



27th April 2006

Mrs M Rutherford

Safe T Sleep (NZ) Limited

PO Box 135

Takanini

Auckland

Dear Miriam,

The primary purpose of this letter is to acknowledge the numerous attributes of the Safe-T-Sleep product (including supporting literature) and secondly to detail the extent of babies falling from cots in New Zealand and subsequent claims to ACC.

The Safe-T Sleep product has been on the New Zealand market for 13 years and I am advised that the product consistently reaches up to 25% of first time babies born each year and may be used to prevent such accidents and provide peace of mind for parents.

Having received a demonstration of the product and reading associated literature it is evident that Safe-T-Sleep Sleepwrap is indeed a 'wrap' as opposed to a 'restraint'. This product clearly allows the babies arms and legs to move freely and will not restrict normal growth development.

Furthermore, I am impressed with the extensive trialing that this product has undergone and that the results highlight that there may be advantages in using Safe-T-Sleep Sleepwrap. In particular, the number of hospital situations where professionals are applying this product is an indication of its effectiveness.

ACC also acknowledges the philosophy of Safe-T-Sleep that stresses the necessity that such products go hand in hand with responsible, nurturing parenting and supervision skills. This approach aligns to ACC's Injury Prevention strategic focus of providing safer environments in conjunction with parent education.

Childhood falls are the leading cause of hospitalisation in children under the age of five and account for 40% of hospital admissions in the 0-4 year old age group (NZHIS,2004). In an attempt to reduce the incidence and severity of these injuries, ACC is committed to reducing childhood falls by investing in the national 'Preventing Falls in Under Fives programme'. A particular objective of this programme is to provide parent education sessions, which highlights the developing child, the associated risk factors and effective ways to prevent children from falling and injuring themselves.

Most recent ACC claims data reveals that children (aged 0-4) falling from beds/cots remains reasonably stable in number and cost. See table below for information.

Number of Claims to ACC

Cost of claims

2004-7/2005-06

1,271

\$125,429

During this period there was one reported fatality involving a child falling from a cot/bed. Whilst, the number of falls from cots and beds from children under five is significant, the cost of these injuries to ACC is reasonable minor. However, it is important to recognise that the ACC costs do not reflect the entire cost of these injuries to these children, their parents and society as a whole. In particular, the loss of earnings and productivity of the parent, the costs associated with acute hospital care and treatment are costs which a health economist would more accurately measure.

Whilst the Preventing Falls in Under Fives programme covers general information about children falling from beds/cots, ACC would be willing to discuss with you the possibility of incorporating relevant STS messages within ACCs educational programme.

I wish Safe-T-Sleep all the success in the future and applaud the efforts being made for the 'greater good'.

Yours sincerely

Mark Vernon

ACC, Injury Prevention, Programme Manager

23 December, 1992

TO WHOM IT MAY CONCERN

SAFE-T-SLEEP – INFANT BEDWRAP

This product designed to ensure the safety of infants and toddlers during sleep, is a new concept; it has the potential to be of use in promoting safe sleeping positions in young babies and restful sleep in older children.

The latter is important in that it therefore encourages restful sleep for parents.

A T Nightingale

Manager

Maternity Services

15 September 1995

Safe-T-Sleep

Dear Miriam,

I wish to express to you our endorsement of the Safe-T-Sleep.

The Mothercraft Unit at Waikato Hospital is New Zealand's only live-in residential unit for mothers and babies from birth to one year of age. Many of the infants that have come in to our service have disturbed sleep patterns and require a Sleep Programme. We have found the Safe-T-Sleep invaluable for keeping infants in a safe and secure sleep position, and see a vast improvement in the duration of the time they sleep over the four nights it takes to do the Sleep Programme. At the end of the programme we see a happy contented child and relaxed parents. Most parents choose to continue to use the Safe-T-Sleep.

With kind regards.

