

Give me Room to Breathe campaign

Focus group report

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Executive summary

The Local Safeguarding Children Boards have a major role to play in ensuring that children and young people in Lancashire are kept safe and that all agencies do what they can to promote their welfare.

Lancashire County Council's Communications Service was asked to work with a pan-Lancashire group to evaluate the existing safer sleeping campaign "Give me Room to Breathe".

Focus groups were used to help understand parents of young children's awareness of safer sleeping messages, barriers to understanding the messages and changing behaviour and to test whether there are any ways to get the advice across more effectively. The groups were also used to test some poster ideas for a campaign to promote the messages.

Key findings

The main findings from the focus groups are:

Awareness of safer sleeping message

- Current knowledge of the safer sleeping messages was quite good amongst participants with many of the main points already known. Despite this, there is confusion about the ages to which the guidelines apply and contradictions to the guidelines from other sources.
- Some participants who breastfeed have been told that co-sleeping is ok if you are breastfeeding and have been shown 'how to do it safely'.
- Participants who had had babies with reflux problems mentioned they had been told to use a pillow to help prevent reflux but which goes against the safer sleeping guidelines.

Barriers to understanding the message and changing behaviour

- The major barrier mentioned in keeping to the safer sleeping guidelines was said to be tiredness. Almost all participants said they had fallen asleep with baby in their bed or on a chair at some point because of this. Participants felt that the campaign should reflect this and give advice on how to co-sleep safely if it is unavoidable.
- Participants also felt that the advice on temperature was difficult to follow as it just gives an ideal temperature and no advice on what to do if you can't achieve this.

- Some participants felt that the advice to keep baby in their room until the age of six months is difficult to follow for example if baby outgrows their Moses basket and there is no room for a cot in the bedroom.

Campaign testing

- When asked how they think the campaign should get safer sleeping messages across, participants mentioned that they felt: more emphasis should be placed on sleepbags as an easy way of covering baby while sleeping, that advice should be given about what ages the guidelines apply to and when to start moving away from the guidelines; and that there should perhaps be separate advice for breast- and bottle-feeders.
- Participants mentioned many possible channels for the campaign including posters, leaflets, verbal advice and demonstrations from midwives or health visitors, online materials and advice on useful objects, for example fridge magnets.
- Although participants were familiar with the safer sleeping campaign messages, the current campaign slogan "Give me Room to Breathe" was not widely recognised. It was commonly thought to be an anti-smoking campaign.
- Participants were shown four options for a campaign to promote safer sleeping messages. They preferred the options which were lighter in tone and more colourful. A hard hitting option was received particularly negatively by participants.

Recommendations

- Consider how to tackle contradictions to the safer sleeping guidelines from other sources, for example breastfeeding groups, in order to make it clearer for parents on what to do.
- Consider acknowledging in the campaign that many parents will, at some point, fall asleep with baby in bed or on the sofa and explain the safest way to do this. We realise this may be difficult to do without being seen to condone it but participants felt that, as it would happen anyway, it would be better to minimise the risks where possible.
- Consider expanding on the advice around temperature to explain more clearly how to dress and cover baby depending on the temperature.
- Add to the guidelines to make clear what ages they apply to and at what stage they stop applying.

- Use multiple channels for the campaign to try and reach as many groups as possible. If possible, get midwives/health visitors to demonstrate the safer sleeping guidelines to new mums.
- Develop either the third or fourth campaign option as these were the ones which were preferred by the groups.

Introduction

The Local Safeguarding Children Boards have a major role to play in ensuring that children and young people in Lancashire are kept safe and that all agencies do what they can to promote their welfare.

Lancashire County Council's Communications Service was asked to work with a pan-Lancashire group to evaluate the existing safer sleeping campaign "Give me Room to Breathe" and to plan a campaign to be run in November 2012 to raise awareness of safer sleeping guidelines to new parents.

