2022 Annual Conference

New South Wales

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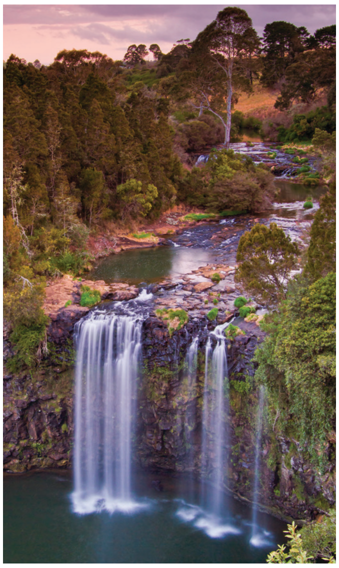


Welcome

The 2022 Conference Organising Committee is delighted to welcome delegates, presenters, and exhibitors to our 30th Anniversary Conference. We are incredibly pleased that borders are open to not only allow us to meet again face-to-face, but to have 2 international speakers, Linda Franck and Barbara Cormack, to be able join us. We look forward to many words of wisdom.

We also say a very big thank you to all our invited and abstract submission presenters for sharing your knowledge, quality improvement and research activities, to challenge our thinking and clinical practice to enhance the care we offer to neonates and their families. The program is diverse, and we hope there is at least one breakfast and concurrent session of interest to everyone.

Please do not forget to visit the poster display during the breaks, particularly between 12.30 and 1pm on Thursday and 12.20 to 12.40pm on Friday, as the presenting authors of the posters will be available to discuss and answer any questions.

Also, one of the great aspects of meeting face-to-face is the networking opportunities during the conference and at the social events. So please be sure to visit the exhibitors to see what is new in neonatal equipment and catch up with colleagues over a glass of wine or cup of tea.

To delegates, thank you for your support in attending and in particularly to ACNN members – a warm thank you for your ongoing support throughout the year as this makes for rewarding and meaningful get-togethers and educational opportunities. Also, thank you to Nikki and her team at Abercrombie Management for their patience and assistance behind the scenes and for pulling it all together.

We all enjoy being a part of the conference organising committee – seeking out speakers, assessing abstracts and putting together an exciting program. And the work continues as we look forward to welcoming you to Adelaide in 2023. The planning has begun, but we are always looking for new members and fresh ideas – so if this might be of interest, you would be welcome to join the 2023 Conference Organising Committee.

Enjoy the 2022 Conference and we hope to see you again in 2023!

Melissah Burnett, Amy Curran, Jennifer Dawson, Anndrea Flint, Nicol Franz, Cecelia Hackett, Denise Harrison, Samantha Lannan, Karen New, Linda Ng, Shelley Reid.
2022 Conference Committee

President's welcome

On behalf of the Executive Committee, our branches and special interest groups, I would like to welcome you to the ACNN Annual Conference. In recognition of our 30th year, the conference is titled *Pearls of Wisdom* and is being held in glorious Coffs Harbour. After three years we finally get the chance to come together again to celebrate this milestone. It is so exciting to see old friends and colleagues, meet new ones and to network once more. We are delighted to welcome a wealth of international and Australian speakers to present topics on a variety of aspects, covering neonatal care and the workforce. Researchers have submitted numerous presentations and posters to demonstrate the significant amount of work taking place in this country.

To all our delegates, enjoy being together, have fun and soak up the professional development opportunities in a picturesque backdrop.

With warm wishes,

Anndrea Flint
ACNN President

Delegate information

Registration
The registration desk is located at the conference venue in the lobby area.

Opening hours
Wednesday – 2 to 8pm; Thursday and Friday – 6.30 am to 5pm.

Venue
All conference and pre-conference meetings will be held at the Pacific Bay Resort, Coffs Harbour.

Social program
A high tea will be held at the conference, on Wednesday 14 September29 August, from 4.15pm until the opening plenary commences at 5.35 pm. Following the plenary, a formal welcome reception and light supper will be held on the Lagoon Deck until 8.15pm.

The Conference Dinner *"Party like it's 1992"* will be at the Coffs Harbour Surf Lifesaving Club, 23 Surf Club Road, on Friday 16 September, commencing at 6.30pm. Transport will be leaving the Pacific Bay Resort from 5.50 pm. Details are available from the registration desk.

Strategic Sponsor
ACNN is grateful of the generous support from our 2022 Strategic Sponsor – Destination NSW. We hope that you can take advantage of your visit to Coffs Harbour and visit the many destinations and activities the area has on offer. Book activities at https://www.coffscoast.com.au/acnn-conference/

Exhibitors and Passport
The exhibitors will be in the Island Courtyard and the Beaches room, near the main plenary room. Please visit the exhibitors as trade sponsorship forms an important part of the conference. **For your chance to win an Apple iPad (9th Generation, 64GB),** visit each of the exhibitors, collect a stamp or signature and put your *'exhibitor passport'* into the competition box at the registration desk **by 1 pm Friday 16 September.**

Program
The speakers, topics and times as shown are correct at time of printing. In the event of unforeseen circumstances the organisers reserve the right to alter the program or substitute speakers.

Annual General Meeting
The ACNN AGM will be held at 11.30am on Friday 16 September, in the plenary room. All members are invited to attend. The agenda is on page 27.

Catering
Morning and afternoon teas and lunch are included in the registration.

Liability
The ACNN 2022 Annual Conference does not include provisions for the insurance of participants against personal injuries, sickness, theft, and property damage. Neither the ACNN Conference Committee, nor its sponsors, assumes any responsibility for loss, theft, injury or damage to persons or belongings.

Conference Secretariat
Nikki Abercrombie CEM from Abercrombie Management. M: 0418 283 397
E: acnn@abercrombiemanagement.com.au

Strategic Partner

Education grant sponsor and exhibitor

Coffee cart sponsor and exhibitor

Exhibitors

International Speakers

Professor Linda S. Franck holds the Jack and Elaine Koehn Endowed Chair in Pediatric Nursing at the University of California, San Francisco (UCSF), School of Nursing and co-directs the ACTIONS fellowship program. From 2015-2020 she served as Co-Principal Investigator and Director of Postnatal Research for the California Preterm Birth Initiative. Linda has extensive experience in leading interdisciplinary teams to conduct clinical research to improve the quality and safety of hospital care for infants and children. She has a particular interest in improving the patient and family experience of health care and has pioneered interventions to engage patients, families and communities in healthcare delivery and research co-design. Linda received her bachelor's degree in nursing from the University of San Francisco and her master's and PhD degrees from UCSF. She re-joined the UCSF faculty in 2010, after a decade at the Institute of Child Health, University College London, where she served as the first Chair of Children's Nursing Research in the UK. In 2020, she was inducted into the Sigma Nursing Researcher Hall of Fame and named the UCSF School of Nursing Research Mentor of the Year.

Dr Barbara Cormack is a New Zealand paediatric dietitian and researcher at the forefront of neonatal nutrition innovation and improvement, for which she is internationally recognised. She has a Master of Health Sciences Degree, a PhD in Perinatal Science, and is a Senior Research Fellow at the Liggins Institute at the University of Auckland. Barbara was awarded the Dietitians NZ Award of Excellence for her work in obtaining prescribing rights for dietitians and was a founding member of the Australasian Neonatal Dietitians' Network. Currently working in Starship Child Health as a specialist neonatal dietitian and Clinical Lead of the team of Starship Dietitians she has advocated for improved nutrition research to increase the knowledge base on which paediatric and neonatal clinical nutrition is based. Her realisation of the gaps in evidence around neonatal nutrition led Barbara to her PhD at the Liggins Institute where her research centres on how nutrition affects the growth, development, and the long-term health of preterm babies.

National Speakers

Professor Christine Duffield's career spans over 40 years working in Canada, New Zealand, the UK and Australia as a clinician, educator, manager, and researcher. She is Emeritus Professor at Edith Cowan University, Perth, and the University of Technology Sydney. She is a highly accomplished researcher and is one of the top 10 most-cited nursing and midwifery professors in Australia and New Zealand. Christine was named in Mendeley's top 100,000 cited researchers in the world. She is an experienced Board Director and is currently serving as the President/Chair of the Australian College of Nursing (ACN). Christine led the first study in Australia that examined the relationship between nursing numbers, the mix of staff and patient and staff outcomes.

Dr Stephen McKeever is a lecturer within University of Melbourne's Department of Nursing. Most of his clinical experience has focused on caring for critically ill children and their families. This experience has been gained across the United Kingdom, New Zealand, and Australia. In August 2012, Stephen graduated with a PhD from The University of Melbourne. His doctoral thesis examined electroencephalograph changes occurring in children during anaesthesia. Since this time, Stephen has supervised doctoral and master's students in various aspects of children's pain management and family interactions. Since January 2020 Stephen has been Journal of Child Health Care's Editor in Chief. This journal is an international, interdisciplinary and peer reviewed journal. It focuses on issues related to health and healthcare of neonates, children, young people, and their families.

Jane Stanfield is a Health Service Improvement Coach. With so many years in healthcare she is now

uncomfortable to disclose it (but more than 30!) her experience comprises a career split neatly into half as a clinician and half in health administration, governance, facilitation, and coaching. Jane keenly searches for solutions for healthcare OUTSIDE of healthcare and her current areas of interest include: neuroleadership (leading with the brain in mind), positive / strength-based psychology, understanding complex systems and human factors and gently putting the 'care' back into healthcare (or keeping the care in healthcare, if you are lucky enough to be working in a happy culture). Jane's application of neuroscience and mindfulness at work combined with pragmatic tried and true strategies, aims to motivate and energise healthcare providers to work with their own strengths, emotions and behaviour and thereby to influence their local culture - managing the safety and reliability of their care and its focus on the patient—whilst caring for themselves.

Professor Lynn Gillam AM is an experienced clinical ethicist, originally trained in philosophy (MA, Oxon, as a

Rhodes Scholar) and bioethics (PhD). Lynn is the Academic Director of the Children's Bioethics Centre at the Royal Children's Hospital Melbourne. She is also Professor in Health Ethics at the University of Melbourne, in the Department of Paediatrics. Lynn provides clinical ethics case consultation, policy advice and leads research in paediatric clinical ethics. In 2018, Lynn was awarded the RCH Chairman's Medal, in recognition of this work. She also teaches ethics in the MD course, and other health professional degree courses at the University of Melbourne, and supervises research students at Honours, Masters and PhD levels. In 2019, Lynn was made a Member of the Order of Australia for service to medical education in the field of bioethics.

Dr Nicholas Williams MBBS, FRACP, CCPU, Neonatal Staff Specialist, Royal Prince Alfred Hospital (RPAH).

Nicholas completed General Paediatric training through the Sydney Children's Hospital Network before moving to Vancouver, Canada, to complete a 2-year neonatal fellowship at the British Columbia Women and Children's Hospital. During his time in Vancouver, he led a project which redeveloped the provincial guidelines on the perinatal management of an expected preterm birth, focusing on the shared decision making between perinatal health care providers and parents to initiate intensive or comfort care from birth. Nicholas was appointed as a staff specialist at RPAH in 2021. He has continued his work from Canada and is currently leading a research project to redevelop the existing NSW and ACT guidelines on the perinatal management of extremely preterm births and effectively implement this across the state. He is also involved in Newborn Resuscitation education and is the current co-chair of the NSW Health (NICUS) Early care of the extremely preterm infant (ePREM) Quality Improvement Group.

Dr Jenny Bowen is a Senior Staff Specialist in Neonatology at Royal North Shore Hospital (RNSH) and Clinical

Associate Professor at the University of Sydney. In addition to her specialist training as a Paediatrician, she also trained in developmental care of neonates with Berry Brazelton and Heidilise Als in Boston in the 1980s. Over the past 30 years, she has worked as a Neonatologist caring for babies in the RNSH NICU and as the Director of the RNSH Neonatal Follow-up Program. Jenny has interests in improving neurodevelopmental outcomes of babies in the NICU and assessing long term developmental outcomes for high-risk neonates. She has more than 50 publications in this area and was awarded a Doctor of Medicine research degree from the University of Sydney on 'Obstetric and Neonatal Factors Associated with Adverse Health and Developmental Outcomes in Children'.

