2023 Annual Conference

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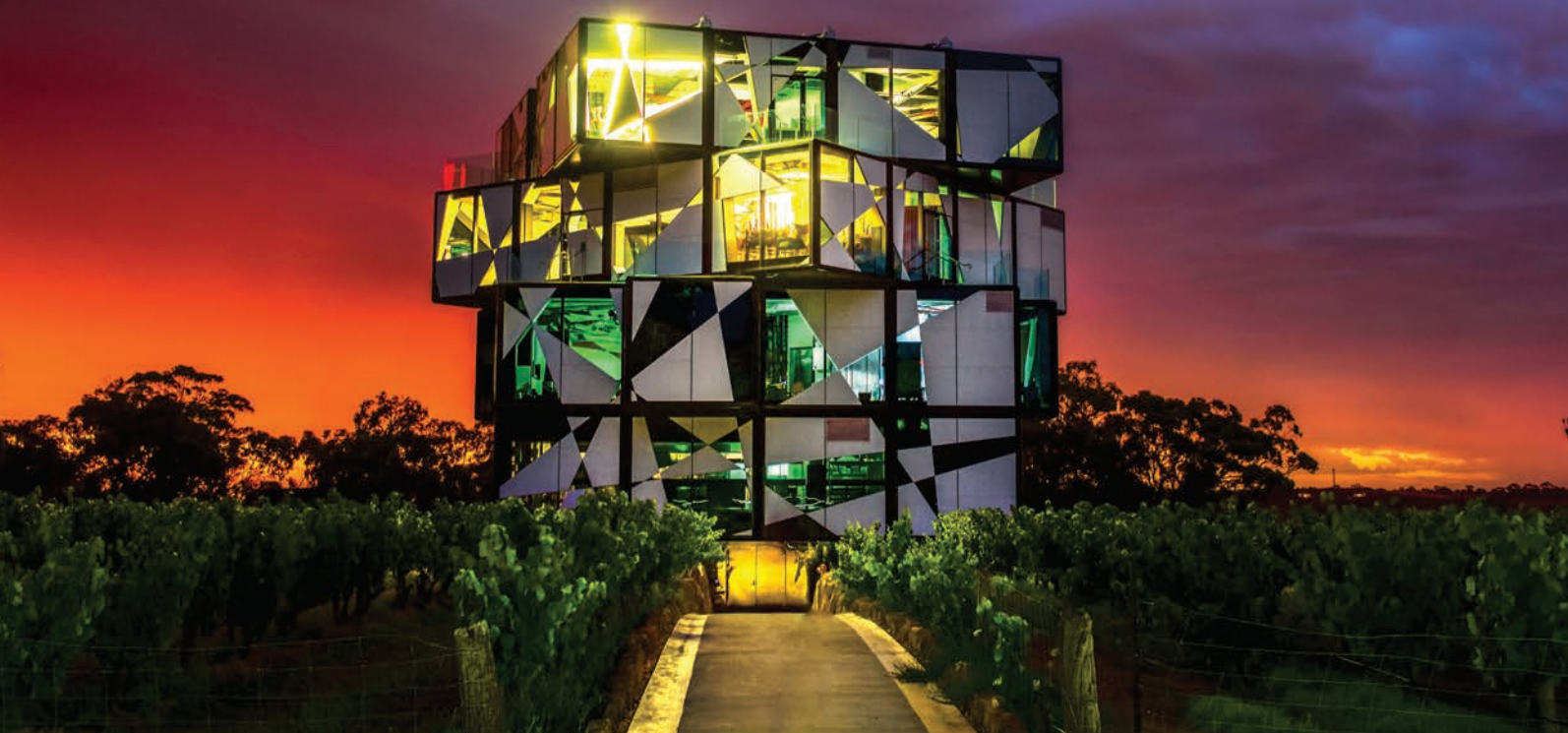

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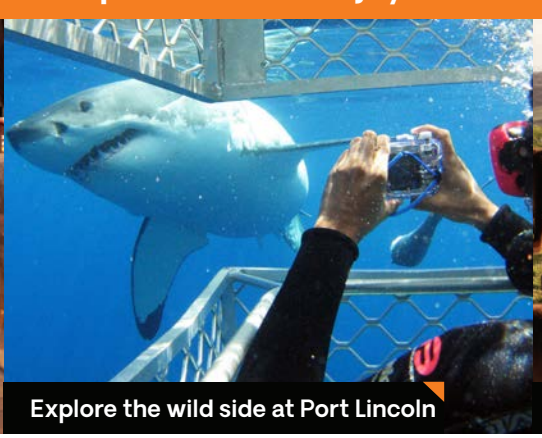

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Welcome

The 2023 Conference Organising Committee is delighted to welcome delegates, presenters, and exhibitors to our 31st Annual Conference. We are pleased to be able to offer a pre-conference workshop facilitated by 2 international speakers, Dr Charissa Patricelli and Nicole Carter from BC Women's Hospital, Vancouver, Canada. We also warmly welcome Deborah Harris, Neonatal Nurse Practitioner and Researcher from New Zealand. 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 1.20 and 1.40pm on Thursday and 12.35 to 12.55pm 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 chat with colleagues over a glass of wine, cup of tea or coffee.

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.

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 Melbourne in 2024.

Enjoy the conference and we hope to see you again next year!

Susie Jones, Miriam Long, Margaret Broom, Melissah Burnett, Amy Curran, Jennifer Dawson, Nicol Franz, Denise Harrison, Kristin Hughes, Samantha Lannan, Karen New, Linda Ng, Shelley Reid.
2023 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 31st ACNN Annual Conference in beautiful Glenelg. Glenelg is just twenty minutes from Adelaide and known as Adelaide's favourite city beach. A walk along the foreshore, a cocktail on the beach or even a sail around the bay. There is plenty to do to unwind and relax after a day of education.

This conference welcomes a wealth of international and Australian speakers to present on a variety of topics focusing on the 'neonatal matrix' – a set of related things that affect the way something develops or changes; Neonatal Opioid Withdrawal Syndrome (NOWS), Neonatal Abstinence Syndrome (NAS), endocrine, metabolic, or genetic conditions. I would like to thank the conference committee for developing such a diverse program.

This conference gives us the opportunity to meet face to face and network with friends and colleagues. If you are staying on after the conference, remember to check out the ACNN website for your 20% discount to some local attractions.

To all the delegates joining us, enjoy being together and have fun.

Amy Curran

Strategic Partner

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Delegate information

Registration

The registration desk is located on the first floor of the conference venue in the foyer area to the ballrooms.

Opening hours
Wednesday: 8am to 1.45pm; Thursday and Friday: 6.30am to 5pm.

Venue

All conference and pre-conference meetings will be held at the Stamford Grand, Glenelg.

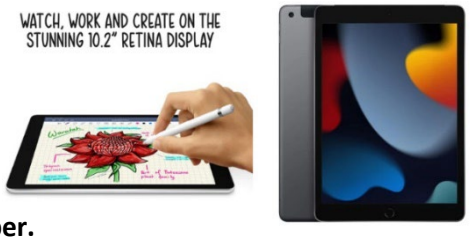
Social program

The welcome reception will be held off-site to the conference venue in Hahndorf, for those delegates and their partners who have purchased tickets and conference packages inclusive of the welcome reception. Buses will depart from the Stamford Grand Glenelg at 2pm and return at approximately 9.15pm on Wednesday 6 September. The afternoon involves time to explore the picturesque Hahndorf and then a tasting experience and light dinner at Grunthal Microbrewery.

Strategic Sponsor

ACNN is grateful of the generous support from our 2023 Principal Partners – Business Events Adelaide and the Government of South Australia, Department of the Premier and Cabinet. We hope you can take advantage of your visit to Adelaide and visit the many destinations and activities the area has on offer. Book activities at https://www.adelaidesightseeing.com.au/acnn2023

Exhibitors and Passport



The exhibitors will be located in ballrooms 3 – 5, next to 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 8 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 11.40am on Friday 8 September, in the plenary room. All members are invited to attend. The agenda is on page 22.

Catering

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

Liability

The ACNN 2023 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

International Speakers

Dr Charissa Patricelli is a Family Physician with a Fellowship in Addiction Medicine, with over 30 years of experience in healthcare. She is the Director of Perinatal Addictions at BC Women's Hospital and Medical Director of the Families in Recovery (FIR) program, the inpatient perinatal stabilisation unit at BC Women's Hospital, Vancouver, Canada. FIR is an international leader in providing obstetrical, medical, harm reduction, stabilization and recovery-oriented care for pregnant and newly delivered women who are cared for with a mother-baby dyad togetherness model, along with Eat Sleep Console (ESC). Dr. Patricelli has been a leader in the development and integration of an enhanced model of care for mothers and newborns impacted by substance use disorder.

Dr Deborah Harris is Aotearoa/ New Zealand's first Nurse Practitioner. Deborah's research interests include the management of babies at risk of neonatal hypoglycaemia and their later development. The impact of her teams' research has changed the treatment for millions of babies and families across the developed world. More recently, Deborah has been investigating the prevention and management of neonatal hypoglycaemia within the Pacific Islands. Current projects:

- Glucose in Well Babies (GLOW) Study. ACTRN number: ACTRN12615000986572
- Glucose in Well Babies and their later Neurodevelopment (GLOWiNg) Study
- Pepi Splint Project

Nicole Carter RN BSN BSc is Senior Leader, Provincial Education for BC Women's Hospital Mental Health and Substance Use Program and has worked at the Families in Recover (FIR) unit, a perinatal substance use stabilization unit supporting mother-baby dyads in Vancouver, Canada, for over 12 years. She has held several nurse leader roles including Perinatal Clinical Educator, and is now the FIR Patient Care Coordinator, providing nurses with education, knowledge translation and advanced skill validation. Nicole supported the development and implementation of the Eat Sleep Console model of care at FIR and is a Women's Health Research Institute (WHRI) Investigator, co-leading a number of perinatal substance use research projects and initiatives.

