



# A critical analysis of the Finnish Baby Box's journey into the liberal welfare state: Implications for progressive public policymaking

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## ABSTRACT

For over 80 years the Finnish state has provided expectant mothers with a cardboard box containing an extensive collection of clothing, bathing products for the baby, nappies, bedding and a small mattress. Numerous jurisdictions have implemented it in some form. We investigated through a critical case study methodology whether its translation into the liberal welfare states of Canada, UK, and USA experienced message distortion (the box as a means of preventing SIDS), commercialization, watering down of content; and separation from the complex of Finnish welfare state policies that support families with children. We find that only Scotland and Wales recognized the decommodification and equity roles played by the baby box. This study identified numerous barriers to building progressive public policy in Canada, UK, and USA: the structures and processes of the liberal welfare state, commercial interests that skew public policymaking and media logic that limits news reporting to the concrete and simple, eschewing complex analysis.

## 1. Introduction

The health of individuals across the life course is shaped by familial, community and broader societal factors (Maggi, Irwin, Siddiqi, & Hertzman, 2010). The societal level arguably shapes the lower levels, and much of this influence occurs through public policy which distributes the economic and social resources necessary for health (Raphael & Bryant, 2015).

Finland is a social democratic welfare state which provides the means by which families with children can thrive (Mikkonen, 2012). The Finnish welfare state implements extensive redistribution, social spending, and management of the labour market (Lynch, 2020) through progressive taxation, extensive family benefits, comprehensive health and dental care, provision of employment training when needed, and sustaining public pensions (Bryant & Raphael, 2020). The result is a family poverty rate that is amongst the world's lowest (OECD, 2022).

One component – and a rather minor one in its constellation of family-supporting public policies – is the Finnish Baby Box (Koivu et al., 2020; Näsi & Koskenvuo, 2022). For over 80 years the Finnish state has provided expectant mothers with a box containing an extensive collection of clothing, bathing products and nappies, and a small mattress with bedding that allows the box itself to be a place for infant sleep.

This feature of the Finnish welfare state has been seized upon by various jurisdictions as a means of improving the health of infants (Koivu et al., 2020). But rather than emphasizing its supplying of newborn essentials and engaging expectant parents in health care provision, the emphasis has been on having the newborn sleep in the baby box to prevent Sudden Infant Death Syndrome (SIDS) (Lee, 2013). The rationale for this is attributing Finland's very low infant mortality rate to the box being used as a sleeping place despite little evidence supporting this assertion. Its rationale in Finland, and as we will see, in Scotland and Wales, is making available to all, i.e. decommodifying, the basics necessary for newborns thereby promoting the well-being of babies and mothers (Näsi & Koskenvuo, 2022).

Our initial examination of these schemes in Canada provided evidence of not only message distortion that emphasized the baby box preventing SIDS but also its commercialization by the private for-profit sector. We use the term message distortion to refer to the tendency of the media to provide misleading information. For Gibbons (2009) it reflects media preference to avoid discussion of public affairs and provide entertainment. This certainly seems to be the case when dealing with the Finnish baby box where it's being embedded in the Finnish welfare state was eschewed in favor of the concrete image of a box for a baby to sleep in. We were interested in whether these were common features of its

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adoption within the other liberal welfare states of the USA and UK where public policy approaches towards providing universal benefits, supports, and programs profoundly differ from what is seen in the Finnish social democratic welfare state.

We therefore carried out a critical case study of these activities in Canada, USA, and UK with attention to a) emphasis on the contents of the baby box promoting infant health versus the box as a sleeping place for preventing SIDS; b) commercialization of the Baby Box concept through authorities establishing partnerships with the private sector; c) its contents; and d) its separation from the entire complex of Finnish welfare state policies that support families with children. Finally, considering the important role the news media plays in shaping public policy and opinion, we examined how these activities were reported.

Our analysis of these adaptations of the Baby Box concept into Canada, UK, and USA identified numerous barriers to implementing progressive public policy: the structures and processes of the liberal welfare state, powerful commercial interests that skew public policy-making and media logic that limits news reporting to the concrete and simple, eschewing complex analysis. It was only in Scotland and Wales where baby box adaptations transcended these barriers and decommodified essential infant goods and promoted equity.

## 2. Background

The Finnish Baby Box should be viewed in relation to the entire complex of Finnish public policies that provide families with economic and social security. Koivu et al. (2020) and Näsi and Koskenvuo (2022) overview its history.

### 2.1. The Finnish Baby Box

A century ago, Finland was an agricultural society where most lived close to or in poverty. Undeveloped public health infrastructure and few health and social services led to high rates of infectious diseases that contributed to high infant mortality rates (Koivu et al., 2020; Näsi & Koskenvuo, 2022). Initially, grassroots charity organizations played a major role in assisting those in poverty. As one example, the “Drop of Milk Association” donated breast milk to mothers unable to breastfeed. In 1922, the Mannerheim League of Child Welfare, an organization dedicated to promoting comprehensive maternal and child health care, created the first baby box, then called circulating baskets. At the broader level, Finland started its journey towards a welfare state by establishing numerous family-supporting public policies. The motivation for establishing family-supporting public policies is embedded within its social democratic tradition of promoting equality (Mikkonen, 2012).

The maternity grant law of 1937 allowed municipalities to assume responsibility for supporting expectant mothers. The maternity grant – considered the second phase of the baby box – was available to disadvantaged mothers and provided cash, care items, or both. The grant, however, required expectant mothers to visit a maternal health clinic where they received free advice on pregnancy and motherhood. In 1949, the grant became accessible to all expectant mothers (Näsi & Koskenvuo, 2022).

Despite Finland now being a modern welfare state with one of the lowest rates of family poverty in the world, it continues to offer the baby box to expectant mothers (Näsi & Koskenvuo, 2022). The 2021 box contains an assortment of 50 items worth about C\$560.00 (Kela, 2022). Parents can opt out for a cash grant of 170 Euros or C\$244, but the overwhelming proportion take (~95%) the box (Lee, 2013). Fig. 1 shows its breadth of goods.