Focus groups were used to help understand parents' awareness of safer sleeping messages, barriers to understanding the messages and changing behaviour and to test whether there are any ways to get the advice across more effectively. The groups were also used to test some poster ideas for a campaign to promote the messages.

Research objectives

The objectives of the research project were to understand attitudes and behaviours of new parents, specifically around:

1. preconceptions and awareness of safer sleeping;
2. potential barriers to understanding the messages and changing behaviour; and
3. feedback on the current campaign and alternative campaign ideas in order to develop more effective campaign visuals and tactics.

The Communications Service will use the results of the focus groups to inform its campaign.

Methodology

To satisfy the objectives, three focus groups were held. Focus groups are effective in exploring perceptions, feelings and motivations, making them ideally suited to this project. In addition, focus groups, by their very nature, encourage discussion and debate among participants.

The focus groups were completed with parents of young children. Conducting three groups enabled the research team to validate findings, improving confidence in the research and recommendations.

Focus group participants were recruited through children's centres.

Between nine and eleven participants attended each session. These are ideal numbers to manage and facilitate the group effectively and still gather a broad range of responses. Sessions were run in Blackpool, Thornton and Blackburn.

To minimise costs, the research team carried out the focus groups in children's centres. In Blackpool and Thornton all participants were local to the children's centre in which the session was held. In Blackburn, participants had been recruited from several children's centres across the borough.

Participants were all mothers of children. Some were single parents. Some were first time mothers of young babies and others had up to four children aged up to mid-teens.

There was a spread of different socio-economic backgrounds in the groups. Most participants were white. One BME mother attended the Blackburn group.

Each participant was given a cheque for £20 to cover their time and transport costs. Previous focus groups run by the Corporate Research and Intelligence Team have offered £20 and have been successful, although up to £50 is more usual in the private sector.

Limitations

The nature of focus groups, and indeed qualitative research in general, means that only a small number of respondents from the population in Lancashire can participate. This means that the focus groups do not offer results that are statistically representative for all people in Lancashire; they only offer indicative or illustrative results. Results are therefore attributed to participants only and not the wider public.

Additionally, in this project it should be remembered that participants were recruited as a result of being existing users of a children's centre. This in itself means that they may be more likely than other parents to be aware of the safer sleeping messages.

The advantage, however, of focus groups is that they can explore issues and perceptions in detail, so a wealth of quality, descriptive information can be obtained, which was ideally suited to the needs of this research.

Main research findings

Awareness of safer sleeping message

To start the discussion, groups were asked what they thought the safer sleeping messages were.

The safer sleeping message was described by the groups as where and how to put your child down for the night. Particular aspects of this that were mentioned by the groups were:

- to put your baby in a cot which had nothing else in it, such as pillows or toys;
- to avoid choking hazards;
- to use only a light blanket to cover your baby or to use a baby sleeping bag;
- to prevent covers going over the baby's face;
- to lie the baby on its back with its feet at the bottom of the cot;
- blankets not to be higher than baby's shoulders;
- not to worry if they are not asleep;
- to have a cool temperature in the room; and
- baby not being too warm as a result of too many clothes or bed covers.

Participants often referred to the advice not to have baby in bed with you but it was usually quickly acknowledged that, in reality, this did happen.

Participants, especially at the Thornton group, also mentioned advice on how to bed share safely using particular safe positions. The Thornton mothers referred to specifically being given this advice at a breastfeeding group. Additional advice included not covering the baby with your own duvet.

The groups were also aware of other advice around minimising the risks of bed-sharing. They mentioned not bed-sharing particularly if you had been drinking, taken medication or if you smoke.

Keeping the baby in your room until it is six months old was less likely to be mentioned at this stage, although knowledge of this advice did come out later in the discussion.

There was little discussion about mattresses other than at the Blackburn group. What types of mattress to use and why certain ones were best was unclear.