National Speakers

Alexa McArthur is a Senior Research Fellow in the Implementation Science program at JBI, University of Adelaide. Alexa is a nurse/midwife with clinical experience in domestic and international settings, including the United Kingdom, Nepal and Somalia. Her work has global impact, with highlights involving the facilitation of clinicians in evidence implementation training programs, which focus on building the capacity of researchers and healthcare professionals. Relevant research experience includes delivering translational research programs with healthcare professionals on implementing guidelines (such as delirium and medication administration safety) into clinical practice through facilitation of an Evidence Implementation Training Program, and the delivery of workshops to develop the clinical leadership capacity of healthcare professionals in Papua New Guinea.

Alexandra Kay has been a Medical Scientist at SA Pathology since 2020 and is second in charge of Newborn Screening. Alexandra has a Bachelor of Laboratory Medicine (Honours) from the University of South Australia.

Associate Professor Amy Keir is a Consultant Neonatologist at Women's and Children's Hospital in Adelaide, and an NHMRC Early Career Fellowship with the South Australian Health and Medical Research Institute and the University of Adelaide. Her PhD was in neonatal transfusion practice, and she maintains a strong interest in effectively using data to understand clinical practice. Amy is the SA/NT Representative on the Australian and New Zealand Neonatal Network (ANZNN) and is an active member of the ANZNN Clinical Practice Improvement Committee. She enjoys working alongside her colleagues in neonatal nutrition and human milk, and quality improvement.

Arwen Nikolof is Narrunga and Australian/English descent. Arwen works and lives on Kaurna land in Adelaide with her family. She worked on the Aboriginal Families Study fieldwork team from 2016 to 2020 and has a background working within Aboriginal health and research in community services and government. Arwen started her PhD in 2021 with the University of Melbourne and Murdoch Children's Research Institute. Her topic of research is 'Moving house: how do we better support Aboriginal children and families with high mobility?' Her aspirations is to work together to build strong evidence that makes a difference in the lives of children and families.

Dr Ashley Whitehorn is a research fellow in the Transfer Science team at JBI, within the University of Adelaide. She leads the JBI Women's and Children's Health field and works closely with invited experts to create clinically relevant evidence summaries for clinicians on a wide range of topics. Ashley is passionate about evidence-based practice and supports evidence implementation in healthcare with experience in the conduct of implementation and quality improvement projects, as well as systematic and scoping reviews.

Casey Cameron is of Ngarrindjeri descent, born and raised on Kaurna Land in South Australia. Casey's background includes working in state government, namely Department for Communities and Social Inclusion where her role included providing high level administrative support for training delivered by the department's Registered Training Organisation and Department of the Premier and Cabinet assisting with the coordination of departmental wellbeing program initiatives. Seeing mentors at work impacting government decisions and driving change for community saw her passion for improving equity within and between communities leading to pursuit of a career in nursing. Casey completed her Bachelor of Nursing while she concurrently undertook a cadetship with SAHMRI Women and Kid's and the Aboriginal Communities and Families Health Research Alliance (ACRA) in 2020. Casey has worked across and led a number of ACRA projects including the Aboriginal Families Baby Bundles (ABFABB) Study to improve nutrition and health outcomes for pregnant women and their children, and now is the driving force behind numerous projects to improve understanding of Aboriginal community nutrition and hopes that her work will underpin intergenerational changes to improve health equity.

Cassie Farrelly is a Nurse Consultant of the Home Enteral Nutrition Service at the Women's and Children's Hospital in Adelaide. She is passionate about providing equitable and evidence-based care to all children requiring tube feeding. With an ever-increasing level of complexity of patients comes the challenge of constantly monitoring outcomes and adjusting care accordingly. The Home Enteral Nutrition service believes in empowering families and carers to gain independence with the care of their children with complex health needs in the context of a supportive environment. Cassie has recently collaborated with encompass community nursing staff, creating a new model of care to support tube fed children in the community throughout SA.

Dr Cathy Cord-Udy is an Australian trained General Paediatric Surgeon who worked as a Consultant in London for over 12 years. On returning to Adelaide in 2008, Cathy began consulting at FMC and then from 2010 at The Women's and Children's Hospital as a senior Visiting Medical Officer in Paediatric Surgery. Cathy's interests include all general paediatric surgery but especially neonatal surgery.

Professor Christopher Barnett holds dual fellowships in neonatal/perinatal medicine and clinical genetics and is the Head of the Paediatric and Reproductive Genetics Unit at the Women's and Children's Hospital. He is the Statewide Genomics Lead at the Commission on Excellence and Innovation in Health. He undertook his dual training at The Hospital for Sick Children in Toronto and the Women's and Children's Hospital in Adelaide. Prof Barnett has research interests in prenatal genetics, fetal pathology and rare childhood diseases, and is the clinical lead of the NHMRC and MRFF funded Genomic Autopsy Study, a national and international collaborative investigating genetic causes of perinatal death. He has over 100 publications in peer-reviewed journals including in the New England Journal of Medicine, The Lancet, Nature Genetics and Nature Medicine.

Ms Deanna Stuart-Butler is a descendant of the Arabana people of the 'Pantu Parnda' (Lake Eyre) Region of South Australia. Deanna is the Senior Advisor and lead of Indigenous Research at the Stillbirth Centre for Research Excellence (CRE). She is leading and co-leading several MRFF and CRE-funded research projects investigating voices of Indigenous families relating to stillbirth, stillbirth research priorities for Indigenous women and extensive adaptation of Stillbirth CRE masterclasses for Indigenous healthcare personnel. She is a founding member of the Aboriginal Community and Families Research Alliance, a group instigated by SAHMRI Women and Kids to translate community priorities into research and to integrate research and policy. She was the first graduate of the SA Aboriginal Maternal Infant Care qualification in 2010, going on to become the manager of the Aboriginal Family Birthing Program at the Women's and Children's Hospital in Adelaide.

Dr Emilie Mas is a Senior Medical Scientist at SA Pathology, Head of the Mass Spectrometry Unit and Acting Section Head for Newborn Screening. Emilie has a PhD and Dc in Pharmacy (University of Montpellier I, France) and is a senior researcher and affiliate at the University of Adelaide.

Mrs Karen Glover is a Mein:tnk woman from SE SA and also from the Wotjobaluk nation in NW Victoria. She is working predominantly on the Aboriginal Communities and Families Health Research Alliance (ACRA), a strategic initiative of the Women and Kids Theme and Aboriginal Health Equity Theme at SAHMRI, and the MCRI. Karen brings her community engagement, management, governance and knowledge translation skills and experience to her role as Aboriginal Communities and Families Health Research Alliance (ACRA) pillar lead at SAHMRI Women and Kids theme. ACRA maintains a focus on the shared vision: 'a healthy and just future for all Aboriginal and Torres Strait Islander families.' Karen has also contributed to research through a work program which includes the Aboriginal Families Study and other research projects as a study investigator, and her research relates to improving Aboriginal birthing outcomes, building on to strengthening parenting and safe families and communities. She has also chaired the Aboriginal Advisory Group for the Aboriginal Families Study.

Associate Professor Luke Grzeskowiak is a clinical pharmacist and Channel 7 Children's Research Foundation Fellow in Medicines Use and Safety at Flinders University and the South Australian Health and Medical Research Institute. Luke leads the Reproductive and Perinatal Pharmacoepidemiology Research Group and his clinical and research ambitions are to enhance maternal and newborn health outcomes through supporting quality use of medicines and the development and promotion of more efficacious, safer, and personalised pharmacotherapy approaches.

Associate Professor Michael Stark is a Senior Staff Specialist in Neonatal Medicine at the Women's and Children's Hospital Adelaide with a national and international profile in perinatal research. He is the Director of Translational Research and Co-Research Theme Leader (Early Origins of Health) within the Robinson Research Institute, The University of Adelaide and a Principal Research Fellow of the South Australian Health and Medical Research Institute. He is a Principle and Chief Investigator on NHMRC and MRFF funded perinatal pre-clinical, clinical, and epidemiological trials focusing on interventions to improve outcomes following preterm birth.

Paula Medway is a registered nurse, midwife, and International Board-Certified Lactation Consultant with 30-years' experience. She is Chair of the South Australian Board of the Nursing and Midwifery Board of Australia, has expertise in maternity care policy, and is involved in many state-wide, national, and international policy and regulatory projects. She is a PhD candidate at Deakin University, exploring the impact of Australia's national maternity Strategy and works clinically at the Women's and Children's Hospital in Adelaide.

Sponsored Breakfast Speaker

Associate Professor Atul Malhotra is a consultant neonatologist at Monash Newborn, and clinician scientist at Department of Paediatrics, Monash University and Ritchie Centre, Hudson Institute of Medical Research. A/Prof Malhotra's clinical research interests focus on improving respiratory and neurological outcomes of high-risk infants. He has been involved in a number of randomised clinical trials and observational studies in neonatology. He is keen on early neurodevelopment and is the head of the Early Neurodevelopment Clinic (for early detection of cerebral palsy) at Monash Children's Hospital.