The Finnish Baby Box likely promotes infant health in a variety of ways (see below) but it is not responsible for Finland’s very low infant mortality rate (Finnish Institute for Health and Wellness, 2017). Even though other Nordic nations do not provide baby boxes, their infant mortality rates and other indicators of children’s health are very similar to those seen in Finland (Bryant & Raphael, 2020). Instead, multiple



Fig. 1. Contents of the 2021 Finnish Baby Box.

Source: YLE News (2021). Finland’s new baby box gets colour and content refresh. Retrieved from <https://yle.fi/news/3-11834151>.

factors likely contribute to Finland’s – and other Nordic nations’ – low infant mortality rates: extensive redistribution, high social spending and management of the employment market which allow virtually all families to access the financial and social resources necessary for health (McCabe, Katikireddi, Dundas, Gissler, & Craig, 2023). This translates into fewer low-waged workers and extensive employment training, universal family benefits, affordable childcare and early child education, high replacement amounts for periods of unemployment, illness and disability, and pensions and all-encompassing health and social care systems (Raphael & Bryant, 2020).

The pathways by which the Finnish Baby Box itself and its contents may promote health have been considered to varying degrees in Canadian, UK, and USA applications. First, the baby box can provide an extensive range of goods, thereby decommodifying the necessities of new parenthood. Second, it can promote engagement with the health-care system as obtaining it may be conditional on mothers attending pre- and post-natal sessions where infant care and maternal health checks are provided (Koivu et al., 2020). Third, and this is an aspect we expect has been emphasized by Canadian, USA, and UK adopters, the cardboard box can serve as a safe sleeping space for the infant, potentially preventing SIDS. We expect these latter two features, rather than its decommodifying effect, to be emphasized in these liberal welfare states. We also expect the baby box concept will be severed from the broader Finnish social democratic welfare state that informs its public policy context.

### 2.2. Social democratic and liberal welfare states

Nations differ in their provision of economic and social security and the term welfare state has come to stand for these baskets of public policies (Bryant & Raphael, 2018). Esping-Andersen’s (1990, 1999) three forms of the capitalist welfare state differ in the extent of decommodification, stratification, and provision of security by the state, family, or market. Decommodification is the extent to which a decent quality of life can occur independent of involvement in the paid employment market: what Esping-Andersen terms the ‘cash nexus’. Esping-Andersen (1990, 1999) looked at replacement income associated with retirement, sickness and disability, and unemployment as indices of decommodification but other aspects of day-to-day life such as childcare, employment training, postsecondary education, dental care, and health and social services can also be decommodified. In analyses of differences among the various forms of the welfare states, Finland scores high on measures of decommodification, and the liberal welfare states of Canada, US, and UK, low (Menahem, 2010). The Finnish Baby Box

decommodifies many necessities of new parenthood (Näsi & Koskenvuo, 2022).

Finland, like other social democratic welfare states, scores relatively low on stratification; the extent to which citizens are separated in terms of income and wealth as well as power and influence (Mikkonen, 2012). There is a strong redistributive effect of public policy through progressive taxation and universal resource provision. Stratification is also limited by high union densities associated with wide collective agreement coverage and sectoral and inter-sectoral wage setting agreements (Cazes, Garnero, & Martin, 2019). In contrast, liberal welfare states do little to reduce stratification as taxation is less progressive, union membership and collective bargaining rates are low, and sectoral or inter-sectoral wage bargaining processes are absent (Muller & Raphael, 2021).

Welfare states therefore differ in state responsibility for economic and social security across the life-course (Esping-Andersen, 1990, 1999). In the social democratic welfare state, the state has a strong role, while the liberal welfare state emphasizes income provided through the labour market. Not surprisingly, liberal welfare states show greater income inequality and poverty rates as compared to social democratic welfare states (Muller & Raphael, 2021). Regarding infant health, liberal welfare states have higher infant mortality and low birthweight rates than social democratic welfare states (Muller & Raphael, 2021).<sup>1</sup>

### 3. Methodology

We conducted a critical case study, informed by a critical social research perspective, of the journey of the Finnish Baby Box into the liberal welfare states of Canada, UK, and USA. Harvey (1990) describes critical social research as situating social phenomena within the larger dominant social structures perpetuated and maintained through political and economic power and legitimated through ideological messaging. For Harvey, the case study researcher “deliberately selects, for detailed empirical analysis, a case that provides a specific focus for analysis of myth or contradiction” (p. 153). In this case, an examination of how the Finnish Baby Box – a relatively minor feature of the Finnish social democratic welfare state – has been seen as benefitting families with infants in Canada, UK, and USA.

While we comprehensively reviewed all existing literature concerning the Finnish Baby Box and its journey into the liberal welfare states of Canada, UK, and USA, the form our analysis takes is along the lines of a narrative rather than a systematic review (Greenhalgh, Thorne, & Malterud, 2018). Our goal in this narrative review is to provide an interpretation and critique of the Baby Box’s transformation from one of supplying many necessities to families of newborns to preventing their dying of SIDS, thereby deepening understanding of the forces shaping the adoption of potentially health promoting public policies. We do not provide an exhaustive compilation and analysis of the literature on baby boxes which would be the subject of a scoping review.

We used Google Scholar™ to identify academic-related analyses of the Finnish Baby Box and its application across the world with particular emphasis on our three case nations. The search terms used in all our searches were “baby box” and “Finnish baby box.”