Yours sincerely,

ALISON WILLIAMS

CHARGE NURSE

MOTHERCRAFT UNIT

28 October 1997

Miriam Rutherford

Safe-T-Sleep

Dear Miriam,

I was so very impressed with the advertisement I saw on T.V. for the Safe-T-Sleep. Here was a product that was primarily to keep a baby/toddler safe in a cot/bed and at the same time give them security and comfort while still allowing a reasonable range of movement. Not only does the Safe-T-Sleep eliminate the need for bumper pads around cots or extra pillows around beds to prevent injuries, but it prevents baby rolling onto its stomach. The Safe-T-Sleep is so convenient for travel. Its versatility and compactness makes the portacot unnecessary.

When my daughter was born earlier this year the purchase of a Safe-T-Sleep was my main priority. Although the advertisement had really impressed me, I didn't realise the true value of the Safe-T-Sleep until I began to use it. When my daughter is in her cot I feel confident knowing that she is safe, that she can't become tangled in the cot rails or wriggle down under the blankets, or even end up on the floor. She appears to settle well with this safety wrap around her as if she feels secure.

As a registered nurse I am becoming more aware of the advantages this product could have in paediatric wards. It is not uncommon for staffing levels to be very low at times

and generally on night duty there are often only two nurses to cover a full ward. The use of the Safe-T-Sleep would ensure that the baby/toddler would remain safe in a cot/bed if the nurse was unable to get to the child as soon as it woke.

In some situations the Safe-T-Sleep would be beneficial in the care and treatment of the baby/toddler, i.e. where its movement needs to be limited or controlled because of intravenous therapy, repair of fractures and other surgical procedures which require limited movement to allow for healing.

The reality is that staffing levels are unable to provide the environment for ultimate safety for our children in hospital but the Safe-T-Sleep would go a long way towards improving the safety standards and decrease the risk of accidents. Situations for the use of the Safe-T-Sleep are numerous but the results are always the same – a safe and secure sleep for the baby/toddler and peace of mind for the care-giver.

Yours sincerely

Christine Frost

REPORT FROM DIANE LADD RE VISITS TO MIDDLEMORE HOSPITAL.

12 October, 1992.

11am appointment with Charge Nurse Annie Bruce, Plastic Surgical Ward; and Charge Nurse Shirley Cairns, Plastic Surgical Clinic. (Charge Nurses on Wards Two and Three unable to come) Annie and Shirley are well known to me from my time on the Plastic Surgical Unit. The Charge Nurse on Ward Two, Marlene Stretton, had previously met with Miriam but had sent a message to say she was happy to promote Safe-T-Sleep though was concerned at a comment made "that S.T.S removed the need for cot sides to be up". I stressed to Annie and Shirley that all safety measures such as cot sides should be maintained and that S.T.S was not an alternative but an added safety measure. Annie and Shirley were very impressed with the product and could see uses for it in many areas such as maintaining positions, eg with hypospadias patients who have to be on a bedrest for a week post surgery, cleft lip and palate babies to stop them from rolling on their tummy post-operatively, for assistance during the removal of sutures in babies and children. I gave 12 Leaflets to each area and a laminated poster for all four wards. I will ring before Christmas to see how they are going. Annie gave me the name of Charge Nurse at Childrens House (Childrens OPD) to talk to. Also mentioned that Karen Olsen is the lady to talk to at the Starship Hospital.

15 October, 1992.

1:30pm appointment at Middlemore Obstetric Unit with Charge Nurse Marlene Scobbie (Bfloor), and Charge Nurse Myra Adison (Cfloor). We met on B floor, we both ladies had heard about S.T.S from Maree Karl who is the Clinical C/N in SCBU and had previously met with Miriam. They were very impressed with the idea behind S.T.S and were happy to have a poster and leaflets for the wards but felt that most of their clientele were not the sort of people who would invest in such a product, but felt that they were happy to at least let them know of the availability. I mentioned that they could say that it could replace the need for a port-o-cots and also cots, as the Polynesian community seemed to prefer children to sleep with them this was a way of ensuring safety for the child. Gave me the name of the Head Nurse at Botany Road Maternity Hospital.