Some participants queried whether the safer sleeping messages were guidelines and advice or specific rules that you must follow.

Sources of information

A range of sources of safe sleeping advice were mentioned. Most commonly mentioned were leaflets from the maternity ward, midwives and health visitors.

"The message is 'the safest place for baby to sleep is feet to foot in its own cot. However if you are going to bed share this is the safest way to do it . . .'. I had the same message off every health visitor" – Thornton, mum of one

Mothers talked about their own mothers giving them verbal advice and in some cases publications to read.

Contradictions to the advice

When mothers talked about their mothers or other family members giving them verbal advice or publications to read, sometimes it was outdated advice that contradicted what they were now being told by professionals about safer sleeping. This could cause confusion as to what to do with baby. Many mothers who had older children recognised that the message had been changed over the years.

"My mum gave me a load of books that she had and we were laughing at them because it was completely different" – Blackburn, mum of one

One mother in Blackburn said she had put her baby on its side to sleep because it was getting a flat head from sleeping on its back.

Queries were raised around what the advice is saying – is it that you should never put your baby in bed with you or is it saying that it is particularly dangerous to do so in certain situations?

Many participants at the Thornton group referred to being shown breastfeeding positions for use in bed with baby. The other groups also referred to promoters of breastfeeding as condoning co-sleeping.

"When you go to breastfeeding group, they don't recommend it but they say it is safe to sleep with your baby in your bed if you are breastfeeding. Everybody else says it's not" – Blackpool mum

"Breastfed and formula fed babies are like two different children when it comes to sleeping" – Blackpool mum

The Blackburn group mentioned seeing adverts on television for moisturisers for mums and babies that featured co-sleeping and imply that it creates closeness.

Contradictions to the safer sleeping message often arose as a result of other issues with babies. For example, where babies had coughs, colds or reflux problems mothers had been advised to use a pillow or put baby on their side (often by their own mothers). Mothers also gave examples of being advised to tilt the baby's head back a little if they were snuffly, to give a dummy to suckle as it keeps the airways open and to use more blankets to keep a low-birth weight baby warm. Some participants also referred to midwives showing them how to swaddle babies.

A contradiction between the recommended advice and what happens in hospital was mentioned.

"The hospital is 40 degrees which makes no sense as they tell you to have it 18 degrees at home" – Thornton, mum of one

"When I took baby home I left her hat on because they had put one on her in hospital. When the midwife came round she asked why she had it on and said if I didn't sleep with a hat so she didn't need one either" – Thornton, second time expectant mum

The situation was summed up by the comments of one mother.

"I think it is hard for a first time mum with books, what the midwives are saying and your parents telling you. When I was pregnant I felt completely baffled because I didn't know what was the best way and why" – Blackburn mum

Barriers to understanding the message and changing behaviour

The safer sleeping message was generally regarded as sensible advice. However, many gaps between knowing the advice and always putting it into practice were given.

"I had an emergency C-section and I couldn't get up to get him so it was a needs must. He had to be with me [in the bed]" – Blackpool mum

"I have fallen asleep with my baby on my chest before downstairs. I was that tired and that was how the baby would go to sleep I had to do it . . . but you are that conscious that they are there that you don't move. You know you're not going to roll over" – Blackpool mum

Keeping baby in the parents' bedroom for six months can be difficult. Many mums referred to using their own instincts for judging when to move baby out of their room but feelings of guilt were referred to for putting babies into cots in their own rooms before they were six months old. Reasons given for doing so were if they had outgrown their Moses basket and there wasn't room for the cot in the bedroom or having baby in their room was causing more sleep disruptions for the family as a whole.

"At first I didn't want the baby out of our room but my husband did because he would wake her up snoring then she would wake him up crying" – Thornton mum

Participants generally mentioned temperature of the room and baby as important but remembering the specifics of this and regulating temperature was discussed several times as one of the hardest things to do.

