

# THINKING OUTSIDE THE BABY BOX



What health care providers & parents may want to consider

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Meggie Ross, MSN, IBCLC



## Objectives

1

Describe the history of baby boxes and the variations in programs across Canada and internationally.

2

Recognize the risks related to the most popular program in Canada.

3

Explore the actions taken by the BC Lactation Consultants Association to influence provincial policy.

**Disclosure:** I have no actual or potential conflict of interest in relation to this program/presentation.

- 1. Review the history**
- 2. Describe the concerns**
- 3. Share BCLCA's work to put a brake on a province wide implementation of a program in BC**

Is there anyone here who has experience with a baby box program in their area?

BRITISH COLUMBIA  
**BC LCA**  
LACTATION CONSULTANTS ASSOCIATION

Why are baby boxes of interest to BCLCA?



'Breastsleeping'

[www.dur.ac.uk/resources/isis.online](http://www.dur.ac.uk/resources/isis.online)

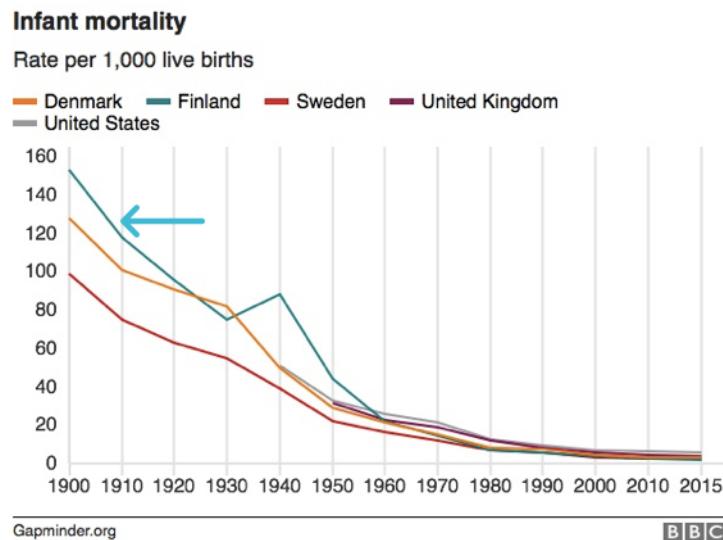
- Infant and maternal sleep, breastfeeding, and night time parenting are behaviours that are inseparable not only for parents, but in discussions about risks, benefits, and policy/practice decisions.
- 'Breastsleeping' is a phrase coined by a sleep expert named James McKenna, PhD, who is the director of the Mother-Baby Behavioral Sleep Laboratory at the University of Notre Dame.

# A Finnish Tradition



- Finland started out with baby boxes **80 years ago**.
- Originally (**1938**) for low income families.
- In **1949**, maternity grant made available to all families,
- The aim was to engage women in antenatal care, when infant mortality rates were relatively high. Many women didn't engage with the health service, which was keen to screen women for syphilis early in pregnancy, when treatment outcomes are better.
- Box has become part of a **comprehensive Finnish health service**
- And a Finnish **cultural tradition** – a **symbol** of the government's investment in children and families

# Infant Morality



- The Finns are the first to admit that it's not all about the box – in fact, the box originally wasn't intended to be a sleep space.
- Nearly **all countries have seen a dramatic reduction in infant mortality** over the last century, even the US, and these countries have not had baby box programs.
- Researchers and academics note, there is **no direct link** between the baby box and infant mortality rates.
- the thing that's driving it more than anything else is a combination of **advancement in medicine, vaccinations, nutrition, hygiene** and increased **prosperity**.
- Finland has reliable SIDS data for the past three decades - and the rate is low. But the significant reduction in deaths has been in congenital anomalies and other diseases.

