sup>1</sup> and was shared widely on social media. The scheme in Finland began in the late 1930s in response to the higher neonatal mortality rates compared to other Nordic countries. Since then, receiving the box has been linked to attendance for antenatal care. The box, provided by the Finnish Government free for all newborns, offers a safe sleep space as well as a range of essential items for the baby's first year, including warm clothing.**

A number of political parties in the UK became interested in the box as an approach to reduce social and health inequalities at the start of life. The Scottish National party (SNP) included a commitment to provide a Finnish style baby box to every baby born in Scotland in its manifesto for the Scottish parliamentary elections in 2016. Following their election victory, the SNP led Scottish Government introduced a pilot baby box scheme in January 2017 and this was then rolled out across Scotland in August 2017. During 2016 and 2017 a number of local baby box schemes emerged in parts of England.

## The evidence for baby boxes as a safe sleep space

There are no randomised controlled trials testing the safety of the Finnish style cardboard box as a sleep place, or to prove assertions that the introduction of the baby box will reduce deaths from SUDI (Sudden unexpected death in infancy) or SIDS (sudden infant death syndrome). While infant mortality fell in Finland following the introduction of the boxes in 1938 (Official Statistics of Finland (2010)<sup>2</sup> many other changes occurred during the period of the 1940s that are likely to have contributed to the fall including an increase in attendance at antenatal care from 31 per cent of women in 1944 to 86 per cent of women by 1945. This period also saw the introduction of new medicines including vaccinations and antibiotics, improved nutrition and hygiene and overall increased prosperity (Finland Health, 2017)<sup>3</sup>. Some have identified that it is the baby box programme - linking attending antenatal care and education with receiving the box - that has made the most significant contribution to the reduction in infant mortality rather than the box itself (Adventures in Evidence, 2017).<sup>4</sup>

There are no research studies which have been undertaken to compare the safety of a baby box as a safe sleep space with other safe sleep spaces such as Moses baskets, bassinets or cots for a newborn. Research has identified a number of key risk factors for cot death or SUDI. These include

- a baby lying prone rather than on his or her back
- sharing a sleeping surface with a parent who smokes or has been drinking alcohol or taken drugs
- sleeping on soft or unsafe surfaces such as a sofa
- being put down to sleep in a situation where they may become entangled in bedding or their heads may become covered by bedding, bumpers or toys (Lullaby Trust, 2013)<sup>5</sup>

A high proportion of SUDI are in homes with high levels of deprivation, young parents, smoking parents, co sleeping (in bed or on settee) particularly with parents who have been drinking or taken drugs, premature and small for gestational babies (who are at increase risk of SIDS and SUDI) (Lullaby Trust, 2017)<sup>6</sup>

A baby box, in which a baby lies flat on his or her back, with little room to wiggle down beneath covers or for toys or bumpers to be put in the box with the baby, may reduce all of the above risks. Providing the baby with their own sleep space is likely to reduce the risks associated with co sleeping, including head covering and overlying.

Research has identified that babies born into families living in poverty are at higher risk of dying as a result of a SUDI. Safe sleep messages have been slower to be taken up in some more marginalised communities and unsafe sleep practices continue (Young et al 2013)<sup>7</sup>. The baby box offers parents with limited financial means, the opportunity to provide a safe sleep space for their baby even if they are unable to buy a cot or Moses basket. A safe sleep programme and related research study in New Zealand which introduced safe sleep containers in indigenous communities and following earthquakes found that they have reduced unsafe co sleeping (Baddock et al 2017, Cowan et al 2013, Abel et al 2015, Mitchell et al 2016)<sup>8</sup>.

A study with 2700 women in a deprived community in Philadelphia found that the provision of a baby box reduced co sleeping by 25 to 50 per cent (Temple Health University Hospital).<sup>9</sup> A small observational study in Durham found that

where women had a baby box available to them they were less likely to bed share and there were fewer incidents of head covering of infants (Keegan, 2017).<sup>10</sup>

Critics of universal baby box schemes, where all new families are provided with a baby box, free of charge, without means testing, argue that the baby box scheme should not be universal and should only be provided to the most deprived<sup>11</sup>. However, the Marmot review of 2010 on reducing health inequalities, argued that the evidence suggests that focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. Marmot argued that actions must be universal and proportionate to be effective. One of the six key policy recommendations set out in the Marmot review is increase investment in the early years with the aim of giving every child the best start in life (Marmot, 2010).<sup>12</sup>

## The current situation in the UK and elsewhere

At the time of writing, baby box schemes are available in some parts of the UK and different areas are using different approaches. Wales and Northern Ireland do not currently have any baby box schemes at present.

Scotland has a Government funded universal scheme where all babies born receive a baby box. Midwives sign a form to confirm a woman's pregnancy at around 24 weeks. If the woman wishes to receive the box, she sends in the form and the box is delivered from a central Government distribution point free of charge by 34 weeks of pregnancy. The boxes and their contents are designed by the Scottish Government and do not contain any marketing or corporate branding. The boxes contain some written public health information relating to perinatal mental health, safe sleep and infant feeding.

There are more than 40 elements in the box - including a mattress for the box, a fitted sheet, blankets, muslins, an ear thermometer, a room and bath thermometer, a play mat, books and clothes for various ages and stages (Parent Club).<sup>13</sup> An initial evaluation with parents and professionals following a six-month

pilot in two areas gained very positive feedback about the contents and the response to the boxes (Ipsos Mori Scotland, 'Scotland's baby box pilot: qualitative research', June 2017. <https://beta.gov.scot/publications/scotlands-baby-box-research/>)

A number of NHS Trusts in England have introduced pilot schemes or full baby box schemes over the last two years. In a survey with Heads of Midwifery in England carried out by the RCM in January 2018, nine Trusts identified themselves as taking part in the baby box scheme. All of the Trusts that responded are using the Baby Box company scheme (Baby Box).<sup>14</sup> There is currently limited research into the impact of these baby box schemes in England. To receive the box, parents must show that they have undertaken a short series of locally tailored online educational modules on the 'Baby university' website. In some areas, women are given the boxes from distribution points (often children's



centres or other health facilities) which requires the Trust to provide storage facilities and involves staff, including midwives, distributing the boxes. This approach means that women may be asked to transport the boxes home themselves and in some areas, the boxes are provided flat packed and the parents are required to assemble the box. In other areas, the box is delivered to the woman's home. However, in some areas this has involved a postage and packaging charge of around £7 to parents.

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