"I never knew how many blankets to put on him. I never knew if he would be too hot or too cold" – Thornton mum

"You think they must be freezing when they are just using light blankets and it is winter" – Thornton mum

Confusion existed around specifics such as whether the recommended room temperature was 18 or 16 degrees and whether advice was to dress baby in one extra layer than yourself or one less layer.

Tiredness was also discussed as a big factor as to why advice was not always followed.

"I was so scared of falling asleep in bed with him that I had a rocking chair. But I used to think that if I fall asleep with him there it will be worse because I will drop him" – Blackburn, mum of one

Participants discussed the confidence of mums to wade through professional advice and advice from family, including dads' opinions and wishes. Generally it was agreed that it is harder for first time mums and young mums to have the confidence to do what they think is best and to challenge advice of others where necessary. This included telling people not to smoke around their babies.

An interesting discussion was held by the Blackburn group regarding items that can be bought that are not part of the safer sleeping message.

"Why are they allowed to sell wedges and rolls for cots if you are not supposed to use them?" – Blackburn mum

"If there are things on the market you do automatically assume they are safe to use" – Blackburn mum

The current campaign

When mentioned, the "Give me Room to Breathe" phrase was recognised by many participants. However, it was not recognised as the title of the safer sleeping campaign. It was most commonly thought that it referred to a campaign around smoking, particularly because of the word "breathe".

Alternative titles suggested that might be clearer were "Give me room to sleep", "Does your baby sleep safe and sound?" or simply "Safer sleeping".

As it is widely admitted by parents that they do have babies in bed with them, participants felt that the message should be: the safest place is in their own cot, however if you are going to sleep together these are the safest ways to do so and things you need to consider.

Campaign ideas

The pressure on new mums to breastfeed is considered by participants to be immense. They felt that too much emphasis on that can turn people off other messages. Participants suggested softening the statement about breastfeeding in the guidance to begin something like "breastfeeding is known to have properties that..." or "Research suggests that breastfeeding prevents..."

It was suggested that the phrase "keep babies away from smoke" should be hardened to "keep smoke out of the house all together" and that this message should be kept together with the fact that "smoking is known to be the biggest risk factor".

There was a suggestion that two separate leaflets should be produced, one each for breast- and bottle-feeders with both given to all mothers to recognise that mothers may be one type of feeder at one time and swap to the other method at another time. A similar suggestion was that there could be one leaflet with advice for breastfeeders on one side and for bottle-feeders on the other side.

Grobags or sleepbags were mentioned by many participants as a good way to both dress and cover baby for sleeping. Mothers felt that more emphasis should be put on using them as they are cheap and, so long as it was the correct size for the baby, they were considered to be safer as, if the baby moved, the sleepbag moved with them. They mean that baby doesn't end up either with its head under the covers or cold because of covers coming off.

"I never bothered with bedding. I just put her in [the sleep bag]; it covered her whole body and couldn't go over her head. I thought they were brilliant, much easier" – Blackburn mum

Participants mentioned that some makes of these bags come with a good information pack and thermometer. These were spoken of highly. The information pack gives situation specific advice such as "if the room is X temperature put baby in a short sleeved vest and X tog sleeping bag" and "if your room is warmer than X, do Y", which was considered more useful than the campaign advice as it is more practical and gave options for what to do if you can't achieve the ideal room temperature.

It was mentioned that Mothercare has the same way of giving advice. Participants advised that health visitors should give advice in this way of "what to do if" and vary it according to the seasons. Advice should include what to do if you can't get your room cool enough.

Existing advice is seen as predominantly for newborns and babies up to six months. More specific advice would be welcomed for slightly older babies. For example, parents were left wondering what to do when babies were older and could roll over

themselves onto their fronts and at what age it was alright to start moving away from the safer sleeping advice.