# Kela Finnish Baby Box

[www.kela.fi](http://www.kela.fi)



Kel

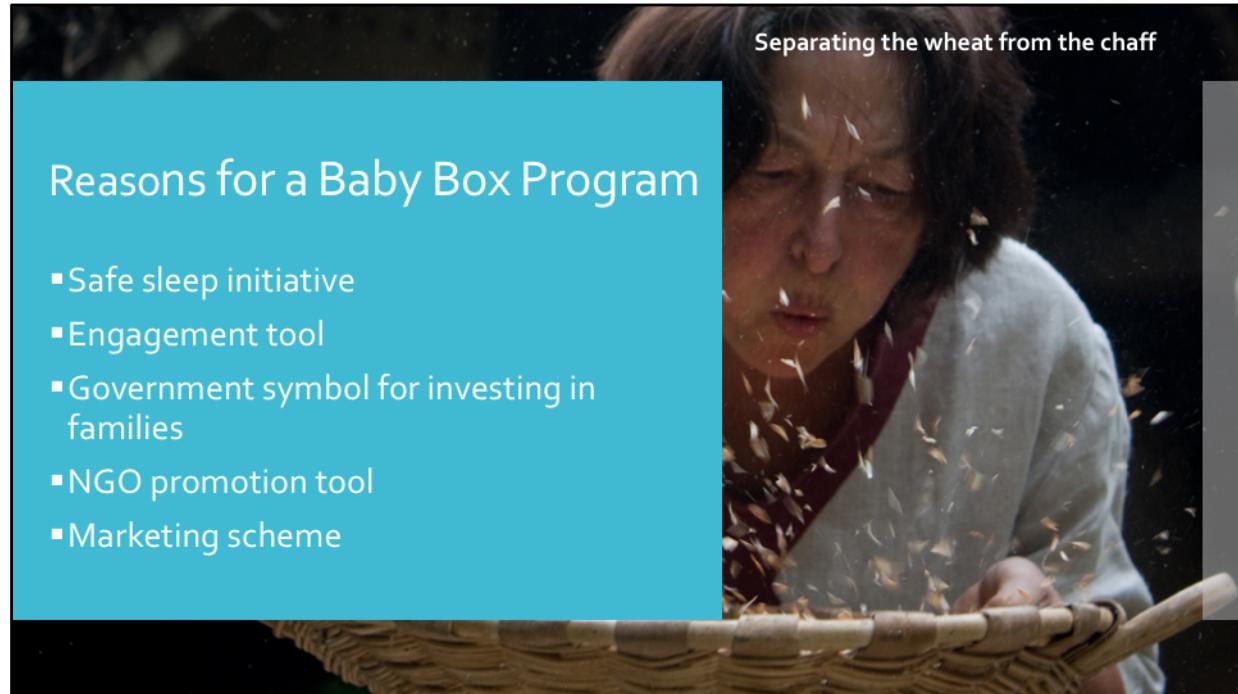
- Finnish parents have the option of choosing a **\$240 Can** grant over the box, but nearly all take the box as its value is said to be worth far more in terms of monetary cost **\$592 Can** and priceless in sentiment.
- About **50 items** in the box
- **No corporate sponsorship** – Companies can submit products – annual and transparent review, ethical evaluation process.
- Only **42% of parents** say they have ever used the box as a **place for baby to sleep**.

## Baby Boxes go viral:

New Zealand  
Australia  
South Africa  
Zambia  
Kenya  
Chili  
India  
US  
Scotland  
UK



- BBC story in 2013 goes viral
- New Zealand - Wakahura and Pepipod (2006; 2011)
- South Africa 'Thula Baba Box' - started with BBC – moved to plastic tubs
- Zambia – BBC boxes distributed via the Christian 'Churches Health Ass of Zambia'
- Kenya
- Chili 'Ajuar' – portable playpen
- India 'Burakat' - started with BBC boxes, since moved on to develop a rocking bamboo cradle through community consultation (BBC boxes were 'not well received')