Angie Canning is a Certified Practicing Speech Pathologist and Allied Health Research Officer at Gold Coast

University Hospital. She has over 24 years' experience as a paediatric speech pathologist working with infants and children who have complex feeding, swallowing and communication difficulties. Angie has a special interest in neonatal care and is the lead author of two recent publications regarding oral feeding on non-invasive respiratory supports.

Associate Professor Karen Whitfield holds an academic position with the School of Pharmacy, University of

Queensland. She previously held the position of Assistant Director in Pharmacy at the Royal Brisbane and Women's Hospital, and specialises in medication management, optimisation and safety in neonatology, pregnancy, and breast feeding. In 2017 Karen received the Australian Clinical Pharmacy Award from the Society of Hospital Pharmacists Australia. In 2020 Karen received the Research Excellence Award for Research Support from Metro North Health Service

Invited ACNN Member Speakers

Karen Hose is a neonatal nurse practitioner and has played an integral role in establishing the NP position within

the Royal Brisbane and Women's Hospital (RBWH) neonatal service. She has held varied roles within neonatology, including that of Nurse Unit Manager (NUM), Clinical Nurse Consultant, Nurse Educator; and was the establishing retrieval service project officer then NUM of NeoRESQ, the neonatal retrieval service in southern and central QLD. Karen has recently completed a graduate certificate in aeromedical retrieval and has almost completed her Master of Public Health and Tropical Medicine. Her ACNN focus has been the Neonatal Nurse Practitioner Special Interest Group (SIG), and she is also a member of the Low Resource Countries SIG. Karen is passionate about initiatives that promote quality and patient safety for patients and families.

Adjunct Associate Professor Margaret Broom was awarded a Doctor of Philosophy undertaken at Australian

Catholic University in April 2017. She has over 30 years of experience in all aspects of neonatology with 20 years of clinical experience. Over the past 10 years, in the role of the Neonatal Research Coordinator at the Centenary Hospital Women, Youth and Children, she has translated her clinical experience into researching many topics to improve outcomes for neonates, families, and staff. Currently, Margaret is the Chair of the Research SIG. She has led many research and quality improvement projects considering topics such as impact of NICU redesign, reducing pressure injuries, pain management, parents attending clinical rounds and the impact of COVID on families.

Professor Denise Harrison (RN, RM, PhD) is Professor of Nursing at the University of Melbourne, Australia, and

holds honorary appointments at the University of Ottawa, Murdoch Children's Research Institute and the Royal Children's Hospital, Melbourne. Denise is the current ACNN Professional Officer. She leads the Be Sweet to Babies program of research which focuses on improving pain management for neonates, infants and young children in partnership with parents, clinicians, interdisciplinary researchers and trainees. This work includes advocating for ethical conduct of neonatal pain studies, as well as knowledge translation studies, and using social media as a medium for knowledge dissemination.

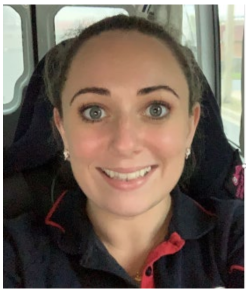
Melissah Burnett is a long-standing active member of ACNN and has held a variety of positions with ACNN, the Victorian Branch and LRC SIG. She has volunteered with ACNN in PNG four times and regularly attends the ACNN conferences and education activities. Qualified with a Master of Nursing and Certificate IV in Training assessment she has worked in the Mercy Hospital for Women NICU for 26 years but with a real passion for education and leadership has also worked in the higher education sector, as a Nurse Unit Manager and more recently as a senior clinical application specialist with a targeted focus on neonatal ventilation. Her current role is with Safer Care Victoria (Department of Health) leading an expert working group to review and update the Neonatal eHandbook Clinical Guidelines.

Dr Jennifer Dawson is a neonatal nurse researcher currently working in Melbourne as the Trial Co-ordinator for the PLUSS trial. She completed her NICU course at the Royal Canberra Hospital in 1986. Since then she has worked in a variety of roles in neonatal settings in Australia and the UK. She is looking forward to participating in this year's ACNN conference celebrating our 30th anniversary.

Breakfast Speakers

Alja Hopkins has over twenty years' experience as a social worker, both in Europe and Australia. Alja has worked in an Australian frontline setting since 2007 in both government and non-government sectors including neonatal, maternal hospital specialised care. Alja has expertise in trauma informed therapeutic care provision and is also a clinical supervisor to health professionals and is an educator to health professionals for Mind Heart Connect Foundation. Alja's areas of expertise are complex trauma relief, PTSD, anxiety/depression, grief/loss, pain (including chronic health issues) and perinatal maternal and family health. With a professional background in clinical social work and psychotherapy Alja is passionate about supporting her clients, colleagues, and the wider community with her work.

Dr Alyce Wilson is a Public Health Physician and Senior Research Fellow working in global maternal, child and adolescent health at the Burnet Institute. She is an Australian medical doctor with postgraduate qualifications in public health and obstetrics and gynaecology. Alyce is a fellow of the Australasian Faculty of Public Health Medicine, Royal Australasian College of Physicians and has recently completed a PhD examining the quality of maternal and childcare in Papua New Guinea. Further to her role at Burnet, Alyce is a Senior Medical Advisor with the Victorian Department of Health and lectures science, medical and public health students at the University of Melbourne.



Sarah Binchy has over ten years' experience in paediatric and neonatal critical care, both in Ireland and Australia. She moved to Australia in 2017, where she became a neonatal CNS in the Royal Woman's Hospital Randwick, Sydney. She participated in quality improvement projects, such as central line access device protocols with the aim of reducing sepsis in the NICU. Most recently Sarah has worked as a registered retrieval nurse at NETS NSW for the last two years. She has a keen interest in team education and simulation.

Sophia Dong is a neonatal trained nurse and researcher at the NICU of the Women's and Children's Hospital, Adelaide. She completed a masters by research in nursing this August at the University of South Australia. Her master's research project focused on the topic of father-infant KC in the NICU. Her published findings have drawn attention worldwide, including in Australia, the United States, the United Kingdom, India, Malaysia and Singapore. She has practised her paediatrics and neonatal nursing skills in China and Australia and had the experience of teaching undergraduate nursing students at the University of South Australia.

Dr Rebecca Liackman is the Manager Early Arrivals Resources at SMS4**dads**. She is originally from the UK and has a background as a paediatric doctor. Rebecca completed a Master's in Public Health in 2020 and works as public health doctor in a local health district. She has a wealth of knowledge of parenting and is a great resource for many common family issues, grounded in her many years' experience as a full-time parent of 4 now teenagers. Rebecca currently has a strong interest in adolescent and men's health and wellbeing and is familiar with the many contemporary challenges our communities face.

Mrs Julie Borninkhof is the Chief Executive Officer of PANDA (Perinatal Depression and Anxiety Australia) and is a Clinical Psychologist who has worked across primary and tertiary settings, namely with people from vulnerable and diverse communities. Julie is passionate about ensuring that people's lived experience informs the development of progressive services and supports, and loves leading the dedicated team at PANDA.

Renee Muirhead is a Clinical Nurse Consultant in the Neonatal Cardiac Care Unit at the Mater Mothers' Hospital, Brisbane. Renee has 30 years' experience in neonatology working in various roles. Renee holds a graduate certificate in neonatal nursing, a post graduate diploma in Midwifery, a Master of Nursing-Advanced practice and is currently a PhD candidate at the University of Queensland. Renee's main research focus is improving pain management practices in the neonatal population. She also has a special interest in supporting family centred developmental care practices in the NICU and is the current ACNN nursing representative for the international FICare steering committee.

Amanda Bates Amanda Bates is a passionate neonatal nurse who is currently working as a clinical nurse consultant in a tertiary Brisbane neonatal unit where she has been employed for the last 14 years. Her interests are in neurodevelopmental family centered care, neonatal palliative care and quality improvement activities.

Hannah Skelton is the Clinical Nurse Consultant in the NICU at Westmead Hospital. She is passionate in improving the care of preterm infants through the implementation of evidence-based practice and neuroprotective care. Hannah has a keen interest in participating in research, having commenced her research journey as a Research Assistant during her undergraduate degree and currently being enrolled in her PhD at Western Sydney University. In addition, Hannah has been employed as a research nurse prior to being appointed to the CNC role and has participated in quality improvement initiatives in the NICU, such as improving admission temperatures of neonates. When Hannah is not working, she enjoys spending time with her husband, toddler and two beagles.

Wednesday 14 September 2022

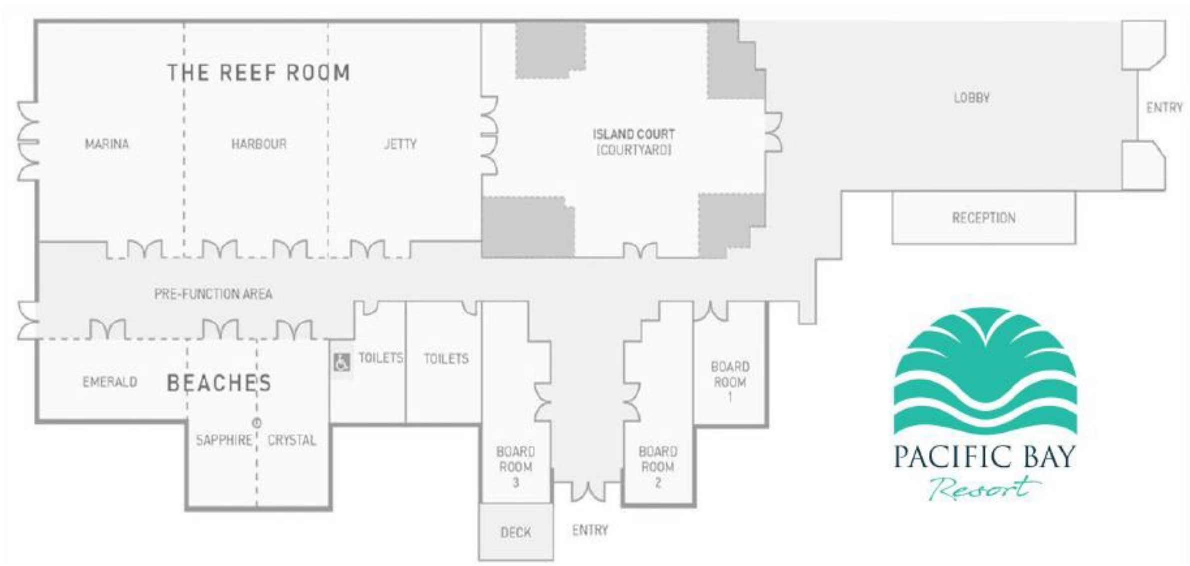
4.15 to 5.30pm	***Let's reconnect in 2022* – Island Court area** **Registration, High Tea and Marketplace** Join us for high tea, catch up with colleagues and take in a little shopping to support local traders at the 'marketplace'. 
Plenary 1: Harbour/Jetty room **Chairs:** Anndrea Flint and Denise Harrison	
5.35pm	**Welcome**
5.40 to 6.10pm	***"Something's changed…"*** *Professor Christine Duffield* The last few years have demonstrated to the world that our profession can change and adapt to circumstances quickly and efficiently. Nurses rose to the challenge with new initiatives, new roles and responsibilities and new approaches to care. However, concerns about workforce participation, supply and retention persist. While some things have changed there is more to be done and new challenges facing us as a workforce. This paper will explore some of these issues.
6.10 to 6.40pm	**The evolution of family-centred neonatal care: where we've come from and future possibilities** *Professor Linda Franck* The health and well-being of small and sick newborns depends on their family and healthcare team working together. Hospitals that have family-centred care models and work in partnership with families have better quality and safety records than hospitals that do not. However, many hospitals reacted to the COVID-19 pandemic by erasing over 60 years of progress in family-centred care in an instant. What can we learn from the fragility of family-centred care in our healthcare systems? What can be done to restore and strengthen family-centred care to ensure that families are treated as essential care partners regardless of the challenges? How will nursing lead to rebuild trust between families and healthcare professionals/health systems?
6.40 to 7.10pm	**How nutrition influences the lives of preterm babies: past, present, and future** *Dr Barbara Cormack* The nutrition preterm babies receive from birth influences their lifelong health. In the past 30 years neonatal nutrition has transitioned from simply helping preterm babies survive to become a key factor for improving their growth and long-term health. One of several future challenges for those who provide nutrition care for preterm babies is the significant variation in enteral nutrition practices around Australia and New Zealand, potentially compounding the greater health challenges these babies face. Barbara is a specialist neonatal dietitian at the forefront of clinical research in this area. Her research focusses on our smallest preterm babies, for whom the amount and exact composition of nutrition can have the most significant impact on survival, clinical outcomes, growth, neurodevelopment, and lifelong health.
7.15 to 8.15pm	**Lagoon Deck** Join us on the beautiful lagoon deck to conclude the evening with a light supper and drinks. 