Invited ACNN Member Speakers

Meg Bater, PhD Candidate, is in her final year at the University of Adelaide. Meg is a NICU nurse and educator whose career has taken her to London, Melbourne and Adelaide. Her current role is a consultant nurse attached to the Women's and Children's Hospital neonatal unit, where she leads the Neonatal Growth & Development Program. Her interest in optimal preterm infant neurodevelopment and the provision of family centred developmental care led to her research project PEDaL: parent education for developmental literacy. Meg was awarded the MS McLeod Paediatric Health Nursing Scholarship to undertake her PhD.

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. 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.

Dr. Jann Foster is a Registered Nurse with over 40 years' experience, holds a Masters in Health Science Education, and completed her PhD in 2011. Jann was former Director of the NSW Centre for Evidence Based Health Care: A JBI Affiliated Group and has over 70 peer reviewed nursing and medical journal publications. She is currently a senior lecturer with Western Sydney University and an Adjunct Assoc. Prof. with University of Canberra and undertakes research critical to improving neonatal outcomes.

Dr Deanne August is a Nurse Researcher, Research Co-ordinator and MRFF Research Fellow. Deanne is recognised nationally and internationally as an expert in neonatal skin integrity and assessment, with enthusiasm for supporting neonatal nurses to expand their knowledge and practices related to skin care.

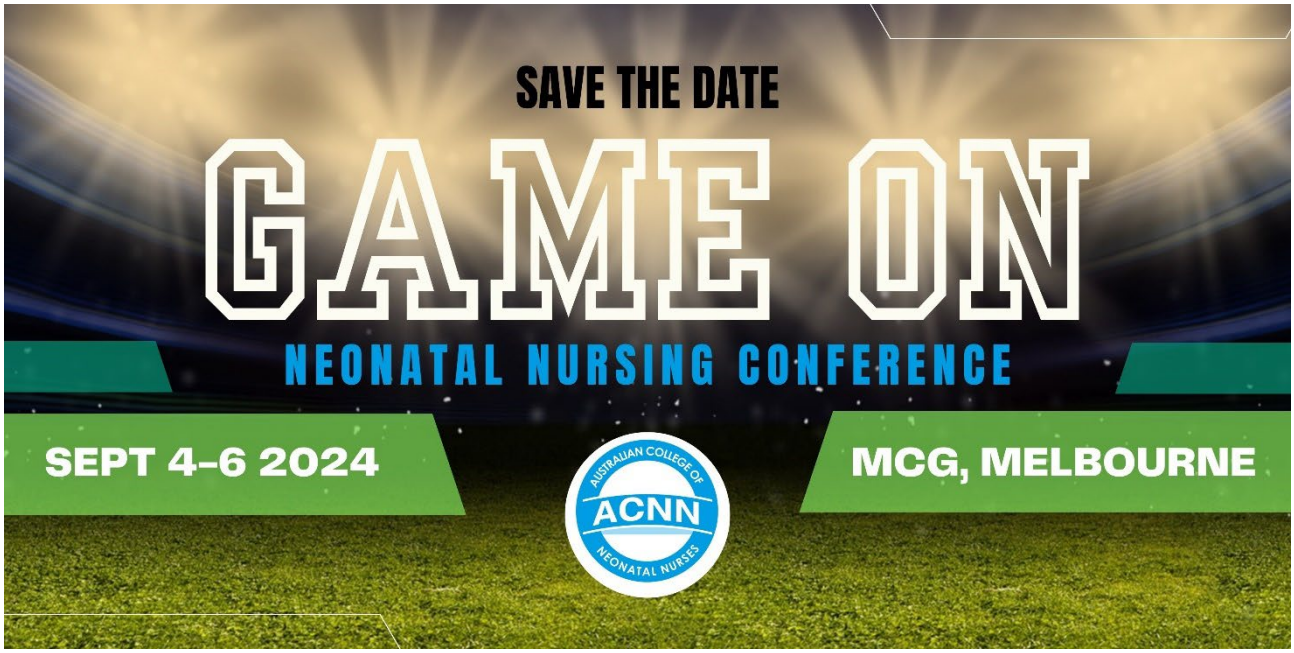
Emma Yeomans is a Clinical Trials Coordinator at Monash Newborn, Monash Children's Hospital. Emma has a Masters in Neonatal Intensive Care and is enrolled in a Professional Doctorate at Latrobe University. Emma's Masters involved developing a neonatal skincare guideline.

Judith Macey is an experienced Clinical Research nurse currently working at Mater Research in Brisbane. She has completed a Masters of Advanced Practice Nursing, with her dissertation being prevalence of newborn skin injuries at birth. Judy has over 35 years' nursing experience with qualifications in midwifery, neonatal nursing, research, and adult workplace education.

Kristin Hughes has a Master of Nursing-Clinical Leadership – PIVC equipment and securement issues and the challenges of skin injury assessment in the setting of various securement methods. In her roles she works as a clinical leader and contributes to the development of policies and forms to improve skin assessment and injury management, as well as acting as a resource for skin care, nappy dermatitis and treatment options for wound management.

Linda Cobbald is an experienced Clinical Nurse and Research nurse with a Graduate Diploma in Neonatal Intensive Care Nursing. She has worked in New Zealand and Brisbane Australia, with her early career including burn treatment in paedatrics and adults. Linda has been involved in clinical research related to neonatal skin and skin care; including implementation of advanced practices in skin assessment and emerging technologies to assist in assessment.

Lyn Chapple has a Graduate Diploma in Neonatal Intensive Care Nursing and works as Clinical Nurse in NICU and Clinical Nurse Research at RBWH. Lyn has been involved in clinical research related to neonatal skin and skin care; including implementation of advanced practices in skin assessment and emerging technologies to assist in assessment.



Wednesday 6 September 2023

Workshop: Ballroom 1-2 **Chair: Amy Curran**	
9.05am	**Welcome**
9.15am to 1.15pm	**Eat, Sleep, Console: Dyad Care for Perinatal Women Using Substances and Exposed Infants Workshop** *Dr Charissa Patricelli and Nicole Carter* This workshop is appropriate for administrators, policy makers and direct front line clinicians including nurses, physicians, midwives, and others providing care to pregnant or postpartum women using substances and/or infants who have been exposed to substances in utero. Although unique risks present during pregnancy, labour, and birth this is also a powerful opportunity for connection, empowerment and healing. The workshop includes a lecture style introduction to the philosophy of rooming-In, mother baby togetherness, harm reduction, decreasing stigma and providing culturally safe and trauma informed care. These philosophies of care will be discussed with a focus on a dyad model that can be used in tertiary or community settings. The workshop will present resources on informed consent and education for breastfeeding, as well as tools for care planning with women, families, and child protection agencies. The Eat, Sleep, Console (ESC) infant functional assessment of Neonatal Opioid Withdrawal Syndrome (NOWS), or Neonatal Abstinence Syndrome (NAS) will be presented, and challenges and opportunities for engaging birth parents and families in the care of the infant will be explored. Breakout sessions with several case studies of pregnant and postpartum mothers using substances, and infants experiencing NAS/NOWS will be facilitated for discussion and shared learning.
2 to 9.15pm	**Adelaide Hills Tour and Welcome Reception**

Welcome reception itinerary

2pm	Buses depart Stamford Grand Glenelg between 2 to 2.15 pm	
3pm to 4.50pm	Hahndorf	Explore Hahndorf: Birkenstock in the Hills; Hahndorf Hill Winery; Beerenberg Farm; Udder delights cheese cellar; The Menz FruChocs shop; Fudge shop; Wolf Blass Gallery and Museum; The 3 wishes Candle Barn
5 to 8.30pm	Grunthal Microbrewery – the Greenhouse & the Great Main Hall	THE GREATEST OF GRÜNTHAL Tasting Experience. One Grünthal gin and tonic, two Grünthal beers and two Hesketh wines served with five matching cheeses, focussing on Udder Delights, for one person. Non-alcoholic tasting options are also available. Motivational speaker Canapes, Pizza and drinks
9.15pm	Buses arrive at Stamford Grand Glenelg	

Breakfast Sessions

Thursday 7 September 2023

Breakfast is between 6.30 and 7am in the Ballroom Foyer area for delegates registered for a breakfast session.

Sessions commence at 7am sharp and conclude at 8.10am

Breakfast Session 1
Room: Colley 1
Chair: Erin Church

PEDaL: A neonatal nurse led early intervention to optimise family and infant developmental care in the neonatal unit

Presenter: *Meg Bater*

Informed and competent parents make a valuable contribution to early childhood development. However, there is a paucity of educational resources tailored to meet the specific information needs of parents with infants born extremely or very preterm. The presentation will cover the suite of research conducted during PhD candidature that focused on partnering with parents to better understand and meet their developmental literacy needs, priorities and preferences following their newborn baby's admission to the neonatal unit. Knowledge gained from 2 separate parent cohorts across Australia (n= 590 parents with a total of 734 NNU admitted children) informed PEDaL - the novel, neonatal nurse created and led, parent education program targeting improved knowledge of infant development to optimally support mothers, fathers, and very preterm infants – both in the neonatal unit and in the first months at home following hospital discharge. Preliminary findings from the PEDaL pilot study conducted in the WCH neonatal unit will be revealed for the first time in this presentation.

Breakfast Session 2
Room: Ballroom 1
Chair: Nicol Franz

Newborn delivery room of tomorrow: emerging and future technologies

Presenter: *Associate Professor Atul Malhotra*

Neonatal intensive care has seen major advances over the last few decades, leading to improving outcomes for sick and premature babies. The care provided at birth (in the delivery suite or operating theatre) for the high risk, vulnerable and sick infant is critical to give these babies the best start to life. The initial few minutes, and hours of life can define their ongoing neonatal care, and long-term outcomes. Fetal to neonatal transition puts newborn babies at risk for a number of complications and being prepared both from a personnel/ skill and equipment/ technology point of view cannot be overstated. In this session, we will refresh the basics of neonatal transition, and science of resuscitation before expanding upon those technologies which are emerging or likely to be embedded in neonatal DR care in the future. Examples of how technologies and interventions in the DR may assist doctors and nurses to optimise neonatal resuscitation and outcomes will be shared.