## Reasons for a Baby Box Program

- Safe sleep initiative
- Engagement tool
- Government symbol for investing in families
- NGO promotion tool
- Marketing scheme

Often there are overlapping reasons – and it is difficult to identify the true motivator

## Baby Boxes in Canada: 3 models



[www.victoriarollison.com](http://www.victoriarollison.com)

1. Independent Non-Commercial Programs
2. Baby Box Canada (Family One)
3. Baby Box Company

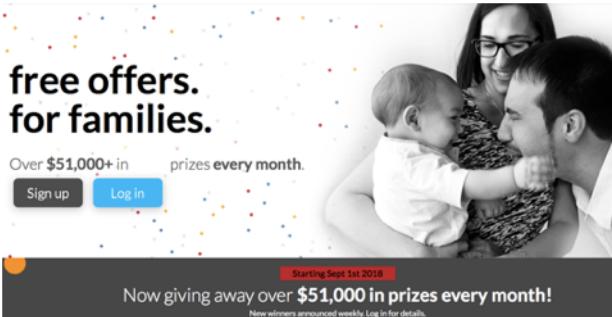
- Not all models/programs are the same
- We have 3 key players in Canada

## Non Commercial programs

- Government agencies and non-profits
- Boxes are ethically sourced
- Items are curated with local community engagement and free of commercial influence
- Families are not required to register for education on a US 'for profit' website
- Often used as an engagement tool as much as for a safe sleep space.



- Cowichan piloted a box in 2015. They purchased their boxes (cost \$80-100)





Baby Box Canada

(Family.One)

Box not meant for sleep!

- Transparent mandate is to give away free samples and coupons
- **"tailored to meet the needs of families and brands alike"**
  - Doesn't even pretend to be more than a marketing scheme.
  - Corporate 'freebies' delivered in a box not meant for sleep.
  - WHO Code violations –Enfamil formula is advertised during the registration process



## Baby Box Company

- BBC is a **venture backed start-up** company that began in the US in **2013**.
- Describe themselves as a '**for profit**' company but one that operates as a **social enterprise**
- The phenomena of 'profit driven social enterprise' is complex. How do you balance the competing priorities of profit vs proven benefit to communities?
- Offices in L.A.(head office), Missisauga Canada, UK, Australia & Singapore
- Countries include: (Telus says 55 countries) –difficult to find a listing of countries online
  - Increasing # of US states
  - Most Canadian Provinces
  - UK
  - South Africa
  - Kenya
  - Zambia
  - Liberia
  - India
  - Singapore
  - Malaysia
  - Haiti

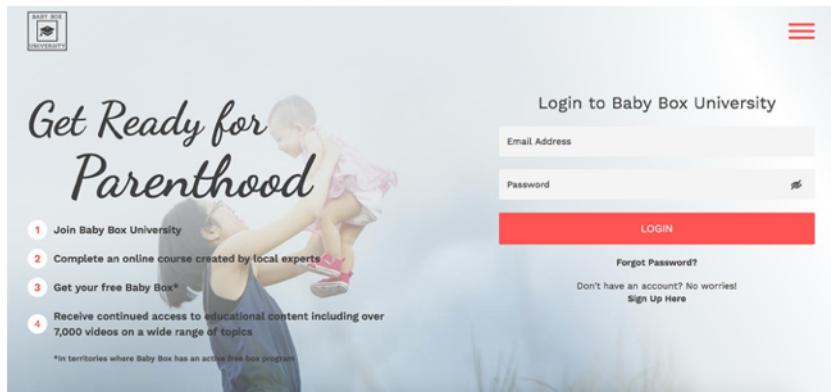
- Venezuela
  - Saudi Arabia
- **"Our goal is to have launched programs in every Canadian province by 2017**
  - **Ontario** residents will be eligible to receive a box, free of charge, starting in **August 2016**. In its first year, **the program will distribute 145,000 boxes to expectant parents, making Ontario's baby box program the largest in the world!**