"When can I start using a normal duvet? When is it alright to stop using a grobag? At what age is it alright to start using a pillow?" – Thornton, mum of one

"They get to the point where no matter where you put them they move around. Advice on what to do then would be good" – Blackburn mum

As it is widely admitted by parents that they do have babies in bed with them, advice would be helpful on how to do this more safely, for example to have the baby just on your side of the bed rather than between you and your partner and not to cover them with your duvet as it will be too warm. Breastfeeding mothers had received advice on positions for safer co-sleeping. The Thornton group said that the Breastfeeding Network gives good sleeping advice but recognised that only breastfeeders will see this.

How to get the message out to people

Some participants advised that they are receptive to messages whilst pregnant and in the early days of parenthood. Parents said they found it hard to focus on information in the post-birth period. Although they commented that there is a lot of advice in the post birth period and too many leaflets, they were still regarded as probably the most important method of advice giving. It was also mentioned that advice is sometimes easier to digest if delivered verbally.

"When you have a new baby you haven't got time to sit and read it all" – Blackpool, mum of one

Although Bounty bags (packs of information, free samples and vouchers given to mothers to be and new mothers) were recognised and supported as an existing method of leaflet distribution, some participants said they attached importance to leaflets and advice according to who gave it to them and when.

"I was given the safer sleeping leaflet by my midwife at an ante-natal appointment and that's why I read it, because she gave me it. It wasn't just in a free pack" – Thornton mum

Similarly posters were still considered important. Suggested places for posters were discussed. Suggested locations were children's centres and other commercial places such as in service stations and supermarkets. Although many participants said there was a glut of information in the post birth period it was suggested that posters should still be on the walls of the maternity ward at hospital and birthing centres.

"Put them on the back of toilet doors because when you're pregnant you are always going to the toilet and once you have a child it is the only time you have to read" – Blackpool mum

National baby magazines were also suggested as an appropriate channel.

It was acknowledged that, whilst not everyone has a computer or will go online just after having a baby, online channels are important. Facebook pages were suggested for parents to "like" and share.

In terms of other products that could be developed suggestions were to think about things a mum is going to use or see. For example, as they go to the fridge several times a day, fridge magnets with the advice on would work.

The Blackpool group suggested DVDs or something that you can take away that is useful to you, although the Thornton group were less keen on this idea saying that new mums didn't have time to sit and watch a DVD.

Midwives and health visitors were recognised as a key route of getting the information out. Mothers referred to them being over-worked but they would like them to have more time to have a conversation with them or to show them how to do things like put baby down to sleep rather than simply giving off the peg verbal advice. Sometimes this happened in hospital when mothers stayed in for a few nights after the birth.

"Everyone is different but I learn better by being shown" – Blackburn mum

If it is not possible for midwives or health visitors to do this it was suggested it could be the role of another professional or volunteer/buddy in the same way that breastfeeding support buddies were developed, or it could be a service that runs alongside weighing clinics.

Other methods of being shown what to do that were suggested were ante-natal courses and more specific ones delivered by children's centres for young mums.

The use of pictures that show you the position to place baby in the cot, to tuck blankets in and not to use pillows could be developed for use rather than, or

alongside, text. A leaflet that was trialled in Blackpool in late summer/autumn 2011 was suggested as a good example. It was visual with cartoon drawings and a flow chart to aid decision making.

Generally, participants wanted advice to be delivered through multiple channels. It was considered important that other family members, in particular dads, as well as mums should see it. It was also suggested that advice should be repeated at various points post birth to increase its impact.

"At first you don't think about the issues surrounding sleeping with your baby because you are sure you won't do it. Seven months later here I am sharing a bed because I am so exhausted" – Thornton mum

Usefulness of a text number for advice

The groups were asked for their thoughts on whether a service where parents could text a short text number and receive advice back to their phone would be useful.

The Blackpool group said new parents haven't time to send or read texts. However, the Thornton group were more receptive to this method. The Blackburn group participants had mixed views on this suggestion. One mother said she would never use such a service. Others agreed it could work if it was a free number (although several said that some supposedly free numbers aren't free from mobiles) and there were reassurances that your number didn't get passed on anywhere else.