Breakfast Sessions on Thursday 15 September 2022

Breakfast is between 6.30 and 7am in the Island Court area for delegates registered for a breakfast session

7 to 8.15am: Breakfast sessions (Reef room; Boardrooms 2 and 3)	
1	**Chair:** Cecelia Hackett **Time for you ~ care for a professional** Presenter: *Alja Hopkin* Spend a highly experiential and skills-based time with Alja and to connect back to yourself. Experience and learn a few evidence based self-care protocols you can implement immediately for yourself to increase your personal resiliency capacities.
2	**Chairs:** Melissah Burnett and Gill Mibus **Improving the quality of maternal and newborn care in East New Britain, Papua New Guinea** Presenter: *Alyce Wilson* Alyce will discuss the situation of Papua New Guinea and the findings of her PhD work and that of the Burnet Institute in the context of work in the Global Heath area. LRC SIG Annual Meeting.
3	**Chair:** Amy Curran **"I need a NETS retrieval… what next?" Initial management, stabilisation and retrieval case-based scenario** Presenter: *Sarah Binchy, NETS NSW* Stabilisation of a critically unwell neonate can be a challenging situation in a tertiary hospital. Imagine you are faced with this challenge in an Emergency Department/regional non maternity facility. This case-based scenario will look at challenges regional hospitals face when in this situation. An interactive discussion of the initial management, stabilisation and retrieval of these neonates will follow, with a strong focus on the neonatal principles 'pink, warm/cool and sweet', as well as touch on recognising the collapsed neonate and a baby with a cardiac lesion. The aim of this session is to empower nurses and midwives to think critically during the management of these neonates, providing them with resources and techniques to care for preterm/ critically unwell neonates. This breakfast session is suitable for those working in regional and tertiary centres.

Conference Facilities Floorplan



Thursday 15 September 2022

Plenary 2: Reef room **Chair:** Anndrea Flint	
8.25am	**Welcome**
8.30am	**Nursing workforce: Is there a Rabbit in that Hat?** *Professor Christine Duffield, Karen Hose, A/Professor Margaret Broom* This session explores the nursing workforce from a local to a more global view. It will be focusing on a neonatal perspective, clinical application and then applying knowledge from one of the foremost academics on workforce. Time will then be made available for open discussion and questions. Each speaker will present salient views about the workforce from a contemporary understanding of work they are currently undertaking or have completed.
10.00 to 10.30am	**Morning tea, Trade Exhibit and Posters (Pre-function area, Beaches and Marina Rooms)**
Concurrent 1: Research stream – Boardroom 3 **Chairs:** Margaret Broom and Trish Lowe	
10.30am	**From practice to publication: Sharing our stories** *Dr Stephen McKeever and the Research SIG* This session is aimed specifically at clinicians and research students to support high level writing skills. There are many reasons for writing a paper. These include sharing clinical and research observations; submitting one's observations, ideas, and conclusions to critical evaluation by peers; to provide guidance to improve the health care; to advocate for policy change; or to support one's professional advancement. Writing also provides an excellent learning experience, promotes critical thinking, and enhances the ability to be more concise in written communications.
11.45am	Research SIG annual meeting
Concurrent 2: Innovative practice stream – Marina room **Chairs:** Linda Ng and Priya Govindaswamy	
10.30am	Auditing neonatal peripheral intravenous catheters - a learning journey *Kristin Hughes*
10.45am	Family centred care experiences of parents in Australian neonatal units *Shelley Reid*
11.00am	Provision of family centred care in Australian neonatal units *Shelley Reid*
11.15am	Nurse perceptions of developmental care practices and application in the surgical neonatal intensive care unit *Nadine Griffiths*
11.30am	Keeping babies safe during resuscitation *Kate Duthie*
11.45am	Hospital acquired neonatal skin injury period prevalence and novel risk factors from a multicentre study *Dr Deanne August*
Concurrent 3: Leadership stream – Harbour/Jetty room **Chairs:** Lyn Chapple and Linda Hackett	
10.30am	Same, same but different - *Jane Boag*
10.45am	Social relations of work: what really matters? *Shobha Nepali*
11.00am	**Stringing pearls together – grading from culture to mindset** *Jane Stanfield* There are thousands of pearls of wisdom on culture, communication, wellbeing, mindset and maintaining energy (topics touched on in this session), but do we know which work for us and how to string them together to create a beautiful pattern – for yourself or your team? Come to this session for a different look at the components of each of these. Whether you are in a formal leadership position or a peer influencer, this session will give you clear ideas and actions to take away – to bring calm to yourself and to influence your workplace culture.
12md	Leadership SIG annual meeting
12.15 to 1.15 pm	**Lunch, Trade Exhibit and Posters (Pre-function area, Beaches and Marina Rooms)**

Thursday 15 September 2022

Concurrent 4: Neonatal Nurse Practitioner stream – Marina room **Chairs:** Jane Langford and Jane Jones	
1.15pm	Does the introduction of a BCPAP bundle improve practice and decrease pressure related injuries? *Renee Muirhead*
1.30pm	Implementing neonatal resuscitation 'grab packs' in a midwifery setting: a quality improvement project *Nicol Franz*
1.45pm	Ethical decision-making in neonatal care *Professor Lynn Gilliam*
2.25pm	NNP SIG annual meeting
Concurrent 5: Nutrition and feeding stream – Boardroom 3 **Chair:** Heather Taylor and Lee Hopper	
1.15pm	Investigating infant-feeding at hospital discharge following short stay admission to a neonatal nursery *Rachel Jones*
1.30pm	**Oral feeding and aspiration risk for infants receiving nCPAP and HFNC** *Angie Canning* Historically, infants and children receiving nCPAP or HFNC were not orally fed, however this practice is increasingly occurring. There is limited evidence as to whether commencing oral feeding while on nCPAP or HFNC facilitates transition to full oral feeding without adverse effects. This presentation will summarise and discuss research findings regarding oral feeding for this population.
2.15pm	Nutrition and feeding SIG annual meeting
Concurrent 6: Neo-Skin stream - Harbour/Jetty room **Chairs:** Kristin Hughes and Lyn Chapple	
1.15pm	**Neonatal Skin – Topical Issues and Management.** Facilitated by the Neo-Skin SIG This interactive session will use case-studies to discuss key elements in wound assessment, wound care products and dressings, and available management techniques. Resources to assist in clinical practice will be discussed, along with product types in use in Australian Neonatal Units.
2.15pm	Neo-Skin SIG annual meeting
2.45 to 3.15 pm	**Afternoon tea, Trade Exhibit and Posters (Pre-function area, Beaches and Marina Rooms)**
Plenary 3 - Reef room **Chairs:** Jo Scott and Anndrea Flint	
3.15pm	**Specialist assessments of neonatal skin injuries reveal agreement for colour but not severity** *Dr Deanne August*
3.30pm	**Delirium in neonates** *Dr Priya Govindaswamy*
3.45pm	**We have the evidence; but what about our practices? Adoption of Early EBM, Developmental Care and Pain Management** *Melissah Burnett, Dr Jennifer Dawson and Professor Denise Harrison* There is robust evidence showing that the use of early EBM, developmental care, and pain management (sweet solutions, breastfeeding, and skin-skin care) during painful procedures are beneficial. However, these practices have been slow to be adopted into consistent clinical practice. What are the challenges in implementing these evidence-based practices? This session will challenge us all to consider our practices, and how to move the knowledge into action.
4.15pm	**Pearls from the ProVIDe trial** *Dr Barbara Cormack* Globally, there is great variation in nutrition care for preterm babies. One reason for this is the lack of high-quality evidence on which to base international guidelines. A key area of controversy is the optimum protein intake for a preterm baby. To address this knowledge gap, the ProVIDe trial randomised 434 extremely low birthweight babies to receive 1g per day of extra parental protein or placebo in addition to their usual nutrition to determine whether this would improve neurodevelopment at 2 years of age. In addition to presenting the primary outcome of the trial, Barbara will discuss other valuable findings from the trial that are changing how we provide parenteral nutrition for preterm babies now and in the future.
4.45pm	Close. *Anndrea Flint, President*
Free evening	

Plenary 2: Thursday am

Invited speakers

Professor Christine Duffield, Karen Hose, A/Professor Margaret Broom

Nursing workforce: Is there a Rabbit in that Hat?

This session explores the nursing workforce from a local to a more global view. It will be focusing on a neonatal perspective, clinical application and then applying knowledge from one of the foremost academics on workforce. Time will then be made available for open discussion and questions. Each speaker will present salient views about the workforce from a contemporary understanding of work they are currently undertaking or have completed.

Concurrent 1: Research stream

Invited speaker

Dr Stephen McKeever

'From practice to publication: Sharing our stories.'

This seminar is an ACNN Research Special Interest Group initiative aimed specifically at clinicians and research students to support high level writing skills. There are many reasons for writing a paper. These include sharing clinical and research observations; submitting one's observations, ideas, and conclusions to critical evaluation by peers; to provide guidance to improve the health care; to advocate for policy change; or to support one's professional advancement. Writing also provides an excellent learning experience, promotes critical thinking, and enhances the ability to be more concise in written communications.

A significant hurdle to be overcome by inexperienced authors is writing a good manuscript. This seminar is designed to encourage new writers by suggesting ways to smooth the sometimes-bumpy path between having an idea for a paper and reaching publication. The session will provide an insider's view of the publishing and writing world, specific to nursing: editor and reviewer expectations, analysis of published articles, suggestions for getting started, revising, and submitting manuscripts.

Initially in this session a neonatal nurse will present their experience of writing and submitting a first paper for publication. This presentation will provide a firsthand account of some challenges as well as the rewards of publication. This will be followed by a presentation from our guest speaker Dr Stephen McKeever. Stephen will discuss the publication process from writer, reviewer, and editor perspective. Dr McKeever will reflect on his experiences of writing, reviewing, and editing papers over his 30-year career, and will share some of the practical lessons learned. This session will include suggestions about how to address the needs of the reviewers, editors, and readers of a journal to improve your chance of publication.

Concurrent 2: Innovative practice stream

Abstract

Auditing neonatal peripheral intravenous catheters – a learning journey

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Problem: In 2020 experienced nurses at Sunshine Coast University Hospital discussed numerous incidents surrounding peripheral intravenous catheters (PIVCs) securement, assessment, and management. However, local incident reports poorly reflected the frequency, nature of or severity of securement issues and equipment failures.

Methods: A Plan-Do-Study-Act cycle was used to develop and evaluate a neonatal audit tool for PIVC practice. Development of the audit tool included a literature search, mentorship and collaboration with experts for PIVC securement; in order to design a tool that met the 2021 Australian National Safety and Quality Standards for PIVCs.

Results: 37 sources were used to develop two versions of a tool including: adult literature (n=15), paediatric

literature (n=10), and (n=2) observational neonatal studies. Other sources included previous clinical incidents and expert opinion. The first version was piloted at two time points (n=38 PIVCs) and (n=11 PIVCs). The final single- page audit tool incorporated feedback from version one and included check boxes for recognised categories specific to insertion, securement, removal, and complications matching the National Standards.
Implications for practice: This project produced an audit tool that can be used for future evaluation of securement techniques and new equipment but considers the workload of busy clinicians who collect the data. Use of tools like this will increase the capacity to enact future audits and contribute to neonatal specific data for PIVC practice. An effective audit tool was developed, that matched the national/ international standard, despite a gap in neonatal specific evidence, through piloting of the tool, mentorship, and collaboration.