## Connecting Brand Partners with Parents



- Started out with a goal of combining marketing of baby products with a safe sleep space
- One which they said was modelled on the Finnish tradition (Neither marketing or safe sleep are the purposes of the Finnish program)

# Baby Box University



- Soon added the BB U as they recognized research showing that an educational component was probably critical to any potential to lower SIDS rates
- So now, families **MUST register** on their **US based website** with personal information in order to obtain a 'free' box
- **324 'talking head' videos** (30 secs to 2.5 mins long)
- Produced by **702 'experts'** (most either US physicians or non professionals (sleep expert, doula))
- Videos are **low quality**
- Transcripts rife with spelling and grammatical errors
- Articles little more than popular press blog posts
- Must complete a quiz (7 item), print a certificate, and go to pick up location (or pay \$15 for box to be mailed)



★ A Cause



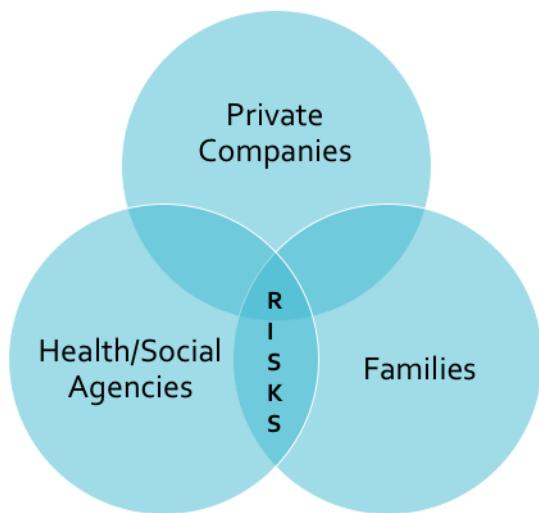
★ An Incentive



★ An Image

★★ The stars aligned

Win-Win-Win?  
Not so fast



## What are the RISKS?

1. Ethics
2. Privacy
3. Evidence
4. Unintended Risks
5. Equity/Engagement

## 1. Ethics



Health care providers are being used as marketing agents for brands such as Johnson & Johnson and Huggies

- Health care agencies are placing themselves in the position of being the **conduit to the lucrative parent market** by giving away 'free' products. And this is a problem, no matter how nice it is for parents to get something free.
- The companies are **recouping their freebies by higher product prices** on the shelf so in the end, the only people that are guaranteed to benefit are the private companies and share-holders.
- **The Dublin Institute of Community Health Nursing** expressed similar concerns in a statement when the **Irish government** was contemplating a partnership with the Baby Box Company for its initiative. "**The potential for corporate ties and the use of the baby box to sell baby products to postnatal parents, who may be a vulnerable group, is also a cause for concern** and this issue would need to be addressed should the baby box initiative be introduced across Ireland." (The Institute of Community Health Nursing Dublin Ireland, 2017). Other organizations are saying no to this initiative. **In the UK, despite NHS endorsement, a number of groups have either never initiated a relationship, or have ended it with the Baby Box Company due to ethical and effectiveness concerns.**



## Conflict of Interest

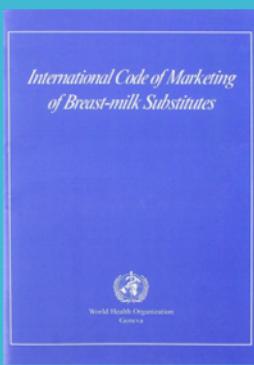
Significant potential for COI depending on the model chosen (eg. a partnership with a company like BBC)

Is anyone here old enough to remember postpartum gift packs?