Supported by an unrestricted education grant from GE Healthcare.

Thursday 7 September 2023

Plenary 1: Ballroom 1-2 **Chairs: Amy Curran and Miriam Long**	
8.20am	**Welcome to Country -** *Senior Kaurna Man, Mickey Kumatpi O'Brien*
8.30am	**Our ways of knowing, being and doing research with Aboriginal communities and families with new babies.** *Mrs Karen Glover, Ms Deanna Stuart-Butler, Arwen Nikolof and Mrs Casey Cameron*
10.30 to 11.00am	**Morning tea, Trade Exhibit and Posters (Ballroom 3-5 and Functions Lobby)**
Concurrent 1: Nutrition & Feeding stream – Ballroom 1-2 **Chair: Heather Taylor**	
11.00am	Hug Me Early: skin to skin contact within 6 hours for very preterm infants. *Jennifer Middleton*
11.15am	**Breastfeeding outcomes for babies born late preterm and their families: what are they and can we improve?** *Associate Professor Amy Keir*
12.00md	**The HENS service – supporting families at home** *Cassie Farrelly*
12.30pm	Nutrition and Feeding SIG annual meeting
Concurrent 2: Research stream – Colley 1 **Chairs: Jeewan Jyoti and Linda Ng**	
11.00am – 1.00pm	**Joanna Briggs Institute (JBI) Evidence-Based Practice Implementation Workshop.** *Dr Ashley Whitehorn and Alexa McArthur*
1.00 to 1.45pm	**Lunch, Trade Exhibit and Posters (Ballroom 3-5 and Functions Lobby)**
Concurrent 3: Neonatal Nurse Practitioner stream – Ballroom 1-2 **Chairs: Jane Langford and Petra Noble**	
1.45pm	**Medication use in lactation: from principles to practice** *Dr Luke Grzeskowiak*
2.30pm	Delayed Diagnosis in Oesophageal Atresia: Case Study *Dr Joanne Scott*
2.45pm	NNP SIG annual meeting
Concurrent 4: Education stream – Colley 1 **Chair: Jennifer Dawson**	
1.45pm	Multi-site neonatal staff education support - what is enough? *Samantha Best*
2.00pm	Challenges of new graduate nurses working in the NICU clinical setting: A qualitative systematic review *Dr Jann Foster*
2.15pm	**Using the Evidence-based Practice for Improving Quality (EPIQ) program to improve clinical practice and outcomes in neonatal units** *Associate Professor Amy Keir*
2.45pm	Education SIG annual meeting
3.00 to 3.30pm	**Afternoon tea, Trade Exhibit and Posters (Ballroom 3-5 and Functions Lobby)**
Plenary 2 – Ballroom 1-2 **Chairs: Susie Jones and Mariann Hennessy**	
3.30pm	**Abdominal wall defects - what's new?** *Dr Cathy Cord-Udy*
4.00pm	**Newborn screening: present and future** *Dr Emilie Mas & Alexandra Kay*
4.30pm	**'Genomics at its best: how new-age diagnostics and genetic counselling changes lives'** *Professor Christopher Barnett*
5.00pm	Close. *Amy Curran, President*
Free evening	

Plenary 1: Thursday am

Invited speakers

Mrs Karen Glover, Ms Deanna Stuart-Butler, Arwen Nikolof and Mrs Casey Cameron

Our ways of knowing, being and doing research with Aboriginal communities and families with new babies.

We are mostly located on Kaurna land, and we do our research across South Australia and beyond. There is something that ties all of us together in how we do our research collectively with and for Aboriginal families and parents during pregnancy and in the neonatal space. This session will feature an interactive facilitated panel discussion among our Aboriginal Communities and Families Health Research Alliance (ACRA) team from SAHMRI and our partners. In this way we will yarn from our research experiences and from Aboriginal women's and families' voices about their experiences. We will use some of our research projects to tell our stories about knowing, being and doing research with Aboriginal communities and families with new babies.

Concurrent 1: Nutrition and Feeding stream

Abstract

Hug Me Early: skin to skin contact within 6 hours for very preterm infants

Middleton J[1], Gordon A[1,2,3,4], Sutcliffe C[1], Bennie K[1], Lutz T[1]; Bernerius B[1], Perez D[1]; Walker K[1,4]
[1]Department of Newborn Care, Royal Prince Alfred Hospital, Camperdown, NSW; [2]Sydney Institute of Women, Children and Families, Sydney Local Health District, Sydney, NSW; [3]Charles Perkins Centre, The University of Sydney, NSW; [4]Faculty of Medicine and Health, The University of Sydney, NSW.
Email: jennifer.middleton@health.nsw.gov.au

Background: Skin to skin contact (Kangaroo Care or KC) for preterm infants supports cardiovascular and respiratory stabilisation, reduces infection risks, improves breastfeeding rates, and reduces length of stay in hospital.
Aim: To reduce the time to first KC with either parent to within 6 hours of admission for all babies <32 weeks.
Method: A 3-month retrospective audit established baseline data for first recorded KC for infants born <32 weeks. The intervention includes support documents to offer guidance as to who should receive KC and when it should be offered early. Education for all disciplines was undertaken and communication as to when to offer skin to skin was added to both the morning multidisciplinary handover and discussed for each infant on rounds. A method for clear documentation of the date and time of first KC was developed. For parents admitted to hospital pre-delivery, an improved counselling plan with multidisciplinary teams was designed to include early KC with their infant. A 3-month PDSA cycle has been implemented to collect, correlate and reduce the time to first KC for each infant born <32 weeks. Data will then be compared and used to indicate points for continued change.
Results: In the retrospective audit, 34% of infants received KC in the first 12 hours of life.
Conclusions: The first PDSA cycle demonstrated a welcomed positive result with an increase to 69% of infants receiving their first KC within 12 hours. The next cycle aim is to reduce to <6 hours.

Invited speaker

Associate Professor Amy Keir

Breastfeeding outcomes for babies born late preterm and their families: what are they and can we improve

Learn about the latest data and opportunities for improvement for babies and their families experiencing late preterm birth and navigating the challenges of breastfeeding in this space.

Invited speaker

Cassie Farrelly

The HENS service – supporting families at home

This presentation will discuss the Home Enteral Nutrition Service (HENS) which supports approximately 400 children throughout South Australia who require tube feeding at home. This includes Nasogastric Tubes, Transpyloric Tubes, Nasal Bridle retaining devices, Gastrostomy and Gastric- Jejunostomy devices. Nurse Consultants are enteral feeding experts and responsible for the education of all staff, parents, and foster carers. This includes all aspects of enteral tube care and the delivery of safe feeding for children 0-18 years. The HEN service is available Monday – Friday and is based at the Women's and Children's Hospital.

Concurrent 2: Research stream

Invited speakers

Dr Ashley Whitehorn and Alexa McArthur

Joanna Briggs Institute (JBI) evidence-based practice implementation workshop

This introductory, interactive workshop will equip neonatal healthcare professionals with the knowledge and skills to implement evidence-based practice in their clinical settings. Participants will learn the principles of evidence-based practice and how to apply them to clinical situations, as well as strategies for overcoming barriers to implementation. The workshop will be presented by Dr. Ashley Whitehorn and Alexa McArthur from JBI and will target clinicians interested in evidence-based healthcare.

Concurrent 3: Neonatal Nurse Practitioner stream

Invited speaker

Dr Luke Grzeskowiak

Medication use in lactation: from principles to practice.

Abstract

Delayed Diagnosis in Oesophageal Atresia: Case Study

Scott J,[1]Hawley A[2], Brooks J[2]
[1]PIPER, Royal Children's Hospital, Melbourne, VIC; [2]NICU, Royal Children's Hospital, Melbourne, VIC
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Background: Timely identification of oesophageal atresia is challenging. Diagnosis may be suspected antenatally with a combination of polyhydramnios, associated with a small or absent stomach bubble or other anomalies. Oesophageal atresia can be suspected postnatally in the presence of tachypnoea, increased oral secretions and an inability to advance an orogastric tube. Failure to recognise an oesophageal atresia can have life threatening implications.
Case presentation: A 5-day old infant with a history of failure to thrive and respiratory distress presented in a community Emergency Room following a prolonged apnoea associated with a breastfeed.
Diagnosis and investigations: Delayed postnatal diagnosis of oesophageal atresia and tracheoesophageal fistula. A nasogastric tube was placed to decompress the stomach. A chest and abdominal x-ray identified the nasogastric tube curled in the upper oesophagus confirming an oesophageal atresia. The abdominal x-ray demonstrated gaseous distention suggesting the presence of a distal tracheoesophageal fistula.
Outcomes: The neonate had a primary oesophageal anastomosis and fistula ligation in a surgical neonatal unit. He was discharged home at 29 days of life.
Practice Recommendations: Understanding the challenges of an antenatal diagnosis and awareness of postnatal presentation with a view to improving postnatal recognition and better-quality outcomes for infants with an oesophageal atresia and tracheoesophageal fistula.

Concurrent 4: Education stream

Abstract

Multi-site neonatal staff education support - what is enough?

