

# BCLCA Information Brief

## Thinking Outside the Baby Box

**Subject:** BC Baby Box (Bed) Program Implementation

### Introduction

The BC Lactation Consultants Association is committed to the protection, support, and promotion of breastfeeding. 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.

We value the BC Ministry of Health's aim to reduce all preventable infant sleep related deaths and recognize their efforts to develop progressive strategies to accomplish this, including the recent [PSBC Safer Sleep](#) resources. We are aware, however, that 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, or whether there are different outcomes in particular populations. In fact, 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 ethics of implementing a model that requires healthcare organizations to act as marketing intermediaries between industry and consumers; the potential for WHO Code violations; and the failure to meet our obligation to ensure rigorous privacy stewardship.

### Purpose

The BC Ministry of Health is taking steps to implement a baby box (bed) program, province wide, by drafting a MOU for health authorities to use in forming a relationship 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, it is especially important that any evaluative data from areas that have already implemented different baby bed programs is carefully considered.

### Background

1. Baby Boxes were first introduced in Finland in the 1930's in an effort to reduce the high rate of syphilis amongst pregnant women. The free box of baby items was an inducement for women to seek prenatal care. There is no evidence the baby box program contributed to Finland's reduction in its infant mortality rate ([McCartney, 2017](#)). In 2011, only 42% of families said their baby had ever used the box as a place to sleep ([Hafner, 2017](#)). Today, the program is largely viewed as a symbol for investing in children and is one part of a robust Finnish system of healthcare and social support. The program does not accept corporate sponsorship. Companies can submit their items to government officials who will test and evaluate them ([Kela, 2017](#))
2. The main distributor of baby boxes in Canada is [The Baby Box Company](#) a venture backed private company with a head office in Los Angeles, California. This is the company which the BC Ministry of Health has chosen as a partner for the provincial program. Baby Box Co.

provides products and parenting resources on a large global scale, either directly to the consumer, or via government agencies or non-profits acting as intermediaries. There are several different strategies to distribute the boxes:

- a. Direct to consumer
    - i. A network of [business partners](#) who give the boxes away through community events across BC. Parents register on the site for 'education' via [www.babyboxuniversity.com](http://www.babyboxuniversity.com), receive a certificate and collect their box from a [local store](#).
    - ii. Customers can also purchase the box and baby items from the website (\$90-290) if they wish.
  - b. Partnerships with government agencies (e.g. health authorities) and nonprofits
    - i. Purchased boxes – agencies may purchase the boxes and selected baby items. No registration is required.
    - ii. Free boxes – in order to receive free boxes, government agencies/non-profits must direct parents to the Baby Box University website ([see example](#)). Parents must register on the site for 'education' and receive a 'certificate' in order to collect their box from the local health centre (or other agency).
3. So far, the list of countries participating in the free scheme includes the US, Canada, Ireland, and the UK. ([Baby Box Co, 2017](#)). It is difficult to determine the number of boxes distributed overall, but the goal is to distribute 400,000 in Texas alone ([Rice, 2017](#)).
  4. In New Zealand and Australia, the [Wahakura](#), a Maori innovation based on a traditional flax basket and the [Pepi-Pod](#), a plastic variation, are distributed to target populations.
  5. The motivation for health agencies to be involved is that the boxes are believed to reduce the incidence of sleep related death. The programs are often attached as part of a larger effort to connect with parents either in relation to improved knowledge related to safe sleep or as an equity strategy that improves engagement of vulnerable populations with health care and social supports. An example is the current research project underway by the University of Calgary ([Bright from the Start, 2017](#)).
  6. In BC, the baby boxes were first introduced as a pilot in the [Cowichan Valley](#) in 2015. The boxes were paid 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 are now supplied free by Baby Box Co if parents register and complete the education on the [www.babyboxuniversity.com](http://www.babyboxuniversity.com) website.
  7. 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.

## Key Considerations

- **How does this business partnership meet the ethical standards expected of BC government agencies?**

Baby Box Co's successful business model is largely based on the 'free' distribution of boxes. Baby Box Co. acts as an intermediary to provide their affiliated companies and brand partners access to the parent demographic. These companies pay Baby Box Co. for the opportunity to place free items, coupons, or promotions for baby related items in the boxes or to promote their products through the website [www.babyboxco.com](http://www.babyboxco.com) and [www.babyboxuniversity.com](http://www.babyboxuniversity.com). "We are always looking for different ways to get our products into the hands of consumers who are willing to try them", says Jose Corella ([Neff, 2017](#)), marketing director for Huggies diapers, one of Baby Box Co's brand partners.