- Postpartum Gift Packs – practice stopped years ago in Canada
- Still being distributed in some hospitals in the US - Ban the Bag campaign
- Bounty packs in UK
- In the past decade, there has been a tremendous amount of work done, particularly around physician relationship with the pharmaceutical industry, with stringent regulations being called for - including the elimination or modification of common practices related to **small gifts, pharmaceutical samples**, continuing **medical education**, funds for physician **travel**, speakers bureaus, ghostwriting, and **consulting and research contracts**.
- Halo effect – when I give a free sample of Lansinoh cream to a breastfeeding mother, that type of endorsement is pure gold for the company.
- Ethically purchased and curated products may resolve this concern. Eg. non-

commercial programs

# WHO Code



- **Avoiding marketing of baby products related to infant formula embedded in BFI**
- But we need to **take these lessons and also apply them to all corporations** wanting to market their products through us.
- Furthermore, in relation to the WHO Code, **it will be nigh impossible to ensure that the vast number of companies sponsoring products in the baby boxes are code compliant.**

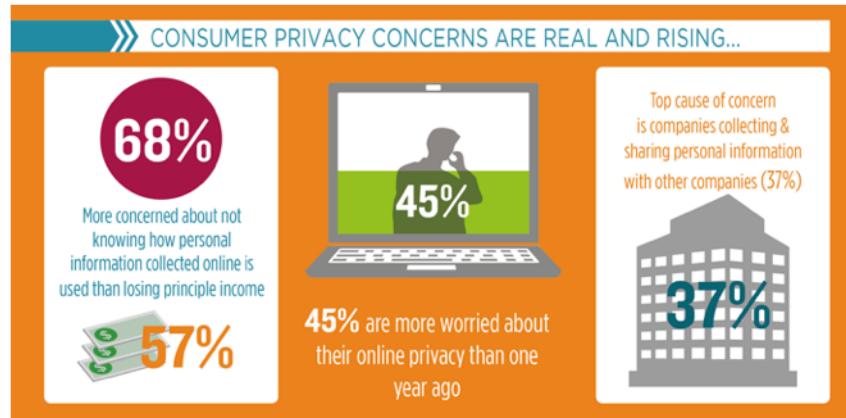
Just one look at a mind map of the major corporations of the world reinforces this argument. Even if the particular products curated for boxes are deemed to be code compliant, if a program uses BBC and parents are directed to the Baby Box Company website to register for the **Baby Box University**, there will be no reliable method to avoid **parents receiving emails and product offers** that have a high likelihood of being non-compliant.

- Factor in the idea that many families will be confused about the Baby Box Company's corporate community giveaways e.g Telus (which may likely contain non code-compliant items) and those endorsed by the Health Authorities and you have a confusing situation for all.
- **Careful curating** of products may resolve this concern, and **avoiding corporate partnership.**

## Lack of Transparency



- In a business model incorporating elements of commercialism, social involvement, and innovation, tensions inevitably result from conflicting or unclear objectives and responsibilities (Dey & Steyaert, 2012; Teasdale, 2012).
- Since BBC is a private corporation, and isn't traded on the stock market, there is no way to determine what their profit margins are.



## 2. Privacy – how much is your data worth? A lot!

[www.n4bb.com/internet-safety-protect-online-privacy/](http://www.n4bb.com/internet-safety-protect-online-privacy/)

- BBC is a private US corporation
- People are increasingly aware of privacy concerns and big data.
- Your personal information is worth A LOT to companies!
- Parents registering on the BBU website give personal data (name, email, postal code, # of children, marital status, IP address, pages visited)
- Data is used by analytic services (such as google analytics)
- Branding partners pay to access this information
- **Health agencies have no control over this**

### 3. Evidence

- It's easy to be supportive of this, it's harder to say: Wait a minute, where is the evidence?" (Hegyi, 2017)



- "there is no evidence to suggest baby boxes reduce the risk of SIDS "based on the evidence currently available, we do not believe it is factually correct to directly link the use of a baby box with a reduction in infant mortality or SIDS".  
(The Lullaby Trust, 2017)