Best S[1], Kuipers E[1], Laan A[1]
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Background: Monash newborn is group of four neonatal units in Melbourne's South-East, comprising of one Neonatal Intensive Care Unit and three Special Care Nurseries. Across these four sites there is 262 EFT staff, with approximately 106 staff being classed as learners (graduate, post graduate or transition). This does not account for any new starters.
Case presentation: The Monash Newborn education team comprising of three part time Clinical Nurse Educators and four part time Clinical Support Nurses is responsible for the education across all four sites, including graduates, postgraduates, new starters, rotating staff and maintaining the permeant staff's education needs. We are striving to become world leaders in neonatal care; we wish to showcase how our team is endeavouring to do this, utilising resources across four busy neonatal units.
Unique nursing challenges: (i) providing education for such a large range of learners and the varied skill mix that comes with this, in addition to supporting existing staff and their learning needs; (ii) with the high learner numbers across our unit how do we support our staff to consolidate and become the next experts in neonatal care?; and (iii) when sick leave occurs in the education team or education staff are required to work clinically, what becomes the priority and what has to be put aside?
Outcome & Follow-up: Moving forward we would like to change and adapt our preceptorship model by getting more engagement from staff on the floor to support our graduate nurses. We wish to establish a program that assists staff to maintain skills post completion of their post graduate degree. As a team we would like to pursue some Quality Improvement Projects to continue to strive for excellence.

Abstract

Challenges of New Graduate Nurses Working in the NICU clinical setting: A qualitative systematic review

Foster J[1,2], Taylor C[1], Patterson Norrie T[1], Fernandez C[3], Broom M[1,2], Ng L[4], Govindaswamy P[5], Macdonald T[6], Perumbil Pathrose S[1]
[1]Western Sydney University, Parramatta, NSW; [2]University of Canberra, Canberra, ACT; [3]University of Newcastle, Newcastle, NSW; [4]University of Southern Queensland, Ipswich, QLD; [5]Sydney Children's Hospital Network, Westmead, NSW; [6]Narellan Community Health Centre, Narellan, NSW
Email: j.foster@westernsydney.edu.au

Introduction: There has been growing interest in the transition experience of new graduate nurses (NGNs) into clinical settings. Previous research exploring the perceptions of experienced nurses working in the NICU has drawn attention to the issues of burnout, understaffing, psychological and physical stress, however, the experiences of NGNs are less explored. The overall objective of this systematic review was to identify, critically appraise and synthesise the experiences of NGNs in the NICU clinical setting.
Methods: Five databases were searched, and the review followed principles of meta-aggregation in line with the JBI approach.
Findings: The review identified a lack of neonatal specific content in undergraduate training and inconsistent clinical support that led to the NGNs high educational needs and time management issues during their transition to working in a NICU setting. They valued constructive feedback and their relationships with colleagues and families. NGNs experienced job satisfaction despite challenges in the clinical setting. Some NGNs reported high levels of physical and psychological stress from their lack of knowledge and occasional suboptimal attitudes of colleagues due to understaffing and high acuity.
Conclusion: To our knowledge this is the first systematic review that has investigated the experiences of new graduates in the NICU clinical setting. The review highlighted the complexity of experiences faced by new graduate nurses. It is timely to consider how we can create supportive work and learning environments for new graduates. Further research exploring interventions and supportive work environments to effectively transition new graduates to NICU clinical practice is warranted.

Invited speaker

Associate Professor Amy Keir

Using the Evidence-based Practice for Improving Quality (EPIQ) program to improve clinical practice and outcomes in neonatal units

Learn about setting up a quality improvement program in perinatal care from scratch – how to do it, lessons learned, successes, reflections and where to from here!

Plenary 2: Thursday pm

Invited speaker

Dr Cathy Cord-Udy

Abdominal wall defects - what's new?

This presentation will discuss the management shift in the treatment of Omphalocele including move away from early surgical intervention to later intervention at around 1-3 years of age and using vac dressing in the early stages. Gastroschisis management will also be discussed.

Invited speakers

Dr Emilie Mas and Alexandra Kay

Newborn screening: present and future

This presentation will address the status of newborn screening (NBS) in South Australia, what NBS is screening for, and how the quality of sample collection is paramount for reliable screening. We will also discuss the expansion of NBS, the implementation of new screening tests, as well as some research projects to improve NBS.

Invited speaker

Professor Christopher Barnett

'Genomics at its best: how new-age diagnostics and genetic counselling changes lives'

Breakfast Sessions

Friday 8 September 2023

Breakfast is between 6.30 and 7am in the Ballroom Foyer area for delegates registered for a breakfast session.

Sessions commence at 7am sharp and conclude at 8.15am

Breakfast session 3
Room: Ballroom 1
Chair and facilitator: Dr Deanne August

Common challenges in improving neonatal skin care

Judith Macey, Lyn Chapple, Kristin Hughes and Emma Yeomans

This breakfast session will explore some common neonatal skin care conundrums, including identifying and assessing various skin injuries and the challenges of conducting quality improvement projects.
The session will comprise of two parts:

1. Invited speaker, Judith Macey will present her Masters project titled, 'Outcomes and challenges in identifying the prevalence of skin injuries related to birth'
2. A panel discussion with clinical leaders and experts on 'Common challenges in undertaking or implementing quality improvement activities for neonatal skin care', facilitated by Dr Deanne August.

Breakfast session 4
Room: Colley 1
Chairs: Melissah Burnett and Dr Karen New

The Pacific Babies Study – the prevention and management of neonatal hypoglycaemia

Dr Deborah Harris

The World Health Organization (WHO) have stated that preventing and developing methods of screening and treating neonatal hypoglycaemia without harming the establishment of breastfeeding to be a global priority. Dextrose gel and feeding is now first-line treatment for neonatal hypoglycaemia in high resource settings. Dextrose gel is effective, easy to administer, well tolerated, inexpensive and supports breastfeeding. Evidence about the prevention and treatment of neonatal hypoglycaemia in low resource settings is scarce. We are investigating if dextrose gel could be a useful treatment for hypoglycaemic late-preterm and term babies in the Pacific Islands.

Friday 8 September 2023

Plenary 3: Ballroom 1-2 **Chairs: Kristin Hughes and Dr Margaret Broom**	
8.30am	Physiological indicators of stress for surgical infants during nurse-delivered caregiving *Nadine Griffiths*
8.45am	**Injectable Opioid Agonist Therapy Protocol in a Perinatal Acute Care Setting: Exploring protocol development, implementation and the impacts on dyad-care, mother baby togetherness and infant feeding** *Dr Charissa Patricelli*
9.15am	**Supporting Newborns Exposed to Substances Outside of a NICU setting: Exploring Rooming-in as Standard Care** *Nicole Carter*
9.45am	Feasibility and inter-rater reliability of a newborn behavioural observation tool *Nadine Griffiths*
10.00 to 10.30am	**Morning tea, Trade Exhibit and Posters (Ballroom 3-5 and Functions Lobby)**
Plenary 4: Ballroom 1-2 **Chairs: Nicol Franz and Amy Curran**	
10.30am	**Optimising neonatal nursing care: The Neonatal Nursing Outcomes Study** *Adjunct Associate Professor Margaret Broom and Dr Jann Foster*
11.00am	**SIG and Branch presentations**
11.40am	**ACNN Annual General Meeting and Presentation of Awards**
12.15 to 1.00pm	**Lunch, Trade Exhibit and Posters (Ballroom 3-5 and Functions Lobby)**
Concurrent 5: Neo-skin stream - Ballroom 1-2 **Chairs: Dr Deanne August and Kristin Hughes**	
1.00pm	**Neonatal skin injury and methods for injury assessments** *Linda Cobbald, Lyn Chapple, and Judith Macey*
2.15pm	Neonatal skin injury scales: a scoping review with narrative synthesis *Stephanie Hall*
2.30pm	RCT of incubator humidification after seven days: no effect on temperature, sodium, or skin injury *Gill Noreiks*
Concurrent 6: Leadership stream – Colley 1 **Chair: Melissah Burnett**	
1.00pm	**Nursing leadership: why it matters and how to lead with influence across your career** *Dr Paula Medway*
2.00pm	When leadership fails and nurses don't comply: a case study review *Kristen Bennie*
2.15pm	Pain management practices for hospitalised infants and effectiveness of clinician-targeted video: A nationwide clinician survey *Denise Harrison*
2.30pm	Leadership SIG Meeting
2.45 to 3.15pm	**Afternoon tea, Trade Exhibit and Posters (Ballroom 3-5 and Functions Lobby)**
Plenary 5: Ballroom 1-2 **Chairs: Amy Curran and Melissah Burnett**	
3.15pm	**Understanding Blood and Oxygen Supply to the Preterm Brain – where are we up to?** *Associate Professor Michael Stark*
3.45pm	**So, what is a normal blood glucose concentration in the first five days after birth?** *Dr Deborah Harris*
4.15pm	Sustainability in the NICU: How green can we be? *Justine Parsons*
4.45 pm	Presenters Awards and Close. *ACNN President*

Plenary 3: Friday am

Abstract

Physiological indicators of stress for surgical infants during nurse-delivered caregiving