18 October, 1992.

Spoke to Vicki Charge Nurse at the Childrens OPD. Thursday was not a good day to call but happy to have poster and pamphlets which I will drop off when I can.

27 October, 1992.

Lou O'Leary, Botany Downs Hospital. Howick. Had heard of S.T.S and has a policy of not allowing people to come and promote products but was happy to have a poster for the lounge and some leaflets so the patients could decide for themselves. Lou felt that the "maternal network" was the best source of fact / information finding and that good news/products travel fast. To drop off information and poster when I can.



28 February 1995

Miriam Rutherford

Safe 'T' Sleep N.Z. Limited

Dear Miriam,

The New Zealand Child Safety Foundation are extremely pleased to endorse the Safe T Sleep Sleepwrap.

While it has not been the policy of this Foundation to endorse particular products we commend you on your initiative in addressing what is a problem with very young children – Safety while sleeping.

The foundation recognises the indepth research supporting the Safe T Sleep Sleepwrap and is impressed with the presentation. The detailed instructions accompanying this product are clear and easily understood. Finally the portability of the Safe T Sleep Sleepwrap ensures safety for the child in a variety of situations.

We would be pleased to be identified with any advertising and press released which promote Child Safety. However, we ask that any advertising material carrying the Child Safety Foundation logo is forwarded to this Office for approval prior to publication.

Yours faithfully,

Gael Brooks

EXECUTIVE OFFICER



Hi there,

I'm delighted to attach our Mum's Love logo which we've awarded to the Safe T Sleep™ Wrap for the continuous stream of reviews it has received from the babyworld community: <http://www.babyworld.co.uk/information/reviews/product.asp?id=259>

We now have 407,000 unique users at babyworld and the reviews section is open 24 hours a day for them to add their thoughts on any of the baby products they're using at home. Hence, we know a product is worth it's weight in gold when it receives lots of good comments!

I've attached both low and high res so please feel free to use them for any of your marketing activities.

Best Wishes,

Lara Green

Consumer Editor

babyworld.co.uk

T: 020 8449 8552

January 9, 1993

Dear Sir:

I am writing this in support of the Safe T Sleep (NZ), a bed wrap that is being used in New Zealand to promote good sleeping habits in infants. This product is not a restraint but a wrap that allows parents to ensure that their infants are secured in a safe and comfortable sleeping position.

We see many parents in our Unit who are distressed by their children's poor sleep patterns. Some of these children are special needs children who are developmentally delayed and have extremely poor sleep habits which mean that their parents must get up several times a night to attend to them. Others, are children who are overly active and cause considerable worry for their parents by climbing or falling out of their cots. I can see great advantages for these parents to use a bed wrap such as the Safe T Sleep.

While we have not had the opportunity to trial the product to a great extent, in the case we have advised parents about this product we found that, when properly demonstrated,

the Safe T Sleep was a great help. Children slept better, with less waking and parents found that they also could sleep assured that their child was safe and comfortable.

The Safe T Sleep is a product that I am very happy to recommend to parents and one that I feel sure will allow both parents and children a more secure and restful sleep.

Sincerely,

Linda L. Chard

Clinical Psychologist
Psychiatrist

Child and Family Unit

Auckland Children's Hospital

CHILD & FAMILY UNIT

Auckland Children's Hospital

Leah Andrews

Child & Adolescent

3 July 1992

Dear Miriam

Thank you for giving information about your new product the "Safe T Sleep" to the Child and Family Unit. We were impressed both with the considerable thought you have put into the product and its presentation. We are unaware that there is any similar product available to parents at present.

Certainly we can see many advantages and uses to such a product, particularly for active babies and toddlers but also for special needs children who may take longer to learn about safety aspects. Disrupted sleep and anxiety about children's safety can cause havoc for parents of young children and such a product may help them considerably.