The Baby Box Company is often quoted as saying "**the boxes are credited with drastically reducing infant mortality**" yet there is little evidence the baby box model will positively affect health outcomes, either by decreasing SUID directly or via other health support strategies. **Public health experts who have weighed in on the issues have said "It's easier to be supportive of this, it's harder to say 'wait a minute, where is the evidence'"** (find ref), and "**I don't think we can be gung-ho, let's do baby boxes,**" said Dr Rachel Moon, a University of Virginia pediatrician who chairs the task force on SIDS. "**Because the evidence just isn't there**" (Hafner, 2017). The one exception is the small (sample size was 200) Wahakura study in New Zealand.  
(Baddock S, 2017)

In fact, the highly respected UK based Lullaby Trust has issued a warning - **there is no evidence to suggest baby boxes reduce the risk of SIDS "based on the evidence currently available, we do not believe it is factually correct to directly link the use of**

**a baby box with a reduction in infant mortality or SIDS".** (The Lullaby Trust, 2017) The charity will no longer allow their leaflets to be included with the boxes 'as this suggests we endorse the product'. **They reinforce that a cot or a Moses basket is the safest place for a baby to sleep,** and issued a series of recommendations including among others 'Do not place the box on an unheated floor; Keep pets away from the box; Do not leave the baby unattended or out of view; Do not use the box if it gets wet or soiled' (Allen, 2017)

There are so many considerations before health care providers and parents jump on the bandwagon, but **besides articles in the popular press celebrating the initiatives, there is very limited scientific commentary.**

**Dr. Shaun Morris, clinician scientist at Toronto's Hospital for Sick Children, has said**  
**"There's nothing inherently wrong with giving out products. I just I think it's important the public not get confused about what this is. This is not likely to make any impact on important health outcomes like living or dying or [reducing] hospitalizations or severe infections."** (Weeks, 2016)

Many programs, including the one proposed for BC (based on our limited understanding of the plans), have broader goals to improve the connection with public health, parent's knowledge re safe sleep, and social support. Yet apart from the University of Calgary study whose results are not yet available, there has been no published research to demonstrate a positive impact related to the boxes. The results from the pilot program in Cowichan are not published.

This is an international concern as well. In Scotland, no research was done prior to implementation of the program, instead, a poll by Ipsos will be carried out after the fact to measure the impact. In a tongue in cheek commentary, Margaret McCarney, a GP from Glasgow says "here's a time and money saving tip: people like free things especially when they come with a hint of Scandinavia.... the Scottish government has told me, '**We are committed to doing everything we can to give our children the best possible start in life'. The first thing should be obtaining and using evidence, to find what to do to achieve this.**' (McCartney, 2017). A similar question should be asked of the BC Ministry of Health.

**Finally, the evidence gap in understanding how such a program will impact the most vulnerable such as indigenous families, low income or immigrant families requires thoughtful study and partnership with these communities to ensure positive outcomes**

#### 4. Unintended Risks

- Unknown safety risks?
- Diversion of resources?
- Breastfeeding rates?
- Poor quality parent education  
(Baby Box University)

- The safety of the boxes is also in question. Dr Thomas Hegyi, a medical director of the SIDS Center of New Jersey, asks: “Does the box, more confined than slatted cribs, **hold a baby’s exhaled CO<sub>2</sub> differently?** Does the box’s cardboard bottom heat up when set on sun-drenched concrete, or **grow weak if it touches water?**” Dr Askew, the deputy commissioner of the Division of Family and Child Health in Queens, New York states “**(Baby boxes) are a fake panacea for lowering infant mortality and a disservice to the communities that are affected by it most.**
- **Babies will outgrow them in two to four months, the peak age for suffocation deaths,**” (Askew, 2017). The potential for babies to outgrow the boxes in the midst of the peak SIDS risk period is based on the length of the box (27”). The lack of transparency is also a concern. Many parents will naturally place the box on the bed. Lying in bed, neither parent can visualize the baby – which is possible both when the baby is safely bedsharing, or with other co-sleepers (cots placed on the bed) that have netted or clear sides. In a scathing review by a parenting website, the Baby Box Co. box is criticized as being ‘Unsanitary, Unsafe, Uncertified’. (Fields, 2017)
- Professor Helen Ball, an internationally recognized scientist from Durham University, and colleagues suggest that **baby boxes may negatively disrupt**