Participants felt this was likely to appeal to young mothers. It was also suggested that you could ask for a professional to call you back for a discussion by sending such a text.

Campaign testing

The Communications Service is evaluating the current campaign artwork for the "Give me Room to Breathe" campaign. As well as the current option, they designed three alternative options for the artwork.

The groups were shown all four posters and asked for their opinion on what they liked or disliked about each one and how effective they felt it would be.

Option 1 – current campaign (appendix 1)

Option 1 is the image used in the current campaign. It shows the head, shoulders and arm of a young baby asleep on its back. Colours are black, red and white. Headline text reads "Where does your baby sleep?" and "Give me Room to Breathe".

Participants were generally not impressed with this image. Comments made were that it needs to be more eye-catching and in particular to use more colour. The black background was not liked and red text described as angry.

"It just looks like every other leaflet you get given" – Blackpool mum

One version of the image included two paragraphs of text. Several comments were made regarding there being too much text to read. One mother in Blackburn commented that she has difficulty reading generally and this amount of text would be overwhelming for her. Others commented on the size of the text as too small. Two groups suggested bullet points for layout of text as a better option.

It was also described as potentially misleading as, due to the shape of the leaflet, it looked to some participants like the baby is asleep at the top end of a cot which contradicts the safer sleeping advice.

Contact details on the corner of the image were felt not to have sufficient prominence and again font size was noted to be too small.

There was also a reference to "summer" in the text which led some participants to question how the advice changes in winter.

Option 2 – tombstone (appendix 2)

Option 2 is a hard hitting image of a bed with a tombstone in place of the headboard. Text reads "X amount of babies died while sleeping in their parents bed this year...don't let yours be next"

Participants were overwhelmingly negative about this image. Too dramatic, awful, horrible and overly negative were how it was most often described. Whilst there was some limited recognition that it does tell parents of the risk of death, and they need to be aware of this, it would not stop people co-sleeping. It was seen as a scare tactic that would increase parental worry and potentially add to any existing post-natal depression.

Most importantly, it was considered that this image gives the message that under no circumstances should you sleep in bed with your baby. Many participants said that, for a variety of reasons, parents of young babies are likely to do so at some stage and use of such an image would prevent parents admitting they do it. Demonising the bed could also lead to parents thinking that sleeping in other places such as the sofa with baby will be alright, which is also against the guidelines.

Option 3 – cartoon baby (appendix 3)

This image is light-hearted and colourful. It uses a speech bubble from a cartoon image of a baby to get the message across using the baby's voice.

Participants often liked this image, although many improvements were suggested.

Reasons given for liking it were that it is colourful and fun. Two groups realised that the baby's voice was being used to advise parents of what was best for it. The use of the speech bubble was approved of.

Opinion was split on the phrase "Don't smother me with your love". It was liked at the Blackburn group but not by the Thornton group.

One criticism was that the image is not a young baby and, because of its standing position, it appears to be more of a toddler. It was suggested the use of an image of a younger baby in a cot sleeping would be better.

At the Blackburn group it was suggested that already well known cartoon characters such as Rugrats or Baby Jake could be used.

It was noted that this image only gave the message that it was not acceptable to sleep in bed. All three groups pointed out that the image lacks the additional advice around safe sleeping. Participants felt additional information advising how to do it as safely as possible would be an improvement.

Some said the leaflet was not serious enough given the importance of the subject matter.

Overall the Blackburn group preferred this image but thought it needed to include contact details of a telephone number and website and graphics showing the additional advice of how baby should be lying in the cot, what it should be wearing and the need to keep the room cool. This image was considered a close second favourite by the Blackpool group.

Option 4 – photo of a baby in cot (appendix 4)

This is a simple photograph taken looking down onto a baby in a cot. The text states "the safest place for your baby is in their cot".