Although we have no one at present who could help with trialling the product we are happy to know that we can contact you if one does arise.

We would be pleased to recommend your product to parents in the future for appropriate situations.

Yours sincerely

LINDA CHARD

CLINICAL PSYCHOLOGIST

18 December 1992

TO WHOM IT MAY CONCERN

RE: SAFE T SLEEP

I have been asked to comment on the above product. Whilst I have not used the product or been involved in its testing and development, Miriam Rutherford approached me early in the development and testing of this product in New Zealand and I made some suggestions which she has followed through with.

This product has been designed with two intentions in mind.

1 For short term use for small infants in conjunction with a changing mat or other such situations.

2 To be used in conjunction with a cot or bed to maintain the child in a safe and appropriate sleeping position in the middle of the cot or bed and for small infants less than six months to help them maintain a supine sleeping position.

A recent national study here in New Zealand has suggested the supine sleeping position is much safer than either a side sleeping or prone sleeping position in terms of risk for cot death.

I have suggested that, in conjunction with the Plunket Society and other organizations, that a survey and a trial of how this product is received by parents was appropriate. I note that this has been done and, while not being an expert in assessment of such devices or child safety, I would comment that there appeared to be no problems in using this device with some 58 babies.

There may be a concern that parents would use this device for restraint of infants. This is not evidenced from the study that was carried out and I do not believe this is a likely eventuality. Parents who buy this sort of device are likely to have better parenting skills and to be able to use the device in an appropriate manner. I understand an appropriate form of education will be provided with the device emphasizing that Safe T Sleep be used for older infants while asleep and be used only in short term situations to restrain an infant e.g. on a change table, changing mat, etc for restraint.

Nigel Stewart

M.B., Ch.B., D.C.H., F.R.A.C.P

Pediatrician

2 November 1992

Dear Miriam,

Re: SAFE-T-SLEEP SURVEY RESULTS

It is clear from the results of the trial of the Safe-T-Sleep that there are clear advantages in its use for particular reasons/ problems during early childhood.

The fact that the product is being used in hospital situations and by professionals to assist clients is an indication of its uses.

As with any product on the market it is important that the Safe-T-Sleep be used for the purpose it is intended and that a child is not left restrained in the wrap in a distressed state.

The Plunket nurse who used the Safe-T-Sleep during the "sleep programme" run by the Family Centre was obviously in favour of its use for children who were taking part in the programme. The parents were delighted with the positive results.

The Safe-T-Sleep received favourable comments from those parents who trialed it with their children. It also is used in a variety of hospital situations with positive results.

I hope these comments are of help.

Yours sincerely,

Sue Campbell

Child Safety Officer

PAEDIATRICIAN

14 December, 1992

Dear Sir,

I understand you are seeking information regarding the product "Safe-T-Sleep New Zealand" which has now been used fairly extensively in the Auckland area of New Zealand for some months.

I have had several of my patients trial this over the last year and have had a universal acceptance of the product and enthusiasm for its efficacy and safety.

As a neonatal Paediatrician I see many infants who we would regard as at high risk of sudden infant death and many of whom are already on an apnoea monitor. As you probably know the nationwide 3 year prospective survey of infants in New Zealand showed quite clearly that supine sleeping carried with the lowest risk of all sleep positions for subsequent sudden infant death syndrome. Naturally, the inability of some parents to encourage their babies to lie in the supine sleeping position has led to much anxiety as the results of the study have been published. The Safe-T-Sleep is ideal for infants who are either very mobile and restless or who do not have a preference for lying supine. I know of no parents who have used "Safe-T-Sleep" at an early age who have not been able to encourage their infants to sleep supine.

Among the many desirable aspects of "Safe-T-Sleep" is the fact that the waist band is wide and relatively thick so that there is no danger of the wrap being pulled into a narrow cord which might potentially suffocate an infant. Some small surveys have shown that the infants who are being swaddled with a "Safe-T-Sleep" are sleeping longer and more restfully. We realise that the latter is a subjective assessment.