Abstract

Family centred care experiences of parents in Australian neonatal units

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Introduction: Family centred care (FCC) is a philosophy that was introduced into neonatal units several decades ago, yet some parents still report a lack of satisfaction with their experiences. There may be several factors involved in preventing parents receiving FCC in Australian units. It is necessary to find out what these may be from parents. There is international research on this topic, but little has been conducted in the Australian context.
Methods: Firstly, parents were surveyed in 2019 – 2020 (pre-pandemic) using a validated FCC survey, adapted with permission for the Australian neonatal context. The invitation to participate was distributed nationally to parents via the Miracle Babies Foundation. Secondly, interviews with parents are being conducted with those who accepted an invitation for a follow up interview.
Findings: Survey results indicated that, while parents and healthcare professionals both rated FCC in the moderate range, parents rated it slightly lower for similar aspects. Interviews with parents are underway with strong themes emerging. While reporting a mostly satisfactory experience, specific occasions of barriers or missed opportunities are being described. Full results will be presented.
Conclusions: The capacity of healthcare professionals to provide quality FCC greatly assists parents in coping with the traumatic experience of their infant being admitted to a neonatal unit.

Abstract

Provision of family centred care in Australian neonatal units

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Introduction: Family centred care (FCC) is a philosophy that was introduced several decades ago, but appears to be not as well established in neonatal units as it is in paediatric units. There may be several factors involved in providing FCC successfully in Australian neonatal units. It is necessary to find out what these may be from the nurses working in those units. This will provide insight into how healthcare professionals provide FCC in the Australian context, and what the barriers may be.
Methods: Nurses were surveyed in 2019 – 2020 (pre-pandemic) using a validated FCC survey, adapted with permission for the Australian neonatal context. The invitation to participate in post survey interviews was distributed nationally to neonatal nurses via the Australian College of Neonatal Nurses in 2021. Interviews with neonatal nurses are currently underway, with responses including the effect of the pandemic on providing FCC.
Findings: Survey results indicated that nurses rated FCC in the moderate range, but slightly higher than parents for similar aspects. Interviews are underway with strong themes emerging. While reporting a mostly satisfactory capacity to provide FCC, specific issues relating to level of staff knowledge and experience and lack of resources are being reported. Full results will be presented.
Conclusions: The capacity of neonatal nurses to provide quality FCC improves the outcomes for neonates and their families.

Abstract

Nurse perceptions of developmental care practices and application in the surgical neonatal intensive care unit (NICU)

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Background: Nurse perceptions of developmental care (DC) have been researched globally for 29 years. Yet, there is a lack of research exploring this subject in the specialised setting of the surgical NICU.
Methods: One hundred and seventeen (n=117) nurses employed in a surgical NICU at two hospitals completed an electronic survey exploring their perceptions of developmental care and its application in the surgical NICU.
Results: Response rates varied; 55% (Site A), 30% (Site B). Demographics differed between the sites for years of experience and post-graduate qualifications. The majority of nurses at each site acknowledged the benefits of DC for infant sleep (>93%), improving caregiving (>88%) and reducing infant stress (>90%). Challenges to consistently applying DC and the effect of workload on its application were similar across sites. The two sites differed with regards to the perception of medical staff collaboration and DC (18% vs. 45%), nurse support of DC (47% vs 29%), access to DC education opportunities (55% vs 37%), inclusion of DC education in study days (82% vs 68%), and the inclusion of DC in orientation of new nurses (81% vs 58%).
Conclusion: The survey results suggest surgical NICU nurses have a high level of awareness of developmental care and its positive impacts. Collectively the respondents in this highly specialised setting recognised the value of developmental care in reducing stress for infants and supporting families. Future work in the Surgical NICU should focus on evaluating the practical application of DC.

Abstract

Keeping babies safe during resuscitation

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Problem: Medication prescription, preparation, and administration errors are common during neonatal emergencies. The need for weight-based or volume-based dosing in neonatal emergencies is hindered by a lack of consistency in drug administration. Complex calculations, frequently done in high-stress situations, adds to the cognitive burden of both medical and nursing team members and raises the chance of error.
Method: A weight-based guide was developed in response to a critical incident with multi-disciplinary collaboration from neonatal medical, nursing, pharmacy, and paediatric emergency departments.
Results: An A4 size book format, with weight-based equipment size and medicine guide needed during an emergency was created. Both pages of the open face of the book matched to a single weight starting at 300g and increasing as follows: 300 – 500g; 50g increments, 500 – 1000g; 100g increments, 1 – 2 kg; 250g increments, 2 – 7 kg; 500g increments. This is based on a similar resource used for paediatric emergency drugs (www.monashchildrenshospital.org/resuscitation). Color-coded tables were used to standardise the following: 1) equipment including laryngoscope blade size, endotracheal tube size and depth of insertion, suction and nasogastric tube size, and 2) doses, method of preparation and administration of commonly used medications in the management of sedation, muscle-relaxation, shock, infection, bleeding, electrolyte abnormalities and seizures. Newborn life support and difficult airway algorithms were also included.
Implications for Practice: This quality improvement initiative ensures the team are all working from one resource to maintain consistency during an emergency and may reduce medication errors in high-pressure neonatal resuscitations. Ongoing quality assurance projects are planned following implementation.

Abstract

Hospital acquired neonatal skin injury period prevalence and novel risk factors from a multicentre study

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Background: Hospitalised neonates acquire skin injuries. Known risk factors include lower gestational age and birthweight; with remaining risk factors derived from adult or paediatric data. There is urgent need to identify skin injury prevalence and risk factors considering the unique development of neonatal skin.
Methods: Injury prevalence, classification and risk factors were investigated within three Australasian units over nine-months. Mechanical force skin injuries identified within 24hours were eligible. Descriptors of injury acquisition included location, risk factors, and time of injury. Chi-Square, Mann Whitney, and T-Test compared injured and non-injured neonates with p-values <0.05 statistically significant. Classification Tree Analysis (CART) developed injury prediction models for the cohort, and high or low acuity groups respectively.
Results: Neonates (N=501) had a mean birth gestational age of 33.48±4.61 weeks and weight of 2138.81±998.92 grams. Neonates sustained multiple injuries (n=206, 41.1%) 391 injuries; to feet (16.4%, n=64), cheek (12.5%, n=49), and nose (11.3%, n=44). Devices were associated with 61.4%, (n=240) but 50.0% (n=120) of devices were fixed for treatment duration. Strongest predictor of injury was birth ≤30 weeks, then length of stay >12 days, and birthweight < 1255g. Predictors of injury factoring for acuity; identified neonates <30 weeks and length of stay (LOS) >39 days (high acuity); as well as neonates <33 weeks and LOS > 9 days (low acuity).
Conclusion: Over forty percent of hospitalised neonates acquired a skin injury, but majority were associated with non-modifiable life-sustaining devices. Neonatal epidemiological data needs to inform future education and skin injury frameworks for the development of effective prevention strategies.

Concurrent 3: Leadership stream

Abstract

Same, same but different.

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Introduction: A qualitative study of nursing staff 'lived experience' working in a single regional Special Care Nursery (SCN). The research is of particular importance as the literature review identified a gap in the current literature demonstrating the lack of research in relation to nurses working within a regional Special Care Nursery.
Methods: A descriptive qualitative methodology using a series of individual, face to face interviews whilst adopting a semi-structured open-ended style of questioning.
Findings: Nurses working with the neonatal demographic may experience the same feelings of stress as those nurses working in a tertiary sector; however, the stress experienced within a regional SCN seems to result from different reason to their counterparts in the tertiary sector, same, same but different. It is this sense of ambiguity or unexpectedness, of dealing with unskilled staff or staff absenteeism without being replaced, with often no Paediatrician onsite, registrars who have no experience with neonates, no availability of a social worker, no understanding from supervisors related to how quickly an unwell neonate can deteriorate and trying to overcome these challenges with the skills and the generalist knowledge of a 'jack of all trades'.
Conclusion: Future Recognition is necessary related to the regional SCN setting as being unique and different to not only the tertiary centre but also unique and different to very rural centres. Pearl of Wisdom –further research, exploration and discovery behind the stresses faced within a regional special care nursery is important – remember, same, same but different.

Abstract

Social relations of work: what really matters?

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Introduction: Within a high acuity setting of a hospital, social relations among nurses are complex and problematic partly due to the nature and culture of the workplace and because nurses come into today's workplace from different cultures, backgrounds and nationalities as well as varieties of life and work experiences. The aim of this paper is to explore what matters at work for this diversity.
Methods: An ethnographic approach involved access, ethics and fieldwork, which took place over 18 months to gather observational and interview data. Seventy-six nurses volunteered to participate in the study and 65 of them were interviewed. Data were analysed using cultural lens and interpreted with an intersectional framework.
Findings: Ethnographic data analysis identified trust and reciprocity and support in the workplace as major factors affecting nurses' social relations of work. Knowing the qualities of co-workers, recognising their skills and supporting their endeavours contribute to developing a sense of belonging and nurturing the social relations among nurses. Support and expertise from senior nurses are viewed as clinical resources and equal opportunities to learn and equitable mobilisation of such resources across various categories of nurses are considered important.
Conclusion: While social exchanges based on trust and reciprocity assisted nurses with how they worked together and the distribution of resources made a difference on nurses' social relations of work, a huge discrepancy was found in opportunities, trust and encouragement received by Australian and immigrant nurses. Since today's workplaces have a diverse workforce, such inequality poses question on support provided at work.

Invited speaker

Jane Stanfield

Stringing pearls together – grading from culture to mindset

When stringing pearls together, one of the first things to consider is how you will grade them or place them in order for the pattern you wish to create. There are thousands of pearls of wisdom on culture, communication, wellbeing, mindset and maintaining energy (topics touched on in this session), but do we know which work for us and how to string them together to create a beautiful pattern – for yourself or your team? And, could understanding how they string together provide us with more of a sense of calm and 'control' amidst the complexity of modern neonatal nursing? Come to this session for a different look at the components of each of these (those grains of sands that often irritate our 'mantle' of composure!) and we will consider how they string together. It will be pragmatic and 'doable' – you will leave with insights and plans to polish your pearls and see connections which will help you to influence your workplace and yourself. Whether you are in a formal leadership position or a peer influencer, this session will give you clear ideas and actions to take away – to bring calm to yourself and to influence your workplace culture.

Concurrent 4: Neonatal Nurse Practitioner stream

Abstract

Does the introduction of a BCPAP bundle improve practice and decrease pressure related injuries?

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Background: The use of continuous positive airway pressure (CPAP) interfaces is associated with the occurrence of iatrogenic pressure injuries. Strategies to improve the implementation of CPAP in the neonatal unit are needed. Therefore, the aim of this project was to implement an evidence-based CPAP bundle to improve the overall management of babies receiving Bubble CPAP (BCPAP) and reduce the incidence of pressure related BCPAP injuries.
Method: Implementation study using a pre/post audit design. Babies receiving BCPAP were observed and BCPAP related care practices were compared against a compliance checklist. A BCPAP care bundle was developed and

implemented along with targeted staff education. A post implementation audit was then completed to evaluate practice. Data on the incidence of BCPAP pressure related injuries was also collected.
Results: A total of 80 audits were conducted (25pre/55 post). Results demonstrated improvements in all areas of BCPAP application, though the new BCPAP daily checklist was completed in 38% of babies. Additionally, 13% of babies were found to have impaired skin integrity, but only 4% had a nasal injury care plan initiated. BCPAP-related injuries decreased from two to one per month over the four-month post implementation period.
Conclusions: Although this project demonstrated improvements in BCPAP application techniques, and a trend for decreased BCPAP related pressure injuries, lack of adherence to all aspects of the bundle may have impeded a further reduction in iatrogenic pressure injuries. Continued staff education and collaboration are required to help overcome the barriers to change implementation in clinical care.

Abstract

Implementing neonatal resuscitation 'grab packs' in a midwifery setting: a quality improvement project

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Problem: Registered midwives in the birthing areas are responsible for checking resuscitation equipment and providing initial independent neonatal resuscitation. Due to the current setup, checking all individual items was onerous, and checking procedures and documentation were found to be inadequate and did not meet the National Standards or the ANZCOR Good Practice Statement. Additionally, due to infrequent occurrence, midwives expressed concern about not being familiar with the equipment needed for procedures such as pneumothorax or adrenaline administration. The aim was to improve neonatal resuscitation equipment checking and documentation, and introduce procedural 'grab packs' to the neonatal resuscitation trolley
Methods: Plan-do-study-act (PDSA) cycle was used. The plan included developing own local specific checklist based on state-wide standardised checklists and introducing 'grab packs' for each procedure in accordance with ANZCOR and Queensland's recommendations for neonatal resuscitation. 'Grab pack' bags were purchased, and checklist booklets printed, including standard neonatal resuscitation algorithms, adrenaline administration guides and copies of each 'grab pack' content list. The QI project was introduced, and education provided. The study component was developed, and includes completion of the checklists, and supporting governing policy/procedural documents. The feedback from the midwives on the use of 'grab packs' made up the final study component.
Results: Preliminary results showed the use of the 'grab packs' reduces onerous, individual item checking, and facilitates procedure preparedness for emergency situations.
Implications for practice: Neonatal resuscitation trolleys throughout the hospital, particularly where staff are not regularly using such equipment e.g., emergency department, have also been standardised to include neonatal procedure 'grab packs.