Griffiths N[1,2], Laing S[1], Spence K[1,3], Foureur M[4], Sinclair L[2], Popat H[1,5]
[1]Sydney Children's Hospital, Westmead, NSW; [2]University of Technology, Sydney, NSW; [3]Western Sydney University, Paramatta, NSW; [4]University of Newcastle, Newcastle, NSW; [5]Sydney University, Camperdown, NSW.
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Background: Nurse-delivered caregiving in the neonatal intensive care unit (NICU) is recognised as a frequent, necessary, and stressful intervention. Providing information on expected physiological stress responses for infants with specific surgical conditions may assist nurses to provide sensitive supportive care and support infant longer-term developmental outcomes.
Methods: A prospective observational study was conducted in a surgical NICU. Continuous heart rate (HR) data were captured using ICM+ software during nurse-delivered caregiving – nappy change. Data were reviewed to explore variation in the mean HR pre-, during-, and post nurse delivered caregiving. Physiological stress was defined as a change in the HR of 10bpm or more. Analysis utilised SPSS V28.
Results: Thirty-four infants participated in the study with a mean gestational age of 36.9 weeks (SD 2.2) at a mean 5 (SD 2.9) days postoperative. Twenty infants (59%) had gastrointestinal (GIT), nine (26%) cardiac, and five (15%) respiratory/oesophageal surgery. 74,880 data points were reviewed. All groups showed increases in HR between pre-caregiving and during caregiving; mean increase (bpm) of 13.5 (SD 13.1) in GIT, 6.3 (SD 4.0) in Cardiac, and 17.3 (SD 9.4) in respiratory/oesophageal infants. Stress was seen beyond the caregiving period across all groups with HRs not returning to the pre-caregiving baseline within 10 minutes of caregiving completion.
Conclusion: We found infants undergoing surgery experience physiological stress during nurse-delivered caregiving. Differences were observed between groups and may represent the differing physiological effects of congenital anomalies. These results suggest caregiving is individualised for infants with specific conditions to alleviate caregiving stress.

Invited speaker

Dr Charissa Patricelli

Injectable Opioid Agonist Therapy Protocol in a Perinatal Acute Care Setting: Exploring protocol development, implementation and the impacts on dyad-care, mother baby togetherness and infant feeding

Invited speaker

Nicole Carter

Supporting Newborns Exposed to Substances Outside of a NICU setting: Exploring Rooming-in as Standard Care

Abstract

Feasibility and inter-rater reliability of a newborn behavioural observation tool

Griffiths N[1,2], Laing S[1], James-Nunez K[1], Spence K[1,3], Popat H[1,4], Foureur M[5], Sinclair L[2]
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Email: nadine.griffiths@health.nsw.gov.au

Background: The behavioural assessment tool was developed to investigate surgical infants' behavioural responses during nurse-delivered caregiving. This study aimed to assess the feasibility and inter-rater reliability of this tool for evaluating the effect of developmental care strategies.
Methods: A prospective observation study was conducted in a surgical neonatal intensive care unit. Thirty-two items were utilised from an existing validated tool. Six measured infant State, 19 to measure stress responses, and 7 to measure self-regulation. Video-recordings of nurse-delivered caregiving were scored in random sequence independently by two neonatal nurses. Videos comprised 3 epochs: Epoch 1 and Epoch 3 Pre- and Post-caregiving of 10 minutes each; Epoch 2 nurse-delivered care giving variable timing. Inter-rater reliability was calculated using the Intraclass Correlation Coefficient (ICC).
Results: Ten infants were reviewed, 413 minutes of video data analysed; 106 minutes epoch 1, 207 minutes epoch 2-, and 100-minutes epoch 3. ICC's were good to excellent for the Stress scale epoch 1 [0.91] and epoch 2 [0.84], and the Self-regulation scale epoch 1 [0.90] and epoch 2 [0.90]. ICC's for infant State were moderate epoch 1 [0.72] and epoch 2 [0.71]. Moderate to good ICC's were seen across epoch 3; infant State [0.53], Stress [0.78] and Self-regulation [0.74].
Conclusion: The behavioural assessment tool shows predominately moderate to excellent inter-rater reliability. Lower inter-rater reliability found in this study for infant states has been previously reported and may relate to state classification. This tool may offer a user-friendly option for clinicians researching the behavioural effects of nurse-delivered caregiving.

Plenary 4: Friday mid-morning

Invited speakers

Adjunct Associate Professor Margaret Broom and Dr Jann Foster

Optimising neonatal nursing care: The Neonatal Nursing Outcomes Study

The Neonatal Nurse Outcome Measures Study outlined 21 nursing interventions that significantly improve neonatal outcomes such as mortality, morbidity, time to full feeds and length of hospital stay. To align the interventions with current clinical care the team mapped the interventions to National and International neonatal care standards. The Primary Investigators: Associate Professors' Margaret Broom and Jann Foster, then conducted nurse and parent focus groups to assist in evaluating which interventions were the highest priority for inclusion in a neonatal care bundle. This presentation includes an overview of the mapping across standards, nurse and parent focus group feedback and rationales for the five interventions included in a neonatal care bundle. We will also update attendees on the implementation phase of the Neonatal Nurse Outcome Measures Study.

ACNN Annual General Meeting

Venue: Ballroom 1-2, Stamford Grand, Glenelg, South Australia
Date: Friday 8 September 2023
Time: commencing at 11.40am

Agenda

1. Present:
2. Apologies:
3. Confirmation of minutes from previous AGM on 10 September 2022:
4. Business from previous minutes:
5. Reports:
   a) President:
   b) Treasurer:
6. Other business arising:
   a) Election of office-bearers for 2023 – 2024
      President:
      Vice president:
      Secretary:
      Treasurer:
      Ordinary members:
   b) ACNN Neonatal Nurse Excellence Award:
   c) ACNN Family Appreciation Award:
   d) Mark New Award:
7. New business
   a) Annual conference 2024
8. Correspondence:
9. Business without notice:
10. Next AGM:

Concurrent 5: Neo-skin stream

Invited speakers

Linda Cobbald, Lyn Chapple, and Judith Macey

Neonatal skin injury and methods for injury assessments

With an increasing expectation to identify and report hospital acquired skin injuries for neonates; there is an increased need to engage experts in neonatal skin assessment. Two studies have identified experienced neonatal nurses (clinical nurses, educators, and facilitators) as the most common source for information regarding skincare. Three invited clinical/research neonatal nurses will present on their novel areas of neonatal skin injury and methods for injury assessments in this concurrent session.

Abstract

Neonatal skin injury scales: a scoping review with narrative synthesis

August D[1,2,3], Hall S[1,4,5], Marsh N[2,3,4], Coyer F[2,5,6]

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Background: Neonatal mechanical force skin injuries are common, with assessment and severity dependent on experience and/or utilisation of severity scales. Additionally, neonates sustain skin injuries in different anatomical locations than adults, creating questions around direct application of adult injury severity scales.

Methods: Databases including PubMed, CINAHL, COCHRANE Central and Scopus, were searched for peer-reviewed neonatal studies reporting skin injury severity [1 January 2001-31 January 2023]; inclusive of severity scale characteristics and validation. The PRISMA extension and the Joanna Briggs Institute manual (2015) were used as frameworks for this scoping review.

Results: Of 1134 records, 35 studies were included and 74 excluded after full-text review. The studies were predominantly cohort or action research design and conducted in the USA. Skin injuries acquired throughout the body were reported by 19/34 (56%), compared to the nasal area alone 15/34 (44%), with one study not reporting location. Nine severity scales were utilised within 31 studies. These were either a combination of scales or single scale such as the National Pressure Ulcer Advisory Panel (n=15), European Pressure Ulcer Advisory Panel (n=6), Neonatal Skin Condition Score (n=5), or locally developed classifications/scales (n=4). Scales were predominantly ordinal (n=27, 87%) or categorical assessment groupings (n=4, 13%). Four studies did not report a scale and only one scale was validated for neonates in 2004.

Conclusion: Despite the large number of severity scales identified, scale validation was lacking or outdated. The high variations of scales reported, will likely result in subjective reporting of neonatal skin injuries until consensus can be reached.

Abstract

RCT of incubator humidification after seven days: no effect on temperature, sodium or skin injury

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Background: Nurses caring for extremely low birthweight (ELBW) infants, initiate and manage incubator humidification to mitigate complications associated with premature skin. Incubator humidification (70-90%) in life's first weeks reduces insensible losses, stabilises serum sodium and promotes thermoregulation. However, evidence to guide humidification management is limited.
Methods: This single site, powered randomised controlled trial, evaluated the effect of stopping humidification after seven days (SH) versus gradual reduction (RH) from day eight to fourteen. Eligible infants born ≤ 27.6, were recruited between April 2019-March 2022. Outcomes assessed included i) episodes of hyponatraemia (<135mmol/L), ii) hypernatraemia (>145mmol/L), iii) temperature instability (<36.5 and >37.5) and iv) mechanical skin injury (stages 1-4). Additional secondary outcomes included mortality, respiratory support and hospitalisation duration.
Results: Of 196 infants screened; 140 were enrolled with 0 withdrawals; and 70 infants allocated to each arm. There were no differences in clinical characteristics between groups. At least 70% of infants experienced hyperthermia (73%, n=51, RH and 77%, n=54, SH) and greater than 30% experienced hypothermia (37%, n=26, RH and 53%, n=37, SH). Events of hyponatraemia were similar, however 26% (n=18) in SH had hypernatraemic events compared to 17% (n=12) in RH. At least 60% of infants in week two of life sustained a skin injury (67% RH and 63% SH). There were no statistically significant differences in any primary or secondary outcomes.
Conclusion: Gradual reduction or cessation of humidification had no impact on ELBW infants, further multicentre studies may explore practice implications and the most effective timepoint for incubator humidification cessation.