Martín-Martín, Orduna-Malea, Thelwall, and López-Cózar (2018) show Google Scholar™ “finds significantly more citations than the WoS Core Collection and Scopus across all subject areas” (p. 1175). It was

<sup>1</sup> The other two forms of the welfare state, Conservative and Latin are of less interest for this paper. The conservative welfare state (for example, Belgium, France, Germany, the Netherlands) also offers generous benefits through social insurance plans based on employment status (Esping-Andersen, 1990, 1999). Latin welfare states (Greece, Italy, Spain and Portugal) are less developed family-oriented versions of the conservative welfare state. And its benefits are less generous and programmes more fragmented than conservative welfare states (Saint-Arnaud & Bernard, 2003).

also found that Google Scholar™ surpasses Web of Science™ and Scopus™ in its coverage of literature in the social sciences and humanities. Factiva™ was used to gather news stories. We then used Google™ to identify gray and popular literature on the Finnish Baby Box experience in Canada, UK, and USA. We assured that we had not missed any academic material by carrying out a search using Embase™ and Medline™ – no additional materials were found.

We focused on the articles, news reports, and commercial websites that informed our analysis of whether the translation of the Finnish baby box into Canada, UK, and USA a) emphasized the contents of the baby box versus the box as a safe sleeping place; b) commercialized the concept through governmental partnerships with the private sector; c) watered down its content; and d) separated it from the entire complex of Finnish welfare state policies that support families with children. We detail some of the rather few academic journal articles concerned with evaluating these translations of the box into these nations.

### 4. Findings

While Koivu et al (2020) provide a general overview of adaptations of the Finnish Baby Box concept, we provide a detailed and critical exploration of its use in Canada, the UK, and USA. Ball and Taylor (2020) provide a typology of baby box schemes, summarized in Table 1. Type 1 schemes appear close to the original Finnish Baby Box concept while Type 2 and 4 reflect the commodification of the concept as might be expected in liberal welfare states. Type 3 is a mixture of Types 1 and 2 showing governmental engagement with the private sector.

In Canada, applications have been sporadic and outside of the Nunavut scheme, are Type 2 and 3 schemes. In England, some National Health Services Trusts entered into partnerships with private companies representing Type 3 schemes. In Scotland and Wales, the concept was taken up by national governments with messaging emphasizing the decommodifying and equity aspects of box contents, representing Type 1 schemes.

In the USA, numerous state governments implemented schemes with extensive private sector involvement and message distortion, very close to Type 2, rather than type 3 schemes. What is striking about these Canadian, English, and USA schemes is the distorted reporting by the news media, a pattern first observed in the 2013 BBC report entitled “Why Finnish babies sleep in cardboard boxes” (Lee, 2013). We first consider Canada, then England, Scotland and Wales, then the USA.

**Table 1**

A Typology of Baby Box Schemes.

Type 1 Schemes	Type-1 schemes are government-funded and provide plentiful amounts of high-quality infant clothing and essential products in a box with a fitted mattress which can be used as an infant sleep space. They uniquely highlight equity issues consistent with the Finnish approach to universal provision.
Type 2 Schemes	Type-2 schemes provide cardboard baby-boxes that require expectant parents to register at baby-clubs or reward websites. These schemes usually provide small quantities of commercial products and discount coupons.
Type 3 Schemes	Type-3 schemes are a hybrid of Type-1 and Type-2. The baby boxes are promoted by healthcare facilities as a safe-sleep space, a gift, or a reward. It requires a sign-up to a commercial website. The box contains trials of commercial products and discount coupons. The box contains a mattress with a sheet.
Type 4 Schemes	Type-4 schemes are the sales of luxury products provided by retailers that can serve as gifts for expectant parents. Numerous companies offer these and most contain a mattress and infant care and clothing which differ by price. These boxes are well beyond the financial reach of many. Employers sometimes offer them as gifts.

Adapted from Ball, H. L. & Taylor, C. E. (2020) Baby-box schemes in England: parent and practitioner experiences and recommendations. BMC Pediatrics. 20(154) 2–11.

#### 4.1. Canada

In Canada primary responsibility for public health and health care falls to the provinces and territories and from 2016 to 2018 the Nunavut government and the Island Health Authority in British Columbia implemented baby box schemes. In some provinces patchworks of partnerships between local health authorities or agencies and the private Baby Box Company emerged. Most were Type 3 schemes which emphasized the baby box as a sleeping place can prevent SIDS with little de-commodification or equity concerns. These do not appear to be continuing; instead there has been a proliferation of type 4 commercialized for-sale websites offering luxury “Finnish Baby Boxes.” News media of these patchwork schemes was extensive and communicated the sleeping in the box prevents SIDS message. Many news media passed on misleading Baby Box Company press releases implying provincial government involvement in these schemes.

**Purpose.** In 2016, the Nunavut Department of Health (2016) implemented a baby box scheme which emphasized the use of the baby box as a safe sleeping place for decreasing Nunavut’s high infant mortality rate: “In its continued effort to reduce infant mortality in Nunavut, the Department of Health is giving baby boxes to parents of every newborn in the territory over the next year.” Their press release also stated: “The baby boxes are filled with products for baby and parents in addition to information kits” (Nunavut Department of Health, 2016). In British Columbia, Island Health’s (Vancouver Island) Baby Bed Program was described as: “The Baby Bed program is a safe-sleep initiative that provides a bed for baby” (Island Health, 2022). It depended upon donations from the public and from local businesses for baby box content.

Baby box schemes in Ontario were driven by the Baby Box Company which entered into partnerships with scattered local health authorities (Porter, 2016; Otis, 2016), but most of its efforts went into direct communication with the public through the news media offering a “free baby box” for safe sleep and product samples and commercial coupons costed at \$200:

“The cardboard boxes come equipped with a mini mattress, waterproof cover and fitted cotton sheet to create a cozy crib that can help reduce sleep-related causes of infant deaths, such as SIDS. The boxes, which are compliant with Health Canada bassinet regulations, are also filled with a bounty of baby goods, such as diapers and a onesie, giving them a combined retail value of roughly \$200 (Otis, 2016).

There were two 2016 media reports stating that following a pilot study the program would be rolled out across Ontario with one implying governmental involvement (Otis, 2016) and another flat out stating: “Baby Box Ontario: Province Launches Biggest Program For Expectant Parents (Khoo, 2016) but we found no evidence for that assertion.