Invited speaker

Professor Lynn Gillam

Ethical decision-making in neonatal care

Concurrent 5: Nutrition and feeding stream

Abstract

Investigating infant-feeding at hospital discharge following short stay admission to a neonatal nursery

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Background: Strategies to promote, protect and support breastfeeding in hospital include limiting the

interruption of the mother-child attachment. Separation through neonatal nursery admission varies in hospitals according to protocols or models of care. This study aims to determine the effect of a short-stay admission to a neonatal nursery versus no admission on infant-feeding outcomes at hospital discharge.
Methods: A retrospective cohort study of live births ≥36 weeks' gestation, born at a large urban hospital between 1 Jan 2018 to 31 Dec 2020. Inclusion criteria included ≤3-day postpartum hospital stay and discharged home with mother. Inclusion criteria were determined by hospital policy for eligibility criteria for postnatal ward admission. Multivariate logistic regression analysis was conducted adjusting for confounders associated with known breastfeeding issues including obesity, social economic (SEIFA) score, diabetes and caesarean section.
Results: Of the 16,015 live births meeting inclusion criteria, 1,000 infants were admitted to the neonatal nursery. The primary reason for admissions were suspicion of sepsis (24%), maternal diabetes (19%) and jaundice (16%) in the single reason group(n=839). Women who were in the lowest socioeconomic group were 30% less likely to be breastfeeding at discharge if their baby was admitted compared to not-admitted (OR 0.70; 95%CI 0.66-0.77). Our fully adjusted model found a 35% reduction in full breastfeeding at hospital discharge for infants having a short stay admission to the neonatal nursery compared to no admission (OR 0.65, 95% CI 0.56-0.75, $P<0.001$).
Conclusions: Strategies to reduce separation and identifying mother-infant dyads more vulnerable to non-exclusive breastfeeding at hospital discharge will assist targeting resources into practice improvement.

Invited speaker

Angie Canning

Oral feeding and aspiration risk for infants receiving nCPAP and HFNC

Historically, infants receiving nCPAP or HFNC were not orally fed, however this practice is increasingly occurring. There is limited evidence as to whether commencing oral feeding while on nCPAP or HFNC facilitates transition to full oral feeding without adverse effects. This presentation will summarise and discuss research findings regarding oral feeding for this population.

Concurrent 6: Neo-Skin stream

Neonatal Skin – Topical Issues and Management

Neonatal Skin is unique in its structure and function and can be at various stages of immaturity. Therefore, managing a neonatal skin injury or wound using products made for an adult world is challenging due to limited quality neonatal evidence. This interactive session will use case-studies to discuss key elements in wound assessment, wound care products and dressings, and available management techniques. Resources to assist in clinical practice will be discussed, along with product types in use in Australian Neonatal Units.

Plenary 3: Thursday pm

Abstract

Specialist assessments of neonatal skin injuries reveal agreement for colour but not severity

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Background: Neonatal skin injuries are frequent yet best practice for injury confirmation and severity is visual assessment. Whilst neonatal skin assessment is complex due to the developing neonatal skin, there is an urgent need for reliable assessment methods.
Methods: This study aimed to evaluate consistency in the assessment of neonatal skin injuries by three neonatal and two adult specialists. A total of (n=297) images were screened for optimal, stratified for size and colour; with 60 randomly selected for assessment. The principal investigator's assessments were the baseline for comparison and consistency. Comparison of injury assessments for colour and stage were calculated using Chi-square, with p-value of <0.05 considered significant.
Results: Neonatal specialists assessed injury elements more positively than adult specialists reported 59-60 (98-100%) injuries visible compared to 51-53 (85-93%) respectively. Consistency of colour assessment was achieved more often with neonatal specialists (n=50, 85%), compared to adult specialists (n=41, 73%). Neonatal

specialists' consistency for injury staging (n=107, 60%) was higher compared to adult specialists who were uncertain (n=8,16%) and less consistent (n=47, 44%). When comparing specialists as a group, consistency with baseline assessment was significantly different between neonatal and adult specialists for colour (p<0.010) and injury stage (p<0.009).

Conclusion: A difference in field of expertise was noted in this study, likely related to experience and understanding of empirical differences between neonatal and adult skin structure and maturity. These results highlight the need for specialist neonatal skin injury and wound training for clinicians involved in assessment, treatment and best practices for neonates.

Abstract

Delirium in neonates

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Background: Delirium is defined as acute cerebral dysfunction caused by systemic illness or effects of treatment. Neonatologists are frequently confronted with infants who are impossible to sedate or receiving escalating doses of medication. Refractory agitation is often the presentation of delirium. Despite delirium being a common medical emergency and a reversible condition, it is not well studied in neonates. This study will explore the feasibility of Cornell Assessment of Paediatric Delirium (CAPD) tool to assess delirium and define the prevalence of delirium in NICU. CAPD was chosen as it is the only tool that has been validated across the entire neonatal and paediatric population.

Methods*:* This is a prospective observational study. The first 100 neonates born > 34 weeks gestation admitted with any congenital anomaly and who will stay in the NICU for >24 hours will be enrolled. They will be screened for delirium using CAPD tool to assess the prevalence of delirium in NICU. High CAPD scores (> 9) will require psychiatrist assessment. Demographic information of the newborns will be collected.

Results: The primary study outcome measures are feasibility of CAPD and prevalence of delirium in the neonatal population. The preliminary results of the study will be presented at the conference.

Conclusions: The study will provide valuable information on applicability of CAPD tool in newborn and define the prevalence of delirium in a surgical NICU. Further, collaborative, multi-site, longitudinal studies will be required to investigate effects of delirium on long-term developmental outcomes, and possible pharmacological management and preventive measures.

Invited speakers

Melissah Burnett, Dr Jennifer Dawson and Professor Denise Harrison

We have the evidence; but what about our practices? Adoption of Early EBM, Developmental Care and Pain Management

There is robust evidence showing that the use of early EBM, developmental care, and pain management (sweet solutions, breastfeeding, and skin-skin care) during painful procedures are beneficial. However, these practices have been slow to be adopted into consistent clinical practice. What are the challenges in implementing these evidence-based practices? This session will challenge us all to consider our practices, and how to move the knowledge into action.

Invited speaker

Dr Barbara Cormack

Pearls from the ProVIDe trial

Globally, there is great variation in nutrition care for preterm babies. One reason for this is the lack of high-quality evidence on which to base international guidelines. A key area of controversy is the optimum protein intake for a preterm baby. To address this knowledge gap, the ProVIDe trial randomised 434 extremely low birthweight babies to receive 1g per day of extra parental protein or placebo in addition to their usual nutrition to determine whether this would improve neurodevelopment at 2 years of age. In addition to presenting the primary outcome of the trial, Barbara will discuss other valuable findings from the trial that are changing how we provide parenteral nutrition for preterm babies now and in the future.

Breakfast Sessions on Friday 16 September 2022

Breakfast will be 6.30 to 7am in the Island Court area for delegates registered for a breakfast session

7 to 8.15am Breakfast sessions (Reef room; Boardroom 3)	
4	**Chairs:** Annie Chang and Ursula Haack **What about dad? Supporting fatherhood in the neonatal unit.** *Presenters: Sophia Qiuxia Dong, Dr Rebecca Liackman & Chris May - SMS 4dad, Julie Borninkhof – CEO of PANDA, Renee Muirhead and Amanda Bates* **Aim**: to raise the awareness of fatherhood and mental health of fathers among neonatal nurses. **Sophia Qiuxia Dong** - a master by research candidate of the University of South Australia. Sophie will share her results of an exploratory study investigating the impacts of kangaroo care on fathers when their babies were cared for in one NICU of SA through collecting the qualitative data yielded from semi-structured interviews. Historically, mothers are considered as the dominant kangaroo Care providers whereas fathers are spectators and have been overlooked. Little is known about the fathers' perspectives in providing kangaroo Care in this specific environment. Sophia conducted the first qualitative study in Australia that focused on this research topic. Current evidence and future recommendations will also be discussed in this presentation. **Dr Rebecca Liackman & Chris May, SMS4dads**. This presentation will describe the SMS4**dads** service and its relevance in empowering dads in the NICU setting to improve family health outcomes. Rebecca believes SMS4dads is unique, bold and pioneering and SMS4dads fills a gap for dads to feel valued, non-invasively and non-judgmentally, during a challenging life-phase. **Julie Borninkhof,** PANDA CEO and Clinical Psychologist will present on "Supporting the mental health and wellbeing of dads in the perinatal period" and introduce the work of PANDA (Perinatal Depression and Anxiety Australia). **Renee Muirhead and Amanda Bates** – will discuss the development, implementation and challenges of a father's peer support group in a large tertiary referral centre in Queensland.
5	**Chair:** Jennifer Dawson **Improvement in thermoregulation outcomes following the implementation of a thermoregulation bundle for preterm infants.** *Presenter: Hannah Skelton* Hannah Skelton is the Clinical Nurse Consultant in the NICU at Westmead Hospital. She is passionate in improving the care of preterm infants through the implementation of evidence-based practice and neuroprotective care. Hannah has a keen interest in participating in research, having commenced her research journey as a Research Assistant during her undergraduate degree and currently being enrolled in her PhD at Western Sydney University. In addition, Hannah has been employed as a research nurse prior to being appointed to the CNC role and has participated in quality improvement initiatives in the NICU, such as improving admission temperatures of neonates. When Hannah is not working, she enjoys spending time with her husband, toddler and two beagles or using her problem-solving abilities to complete escape rooms. *Supported by an education grant from GE Healthcare*.

Friday 16 September 2022

Plenary 4: Reef room **Chairs:** Nicol Franz and Denise Harrison	
8.30am	Pain and vulnerability: do we need empathy in the neonatal intensive care unit? *Dr Emre Ilhan*
8.45am	Close to me: Cuddle for End-of-Life Care During Transport - A service and process evaluation *Jacqueline Plazina and Melissa Melville*
9.00am	Neonatal organ donation: developing Australian NICU Practices *Justine Parsons*
9.15am	**Gestational Ageism: What is it and why you should care?** *Dr Nicholas Williams* You've probably heard about people being ageists, but what is Gestational Ageism? This talk will delve into this concept and explain why it is important that we avoid it when making decisions for extremely premature infants.
10.00 to 10.30am	**Morning tea, Trade Exhibit and Posters (Pre-function area, Beaches and Marina Rooms)**
Plenary 5: Reef room **Chair:** Karen Walker	
10.30am	**No-treatment arms in trials of procedural pain management – can they be ethically justified?** – *Professor Denise Harrison, Dr Stephen McKeever and Professor Lynn Gillam* High quality robust evidence shows that breastfeeding, skin-to-skin care and small volumes of sucrose or glucose reduce pain during painful procedures. Given the strong evidence-base, there is no longer uncertainty about the effectiveness of these strategies in reducing neonatal pain during commonly performed needle related painful procedures. Yet placebo/no treatment group trials evaluating analgesic effects of pain treatments continue to be planned, conducted, and published. The question of whether such studies are ethically justifiable, has been debated. This workshop, using the example of sweet solution analgesia, will include a summary of the evidence, along with arguments for and against continued exploration and subsequent publication of studies with placebo/no treatment groups. In this workshop, the panel will highlight the debate regarding ethics of neonatal pain research conduct and publication, equipoise, and ethical principles of human experimentation as per the Declaration of Helsinki.
11.30am	**Presentation of Awards and ACNN Annual General Meeting**
12MD to 12.45pm	**Lunch, Trade Exhibit and Posters (Pre-function area, Beaches and Marina Rooms)**
Concurrent 7: Neurodevelopmental care stream - Harbour/Jetty room **Chairs:** Ursula Haack and Cindi Escardo	
12.45pm	Enhancing the infant-parent skin-to-skin therapy experience in the Neonatal unit- clinician perspective *Karina Clark*
1.00pm	The impact of restricted visiting on family-centred care in the NICU during the COVID-19 pandemic *Katelyn Effeney*
1.15pm	**Brain function monitoring in neonates – interpreting the aEEG** *Dr Jenny Bowen* Neuro-monitoring is one of the 4 pillars of NeuroNICU care for neonates. Brain monitoring using the aEEG has become standard practice for neonates with Hypoxic Ischaemic Encephalopathy receiving Therapeutic Hypothermia and for neonates who are thought to be having seizures. This session will look at how to interpret the aEEG and how the aEEG can assist with predictions about longer term developmental outcomes.
1.45pm	Neurodevelopmental care SIG annual meeting
Concurrent 8: Education stream – Boardroom 3 **Chairs:** Patricia Bromley and Justine Parsons	
12.45pm	**Online education: One neonatal department's experience during the COVID pandemic** *Dr Nicholas Williams* Hear how one neonatal department transitioned to online education during the COVID pandemic. This talk will include both the successes as well as the pitfalls and most importantly, the lessons learnt.