It has long been recognized by industry that healthcare providers can be significant influencers in parents' conscious and unconscious purchasing decisions. Hospitals used to distribute postpartum discharge bags filled with sample formula and other freebies. This practice was ended in BC decades ago due to concerns about the ethics of marketing formula to breastfeeding families, and because of the increased scrutiny generally on health care's relationship with industry and an ethical shift away from distributing free products ([Rochmane, 2011](#)). The relationship with Baby Box Co raises similar ethical concerns.

- **How will health authorities monitor WHO Code violations in order to support their facilities in meeting key [Baby Friendly Initiative](#) and [Accreditation Canada](#) standards?**

Canadian organizations have cautioned about potential WHO Code violations ([BFI Ontario, 2017](#); [PHAC, 2016](#)). A wide variety of products offered for free by the Baby Box Co's brand partners can be included in the Baby Box. Though health authorities may curate these items to ensure the companies are [WHO Code](#) compliant, parents will receive special offers and promotions from affiliated companies via the website and email. It would be extremely difficult to be assured that these products meet the WHO Code for the Marketing of Breastmilk Substitutes. Indeed, WHO Code violators (e.g. [Lansinoh](#)) are presently included in Vancouver Island boxes and emails sent to parents who have registered on the site.

- **Does this partnership fit the BC government's '[Guide to Good Privacy Practices](#)'?**

Baby Box Co. is a private U.S. corporation. Data collected through registration (name, email, postal code, # of children, marital status, IP address, browser, device, pages visited and any subsequent exchange of information) are collected and under the control of Baby Box Co. This large database will be subject to analytic services provided by third parties that use cookies and other technologies to collect information, including Google Analytics. The information could be made available for sale to corporations seeking a connection to the huge parent demographic. BC and its health authorities will likely have little or no control over this database. For parents to 'opt out' requires a high degree of computer literacy. Even then privacy of information is not guaranteed when there are no clear oversight mechanisms in place.

- **Do we have sufficient evidence to launch a province wide program?**

While there are a number of studies underway, there is little reliable evidence that the baby box model will positively affect health outcomes, whether they are part of a universal or targeted approach. Many researchers and experts in the field of sudden infant death syndrome (SIDS), and a growing number of professional health organizations, are cautioning that there is currently insufficient evidence. ([American Academy of Pediatrics, 2017](#); [Institute of Community Health Nursing, 2017](#); [NICHQ, 2017](#); [McCartney, 2017](#); [Unicef UK Baby Friendly Initiative, 2017](#)). In fact, the respected SIDS organization, The Lullaby Trust, withdrew their pamphlet from the boxes distributed in the UK due to their concern that there was insufficient evidence ([Lullaby Trust, 2017](#)).

- **Are there unintended health outcomes associated with implementing a baby box program?**

Questions have been raised about the impact of baby box programs on breastfeeding rates, bed sharing, safety related to cardboard construction, potential for babies to outgrow boxes during peak risk for SIDS, and box design hampering nighttime parenting ([Fields, 2017](#)). One small study out of New Zealand found no difference in infant risk behaviours, and increased breastfeeding rates, however the bed used was the Pepi-Pod, whose plastic, clear construction with much lower sides is quite different from the baby box ([Baddock S, 2017](#)). Another key concern is the diversion of health care provider resources (particularly in the case of a universal approach) to focus on large scale box distribution rather than other strategies to reduce the incidence of SIDS. ([Bartick et al., 2017](#))

- **Healthy Families BC is a high quality, evidence based website for BC parents – by referring families to a US company website for their parenting information will we be diverting traffic from [www.healthyfamiliesbc.ca](http://www.healthyfamiliesbc.ca)?**

Baby Box University offers more than 324 one minute video talks and articles on a wide range of parenting topics curated by more than 702 ‘experts’ who, in many cases, lack recognized professional credentials and offer conflicting information. There are no conflict of interest statements from the speakers, despite the fact that some have related business interests. A review of the video content indicates they are low quality with undocumented information. The accompanying video transcripts are almost illegible, rife with grammar and spelling errors. The articles are little more than popular press blog posts – not useful or reliable as a health resource. Parents are asked to watch a list of videos for their region, complete a ‘quiz’, print a certificate, and bring it to a pick-up location. Even if videos are produced for our BC audience, families have immediate access to all other poor quality content.