The New Brunswick, Nova Scotia and Newfoundland Labrador schemes were also driven by the Baby Box Company in partnership with some local health authorities. These rollouts consisted of short media news articles informing community members of availability of the baby box and directing them to the Baby Box Company website (CBC News, 2017; CBC News, 2018; Steeves, 2017). Most news media stressed the SIDS-prevention message (see below).

In Alberta, the baby box, otherwise known as the baby kit, was used as an engagement tool as part of a research project into means of preventing postnatal depressive episodes in mothers (University of Calgary, 2015). Inclusion of the baby kit served as an incentive to participate in the study yet much of the media coverage was devoted to safe place to sleep messaging, much to the chagrin of the research project’s director (Karen Benzies, personal communication): “Welcome to Parenthood program handing out infant kits that double as bassinets for newborns” (CBC News, 2016); “New Alberta moms testing out Finnish-style baby boxes” (with a prominent picture of a baby in a box) (CTV, 2016).

**Implementation.** Nunavut boxes were distributed by community health centres and expectant parents registered through their community health centre during their prenatal visits (Nunavut Department of Health, 2016). It is unclear as to whether the scheme is continuing. We found a 2019/2020 Government Procurement Report indicating that “Anaana’s Tent and Baby Box Books” costed at \$45,334 and a 2021 Case Study report by the suppliers of the baby box (LoweMartin, 2021), but nothing else since 2020. A search of the Nunavut Government website for “Baby Box” returned only two 2016 press releases.

In the Island Health British Columbia project: “Women from their third trimester on or parents with a new baby up to two months old are eligible to receive a free bed” (Island Health, 2022). The public is directed to obtain the “baby bed” by registering at a website (which now is non-functional) or contacting a local health unit. We contacted one health unit to be told the program is still operating as part of the Right from The Start Program where expectant mothers can register to receive the bed.

In New Brunswick baby box schemes were driven entirely by the Baby Box Company and the news media: “There are private investors who also share this vision who help fund the program.” Boxes were available from the Early Childhood Family Resource Centre in Dieppe, “as well as other distribution centres” (Steeves, 2017). Nova Scotia’s rollout of the baby box was much like Ontario’s in that the news media was used to inform the public that the baby box could be obtained through the Baby Box Company website (CBC News, 2017). The Newfoundland and Labrador scheme, announced in the news media as: “A baby in every box: Company imports Finnish newborn program to Newfoundland and Labrador” also required sign up at the Baby Box Company website (CBC, 2017).

**Contents.** The Nunavut baby box contains a healthy collection of goods which are depicted in Fig. 2. In contrast, the Baby Box schemes of Ontario, New Brunswick, Nova Scotia, and Newfoundland and Labrador are bare bones versions driven by the Baby Box company’s hawking of samples and commercial coupons as depicted in Figs. 3a and 3b. These are clearly type 2 schemes by which commercial interests have acted as drivers of commercially oriented schemes.



Fig. 2. Contents of the Nunavut Baby Box.

Source: Zerehi, S. (2106). Nunavut adopts Finland’s baby box program to reduce infant mortality: The box packed with supplies given to new parents doubles as baby’s first crib. CBC News, October 27. Retrieved from <https://www.cbc.ca/news/canada/north/nunavut-adopts-finland-baby-box-program-1.3821072>.



Fig. 3a. Contents of the Newfoundland Baby Box.

Sources: CBC News (2018). A box so nice you can put your baby in it, May 12. Retrieved from <https://www.cbc.ca/news/canada/newfoundland-labrador/aby-boxes-happy-valley-geese-bay-1.4659318>.



Fig. 3b. Contents of the Nova Scotia Baby Box.

Pearson, H. (2017). 'Baby Box' program launches in Nova Scotia. Global News, January 30. Retrieved from <https://globalnews.ca/news/3213756/baby-box-program-launches-in-nova-scotia/>.

In the BC Island Health (2022) scheme: "Local community organizations and businesses are invited to donate items that can be included with the baby beds as a way to celebrate and support new families. Preferred items include diapers, wipes, blankets, knitted hats, baby books and more" suggesting content is not provided as a matter of course. A personal communication from a former employee stated: "But prior to that in my area, there were donated books, sleepers, sleep sacks, and a few more items, like baby wipes and cream, and, of course, educational material."

**Evaluation.** We did not find any evaluations of these baby box schemes outside of a report that the Nunavut scheme had not reduced its infant mortality rates (George, 2018).

**Media Reporting.** The Canadian media, following the emphases of the organizers of these programs, provided consistent and remarkably uncritical messaging of the baby box as a means of reducing SIDS through provision of a safe sleeping space.

Typical headlines were: "Nunavut adopts Finland's baby box program to reduce infant mortality" (Zerehi, 2016); "Baby Box' program in NB promotes safe sleep for infants" (Steeves, 2017); Nunavut adopts Finland's baby box program to reduce infant mortality (Zeheri, 2016); Island Health hopes to give a bed box to every baby (with a prominent picture of a baby sleeping in a box) (Petrescu, 2016); "Finland-inspired program shown to help reduce infant mortality rates spreading across Canada" (CBC News, 2017); "Baby Box' program in NB promotes safe

sleep for infants" (Steeves, 2017); "Newfoundland and Labrador: "A box so nice you can put your baby in it" (CBC News, 2018).

The University of Calgary program is a particularly illustrative example of how the media distorted information related to the Finnish baby box. The goal of the program was application of a neuro-behavioral approach to supporting and educating families on early brain development of the child (Benzies, Gasperowicz, Afzal, & Loewen, 2021). Mothers were engaged with a mentor from their social network willing to have contacts within the family until the baby was born and both the mentor and the mother were screened for depression. The baby box was provided by the Baby Box Company as an incentive for involvement in the program, yet the media reported only on the box itself as a safe sleeping space (Wiebe, 2017).