1.15pm	Trial of a preceptor model to support new nurses in a surgical NICU *Dr Priya Govindaswamy*
1.30pm	Communicating Safely: Introduction of ISOAP format in clinical documentation across the Canberra NICU/SCN. *Associate Professor Margaret Broom*
1.45pm	Education SIG annual meeting
Concurrent 9: Neonatal Nurse Practitioner stream – Marina room **Chairs:** Karen Hose and Mariann Hennessy	
12.45pm	**Pharmacological management of pain and sedation – what's new?** *Associate Professor Karen Whitfield* Optimal management of pain and sedation in neonates remains a challenge. Choice of agent will depend on many variables. Addressing tolerance and avoiding withdrawal is also challenging and controversy remains regarding the most appropriate duration of analgesic and sedation wean. This session will focus on pharmacological management of pain and sedation and available evidence for new approaches and agents.
1.30pm	Reducing Unplanned Extubation in the Neonatal Intensive Care Unit. *Samantha Tyrer*
1.45pm	Hospitalised neonates requiring reinsertion of peripheral intravenous catheters: a case series. *Stephanie Hall*
2.00pm	Neonatal Observational Vascular Access and complications: the NOVA Audit *Dr Deanne August*
2.15 to 2.45pm	**Afternoon tea, Trade Exhibit and Posters (Pre-function area, Beaches and Marina Rooms)**
Plenary 6: Reef room **Chairs:** Amy Curran and Miriam Long	
2.45pm	**Therapeutic Drug Monitoring in neonates – how far have we come?** *Associate Professor Karen Whitfield* Therapeutic Drug Monitoring (TDM) has been available for over 40 years, historically implemented to reduce risks of adverse events in patients when using potentially toxic medications. Increasingly TDM has been used to optimize pharmacological management outcomes in patients. Undertaking TDM in neonates has many advantages particularly for the preterm infant. However, challenges exist including sampling and interpretation of results. This session will provide an overview of TDM in the neonate, latest advances and what the future may hold.
3.15pm	**Changing neonatal outcomes over time** *Dr Jenny Bowen* Neonatal Intensive Care has changed significantly over the past 40 years, resulting in increased survival rates and expectations for care. This session will look at how neurodevelopmental outcomes have changed over this time and the ongoing challenges for the future.
3.45pm	**Comparison of Family-Centred Care with Family Integrated Care and Mobile Technology (mFICare) on Preterm infant, Family and Staff Outcomes** *Professor Linda Franck* Authentic and consistent family-centred care remains an elusive goal in most NICUs. It also remains unclear what 'dose' or combination of family-centred care practices and parental involvement are necessary for optimal infant outcomes. Family Integrated Care (FICare) has emerged as a well-defined, yet flexible model of parent partnered NICU care that has been shown to improve infant and parent outcomes in clinical trials and quality improvement evaluations across high- and middle-income countries. In this session, new research findings from a mobile-enhanced FICare trial will be shared. Challenges and opportunities for implementing family-centred or family integrated care will be discussed.
4.15 pm	Presenters Awards and Close. *ACNN President*
6.30 to 11pm	**"Let's Party Like it's 1992" conference dinner**

Plenary 4: Friday am

Abstract

Pain and vulnerability: do we need empathy in the neonatal intensive care unit?

Ilhan E[1,2]
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Introduction: Pain is commonly experienced by neonates and infants admitted to the neonatal intensive care unit (NICU), yet it remains under-managed despite the availability of high-quality evidence. A potentially under-appreciated barrier to optimal pain management in the NICU is a need to consider health professionals' ethical responsibilities as advocates of infants' pain. The aim of this research was to develop a framework to ensure all infants receive the best pain management available.

Methods: A literature review and ethical inquiry was used to propose a framework to enable optimal pain management in critically ill neonates and infants. The framework was based on incorporating a principles approach with an ethics of care approach to pain management.

Findings: A key construct that requires exploration in the NICU is vulnerability and empathy. Critically ill neonates and infants are one of the most vulnerable patient populations, due to their dependency on others for comfort; however, this fact alone may not intrinsically motivate clinicians to provide optimal pain management, especially in a clinical setting with competing priorities and hierarchies of responsibility and power. The proposed ethical framework suggests that intrinsic motivation to provide optimal pain management must foster an affective/emotional and cognitive/reflective empathy in clinicians, and that all efforts to ensure optimal pain relief should be collective.

Conclusion: Critically ill neonates and infants are vulnerable to harm if their pain is under-managed. Health professionals can approach pain management in this vulnerable population in a manner that is empathetic, both affectively and reflectively, as well as collectively.

Abstract

Close to me: Cuddle for End-of- Life Care During Transport - A service and process evaluation

Plazina J[1,2], Melville M[1,2], Collie L[1,2], Cooke L[1,2], August D[2,3].
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Problem: End-of-life care is stressful for families, with some families choosing a hospice rather than a hospital environment to facilitate meaningful moments. Whilst neonatal transport would traditionally involve a neonatal intensive care cot, this novel option offered by the neonatal transport service (NeoRESQ) allowed parents to cuddle their babies during this journey.

Methods: This was a service line evaluation of transport for babies receiving palliative care and their families. This evaluation included assessment of i) processes required (staffing, communication, equipment, time for preparation), ii) safety characteristics and iii) effectiveness of transport. Service evaluation records and local databases were reviewed for: ventilation settings, stability on departure and arrival, and number of clinical events during transfer.

Results: A total of five patients were transported, of which four were ventilated whilst being cuddled to a designated hospice setting. Prior to the first transfer, feasibility and safety activities were completed including simulation, photos, equipment and consumable preparation. Important factors for the care team included education and documentation, no additional team members, family orientation to cuddle retrieval process. Preparation time for these transfers decreased from four hours to one hour and transport time ranged from 2.75 to 4.25 hours. During transfer only comfort cares were required, and no adverse events occurred.

Implications for practice: This evaluation indicates that cuddling a baby for transfer to hospice setting is safe and effective even if ventilated. This transfer option will have ongoing evaluation combined with education for this transport alternative. The NeoRESQ team believes this method is a beneficial and meaningful option for families.

Abstract

Neonatal organ donation: developing Australian NICU practices

Parsons, J[1]
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Problem: The need for transplants exceeds organ/tissue donor availability. Surgical advances have resulted in successful transplants using neonatal donors. Although organ donation in the neonate is still a rare and unique occurrence, guideline development, improved education and timely referral will see a significant increase in future donations.
Methods: The NICU at JHCH participated in the first solid organ donation from a neonate in NSW. As a result, a 'Neonatal Organ Donation' interest group was formed. The group reviewed deaths from preceding 5 years, and identified babies meeting criteria for organ donation, although not offered the opportunity and noted over 20 missed opportunities for organ donation discussions. A CPG to streamline organ donation processes, ensuring procedures fit within legal/ethical frameworks was developed and staff were upskilled in organ donation training by Donate Life NSW.
Results: A CPG was developed, finalised, and published in 2018. To the author's knowledge, this was the first CPG in NSW, if not Australia, on organ donation in this population. The CPG includes a clinical 'trigger' prompting staff to consider organ donation when following end of life care programs.
Implications for practice: Robust organ donation programs add new sources of donors, increasing organs available for transplantation. Multidisciplinary development of a CPG on organ donation helps streamline processes in NICU, in conjunction with comprehensive education programs to ensure staff are proficient in an emotionally charged situation. Sound frameworks and expert staff help improve outcomes for donor/recipient families with long and short-term benefits.

Invited speaker

Dr Nicholas Williams

Gestational ageism: what is it and why you should care?

You've probably heard about people be ageists, but what is Gestational Ageism? This talk will delve into this concept and explain why it is important that we avoid it when making decisions for extremely premature infants.

Plenary 5: Friday mid-morning

Invited speakers

Professor Denise Harrison, Dr Stephen McKeever and Professor Lynn Gillam

No-treatment arms in trials of procedural pain management – can they be ethically justified?

High quality robust evidence shows that breastfeeding, skin-to-skin care and small volumes of sucrose or glucose reduce pain during painful procedures. Given the strong evidence-base, there is no longer uncertainty about the effectiveness of these strategies in reducing neonatal pain during commonly performed needle related painful procedures. Yet placebo/no treatment group trials evaluating analgesic effects of pain treatments continue to be planned, conducted and published. The question of whether such studies are ethically justifiable, has been debated. This workshop, using the example of sweet solution analgesia, will include a summary of the evidence, along with arguments for and against continued exploration and subsequent publication of studies with placebo/no treatment groups. In this workshop, the panel will highlight the debate regarding ethics of neonatal pain research conduct and publication, equipoise, and ethical principles of human experimentation as per the Declaration of Helsinki.

ACNN Annual General Meeting

Venue: Reef room, Pacific Bay Resort, Coffs Harbour

Time: commencing at **11.30am**

1. Present:

2. Apologies:

3. Confirmation of minutes from previous AGM on 10 September 2021:

4. Business from previous minutes: lodgement of 2021 financial summary with NSW Fair Trading

5. Reports:

   a) President:

   b) Treasurer:

   c) Professional Officer:

6. Other business arising:

   a) Election of office-bearers for 2022 – 2023
      President:
      Vice president:
      Secretary:
      Treasurer:
      Ordinary members:

   b) Annual Conference

7. New business

   a) Voting on changes to ACNN constitution

   Special resolution for voting: that all the proposed updates and changes to the 2107 version of the ACNN Constitution be accepted.

8. Correspondence:

9. Business without notice:

10. Next AGM:

Concurrent 7: Neurodevelopmental Care stream

Abstract

Enhancing the infant-parent skin-to-skin therapy experience in the NCCU - clinician perspective

Bates A[1], Muirhead R[1,2], Clark, K[1]
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Background: Skin to skin therapy (SST) has many benefits for both infant and parents including improved physiological stability for baby as well as improved attachment and parental confidence. Despite the myriad of widely reported benefits of SST, attitudes amongst staff remain varied and consistent implementation of this therapy remains suboptimal. The aim of this study was to increase the amount of time infants spend skin to skin with their parents via a variety of interventions.
Methods: A pre/post questionnaire design was utilised. Clinicians were surveyed to gain a baseline of attitudes, perceived barriers and benefits of SST. Several PDSA cycles were undertaken to enhance infant-parent SST including updating the guideline to reduce exclusions for skin to skin, educational posters, introduction of hand-held mirrors and a log to capture time infants spent skin to skin. Staff were again surveyed post-implementation of these interventions.
Results: A total of 77 surveys were completed by staff across the neonatal unit (40 pre/37 post). Overall, results demonstrated an improvement in clinicians understanding of the benefits of SST, the amount of time babies are encouraged to spend skin to skin, as well as a decrease in perceived contraindications for babies to receive SST. Appreciation of the SST guideline has improved from 47.5% to 94.5% amongst the clinicians surveyed.
Implications for practice: Despite multiple interventions to enhance infant-parent SST in the neonatal unit, barriers remain evident in knowledge, attitudes and perceived barriers for this therapy. Further interventions including simulation to improve staff confidence are being considered.

Abstract

The impact of restricted visiting on family-centred care during the COVID-19 pandemic

Effeney K[1], Brown N[2].
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Introduction: The sudden emergence and international transmission of COVID-19 in January 2020 forced neonatal intensive units to rapidly tighten hospital visitation to prevent the spread of the disease. The secondary impact of reduced parental presence and involvement is yet to be understood. This systematic review evaluated the reported impact restricted visitation and public health measures had on the delivery of family-centred care in the neonatal intensive care unit during the COVID-19 pandemic.