The overall feeling of the groups was that they liked this image.

"I like it. It is friendly, it has a cot, it is a clear message" – Blackpool group

The use of the phrase "the safest place" was liked because it is softer than saying you have to do it.

However, several criticisms were also made of the image by all the groups. As it currently is, it does not show the baby sleeping. Participants felt it should say "the safest place *to sleep*" or show the baby sleeping as the current version implies that the cot is a good place to generally leave your baby, for example just to play.

It was also described as misleading because the baby is not at the bottom of the cot nor does it show any additional information such as the correct way to use blankets. Again, it was suggested that the baby should be younger.

Both the Blackpool and Thornton groups preferred this image but would like it to be more colourful like image 3.

Key findings and recommendations

Key findings

The main findings from the focus groups are:

Awareness of safer sleeping message

- Current knowledge of the safer sleeping messages was quite good amongst participants with many of the main points already known. Despite this, there is confusion about the ages to which the guidelines apply and contradictions to the guidelines from other sources.
- Some participants who breastfeed have been told that co-sleeping is ok if you are breastfeeding and have been shown 'how to do it safely'.
- Participants who had had babies with reflux problems mentioned they had been told to use a pillow to help prevent reflux but which goes against the safer sleeping guidelines.

Barriers to understanding the message and changing behaviour

- The major barrier mentioned in keeping to the safer sleeping guidelines was said to be tiredness. Almost all participants said they had fallen asleep with baby in their bed or on a chair at some point because of this. Participants felt that the campaign should reflect this and give advice on how to co-sleep safely if it is unavoidable.
- Participants also felt that the advice on temperature was difficult to follow as it just gives an ideal temperature and no advice on what to do if you can't achieve this.
- Some participants felt that the advice to keep baby in their room until the age of six months is difficult to follow for example if baby outgrows their Moses basket and there is no room for a cot in the bedroom.

Campaign testing

- When asked how they think the campaign should get safer sleeping messages across, participants mentioned that they felt: more emphasis should be placed on sleepbags as an easy way of covering baby while sleeping, that advice should be given about what ages the guidelines apply to and when to start moving away from the guidelines; and that there should perhaps be separate advice for breast- and bottle-feeders.
- Participants mentioned many possible channels for the campaign including posters, leaflets, verbal advice and demonstrations from midwives or health

visitors, online materials and advice on useful objects, for example fridge magnets.

- Although participants were familiar with the safer sleeping campaign messages, the current campaign slogan "Give me Room to Breathe" was not widely recognised. It was commonly thought to be an anti-smoking campaign.
- Participants were shown four options for a campaign to promote safer sleeping messages. They preferred the options which were lighter in tone and more colourful. A hard hitting option was received particularly negatively by participants.

Recommendations

- Consider how to tackle contradictions to the safer sleeping guidelines from other sources, for example breastfeeding groups, in order to make it clearer for parents on what to do.
- Consider acknowledging in the campaign that many parents will, at some point, fall asleep with baby in bed or on the sofa and explain the safest way to do this. We realise this may be difficult to do without being seen to condone it but participants felt that, as it would happen anyway, it would be better to minimise the risks where possible.
- Consider expanding on the advice around temperature to explain more clearly how to dress and cover baby depending on the temperature.
- Add to the guidelines to make clear what ages they apply to and at what stage they stop applying.
- Use multiple channels for the campaign to try and reach as many groups as possible. If possible, get midwives/health visitors to demonstrate the safer sleeping guidelines to new mums.
- Develop either the third or fourth campaign option as these were the ones which were preferred by the groups.

Appendix 1 – campaign option 1

Where does your baby sleep?

A cot is the safest place. Place baby on their back with their feet to the foot of the cot, to prevent wriggling down under the covers.