- **Equity considerations are a fundamental commitment of population focused public health – how is consultation and equitable access to the baby boxes addressed for marginalized populations?**

Although SIDS occurs across the social gradient, there is a disproportionate rate among groups that experience marginalization ([Pickett, 2005](#)). For example, there is evidence that in BC, Aboriginal babies are four times more likely to die from SIDS than non-Aboriginal babies ([Aboriginal Working Group, 2012](#)). The social determinants that lead to overrepresentation of SIDS and infant mortality in particular groups will only be successfully

changed when the groups themselves are full partners in defining the issue and finding solutions. This includes valuing the population's experience and contribution from the start ([Policy Link, n.d.](#)), similar to the process undertaken by New Zealand Ministry of Health through collaboration with Maori populations in the Pepi-Pod initiative ([Mitchell et al., 2016](#)). Currently, BC parents are required to register on-line, complete a 'curriculum' and a quiz. This process imposes barriers to families with limited or no internet access due to geography, finances, or language, thus screening out populations that might not have the resources for a safe sleeping surface.

## Recommendations

We ask that health authorities:

- Consult their Information, Privacy and Security Office to ensure any agreement meets all standards.
- Ensure due diligence by seeking guidance from respective Ethics Councils and BC Clinical and Support Services (BCCSS).
- Carefully review all aspects of the program to ensure there is no potential for WHO Code violations, direct and especially indirect, and develop a monitoring program to assess ongoing industry compliance.
- Consider whether there is adequate evidence to distribute baby boxes now using this program model, vs waiting for the results of further research carried out by programs in BC that have already implemented the program, and internationally.
- Determine the procedures in place to ensure consistent messaging at the distribution level (i.e. dialogue/script used at public health nursing level).
- Analyze whether a universal, targeted, or blended program is the best population health approach for their region.
- Evaluate all baby bed options that do not rely on corporate sponsorship (e.g. purchased boxes, Pepi-Pod style beds, laundry basket). Determine the most suitable, taking into account ethics, cost, quality, ease of use, durability, cultural context, and safety.
- In partnership with BCCSS, use the principles of transparency and accountability when establishing a business relationship with suppliers, giving all vendors the same fair access to information on opportunities.
- Ensure that groups most affected by high infant mortality and SIDS rates are partners from the start regarding addressing possible solutions for change and other factors that contribute to SIDS.
- Evaluate the most effective approach to safer sleep parent education and whether Baby Box University or another approach (e.g. via [HealthyFamiliesBC.ca](#)) best meets BC families' needs.

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## Appendix A

### BC Baby Bed (Box) Program - What Families May Want to Consider:

- Understand that there are a variety of programs using very different models of distribution. Some are a component of a comprehensive infant health plan that is not tied to commercial interests. Others require health organizations to partner with companies and their brand affiliates in order to obtain the boxes for free. Some advertise boxes directly to parents and a few distribute boxes that are not safe for a baby to sleep in.
- Be aware that there is not enough evidence to say that baby box distribution programs alone can reduce the chance of a baby dying from a sleep related cause.
- Consider how much personal information you are prepared to give a company with multiple brand partners whose purpose is the marketing of products to you, the consumer.
- Read their Privacy Policy and Terms of Service to ensure you understand how your information will be used, liability, warranty and other terms. Be aware that there may be additional considerations if the company is based outside of Canada.
- You may decide not to participate in the distribution program. If you would like a free box, consider asking your local health centre if you can receive a baby box without registering on an external business website.
- If you register, consider checking the 'opt out' box to limit advertising (email and direct mail). Know that this still means your information may be used for marketing purposes.
- Consider providing only the mandatory information – leave blank or check 'I prefer not to say' whenever possible.
- Understand that only some content may have been reviewed by BC health care professionals. All other content on an external website may not have been assessed for quality or accuracy. We recommend you seek reliable pregnancy, breastfeeding and parenting information, including safe sleep from: [www.healthyfamiliesbc.ca](http://www.healthyfamiliesbc.ca), [Baby's Best Chance](#), and [Health Link BC](#).
- Be aware that baby boxes or subsequent advertising sent to you may contain products and offers that could be in violation of the [WHO Code of Marketing of Breast-Milk Substitutes](#). This is an international code that has been designed to ensure that mothers are not discouraged from breastfeeding and that substitutes are used safely if needed.
- Determine your other options for a safe baby bed and whether a cardboard box will meet your needs until your baby is 6 months old (It is recommended that your baby sleep in your room for the first 6 months). For safe sleep information go to [Safer Sleep for my Baby](#).
- You may consider sharing your bed with your baby (bedsharing). Breastfeeding, bedsharing and nighttime parenting can be both safe and successful if you reduce the risks. It is not safe for everyone. Here are 2 websites you can trust to help you learn more. [Infant Sleep Information Resource](#) and [Notre Dame Safe Co-Sleeping Guidelines](#).
- Questions? Speak with your doctor or registered midwife, or call your local [health centre](#) and speak with a public health nurse to discuss your needs.

For an infographic developed for families, go to our resource page at [www.bclca.ca](http://www.bclca.ca)