Methods: The integrative review process was guided by Whittemore and Knafl (2005). CINAHL, Medline and PsycInfo databases were searched, and the included studies were critically appraised using the Mixed Methods Appraisal Tool. A total of 17 eligible studies were included in the review, including seven quantitative studies, seven qualitative studies and three mixed-method studies.

Findings: The emerging research of clinician and parental perceptions on the effects of the strict visiting restrictions were analysed. Four main themes emerged: visiting restrictions, impact on family-centred care, impact on parents and interventions. Restrictions undermined the parent's role, prevented their active involvement, and compromised their ability to make informed decisions about their baby.

Conclusion: Restriction to parental visiting had a detrimental impact on the delivery of family-centred care in the NICU. The imposed visiting restrictions had greater impact on parents and infants, than COVID-19 itself. Although infection control measures are important to mitigate the risk of transmission of COVID-19, parents must be allowed to visit their infant in the NICU without time limitations and actively participate in their care.

Invited speaker

Dr Jenny Bowen

Brain function monitoring in neonates – interpreting the aEEG

Neuro-monitoring is one of the 4 pillars of NeuroNICU care for neonates. Brain monitoring using the aEEG has become standard practice for neonates with Hypoxic Ischaemic Encephalopathy receiving Therapeutic

Hypothermia and for neonates who are thought to be having seizures. This session will look at how to interpret the aEEG and how the aEEG can assist with predictions about longer term developmental outcomes.

Concurrent 8: Education stream

Invited speaker

Dr Nicholas Williams

Online education: one neonatal department's experience during the COVID pandemic

Hear how one neonatal department transitioned to online education during the COVID pandemic. This talk will include both the successes as well as the pitfalls and most importantly, the lessons learnt.

Abstract

Trial of a preceptor model to support new nurses in a surgical NICU

Govindaswamy P[1], Minter K[1].
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Background: Nurses new to NICU setting have been observed to experience challenges balancing prerequisite nursing practice knowledge with the expectations of the workplace. In the highly-technical Surgical Neonatal Intensive Care Unit (SNICU), Nurse Educators are acutely aware of the impact of this on staff and patient care. The aim is to support nurses to successfully transition to NICU environment by streamlining the preceptor time-period and ensure maximum learning opportunities.

Methods*:* Feedback, informal and formal discussions among educators, clinical nurse consultants and preceptors regarding the clinical practice of the new nurses took place over the past 12months. Strategies were identified and prioritised to modify the orientation process and supernumerary time provided to support their transition in to NICU. A survey was developed in consultation with nurse manager, and the survey was sent to the preceptors and preceptees for their feedback.

Results: Modification to orientation included extension of the preceptor period from 2 weeks to 3 weeks, increasing shift flexibility, increase in CNE coverage after hours; reviewing the acquisition of specialist knowledge via the unit's clinical progression ladder including study days, allowing more time for learning at home, bedside teaching and nurse-led simulations. Fourteen nurses have transitioned utilizing the modified model in the last six months. The results of the study will be presented at the conference.

Conclusions: For new nurses transition into a surgical NICU requires specialized knowledge and skills. Future evaluation of the model will identify aspects that best support new nurses to improve their competence and transition smoothly to the SNICU.

Abstract

Communicating Safely: Introduction of ISOAP format in clinical documentation across the Canberra NICU/SCN

Broom M[1, 2], Maher L[1], Winthrop E[1], Joseph J [1], Hyslop H[1], Grlj L[1], Martinoski J[1] on behalf of NICU/SCN teams
[1]Centenary Hospital for Women and Children, Canberra, ACT; [2]University of Canberra, Canberra, ACT
Email: Margaret.Broom@act.gov.au

Problem: Canberra Health Services (CHS) introduced ISOAP (Introduction, Subjective, Analysis, Objective, Plan) format to standardise clinical documentation (CD). In February 2021 a clinical audit undertaken by CHS reported only 28.6% of CD in NICU/ SCN were written using ISOAP format. We also conducted an audit that showed 2% of nursing handover reports used ISOAP format.

Methods: The aim of the quality improvement project was to increase the use of ISOAP documentation format from 2% to 50% (Jan 22) and 90% (April 22). The project included: development of templates, posters, lanyards, and examples of ISOAP documentation for use across NICU/SCN. Education and support of NICU/SCN staff throughout the implementation of the ISOAP by in-service, staff emails and one-to-one education. Audits were completed at 1- and 3-months post implementation.

Results: Results have shown a significant uptake of the ISOAP format in all CD. Audits completed by our team showed an increase from 2% (pre) to 78% (3 months post). These results were supported by the CHS Clinical Audit completed in March 2022, with audit results reporting 100% of entries in the 72- hour period reviewed

were completed in ISOAP format

Implications for practice: Implementation ISOAP has standardised clinical documentation across NICU/SCN. NICU/SCN CD now meets CHS policy and guidelines to communicate safely and has facilitated clear documentation of family needs and participation in their baby's care. ISOAP provides a clear pathway for new staff to be educated on CD, as well as reduce time needing to review notes, and collect audit data.

Concurrent 9: Neonatal Nurse Practitioner stream

Invited speaker

Karen Whitfield

Pharmacological management of pain and sedation – what's new?

Optimal management of pain and sedation in neonates remains a challenge. Choice of agent will depend on many variables. Addressing tolerance and avoiding withdrawal is also challenging and controversy remains regarding the most appropriate duration of analgesic and sedation wean. This session will focus on pharmacological management of pain and sedation and available evidence for new approaches and agents.

Abstract

Reducing unplanned extubation in the neonatal intensive care unit

Tyrer S[1]
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Problem: Unplanned extubation (UE) is the fourth most common adverse event in the neonatal intensive care unit and is considered preventable. UE can lead to cardiorespiratory deterioration, airway trauma, pneumothorax and potentially death. These events ultimately lead to longer periods spent on mechanical ventilation which results in a longer length of stay and an increased cost to the health care system. It was identified by the Monash Newborn Respiratory and Resuscitation Group that our unit had a high UE rate. The aim of this quality improvement project is to reduce our UE rates to the global standard of less than 1 UE per 100 ventilator days.

Methods: The quality improvement project was undertaken in a level 6b Neonatal Intensive Care Unit. A pre-implementation audit was completed to determine the rate of UE. UE is defined as the accidental removal or dislodgement of an endotracheal tube at a time not pre-determined by the medical team. Patients that required mechanical ventilation during their admission were included in the audit. A clinical guideline was introduced using Plan-Do-Study-Act cycles due to the amount of practice changes being made.

Results: Post-implementation data shows a decrease from 3.7 to 1.3 UE per 100 ventilator days. Whilst still above the global standard, our quality improvement work continues.

Implications for practice: There is an increased nursing knowledge on how to safely care for an intubated patient and reduce these events. Additionally, there are reduced mortality and morbidity rates with a reduced length of stay and cost.

Abstract

Hospitalised neonates requiring reinsertion of peripheral intravenous catheters: a case series

Hall S[1], August D[1,2], Larsen E[2] March N[2], Ware R[1,3], Cobbald L[1], McLaughlin L[1], Ullman A[3]
[1]Grantley Stable Neonatal Unit Royal Brisbane and Women's Hospital, Brisbane, QLD; [2]Griffith University, Brisbane, QLD; [3]University of Queensland, Brisbane, QLD
Email: Stephanie.Hall2@health.qld.gov.au

Background: Neonatal peripheral intravenous catheters (PIVCs) are difficult to insert, often requiring multiple attempts, causing pain and delaying treatment. The aim of this study was to identify the clinical characteristics for neonates requiring multiple PIVC re-insertions during hospitalisation.

Methods: Neonates requiring a PIVC insertion within a Brisbane Neonatal Unit, during 2020-21 were eligible for inclusion if they obtained three or more PIVCs. Second daily checks were conducted, with data collected including patient demographics (weight, gestational age, acuity), device characteristics (treatment indication, location), and device outcome (completion or failure). Outcomes were reported descriptively, with medians and interquartile ranges.

Results: In total, 19 neonates (7%, N=248) received three or more PIVCs (total, 101 PIVCs). Median gestation was 26 weeks (24-28wks), with a median weight of 728 grams (640- 1050g), and all neonates required intensive care on admission. The most common anatomical location was the hand (41.5%, n=42). Over half (52.6%, n=10) required five or more PIVCs, with one neonate requiring 12 PIVCs. The median dwell time was 48.5 hours (2-51.6 hrs), and the longest PIVC dwelled 263 hours. Fifty-seven percent (n=101 PIVCs) failed from mechanical complications (58 required-; 43 did not require- reinsertion).
Conclusion: Clinicians often report that larger and older neonates are more difficult to cannulate. Despite this, our results found extremely low birthweight required frequent cannulation, with many PIVCs failing prior to treatment completion. Thus, there is need for further investigation regarding decision-making, advanced inserter skills, and optimisation of vascular access device selection.

Abstract

Neonatal Observational Vascular Access and complications: the NOVA Audit

August D[1,2,3], Marsh N[1,2], McIntyre C[1], New K[1,4], Takashima M[1,3], Smith P[1], Koorts P[1], Irwin A[3], Cobbald C[1], Lack G[1], Foxcroft K[1,3], Ullman A[1,2,3]
[1]Royal Brisbane and Women's Hospital, Brisbane, QLD; [2]Griffith University, Brisbane, QLD; [3]University of Queensland, Brisbane, QLD; [4]University of Sunshine Coast, Brisbane, QLD
Email: Deanne.August@health.qld.gov.au

Background: Neonates require vascular access devices (VADs) for fluids, medications, nutrition or blood products. While lifesaving treatment is often dependant on VADs, the frequency of treatment completion, failure and subsequent complications is poorly understood.
Methods: A prospective audit investigated VAD utility and complication within the Grantley Stable Neonatal Unit. Neonates were assessed second daily for treatment completion, failure and complications. Clinical characteristics were expressed with descriptive statistics and associations between characteristics and complications using Chi-square, Mann-Whitney U or Kruskall-Wallis tests, as appropriate. Variables with $p<0.05$ were significant.
Results: A total of 140 neonates required 302 VADs, for 1375.3 catheter days. Median age was 33.8 weeks (30.4-37.4) and weight 2006 (1352-2956) grams. Admissions were attributed to prematurity (86; 61%) or respiratory failure (73; 52%). Multiple VADs were often needed (62; 44%) with dwell time 2.3 (1.5-3.9) days for peripheral venous; 4.9 (2.7-6.8) days for umbilical venous; and 11.8 (7.9-14.3) days for peripherally inserted central catheters (PICC). Utility was primarily for fluids and medications administration (peripheral (184, 98.9%) umbilical venous (52, 100%)). Failure effected devices at a rate of 58.9 (47.4-73.2) per 1000 catheter days. Daily checks reflected high/continuous use (> 87%) for VADs but skin complications impacted 12% of participants (23 complications for 17 neonates).
Conclusion: The VADS within this study were frequently accessed but many resulted in complications. However, inadequate reporting of similar complications within profession networks (e.g. ANZNN) makes it difficult to compare results. With the emergence of National guidelines for VADs these results can inform targeted improvements and ongoing neonatal VAD research.

Plenary 6: Friday pm

Invited speaker

Karen Whitfield

Therapeutic Drug Monitoring in Neonates – how far have we come?

Therapeutic Drug Monitoring has been available for over 40 years, historically implemented to reduce risks of adverse events in patients when using potentially toxic medications. Increasingly TDM has been used to optimize pharmacological management outcomes in patients. Undertaking TDM in neonates has many advantages particularly for the preterm infant. However, challenges exist including sampling and interpretation of results. This session will provide an overview of TDM in the neonate, latest advances and what the future may hold.

Invited speaker

Dr Jenny Bowen

Changing neonatal outcomes over time

Neonatal Intensive Care has changed significantly over the past 40 years, resulting in increased survival rates and expectations for care. This session will look at how neurodevelopmental outcomes have changed over this time and the ongoing challenges for the future.