Concurrent 6: Leadership stream

Invited speaker

Dr Paula Medway

Nursing leadership: why it matters and how to lead with influence across your career

In our complex, resource-stretched and ever-changing health care system, effective nursing leadership is needed now more than ever. Yet while nurses are encouraged to develop leadership skills, what exactly does it mean to be a leader in nursing, and why is it so important? In Australia, the nursing profession comprises over 50% of the health care workforce, so opportunity exists for nurses to develop and change the systems they work within to improve outcomes in clinical care. This workshop aims to explore in practical terms why effective nursing leadership matters, how to grow and develop as a nurse leader, and how to lead the profession with influence at every career stage.

Abstract

When leadership fails and nurses don't comply: a case study

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Background: a culture of safety arises from a combination of an organisation's beliefs, values, attitudes, and perceptions towards ensuring patient and staff safety, whilst minimising harm. The issues currently impacting the nursing and midwifery workforce are felt both nationally and globally. They include staffing shortages, skill mix, inadequate patient ratios and staff burnout. These intrinsic factors have the potential to affect the way healthcare practitioners regulate their practice. There are also extrinsic factors that can impact on the regulation of practitioners such as legislative requirements. These factors facing the nursing and midwifery workforce and the increasing incidence of clinical errors have the potential to impact cultural safety within individual units.
Case study: this presentation will examine and analyse a case study with respect to regulatory requirements, where nurses failed to comply with policy and uphold the professional standards in providing quality care to a patient who subsequently died.
Unique challenges: it was not the nurses providing direct clinical care that faced the most serious consequences. It was senior nurses: the nurse in charge of the shift and the nurse manager of the department both had their registration suspended for 12 months for not ensuring there was a culture of safety for staff. Despite this, it is every nurse and midwife's responsibility to uphold a culture of safety.
Follow up: it is clear that the pressures described above that are impacting the current workforce pose a risk to sustaining cultural safety in departments nationally.

Abstract

Pain management practices for hospitalised infants and effectiveness of clinician-targeted video: A nationwide clinician survey

Pope, N[1,2], Jones, S[1,2]., Harrison, D[1,2,3,4] and the Be Sweet to Babies team.
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Background: Synthesised evidence demonstrates analgesic effects of breastfeeding (BF), skin-to-skin care (SSC) and sucrose during heel lance (HL), yet these are poorly utilised in clinical practice. A publicly available clinician-targeted video demonstrates best positioning for clinicians performing HL while babies are BF and held SSC. Aims: Ascertain current nationwide pain management practices during HL and determine the implementation effectiveness of the video.
Methods: Cross-sectional, online, anonymous survey with embedded video distributed via email and social media to neonatal nurses, midwives, and phlebotomists in Australia. Descriptive statistics were used for quantitative data, and content analysis was applied to free-text responses.
Results (Preliminary): 579 participants responded, however not all completed each question. 36% (205/560) worked in maternity, 42% (234) in neonatal units and 22% (121) across both. Only 16% (86) had previously seen the video. The majority (384/465) perceived it applicable, useful to facilitate BF and SSC (418/462), the appropriate length (423/465), and would recommend the video to colleagues (392/432). Most already facilitated BF (76%; 379/500), SSC (73%; 363/500) and used sucrose (69%: 346/500) during HL. Barriers to utilising the strategies included absence of parents, baby being too unwell, and parental preferences to not be involved. Facilitators included clinician confidence in performing HL, parental presence, and a focus on family-centred care.
Conclusion: The video was acceptable, feasible and could increase the use of pain management strategies. Interventions targeted at facilitating parental presence and engagement, and staff confidence in performing HL are needed to improve newborn pain management.

Plenary 5: Friday pm

Invited speaker

Associate Professor Michael Stark

Understanding Blood and Oxygen Supply to the Preterm Brain – where are we up to?

How, in practice, can the oxygen requirements in the preterm newborn be determined to avoid the consequences of too little and too much oxygen? Oxygen saturation trials in preterm infant's guide saturation thresholds rather than individual oxygen requirements. Measuring end organ oxygen extraction or the venous oxygen reservoir could define a physiologically based definition of "adequate oxygenation" and guide targeted blood transfusion in the extremely preterm infant to minimize the effects of both insufficient and excessive oxygen exposure".

Invited speaker

Dr Deborah Harris

So, what is a normal blood glucose concentration in the first five days after birth?

The Glucose in Well Babies (GLOW) described the blood glucose, lactate and ketone concentrations of healthy term singleton babies. The findings provided evidence that metabolic transition following birth is gradual taking up to 72 hours. Healthy babies have episodes of low glucose concentration which are below the currently accepted treatment thresholds for at-risk babies. Children who participated in GLOW soon after birth were followed up at 3 years of age corrected, and these novel findings will be presented.

Abstract

Sustainability in the NICU: How green can we be?

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Problem: NSW Health has endorsed a plan to have net-zero emissions by 2050. Health services currently contribute approximately 7% of Australia's entire carbon footprint. As part of the acute care health system, NICU services have an important role to play in reducing waste, recycling products, reducing single-use items and reviewing routine testing.
Methods: A team of interested staff from NICU JHCH formed the NICU Sustainability Action Group in 2020. The group is comprised of medical, nursing and allied health staff and meet bi-monthly to focus on identifying opportunities for improvement in environmental sustainability, and develop projects to reduce waste, improve recycling, and choose sustainable products.
Results: The group, with assistance from HNE's Sustainability Officer, has developed a waste collection stream of single-use plastics, ensuring that single-use infant feeding bottles are collected, and sent for recycling into new plastic products. This initiative prevents 100K plastic bottles from going into landfill each year. Other projects underway are stainless steel collection for metal recycling, IV bag collections for PVC recycling and systematic sourcing and review of eco-friendly, sustainable infant nappies. Changing to biodegradable nappies has prevented 95000 non-biodegradable nappies from entering the landfill system.
Implications for practice: Seeking out opportunities to improve product choice, develop waste reduction strategies, re-use and recycle items are all important ways that NICUs can lead the way in becoming more eco-friendly and contribute to the NSW health goals for net-zero emissions.

Posters

Abstract

Neonatal Intensive Care Nurses Perceptions of Covid 19 on Work Practices

Cruickshank, D[1,2], Broom, M [1,2]
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Introduction: The Covid-19 pandemic has compromised the mental and physical health of healthcare workers worldwide due to increased workloads, staff shortages, resource shortages and the threat of virus transmission. The pandemic has placed added stress on Australia's nursing workforce. Nurses working in critical care areas have higher incidence of mental distress and poorer health than nurses who work in other areas of the health care system. This review explored neonatal nurse's perceptions of the impact Covid-19 has had on work practices in Australia.
Methods: A narrative review was conducted across CINAHL, PubMed, Medline, Scopus, and Google Scholar using keywords related to nursing experience during Covid-19. Literature was reviewed for level of evidence.
Findings: 20 research studies utilising qualitative research methods were found. These included six cross-sectional studies, seven semi-structured interviews, five on-line questionnaires, a focus group, and a systematic review. The literature identified six prominent themes including: challenges in communication; compromised safety and decreased quality of care; practicing outside of usual role; elevated workloads; fear, anxiety and isolation and the identification of positive aspects of working in the Covid-19 pandemic. Studies concluded that HCPs are at risk of adverse psychological outcomes from working during the Covid-19 pandemic and identified ways to provide support. There are limited studies on the impact of Covid-19 on the work practices of critical care nurses in Australia, specifically neonatal intensive care nurses.
Conclusion: Further research is needed on the impact of Covid-19 on HCP's well-being to help support and maintain a healthy and effective workforce.

Abstract

Right Baby, Right Time, Right Place

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Problem: In NSW there is no state-wide agreement regarding admission criteria in neonatal units with variations in criteria between NICUs. At John Hunter Children's Hospital discussion on admission criteria, including stakeholder discussion with maternity services took place and new criteria developed. Stakeholder discussion identified that 35-36 weeks' gestation infants (late preterm group) were frequently requiring admission to NICU/SCU and discharging infants born < 2.2kgs to the postnatal ward presented difficulties.
Method: Pre-post evaluation using NICUS data, patient records, and e-maternity data. NICU admission rates, length of stay (LOS), and transfer to postnatal ward rates were analysed 6 months prior to new admission criteria and at 6 months post for the late preterm group and those born less than 2.2kgs.
Result: Admission criteria changes showed late preterm infants were not requiring readmission after a primary admission to NICU/SCU and LOS in NICU/SCU decreased from 9.2 days to 5.2 days. For infants <2.2kg BW; only 43% needed admission to NICU/SCU and LOS decreased from 6.2 days to 4.9 days.
Implications for practice: JHCH NICU are confident that admission criteria is now appropriate and ensures that infants are in the right service at the right time. Although 35–36-week infants were separated from their mother initially, they were reunited with their mother in a more stable condition and did not require clinical reviews, nor readmission to the NICU/SCU. Most infants born under 2.2kgs can safely remain with their mother post birth.

Abstract

The Evolution of the Westmead Neonatal Outreach Service – Newborn and Parents Support (NAPS)

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Background: Westmead is a tertiary referral hospital providing services for a diverse range of families from NSW & internationally, including women with high-risk pregnancies; with 60% of families from cultural and linguistic diverse communities. The demand for NICU admissions and complex care is increasing, causing NICU bed shortages resulting in pressure to discharge infants home prematurely while requiring ongoing monitoring and care. Parents expressed fear, lack of confidence or preparation when discharged to general care in the community. A NICU outreach service was established in 2012 and then in 2020 remodelled as NAPS. The aim was to facilitate safe early discharges from NICU by providing ongoing nursing support for the family and to promote a smoother transition to the general community health care by using a Patient and Family-centred model of care.
Methods: Evaluation of the NAPS between 2020 and 2022; including the range of services provided.
Results: NAPS functions as an outpatient, home visiting and telehealth service, 7-days a week with extended weekday hours. In 2020 there were 1841 appointments which increased to 2645 by 2022. Consultations with other health professionals based on individual need include speech & occupational therapists, physiotherapists, lactation consultants, community midwives, nurse practitioners and neonatologists. The range of care extends from jaundice monitoring to home oxygen therapy.
Implications for practice: Eligible infants are identified and referred to NAPS. Parents need to be informed of the service. The ongoing consumer satisfaction monitoring to ensure the service meets the needs of its clients.