In contrast, a few Canadian news reports mentioned the lack of evidence for the SIDS prevention argument (Counter, 2015; MacLean, 2019). Two articles touched upon decommmodification and equity issues (Kilian, 2017; Weeks, 2016). Since 2020, there have been no news stories about the baby box, probably a reflection of its discontinuance by governmental and health authorities in Canada.

**Recent developments.** Outside of the Island Health British Columbia program with its emphasis on the "baby bed", there is little evidence of the continuation of any of these schemes in Canada. The Baby Box Canada website (<https://babyboxcanada.org/>) states: "Baby Box Canada is now Family One" with sections of Freebies, Giveaways, Family Product Reviews, \$Perks, and Classy. The only thing free now (as of January 2023) is watching some videos for kids 3–7 years of age and the right to enter contests to win products and coupons for discounts on commercial goods.

In contrast, there has been a proliferation of boutique-type websites which offer a range of baby box packages albeit without the safe sleeping messaging. As examples, Poshmark (2022) markets a Finnish Baby Box containing four onesies, four baby trousers, a terry cloth jumpsuit, a nightgown, a lined zippered outfit, a snowsuit, a hooded towel, toddler duvet with cover, and a toddler sleeping bag for C\$50 while Bonjour Baby Baskets (2022) offers a Welcome Home Baby Gift Box for C\$199 which captures the attention of the consumer by stating: "the softest Pima Cotton baby onesie, bonnet, mitts and booties curated with the cutest gifts. Presented in a beautiful gift box."

## 4.2. United Kingdom

In England, National Health Service (NHS) Trusts partnered with private for-profit companies to distribute baby boxes while in Scotland and Wales these activities were government initiatives.

### 4.2.1. England

Several NHS Trusts (24 of 223) implemented a form of the baby box during the 2018–2019 period. A NHS Trust is an organizational unit that usually serves a geographical area. Ball and Taylor (2020) identify these as Type 3 schemes where governmental authorities entered into partnerships with the private sector. Details about these schemes come from their article.

**Purpose.** Health authorities saw these initiatives as means of engaging expectant parents in health and educational interactions. There is plentiful evidence of message distortion as most initiators of the program saw its goals as primarily education and engagement, while most practitioners saw it as promoting the box as a sleeping place for reducing SIDS. Even the Nursing Times, a prominent English publication transmitted the SIDS message: "Families who have their baby at North Middlesex University Hospital NHS Trust are to receive a Finnish-style "baby box" for their newborn to sleep in, under a scheme to reduce infant mortality" (Ford, 2016).

**Implementation.** These Type-3 partnerships between healthcare agencies and commercial box providers initially provided boxes at no cost to parents together with an online education platform. Parents signed up at a US-based company website for access to educational videos followed by an online quiz to then receive the box from the local health centre or hospital. The education platform hosted video content on pregnancy, safe sleep, breastfeeding, maternal mental health, and child development. The process was promoted by healthcare providers, working with local news media. Taylor and Ball (2020) report changes undertaken in 2018 now encourage unlocking commercial product and service ‘rewards’ by completing a series of courses. Boxes were no longer free but carried shipping fees.

**Content.** The content of boxes did not come close to what is seen in the Finnish, Scottish, and Welsh initiatives (below). The box contained a mattress, sheet, and a few infant-care products. Ball, Taylor, and Yuill (2021) provide an example of the box and its contents (Fig. 4). The disparity between Finnish and English baby box content is striking and disappointment in its contents was a common finding in the Ball and Taylor (2020) evaluation of these schemes.

**Evaluation.** The only evaluations came from two academic research studies (Ball & Taylor, 2020; Ball et al., 2021). Ball and Taylor (2020) contacted 24 NHS Trusts with such projects of which eight responded. Seventy survey responses were received from parents and 60 from practitioners. Eight practitioners were interviewed about their experiences.

Ball and Taylor (2020) found boxes usually contained a mattress, nappies, baby wipes, a blanket or sheet, and leaflets. The presence of babygro/vest, bib, creams, sponge, hat, mittens, socks, breast pads and soft toys were occasionally mentioned. Forty-six percent of practitioners found box content to be unsatisfactory, describing them as sparse and of poor quality. Most parents (86%) rated products in their box as either satisfactory, “I wasn’t expecting any “free stuff” or somewhat satisfactory, “It seemed a bit sparse in comparison to the Scottish boxes.” There was considerable degrading of the program in terms of access and contents over time.

Finally, practitioners and some parents highlighted the changing nature of baby-box schemes since 2016. The way in which parents accessed boxes changed (from free collection to paid shipping)



**Fig. 4.** Contents of the NHS Trusts Finnish Baby Box—Baby Box Company. Source: Ball, H. L., Taylor, C. E., & Yuill, C. M. (2021). A box to put the baby in: UK parent perceptions of two baby box programmes promoted for infant sleep. *International Journal of Environmental Research and Public Health*, 18(21), 11473.

eliminating the incentive for parents to visit community hubs where they could be signposted to other services and offered information, reducing the value of baby-box schemes to many staff... Finally, the change in the presentation of the baby-box venture, from an educational programme to a rewards scheme troubled practitioners who felt it had now become a baby-club (Type-2 scheme) that was exploiting the partnerships established with the NHS (Ball & Taylor, 2020, p. 9).

**Media Reporting.** Media reporting illustrates many of the limitations common to news media reporting of health-related health initiatives. Emphasis was on the box itself as a means of reducing infant mortality by preventing SIDS. Some example headlines were:

London hospital adopts Finnish-style baby boxes. Families who have their baby at North Middlesex University Hospital NHS Trust are to receive a Finnish-style “baby box” for their newborn to sleep in, under a scheme to reduce infant mortality (Ford, 2016).

Baby Box scheme launched in Greater Manchester to help cut infant death rates. The boxes are for babies to sleep in and come with clothing, blankets and other newborn essentials (Gill, 2018).