Invited speaker

Professor Linda Franck

Comparison of Family-Centred Care with Family Integrated Care and Mobile Technology (mFICare) on Preterm infant, Family and Staff Outcomes

Learning outcomes:

- To describe the evidence for the mFICare model and how it differs from Family-Centred Care
- To share new research findings on mFICare in US NICUs
- To discuss the challenges and opportunities for implementing mFICare in NICUs

Authentic and consistent family-centred care remains an elusive goal in most NICUs. It also remains unclear what 'dose' or combination of family-centred care practices and parental involvement are necessary for optimal infant outcomes. Family Integrated Care (FICare) has emerged as a well-defined, yet flexible model of parent-partnered NICU care that has been shown to improve infant and parent outcomes in clinical trials and quality improvement evaluations across high- and middle-income countries. In this session, new research findings from a mobile-enhanced FICare trial will be shared. Challenges and opportunities for implementing family-centred or family integrated care will be discussed.

Abstract

The IRIIS Taskforce: interventions for reducing the impact of infant and maternal separation

Jones R[1], Simmons M[1], Melov S[2,3].
[1]Women's and Newborn Health, Westmead Hospital, NSW; [2]Reproduction and Perinatal Centre, Faculty of Medicine and Health, The University of Sydney, NSW; [3]Westmead Institute for Maternal and Fetal Medicine, Women's and Newborn Health, Westmead Hospital, NSW
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Introduction: Westmead is a tertiary maternity referral centre for the health district and the state for women with complex pregnancies. With 5,500 births per year, a rate of infant admissions to the neonatal nursery, approximating 25% seemed high. Interrupting the mother-infant attachment even in the short term has a known adverse impact on breastfeeding as well as further psychological ramifications for the family. Our aim is to identify avoidable short-term admissions to the neonatal nursery, implement changes to reduce admission and reduce the impact of unavoidable separations that disrupt bonding and establishment of optimal feeding.
Methods: A group of concerned clinicians joined with consumers, to map issues, workshop solutions and reduce the impact of infant and maternal separation. The IRIIS Taskforce was formed in April 2020 as a multidisciplinary inter-department collaborative working party within Westmead Hospital. The umbrella group holds within it five sub-groups to focus on well-defined problems that contribute to admissions and separation: 1. Prevention and management of hypoglycaemia, 2. Breast or Breast Milk first, 3. Cocoon, 4. Breastfeeding support clinics, 5. Keeping Baby Home.
Results: Initial data from preliminary audits raised questions and highlighted problems linked to mother-infant separation. Quality improvement projects implemented are recognising mother-infant dyads vulnerable to sub optimal support, resulting in a reduction in avoidable nursery admissions.
Conclusion: The IRIIS taskforce committee meets every two months and currently consists of over thirty representatives from all five maternity wards/departments. Defining a complex issue with an overarching group provides focus to improving maternal and newborn care here at Westmead.

Abstract

The phenomenon of separation between mother and baby in special care nursery

Emanuelli S[1], Edward KL[1], Benson A[1]
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Introduction: Due to the clinical nature of the environment, the mothers' engagement in the special care nursery (SCN) can be limited. Much of the literature exploring mothers' engagement is in the neonatal intensive care unit; very limited in SCN. Our study aimed to investigate mothers lived experience of separation; and to explore navigation of physical distance and emotional implications due to her baby's SCN admission.
Methods: The study involved conducting a systematic literature review, as per the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) guidelines, then a qualitative study. Recruited mothers (n=6) were interviewed and data analysed using an extended version of Colaizzi's phenomenological method. This method by Edward and Welch included an eighth step, that of symbolism.
Findings: A total of nine articles were included in the systematic review. Four themes emerged from the interviews: 1) Difficulties adjusting to motherhood; 2) Being involved with the healthcare team facilitates bonding between mother and baby; 3) Effective communication between nurses and mothers assists in mother-baby bonding; and 4) The physical closeness between mother and baby assists in bonding. Some of the symbolism included smells, songs, shapes and colours to cope when away from their baby.
Conclusion: Mothers described enhanced experiences in motherhood when they were included as part of the healthcare team, were provided updates, and had a positive relationship with the nurses. The study findings can inform hospital policy and clinical practice to mitigate negative impact of separation for mothers when their infant is admitted to a SCN.

Abstract

Reducing EBM errors in a tertiary NICU through the implementation of barcoded patient matching

Bates, A[1].
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Problem: Undesirable number of expressed breast milk (EBM) errors in NICU including where an infant is unintentionally fed breastmilk from another mother. Negative impact of these incidence impacting both infant and their families due to person specific processes.
Methods: Data gathered from incidents regarding EBM including storage, labelling and administration. Change idea to implement barcode scanning as a safety layer for processes with management of EBM in the unit.
Results: Since implementation of barcode patient matching for EBM management, there have been no critical events of infants being fed with breastmilk from another mother. Further data collected has identified 31 near misses in the six-month period post implementation.
Implications for practice: Additional safety layer for patient matching through barcode scanning has decreased incidence of EBM related errors in NICU.

Abstract

Neo-BFHI assessment in one Australian NICU

Taylor H[1], Laidler A[1], Bernerius B[1], Reid S[1,2]
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Background: RPA Newborn Care is a tertiary referral NICU in Sydney, with annual admission rates close to 1,000. There is long-standing promotion of breastfeeding, now supplemented by human donor milk. In recent years the dedicated Lactation Consultant team increased from one to 3 full-time neonatal lactation consultants, providing a 7-day support service for families in the NICU. In preparation for intensive education during August, Breastfeeding Month, the Neo-BFHI assessment was undertaken to highlight particular issues to be targeted during staff teaching.
Methods: With permission from the author and HREC approval, the Neo-BFHI assessment was undertaken independently by 8 senior members of staff, with results averaged for comparison with the 2016 Australian results.
Results: Partial scores for RPA Newborn Care showed some variation (more than 10% difference) with Guiding Principles 1, 2, 3, and Steps 1, 4, 9 underscoring, and Step 3 overscoring.

Table 1: Partial scores for Neo-BFHI assessment at RPAH versus Australia-wide scores

Score	GP1	GP2	GP3	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	Code
RPA	82	60	85	56	80	90	73	81	85	96	74	60	92	98
AUS	100	88	96	71	76	75	83	88	88	100	81	80	88	95

Implications for practice: Education will focus on improving the lower performing elements that are not due to a lack of required resources.

Abstract

Building beautiful memories – NICU palliative care redevelopment

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Problem: In 2017 NICU JHCH underwent a long overdue refurbishment. With these works, a multipurpose space was included to allow families to spend time with their infant during their last days of life. Unfortunately, this space lacked access to natural light and bathroom facilities for families and did not meet the cultural needs of our Indigenous families.
Methods: Partnership with Nicholas Butters Trust and Newcastle Permanent Charitable Foundation to secure funding to refurbish an existing single NICU room into a beautiful family room that is warm and culturally sensitive.

Results: After consultation with staff, consumers, JHCH Paediatric Palliative Care team, JHH Aboriginal Health Unit and the Nicholas Butters Trust, plans were drawn up and a builder engaged.
After many setbacks and delays due to Covid, construction commenced in April 2022, and is scheduled to be completed early July 2022.
Implications for practice: This new space will provide families with a beautiful homelike, culturally sensitive living space within the hospital, away from the medical environment, where they can create beautiful memories with their baby during the final days of their life.

Abstract

NICVIEW streaming camera implementation Quality Improvement Project

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Problem: During COVID, restrictions where enforced meaning there was a reduction of visitors to the hospital, and there was an increase in parents contracting covid, also being unable to visit. With outside funding we were able to secure a camera for each of our 64 beds. With these new devices, families can view their children from home, reducing the stress of being away from the hospital. The aim of this project was to assess the impact of the NICVIEW cameras on families and healthcare workers.
Methods: Through surveys, we assessed the key concerns and feedback from the perspectives of healthcare workers and families. The guideline for the new NICVIEW cameras was presented to the Consumer Advisory Group for feedback; Two pre-implementation surveys were administered – one to health care professionals, including nurses, nurse practitioners, medical staff and allied health; and the other to parents/guardians. Education was provided to healthcare workers.
Results: Healthcare workers expressed little trust in the security of the cameras. Both groups expected an increase in stress levels for both staff and families. Healthcare workers and some parents were concerned about the increase in workload associated with the new devices.
Implications for practice: Develop an education package for the rollout of the NICVIEW camera system, supporting staff and families. Post implementation of the NICVIEW cameras a second audit will be conducted.

Abstract

Development of a Bedside Tool to support Neuroprotective Care: the NICU Traffic Light Tool

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Problem: Painful and stressful interventions are many in the NICU environment, and infants communicate their need for support via systemic physical cues as they attempt to regulate. Although robust evidence-based frameworks exist that highlight regulatory and stress cues, supportive practices are not always prioritised or undertaken. Our aim was to develop a point-of-care tool to empower caregivers to assess, verbalise and act on infant cues.
Methods: A working group of Newborn Behavioural Observations [NBO] trainers and neuroprotective champions was formed. Drawing on evidence-based frameworks of Brazelton (Newborn Behavioural Assessment Scale; NBO), Nugent (NBO), and Als (Synactive Theory), a 2-sided poster format tool utilising the NBO traffic light system (red, yellow and green cues) was developed. Feedback was sought from Neurodevelopmental Care and Pain Management Working Groups, Junior Medical Officers [JMOs], and training NBO clinicians.
Findings: There was consensus that the tool was needed. JMOs reported a summary of what the cues meant, and appropriate supportive care actions on the front of the poster, with the traffic light cues on the back would be helpful. While listing the traffic light cues is important, they overshadowed the supportive messaging of the tool. NBO High Risk Infant training participants reported they would implement the tool in their NICUs, but there was a need for an education package to support its implementation.
Implications for practice: The NICU Traffic Light Tool has the potential to improve neuroprotective care knowledge and skills of caregivers, resulting in projected improved neurodevelopmental outcomes. To enhance implementation, an education package is being developed.

Abstract

Does the implementation of a reading library improve family experience whilst in the neonatal unit?

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Background: Admission to a neonatal unit poses many challenges to the infant-family dyad. Strategies that may enhance family participation in care giving activities whilst promoting infant neurodevelopment should be considered. Therefore, the aim of this project was to facilitate increased parent-infant interaction and provide opportunities for greater language exposure by implementing a reading library in the neonatal unit.
Method: A pre/post implementation survey design was utilised. Surveys provided data on parent-infant reading practices for two separate cohorts of parents, pre and post the introduction of a reading library. Additionally, post-implementation of the reading library, parents were given an opportunity to participate in a reading project that enabled them to record and track reading times on a reading calendar throughout their infant's admission.
Results: A total of 52 surveys were completed (32pre/20post). Forty-five percent of parents reported reading to their baby daily, and 50% responded often. This was an increase of 23% and 25% respectively. Ninety-five percent of parents believe the book library positively influenced reading frequency and 92% felt reading helped them feel closer to their baby in the post audit. Only two families over a 3-month period completed and provided data on the reading calendars.
Implications for practice: The provision of resources, such as a reading library for infants can enhance opportunities for increased parental interaction and satisfaction in the neonatal unit. Projects that require additional tasks for families should be carefully considered, as parents may find these superfluous or onerous during an already stressful and challenging time.

Abstract

Guiding parents through NICU during COVID

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Problem: Having a preterm or sick term infant admitted to the neonatal intensive care unit (NICU) can leave parents feeling frightened and unprepared. Parents may experience a loss of control over events and reduced decision-making abilities. Early information and support can assist parents coping capacity and promote parent-infant attachment. Early engagement of parents in the NICU at the Women's Hospital consisted of a tour of the unit to familiarise parents with the environment prior to delivery. This tour was designed for parents who were expecting or had the potential to deliver a baby who required care in a neonatal unit, all other families missed out. Due to COVID-19 all tours ceased, and therefore eligible parents missed engaging with staff and seeing the unit prior to birthing their baby/s.
Methods: In 2020 we applied for a grant to support the idea of a virtual tour video to support all families who may be admitted to the neonatal intensive care unit. This idea was presented and accepted.
Results: Planning, filming and editing occurred between April to June of 2021. The process was collaborative, involving multidisciplinary and multicultural staff and families. The video has been published on the Women's hospital website, Instagram and Facebook page, as well as YouTube. The feedback from staff and families has been one of support and gratitude.
Implications for practice: The parent tour has given The Women's NICU an opportunity to engage with families early and provide a visual aspect of the unit design and values.

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