**breastfeeding**, and the focus of such distribution programs may **divert our limited resources and attention from more potent risks such as smoking, drugs, alcohol, formula feeding, and poverty** – all much more difficult risks to tackle, to be sure. (Bartick M, 2017)

- What has also been raised as a concern, is whether the box design (**high, inflexible sides**) when compared to other co-sleepers (cots placed in the bed) will increase the incidence of bedsharing as a result of the mother or other parent not replacing the baby in the cot after feeding or comforting. The box has relatively high sides (11 ½ “), compared to other options ([Pepipod](#) – 6.1”) and are inflexible compared to other options ([Wahakura](#), [Summer Sleeper](#)). Will parents be less likely to return baby to the box because of the increased difficulty in doing so? **Wahakura research demonstrates that the basket, when placed in the bed, does not increase bedsharing. It can't be assumed that boxes with higher sides will have similar findings.**
- An integral component to the Baby Box Co. is intended to be parenting education (safe sleep related information as well as general pregnancy, birth, and early parenting). The program is delivered through the sister website [BabyBox University](#). This website offers more than **324 video talks given by health ‘experts’** and articles on a wide range of parenting topics, and an ebook on safe sleep curated by more than 702 (!) ‘experts’, each one of them identified in a long list on the ‘Meet our Experts’ page.
- A review of the videos indicates they are low quality, have questionable content, and are simply headshots of ‘experts’ talking.

For example

How should I hold my baby while breastfeeding? A: 40 second headshot video of a midwife demonstrating the x-cradle, football, and a mention of lying down. She is modeling the positions with a doll but you can't see that.

What foods should I avoid while breastfeeding? A: Mentions a glass of water an hour will help your supply (inaccurate).

Until what age should I breastfeed? A: Says at least 6 months and then up to 12 months (not the WHO or Canadian recommendation)

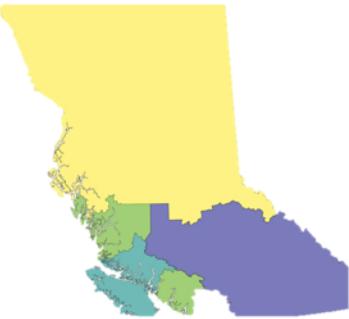
What is engorgement and what can a mother do about it? A: Mentions engorgement being a very good sign. (incorrect).

- **transcripts are almost illegible**, rife with grammar and spelling errors. In the engorgement video noted above, a spell check revealed 17 spelling errors within a couple paragraphs. This reflects poor quality control, perhaps as a result of the company spending more time hyping its product than ensuring accuracy and a high standard of education content.
- **The articles are little more than popular press blog posts** – not useful or reliable as a health resource. The 28 page ebook states “It is believed that these Baby

Boxes have helped Finland achieve one of the world's lowest infant mortality rates. The Baby Box is credited with helping to decrease Finland's infant mortality rate from 65 deaths for each

1,000 children born in 1938 to 3 deaths per 1,000 births in 2013." As noted previously, this is simply not true. The ebook is at a grade 9 readability level (too high), and has U.S. specific content.