It seems that already in the lay-press, e.g. Little Treasurers magazine, the product is being enthusiastically received and I don't think one can over estimate the relief of anxiety which this product has been able to provide for parents who have had children suffer cot death or who have been premature.

Many of the potential critics of the back lying sleep position have expressed concern about the possibility of aspiration. This is clearly not a problem as the cot death studies, both here and in Australia, have shown.

I have no hesitation in recommending this product both for its efficacy and for its easy of use and safety.

With kind regards,

Yours faithfully,

SIMON ROWLEY MB ChB FRACP

Paediatrician

30 April 1992

Dear Miriam

I am writing in response to your request for my opinion regarding your product "Safe T Sleep". I must say I am most impressed with every aspect of and including the presentation. I have also shown it to several of my patients with young infants, and two patients are currently trialling it at present. One mother is an intensive care nurse with a young premature infant and the other is a woman who has had a previous infant with sudden infant death syndrome.

The Safety T Sleep is clearly well presented, attractively coloured and easily washable natural material, which to my mind makes it very acceptable. It is easy to apply and use, and appears to be very comfortable for the infant. In particular, the waist band is wide and relatively thick so that there is no danger of the wrap being pulled into a narrow cord which might have its own complications if a child were restless and struggling with it. Many infants in fact respond to being swaddled with a wide band or blanket and in this respect I think as well as helping infants maintain a back lying position and preventing them from climbing out of their cot, it may also promote faster sleep and more restful sleep.

Clearly, one of the main advantages is in lessening anxiety in parents who have already had an unhappy experience either in their immediate family or with near relatives. I agree with you I have not seen any other products like it and there is a need for something like this to be marketed. In this respect you have my support and best wishes, and I would be very happy to recommend it to my patients.

With kind regards,

Yours faithfully,

Simon Rowley, MB ChB FRACP

23/12/92

Takanini

Auckland.

Dear Miriam,

Thank you for visiting me at my work place and the offer of a **Safe T Sleep** bedwrap to be used as a loan product with selected clients under my professional care. I first heard about **Safe T Sleep** earlier this year from one of my colleagues who drew my attention to your brochure and circulating information. This product interested me from two points of view, that of a professional working with children in the Child Mental Health area (Child and Family Unit, Auckland Children's Hospital) and private practice, and secondly as a mother who has raised a difficult child with attentional and learning problems.

It needs to be made quite clear at this point that I am not in the position to do extensive trials with this product as my case load covers six months of age to seventeen years inclusive and the number under 4 years old is not great enough to conduct such trials.

Currently I have two young children using **Safe T Sleep**; one child 22 months old and one 27 months old. Both children some under the mental health diagnostic category of pervasive disorder which means they have a degree of developmental delay which includes speech language, social and emotional development. The two children also have sensory disturbances. These children are restless, overactive sleepers who wake frequently during the night and one (27 month old) regularly climbs out of her cot three and four times a night. Both set of parents had experienced disturbed sleep nightly, were extremely tired, and marital relationships were stressed when first seen with their respective children. Now having experienced a few weeks of peaceful nights, the first since their children were born, the parents are less stressed and more able to cope with their child's ongoing problems. Much to the parents delight, both children have begun to develop better sleep patterns as a result of using a **Safe T Sleep** bedwrap and are very pleased with the product. Neither of the parents had any trouble introducing the product to the child nor any problems such as the children undoing the wrap, or it coming undone, the child wriggling out or the band riding up during sleep. One mother has used a safety lock safety pink with the wrap, as advertised by the designers, quite successfully as an additional precaution.