**Recent developments.** We searched Google™ for references to “Finnish Baby Box” and “England” from 2020 to the present (January 2022). There is no mention of the NHS baby box and it is unclear as to whether these initiatives are continuing. There was, however, a proliferation of private for-profit baby box-type products.

The Little Un website (2022) offers a “Finnish Maternity Box” that contains “all the essentials” contained “all in one box.” A “Little un Sleep Box” goes for £96; a “Nursery Box” for £240, and a “Maternity Box” for £340. The Maternity Box is described as:

Our beautiful, original Finnish inspired box includes 40 essential, hand-picked boutique products for mum and baby; from linens, range of clothing, hygiene products, and accessories, to a fitted mattress, organic sheet, all year grow bag. So, when preparing for the hospital, welcoming home your baby to their next 6 months - our products will help along that journey. The box is also perfectly designed to use as the baby’s first cosy safe crib.

The Good to Know UK website (2017) states: “Yes, you can buy a baby box straight from the Baby Box Company if your hospital isn’t providing one for free. They’re available to order from their website.” The British Baby Box (2022) website states: “Our British Baby Boxes are designed to keep your bundle of joy safe and sound as they sleep. Add our luxury organic clothing range and gorgeous gifts.” The Newborn Baby Box, selling at £20.00 is described as follows: “The Newborn Baby Box gives your precious baby the perfect start in life – it arrives fully assembled with a luxury Quilted Mattress with a washable cover and a 100% organic cotton fitted sheet which is kind to your baby’s delicate skin.” The “Adorable Baby Hamper” goes for £50; the “Cherish Baby Hamper”, £100; the “Treasure Baby Hamper”, £150; and the “Luxury Baby Hamper”, which appears closest to the actual Finnish Baby Box, for £450.

**Summary.** The Finnish Baby Box concept as implemented by NHS Trusts in England was a pale version of the original concept. Its contents were sparse and the emphasis on promoting parental education saw plentiful news media message distortion. There was little decommodification of the necessities of new parenthood and continued implementation of even this very limited scheme by these NHS Trusts is uncertain. There was no linking by authorities of it to broader public policy approaches that provide economic and social security to families. There is now a proliferation of companies offering private, luxury-oriented boxes.



assessed how the baby bundle, costed at £200 each, promoted well-being and supported parents. Baby bundles were provided to 200 families expecting a baby by early 2021. The material below comes from the evaluation of the pilot (Lewis & Grover, 2021).

**Purpose.** This initiative focused on providing needed supplies for all expectant parents with particular benefits to disadvantaged parents, i.e., those of low income. The Welsh Deputy Minister for Health and Social Care stated: “We also hope these bundles will promote a more equal playing field for parents and their babies by reducing expenditure on newborn essentials” (BBC News, 2020). Preventing SIDS through use of a box for a sleeping place is absent, although improving health outcomes is a goal of the program.

For parents, short term goals are reduced expenditures on newborn essentials, parents use and understand the Bundle contents, increased understanding of risk and positive behaviours, and attempts to engage with wider services (Lewis & Grover, 2021). Medium term goals are shared understanding of a society that values and supports all children, reduced inequalities in access to newborn essentials, increased positive behaviours and reduced risk behaviours, and sustained engagement with wider services.

**Implementation.** Midwives invite pregnant women to register for the bundle during an antenatal appointment at 28 weeks which is received around the 32nd week of pregnancy (Lewis & Grover, 2021).

**Content.** The baby bundles contained a wide range of goods including: Clothes – a long sleeved and a short-sleeved bodysuit in two sizes, a sleepsuit, jersey trousers in two sizes, fleece jacket, hat and socks; Changing and play – changing mat, play mat, soother Toy, Combined bib/teether, muslin cloths; Bath - hooded towel, bath sponge; Health and personal items – digital ear thermometer, bath/room thermometer, maternity pads, condoms, breastfeeding pads, breastfeeding cream, and either a baby sling or a set of reusable nappies (Community Practitioner, 2019). (Fig. 6).

**Evaluation.** The evaluation consisted of a) a review of policy and delivery documents relating to the pilot; b) interviews with policy and delivery partners; and c) online and telephone interviews with 57 and 16 parents, respectively (Bardsley et al, 2021). Areas of focus were the process of registering for and receiving the bundle, content, impact on spending; and information and messaging provided.

The results of the evaluation were very positive with a large majority

approving of the bundle contents, the ease of registration, and the usefulness of the baby bundle. Expectant parents reported avoiding having to buy these goods and approval of the universal aspect of the program with its aim of promoting equity.

**Media Reporting.** In contrast to media reporting in Canada, England, and the USA, news media reports provide little evidence of message distortion. There is reporting of the Deputy Minister for Health and Social Services stating “the bundles ‘offer fantastic support to both parents and babies at such a vital stage in all of their lives’ and ‘these bundles will promote a more equal playing field for parents and their babies by reducing expenditure on newborn essentials’” (ITV News, 2020). There is occasional mention of these goods arriving in a “box” but the emphasis on the box as a sleeping place seen in Canada, England, and the USA is absent.

**Recent Developments.** The Welsh government has determined it will provide baby bundles to all expectant parents. In addition, it is providing a one-time Sure Start Maternity Grant of £500. The Work and Pensions Minister is quoted in news reports: “Every child deserves the best possible start in life and the Sure Start Maternity Grant gives families an extra financial boost to help towards the costs of having a baby” (Munbodh, 2020).

Considering the universality of the program and its extensive content, it is not surprising that no commercial outlets for Finnish Baby Boxes were found. The Wales scheme comes closest to replicating the original Finnish baby box concept. It is noteworthy that the baby bundle is seen by the government as part of a larger strategy of supporting families through grants, services, and the promotion of health equity in general. The box itself is not promoted as a place for safe sleep.