Abstract

Do Communications Boards in the Special Care Nursery Improve Family Experience?

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Problem: Admission to the Special Care Nursery is often an overwhelming and unprecedented experience for families. While there has been a concerted effort to foster a less medically intense environment, with emphasis on empowering families to assume the primary caregiver role, communication barriers between healthcare personnel and parents have been observed to exert significant influence on family experience. The aim was to determine if having a visual communication tool available at each cot space improves staff-family communication.
Method: This project was conducted in a 79-bed tertiary referral unit in Australia. A pre/post questionnaire design was employed, and both staff and families were given the opportunity to participate in an anonymous online survey about communication practices. The post implementation questionnaire was conducted one month following implementation to ascertain if the communication boards had enhanced communication between staff and families and identify any barriers or need for further amendments.
Results: A total of 39 surveys were collected pre-implementation (26 staff/ 13 parents). The response rate post implementation has been a noted barrier with a significantly lower response rate of 7 surveys (6 staff/ 1 parent). Results indicated various positive responses including, the provision of a central platform for documenting comments, concerns, and wishes, a space for documenting a daily care plan, and the specification of goals to be achieved in preparation for discharge.
Implications for practice: Implementation of communication boards provides a shared platform for communication between staff and families to enhance therapeutic relationships, encourage shared-decision making and ultimately result in positive family experiences.

Abstract

Experiences of fathers in caring for preterm infants in a Western Australian neonatal unit

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Background: It can be a daunting experience for fathers to navigate the challenges of caring for their newborns in a special care nursery. Studies have shown that emotional difficulties are common especially when infants require admission to the special care nursery or neonatal intensive care unit. However, there is limited research available on the experiences of fathers with preterm infants.
Aim: To explore the experiences of fathers of late preterm infants in the special care nursery or neonatal intensive care unit.
Methods: The study was guided by the Narrative Inquiry methodology. Semi-structured telephone interviews were conducted to gather data from 10 fathers who had been discharged from a special care nursery in a Western Australian health facility.
Findings: Four themes were obtained from the data analysis: (a) providing support to the birthing partner and baby, (b) emotional responses, (c) the needs of fathers, and (d) post-discharge support. These themes brought to light the specific experiences of fathers. Fathers feel devastated and lack of control in their roles as both father and husband. Fathers try to handle their emotional difficulties alone, but some found task-oriented activities to be helpful in regaining their sense of control. Although many fathers felt excluded from sharing infant health information, they remained supportive and committed to fulfilling their roles.
Conclusion: This study highlights the roller-coaster journey of fathers in the neonatal unit. By understanding fathers' experiences, healthcare professionals can better identify their unique needs and provide targeted support.

Abstract

Full Circle: from neonatal patient to neonatal nurse.

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Introduction: Caring for one of the most vulnerable populations, the unwell newborn, is the unique responsibility of the neonatal nurse. How a nurse would choose this field is as individual and diverse as the babies in their care. However, for four nurses working at the Grantley Stable Neonatal Unit, Royal Brisbane and Women's Hospital, their journey to neonatal nursing could be seen as destined. As they themselves were once these tiny patients.
Methods: Using semi structured interview techniques, each of the four nurses discuss why they chose to become a neonatal nurse. Questions include how family stories, both verbal and written, contributed to their decision.
Findings: How their desires to make a difference in this vulnerable population, of which they were once a member, kept them on this path. Furthermore, how their parent's experiences in the neonatal unit both positive and negative, influences how they care for these families. Consistent themes from the interviews include how they relate to babies and families with empathy, the great importance of family centred care and more simply but powerfully the hope that they carry.
Conclusion: This is their story.

Abstract

Enhancing Patient Blood Management in Neonatal Care – A Quality Improvement Project

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Problem: Despite the successful implementation of Patient Blood Management (PBM) programmes in adults, the performance of PBM in neonate's lags. This project aimed to enhance the PBM program in neonatal care by improving the application of Optimal Cord Clamping (OCC) and iron supplementation management on discharge for infants with specific gestational age (< 32 weeks) or birth weight (<1500 grams).
Methods: Between February 2022 and April 2023, a quality improvement project was undertaken using audit and Plan-Do-Study-Act (PDSA) cycles to implement the PBM program at the Women's and Children's Hospital neonatal unit, Adelaide. Changes were made in collaboration with clinical colleagues, including using OCC prompt cards, adding OCC information to the Newborn Life Support resuscitation education program, listing the plastic poncho as one of the essential resuscitation equipment items, and creating an iron usage template. Ethical approval was obtained from the Women's and Children's Health Network Human Research Ethics Committee (1030A/6/2021).
Results: 137 eligible infants were audited; showing a 22% increase in the application of OCC, from 68% (52/76) in the pre-PDSA period to 90% (43/48) in the post-PDSA period. There was a 14% surge in iron supplementation management on discharge, from 40% (2/5) to 54% (7/13). More interventions were warranted for favourable outcomes, such as family engagement.
Implications for practice: This project implemented a PBM program in neonatal care by improving OCC and iron supplementation management on discharge. The PBM program was associated with increased use of OCC and iron supplementation on discharge for these vulnerable infants.

Abstract

Increasing use of breastmilk in the late preterm infant

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Problem: Late preterm infants have poorer breastfeeding outcomes than those born at term. The aim of this quality improvement study was to increase breastmilk feeding rates in late preterm infants born at the Women's and Children's Hospital (WCH) from a baseline of 77% to 90% on discharge home.
Methodology: Between February and December 2021 we undertook a quality improvement study using the Evidence-based Practice for Improving Quality (EPIQ) methodology. This involved undertaking Plan-Do-Study-Act (PSDA) cycles supported by data collected from focus groups with WCH staff, a survey of parents and process mapping around the discharge process with input from a community-based breastfeeding support service.
Results: Over the study period 329 late preterm babies were cared for at WCH. Three key barriers to breast milk feeding were identified in planning stage: limited and inconsistent staff education, rooming-in too early and inconsistent advice given to families. In the 'do' phase we implemented: (a) family and staff education on the benefits of skin-to-skin contact, (b) improved access to hospital-grade pump hire with updated instructions, (c) lactation-specific parental education sessions, and (d) consumer information to support lactation post-discharge. Over the study period rates of any breast milk feeding at discharge in late preterm infants increased by 20% (from 77% to 97%). Increases in breast milk being the first feed were also observed (50% to 90%).
Implications for practice: Quality improvement strategies tailored to identified barriers and local capabilities can improve breast milk feeding rates in late preterm infants.

Notes page

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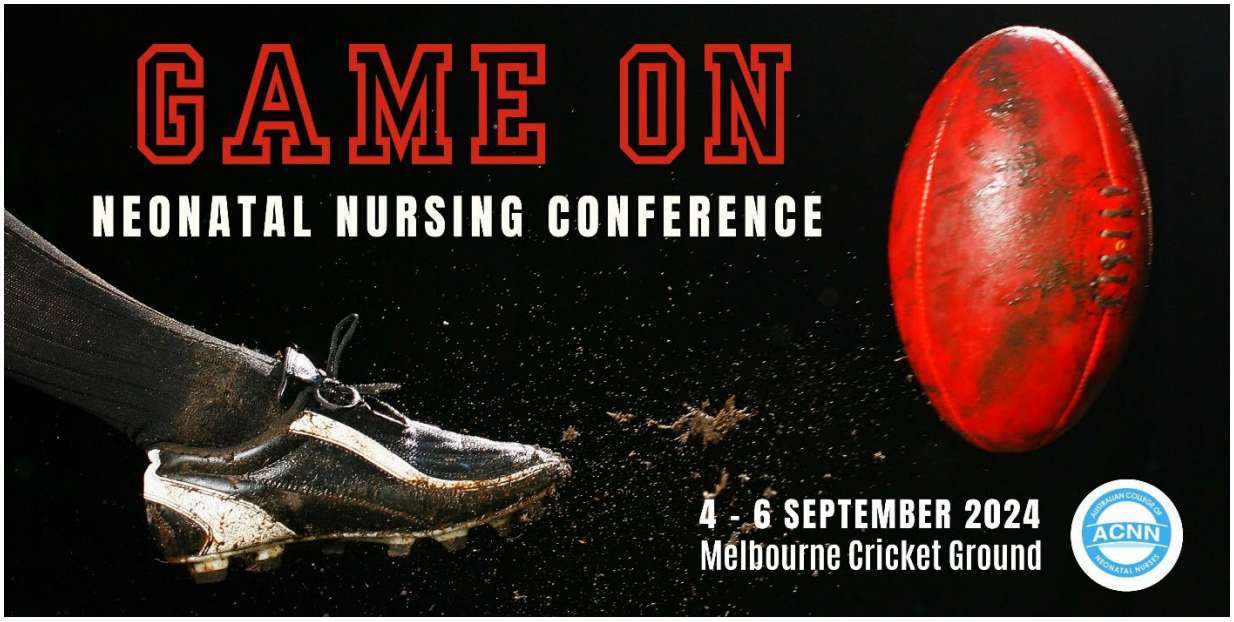

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