As a mother of a hyperactive and difficult child who was a poor sleeper and who had difficulty developing normal sleep patterns, I would have welcomed a product such as this bedwrap. The stress and strain that such a child places on the family unit is difficult enough to cope with without having to spend every night with little sleep trying to keep your child safe, comfortable and and happy. The average public know little of the trials that parents of such children go through for their child nor do they appreciate the stress on the children themselves. I have experienced such a child myself, seen how a poor sleep pattern affects such a child during the day and see many others through my professional capacity as an Occupational Therapist.

I do not see this product as a child restraint because of the way it has been designed and is being marketed. This bedwrap design allows for natural movement during sleep and does not restrict the child's limbs while simultaneously keeping the child in a comfortable supine position. A Position that is advocated as a preventative for cot death. I would be happy to continue recommending this product to parents who have a child

who would benefit from the use of a **Safe T Sleep** bedwrap. I feel it is way to use and launder and is exactly what is sets out to be, a safe product for use with children.

Yours sincerely,

Ann Christie

Dip OT, NZROT

Senior Occupational Therapist

14th July 2004

Dear Miriam,

I was first introduced to your product and Parents, babies and childrens expo in Sydney in 2004. I thought it sounded fantastic and oh how I wished I had one when my Son Jarryd was a baby. Jarryd wasn't the greatest sleeper – I even resorted to taking him to settling clinic for help with his sleep routine. He often got a leg/arm stuck in the bars of the cot, would roll onto his stomach, he would end up entirely at the wrong end of the cot and be completely uncovered in the middle of winter. I believe if I had owned a Safe T Sleep back then – most of his settling issues would have been non existent.

I have been doing some babysitting for a friend and thought what better opportunity than to use it on her baby Hunter, as a trial.

It was easy to position on the mattress. Hunter certainly thought it was a strange idea. For about 1 minute he couldn't seem to understand why he couldn't roll over. That was about all the adjustment it took for him. He hasn't looked back. I saw an immediate improvement in his sleep pattern. Instead waking after 45 minutes, the length of his nap improved. He had previously been able to roll over onto his tummy and was unable to roll back. He would also kick off the sheets/blankets, or become dangerously tangled in them. It also prevented him from getting his arms and legs caught between the bars. Even after a weeks holiday interstate with his family, the return to my house and the Safe T Sleep at nap time, occurred effortlessly.

I have since bought a second Safe T Sleep to use as a spare when laundering is needed, as I'm sure I won't want to be without it for a single sleep.

Using the Safe T Sleep left me feeling a lot more relaxed and I was checking on Hunter less often because I felt he was safer. Anything that reduces the anxiety/stress of parenting gets my vote.

Thanks so much for the educational version you provided for the Neonatal Intensive Care Unit in Sydney where I work. I can see even more benefits for its use in the clinical setting. The importance of positioning in neonates particularly or premature babies is well documented and the Safe T Sleep will certainly help contribute to improvements in developmental care.

Thanks so much for a brilliant product. I can't recommend your product more highly. Looking forward to using it on baby no:2.

Wish me luck.

Linley Todd

Mother of 1 so far :)

Babysitter/child minder

Neonatal Intensive Care Nurse

Foster Mum wannabe

2 December 1992

TO WHOM IT MAY CONCERN

RE: SAFE T SLEEP

I have been asked to comment on the above product.

Whilst the Special Care Baby Unit does not use this device, I can see definite advantages for it, particularly with older babies out of the newborn period.

Advantages:

- 1 Prevent baby from rolling on to stomach – a major concern for cot death.
- 2 The product appears safe with no sharp edges or appendages that could be swallowed or inhaled.
- 3 The prevention of movement around the cot or bed minimises injury such as catching heads, arms or legs between bars. I would also prevent the throwing off of covers in the middles of the night so frequently experienced. This in turn promotes a sense of security and hopefully a better night's sleep.

I would like to endorse this product and would recommend its use for the above reasons.

Yours faithfully

Maree Karl (Dip. Nsg & Midwifery)

Charge Midwife

SPECIAL CARE BABY UNIT