#### 4.3. United States

The Finnish Baby Box concept was taken up by a number of State authorities across the USA during the 2017–2018 period driven by partnerships with the private for-profit Baby Box Company (Hafner, 2017). The contents of the box were meager and the messaging around SIDS showed distortion from the Finnish approach. These are very close to Type-2 schemes which require expectant parents to register at baby-clubs or reward websites to receive a box with a mattress, sheet, and blanket and small quantities of commercial products and discount coupons. Educational activities involved watching videos and being provided with printed tips on company websites. It is unclear as to whether these initiatives are continuing.

**Purpose.** The primary purpose of these schemes is to prevent SIDS by having expectant parents register for a baby box in which a newborn can sleep (Hafner, 2017). Parents’ acceptance of these boxes is facilitated by their receiving a few samples of baby products. They are encouraged to watch on-line videos and read pamphlets about parenting.

**Implementation.** These schemes have been implemented in a number of USA states: New Jersey, Ohio, Texas, California, Virginia, Alabama, Minnesota and Wisconsin, and likely others. Focus here is on New Jersey and Ohio as representative of these schemes. In New Jersey, Rutgers University, 2017) reported:

On Jan. 26, 2017, New Jersey became the first state nationwide to launch a universal baby box program for its residents. The cardboard boxes, which come with a mattress and other newborn supplies, are the newest effort on the part of the state to lower infant mortality rates from Sudden Unexpected Infant Death (SUID).

Expectant parents obtained the box by registering at the Baby Box University website. They then watched a 15-minute online parenting education course and completed a short quiz. The box they received contained “newborn essentials, such as wipes, diapers, breast pads and more.” Funding of \$40,000 was received from the Centers for Disease Control and Prevention under the auspices of the New Jersey Child Fatality and Near Fatality Review Board. The release goes on to indicate that use of the box, ostensibly as a sleeping place “has been linked to



Fig. 6. Contents of the Welsh Baby Bundle.

Source: Welsh Government (2021). *Evaluation of the Baby Bundles Pilot*. Retrieved from <https://www.gov.wales/sites/default/files/statistics-and-research/2021-03/evaluation-of-the-baby-bundles-pilot.pdf>.



concerns has put an end to these governmental and commercial schemes due to their not meeting safety standards (CSPSC, 2021). Interestingly the newly elected mayor of Montreal in Canada has promised to implement a baby box scheme but the form this would take is unclear (Breummer, 2021).

## 5. Discussion

The Scottish and Welsh Baby Box initiatives come closest to the Finnish conception. The Scottish government explicitly linked the initiatives to broader public policy efforts to improve the living circumstances of young families. The Welsh government clearly saw the initiative as promoting equity by reducing expenditures on newborn essentials and promoting attitudes of universalism in the Welsh public. In both cases there is clear recognition of the importance of broad-based public policy that provides resources for families with infants to thrive.

In contrast, the English efforts were primarily driven by attempts to promote health-related behaviours amongst new parents that include the questionable practice of using the box itself as a sleeping place. Contents of the box are meager. Like efforts in the USA, these initiatives have been driven by the for-profit Baby Box Company. These schemes, and this is especially the case in the USA, come off as company-sponsored marketing efforts facilitated by government authorities. The news media has encouraged the baby box as a sleeping place message.

There is little evidence these government sponsored schemes are continuing in Canada, England and the USA. This may be due in large part to the academic and research communities' critical response to these initiatives' advocacy of the cardboard box as a safe sleeping place. In the USA, it appears the box as a sleeping place has been banned by the Consumer Products Safety Council. In their place, numerous private boutique-type commercial enterprises offering various forms of the baby box have arisen. What insights can we draw from the Baby Box experiences in Canada, the UK, and USA?

### 5.1. Cargo cult thinking

Cargo Cult Thinking is attributing an effect to a factor that, while associated with the true cause, in reality has nothing to do with the effect (Jennings, 2019). The term originated with the observation that Melanesian natives that observed cargo-laden planes landing in the South Pacific during WWII mistakenly attributed these landings to the presence of the runways (Worsley, 1959). As a result, they constructed replicas of airport runways and control towers, yet never managed to divert these cargo-laden planes to these replicas.

The idea of mistakenly attributing causes to irrelevant features has been extended to a wide range of mistaken beliefs (Feynman, 1998). A similar point about Cargo Cult thinking was made in relation to the widespread belief that health-related behaviours are the primary determinants of health rather than the living and working conditions which are associated with them (Scott-Samuel and Smith, 2015).

We see similarities in government authorities – and the news media – seizing upon the cardboard baby box – a real cargo box – as being the cause of low infant mortality rates in Finland despite evidence it is the content of the box and the broader Finnish welfare state which are actually responsible. It has been noted that the original instances of cargo cults arose in response to oppression of island residents by colonizing authorities (Lattas, 1992). Such explanations cannot be applied to understanding governmental and media instances of such thinking. Instead, undue commercial influence and media logic are implicated.

### 5.2. The influence of commercial interests

It is rather striking how much influence the Baby Box Company has had on government baby box efforts. The Baby Box Company appears to be behind all Canadian (with the exception of Nunavut and BC), English NHS Trusts, and USA state activity. There is extensive literature on

commercial influence on governmental regulation of health-threatening products as well as disease association discourse, and food bank statements and advocacy (Freudenberg, 2021; McQueen, 2013; Milio, 1986; Lee & Freudenberg, 2022; Raphael et al., 2019; Mendly-Zambo, Raphael, & Taman, 2023; Stuckler & Siegel, 2011).

The story of how the Baby Box Company came to have such influence on governmental hawking of Finnish Baby Box schemes in Canada, England and the USA remains to be written as we were unable to find any inquiry into this process. It is somewhat easier to understand how the news media came to embrace the box as a safe sleeping space.

### 5.3. Media logic and the baby box

Media logic is a term coined by Altheide and Snow (1979, 1991) of how institutional environments limit reporting of complex and/or contentious content. Altheide (2004) defines media logic as “the assumptions and processes for constructing messages within a particular medium” (p. 294), with format, flow, and grammar being its core components. Format is the most important component as it determines the selection, organization, and presentation of information and requires reporting to be “evocative, encapsulated, highly thematic, familiar to audiences, and easy to use” (Altheide, 2004, p. 294).