There is more risk of your baby dying if they get too hot or too cold. Keep the room at about 18°C (65°F) and only use sheets or light-weight blankets. If baby is sweating or their tummy feels hot to touch, take off some of the bedding or clothing.

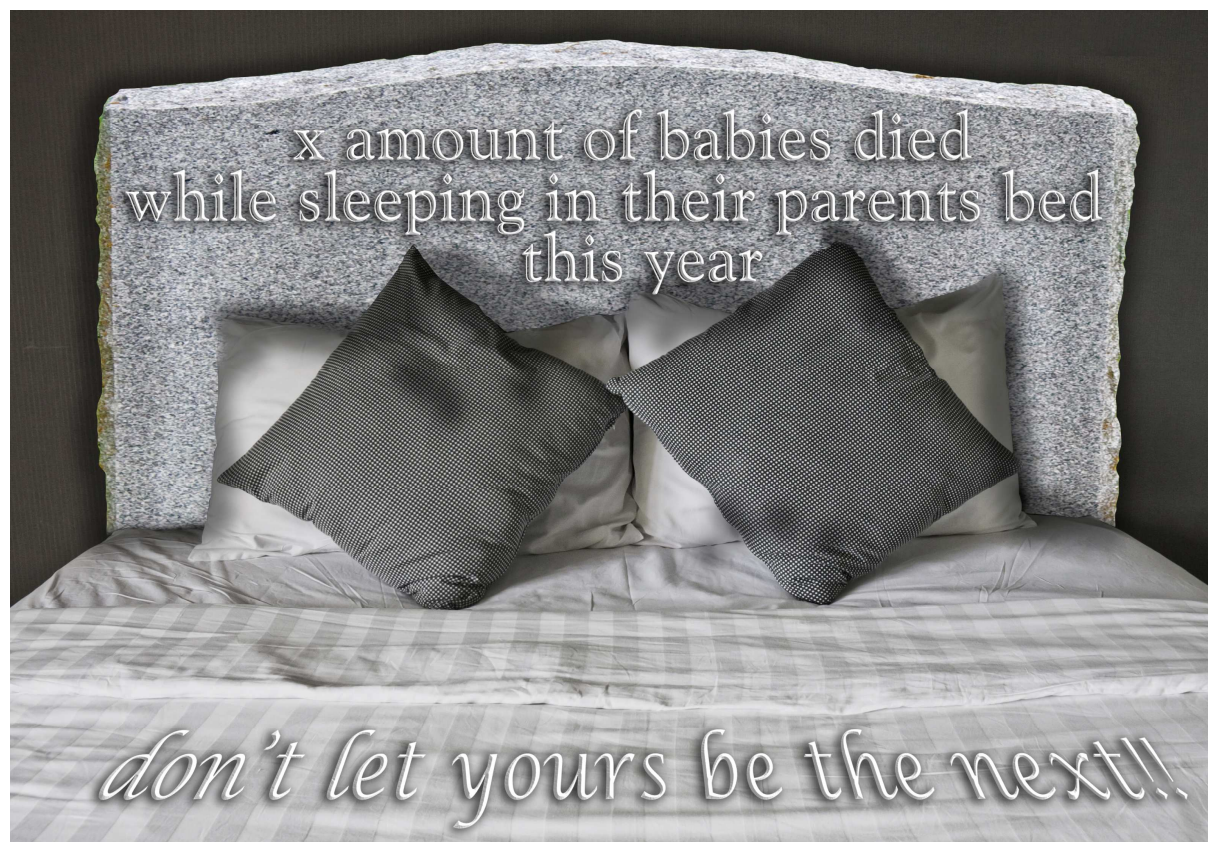


**Give me
Room to
Breathe**

For more advice about keeping your baby safe this summer contact your local SureStart children's centre or visit www.fsid.org.uk

 logos here

Appendix 2 – campaign option 2



Appendix 3 – campaign option 3



Appendix 4 – campaign option 4