- **Divert parents away from our locally produced parenting website Healthy Families BC**



## The BC Experience

Prepared to go province wide

- In BC, baby boxes were first introduced as a pilot in the [Cowichan Valley](#) in 2015.
- The boxes were purchased from BBC for (approx. \$50 per box), items curated, and parents were not required to register on an external private website.
- **The initiative went Island wide in October 2017, and boxes were then supplied free by Baby Box Co if parents register and complete the education on the [www.babyboxuniversity.com](#) website.**
- The trade-off for free boxes is that health authorities choosing this option are acting as an influencer legitimizing the business by having Baby Box Co. linked through the health authority webpage and by directing parents to the website, directly benefiting the company through increased web traffic and sales. Finally, the collection of data via the website registration process is used by Baby Box Co. for marketing analytics. This is the model chosen for provincial implementation.
- **Province was getting set to roll the program out province wide earlier this year.**
- **BCLCA drafted 2 documents** (for HCP's and parents) and engaged with ministry policy makers, health authority stakeholders, academics, and the provincial privacy office to express our concerns.
- Despite the concerns expressed, the province was set to implement the program regardless until...

# Telus joins the bandwagon



BC Ministry of Health puts on the brakes

- Deal for Telus to distribute baby boxes across Canada as part of their marketing campaign for Telus Health
- Pick up locations in 'pop up' Telus stores.
- No engagement with local health care providers that may be able to offer prenatal support
- The brakes were put on a provincial roll-out

## Recommendations



**“The best health interventions may come without gift wrapping.”**

*(Margaret McCartney, general practitioner, Scotland)*

[www.bmjjournals.org/content/357/bmjj.1766](http://www.bmjjournals.org/content/357/bmjj.1766)

**Breastmilk  
is the best gift  
you can give  
your baby.**



“I have some other, less cute, suggestions for Scottish government spending. Support breast feeding: it shows a clear social gradient, while the health benefits it brings are clear and improve with support. And more council spending on social care, which has seen significant and unsustainable cuts, and on district nursing. The best health interventions may come without gift wrapping.” <http://>

# References & Resources

Meggie Ross meggie.ross@interiorhealth.ca



## BCLCA Information Brief Thinking Outside the Baby Box

Subject: BC Baby Box (Bed) Program Implementation

### Introduction

We value the BC Ministry of Health's aim to reduce all-preventable infant sleep related deaths and encourage their efforts to develop programs to support families. However, there is limited evidence that baby box programs reduce infant sleep related deaths. If they do, it is unclear if some models are better than others. In addition, there is concern that, if they do work, they may divert resources and attention away from proven risk factors, such as smoking, and risk reduction factors, such as breastfeeding. Furthermore, there are concerns related to the way the program is being implemented, including the lack of transparency regarding intermediaries between industry and consumers; the potential for WHO Code violations; and the failure to meet our obligation to ensure rigorous privacy ownership.

### Purpose

The BC Ministry of Health is trying to implement a baby box (bed) program, specifically asking existing WHOs for health authorities to use a business partnership with the Baby Box Company. Health authorities have the opportunity to decide if and how to participate. Given the overall lack of available evidence, the potential ethical and privacy risks and other concerns, we urge health authorities to carefully consider the risks before they agree to or if they have already implemented different baby bed programs to carefully differentiate.

### Background

1. Baby Boxes were first introduced in Finland in the 1990's in an effort to reduce the high rate of Sudden Infant Death Syndrome (SIDS). The free box of baby items was an inducement for women to use the box as a safe place for their babies to sleep. This led to Finland's reduction in its infant mortality rate (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3070770/>). In 2011, only 42% of families said they had ever used the box as a place to sleep (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3070770/>). Today, the program is run by the Baby Box Company, a private company based in San Francisco, California, which has a business relationship with the French system of healthcare and social support. The program does not accept corporate donations and instead demands their items to government officials who will test and evaluate them (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3070770/>).
2. The main distributor of baby boxes in Canada is The Baby Box Company, a venture backed private company with a head office in San Angeles, California. This is the company which the BC Ministry of Health has chosen as a partner for the provincial program. Baby Box Co.

[www.bclca.ca/Position-Papers/Briefs](http://www.bclca.ca/Position-Papers/Briefs)