In relation to health issues, Hinnant, Subramanian, and Jenkins (2017) conclude that media logic leads to reporting on individual issues and solutions, rather than thematic framings examining societal forces and structural issues. As a result, journalists are more likely to report on individual determinants of health rather than more contentious structural determinants of health. Reporting on structural determinants of health is difficult for them as these are complex, controversial, and less politically safe, with fewer immediate suggestions for action.

The baby box as a means of preventing infant mortality messaging provided by the Baby Box Company and its governmental partners met all of these requirements. It is profoundly concrete as is the notion of preventing SIDS by having the infant sleep in a box. It allows the disregarding of broader public policy issues related to resource distribution which are sources of contention in nations with liberal political economies where the news media is dominated by corporate interests. To its credit, the news media's initial uncritical reporting on baby boxes schemes eventually became more critical as academic health researchers weighed in on the threats posed by infants sleeping in these boxes. A few reports also came to place the baby box issue within the broader context of Finnish public policy (Tierney, 2011; Weeks, 2016).

### 5.4. The Finnish baby box in the liberal welfare state

The liberal welfare state, exemplified by Canada, England, and the USA, is a strong contrast to the Finnish social democratic welfare state. The liberal welfare state relies on the market to meet the needs of its members, in theory, stepping in when basic needs are not being met. Health and well-being are highly individualized, hence news media's emphasis on medical and behavioural approaches to health promotion and lack of universal provision of the economic and social resources (e.g., benefits, health and social services, and replacement benefits) necessary for health.

The baby box schemes in Canada, England and USA are therefore transformed into a means of engaging expectant mothers into a behavioural oriented regimen directed towards preventing a concrete medical problem, SIDS. There is little de-commodification of the necessities of parenthood beyond a few sample products whose goal is encouraging commercial sales from corporate partners.

One interesting cultural outcome of this emphasis is the popular Canadian and USA (though apparently less common in the UK) custom during pregnancy of the baby shower where family relatives and friends give gifts to expectant parents (Verceles & McIntosh, 2017). These gifts can be very extensive (i.e., months' worth supply of diapers, strollers, car seats, etc.) but their content is clearly dependent on the

socioeconomic status of the gift providers and expectant parents. In contrast, baby showers are rare in Finland as: “Finns believe that you can’t rely on baby showers for something as important as early parenting, because too many poor families get left behind” (Tierney, 2011).

Furthermore, unlike the situation in Scotland and Wales, these baby boxes schemes do not direct attention to the importance of providing economic and social security to families through universal public policies. Quite strikingly, we see how the essence of the liberal welfare state takes a comprehensive universal program and distorts it into a commercially driven marketing exercise. In contrast, in Scotland and Wales the state is the primary driver of these initiatives, similar to Finland. The liberal welfare state eschews state involvement in welfare activities and our examination of how their baby box initiatives were transformed reinforced this theme.

### 5.5. The Scottish and Welsh schemes as the way forward

The Finnish welfare state implemented these boxes for its citizens because the concept of equity is deeply rooted within their cultural values. This cultural value is sorely lacking in Canada and the USA and on the wane in England. In Scotland and Wales – currently governed by parties of the left – we see the potential for embedding these values into family-related public policies. Their schemes have not only provided all expectant parents with means of providing for infants’ needs, they have also taken on the task of educating the public as to the importance of universal benefits during an important stage of the life course. The Baby Box scheme can be part of advocating for a more equitable distribution of the social determinants of health which in turn can help shift the nature of the liberal welfare state.

Notably, the Scottish and Welsh initiatives appear to be the only continuing baby box schemes. In the USA this may be due to the ruling by the Consumer Safety and Standards Council regarding safety concerns of the box serving as a sleeping place. In Canada and England, it may be due to the strong critical statements by the academic and health care communities. In any event, for those wishing to improve the quality of life of families in nations where the state provides rather little support for families, the Scottish and Welsh governments Baby Box initiatives have identified a path to doing so. Of course, it must be noted that the governing parties in Scotland and Wales are considered to be parties of the left, therefore reminding us of the ongoing role that politics, ideology, and political economy plays in such initiatives (Scottish National Party, 2022; Welsh Labour Party, 2022).

## 6. Strengths and limitations

The strength of this study is our exhaustive review and critical case study – whereby the researcher “deliberately selects, for detailed empirical analysis, a case that provides a specific focus for analysis of myth or contradiction” (Harvey, 1990, p. 153) – of how the Finnish Baby Box concept underwent a significant translation in Canada, England and the USA distorting its decommodifying potential to an emphasis on the unproven idea that sleeping in a cardboard box would lead to lower infant mortality. That this distortion was less in Scotland and Wales is noteworthy and may be related to the “left” political orientation of their ruling authorities. The weakness of the study is that we really do not know why policymakers and media went along with this distortion. To fully understand this would require in-depth interviews with policymakers and journalists to access their understandings and motivations.

## 7. Conclusion

We initially hypothesized that the Finnish Baby Box concept would undergo notable distortion across the liberal welfare states of Canada, the UK, and USA. This has certainly been the case in Canada, England, and the USA. We were pleasantly surprised that this was not the case in

Scotland and Wales. As such, our findings suggest windows of opportunity do exist in liberal welfare states for instituting public policy approaches that support families and promote health and well-being. And it appears that attention to the Finnish Baby Box concept may have facilitated such discussion. These initiatives, however, seem to be likely only when these jurisdictions are governed by parties of the left, a common finding in many studies of the public policy process in general and specifically in regard to public policy concerned with promoting health and well-being.

## CRedit authorship contribution statement

**Alexis Blair-Hamilton:** Data curation, Formal analysis, Writing – original draft. **Dennis Raphael:** Conceptualization, Data curation, Formal analysis, Project administration, Writing – review & editing.

## Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## Data availability

No data was used for the research described in the article.

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