

Australian College of Neonatal Nurses Inc.

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Newsletter

June 2022

About the newsletter

This newsletter is the official communication of the Australian College of Neonatal Nurses to its members, produced quarterly in March, June, September and December. It presents information on a range of professional issues and clinical topics of interest to neonatal nurses. Any member of ACNN may contribute.

Articles should be submitted by email as Word documents. Any images should be in jpg format. Referencing style should follow the Vancouver style. All content will be edited to newsletter standard.

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Please send correspondence to the newsletter team at newsletter@acnn.org.au

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Next deadline: 1 August 2022

ACNN National Executive 2021 – 2022

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From the President

Hi Everyone,

It's been a busy few months and we move into winter to face a different challenge this year. The Executive has been busy progressing documents and is supporting the Conference Committee in organising for Coffs Harbour. It is so exciting to think we will all be together in September, a chance to network and meet up with friends we may not have seen for a few years. On that note, the opportunities for professional development have been amazing and the presentations are of an extremely high standard. Thanks to all the SIGs and Branches for your continued commitment to organising and putting these events on.

Scholarships are available and if you are undertaking professional development, please apply so you can be supported financially.

Take care and see you all soon,

Anndrea Flint

Queensland Branch

Nicol Franz

Well, in addition to COVID, here in Queensland we have also encountered floods in the recent months (as well as our fellow NSW members), however this has not deterred our plans for the upcoming Townsville event to be held on Magnetic Island on 16 July. The planning has been in full swing, with most of our branch time dedicated to planning and organising the event.

The event planning has been a collaborative one, working with the Townsville University Hospital Perinatal Research Group and Townsville University Hospital Neonatal Team. We are super-keen to hear key speaker, Professor Ju-lee Oei from Sydney present the recent updates on neonatal abstinence syndrome (NAS), as well as members of the TUH Perinatal Research Group presenting on topics such as stillbirth and First Nation families, fetal kidney development, neonatal microbiome, and newer biomarkers of AKI in preterm babies. In addition, we look forward to hearing from our own ACNN Neo Skin Co-Chair, Dr Deanne August, who is presenting on neonatal skin injuries. After a big day of education, we will

QLD Branch Report (cont.)

finish off with a 3-course dinner at Peppers Blue on Blue Resort where we will hear again from Professor Oei and from the North Queensland Neonatal Retrieval Team. We are all very excited by the program and the event has been so well received by all ACNN members that our registrations sold out faster than expected, I mean, who doesn't love an island get away!

Now we move on to other news... QLD Branch ordinary member, Anndrea Flint, has chosen to step down from her position on the committee. We would like to take a moment to acknowledge and sincerely thank Anndrea for her time spent as a member of the QLD Branch committee. The leadership, passion, and enthusiasm that she brought to the committee was invaluable. We recognise that Anndrea has dedicated many years to the QLD Branch, where she has been involved and presented at many branch events and has supported the branch to achieve many of our strategic objectives. We are sad to see her leave and she will be truly missed (lucky for us, and

Research SIG

The Research SIG is looking forward to seeing you all at the Annual General meeting. One of our main sessions will be a writing for publication seminar. We are also excited to announce the Research SIG will be advertising scholarships in the coming months.

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, providing guidance to improve health care, advocating 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. These include 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. all members, she is still our President).

Lastly, the Queensland branch continues our membership drive again this year to encourage new members. There will be a draw for both the new members and the recruiting members.



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. Dr Stephen McKeever is a lecturer in the Department of Nursing at University of Melbourne. Most of his clinical experience has focused on caring for critically ill children and their families, gained across the United Kingdom, New Zealand and Australia.

Stephen initially qualified, in the United Kingdom, as a Registered General Nurse in 1991. Then in 1997 he passed, with Distinction, a Diploma of Higher Education in Nursing (Child Health).

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 then he has supervised eight masters and two doctoral students to completion.

Stephen is Chair of the Australian College of Critical Care Nurses, Paediatric Advisory Panel and is Editor in Chief of the Journal of Child Health Care.

Stephen's special interests include paediatric critical care, paediatric emergency transport, long-term EEG monitoring, traumatic brain injury, HFOV, student nurse attrition, research, evidencebased practice, and siblings.



This will be followed by a presentation from our guest speaker

Education SIG

Justine Parsons

Clinical Nurse Consultant John Hunter Children's Hospital, NSW

The Education SIG held its 3rd virtual event recently titled 'Neonatal Organ Donation' on March 29. This session was chaired by Professor Karen Walker.

Registrations were capped at 90, and the session was fully booked out, with 50 attendees on the night. This seminar was recorded for registered members to access at a later date if they so wished.



The session began with Dr Rebecca Barzegar, who gave her presentation titled 'Challenges in setting up a Neonatal Organ Donation Unit'. Rebecca is a staff specialist at RPAH with expertise in quality improvement activities. She has a keen interest in

human factors related to communication in the intensive care environment and raising awareness regarding neonatal organ and tissue donation. In 2020, she started discussions to initiate an organ donation service within RPA Newborn Care and has been exploring the barriers to its implementation. The challenges she identified provided insight into issues around bureaucracy, staff education, interdisciplinary communication and development of processes.

This flowed easily into the second presentation titled 'Case study: aspects of donating and receiving organs in NICU'. I presented a case study that had occurred in NICU John Hunter Children's Hospital (JHCH) where the liver of a brain-dead neonate was successfully donated to a recipient. Aspects of medico-legal



governance, importance of staff training, health care ethics and family experience of the donation process were covered, along with looking at future prospects of organ donation programs in other NICUs within Australia and globally. The goal of my presentation was to challenge the common myths surrounding neonatal organ donation such as 'NICU deaths won't meet required time frames' and 'NICUs don't have eligible neonates'. I also wanted to highlight current research that debunks the belief that parents feel negatively towards organ donation. In fact, participation in organ donation creates an overall positive experience for parents whose child has died and subsequently reduces the length of bereavement and depression.^{1,2} I finished with discussing the need for clinical triggers to be developed and embedded into practice via comprehensive clinical practice guidelines and then highlighted the document developed by JHCH NICU in 2018.

After the presentations had been delivered, there was time for questions. These came thick and fast! Some asked questions in live discussion, others via the online chat function. Feedback was positive and encouraging with many respondents commenting that it was a great, thought-provoking topic, well planned and presented.

All in all, the Education SIG team was again very pleased with the planning, management and execution of our third virtual seminar. We look forward to presenting more seminars in this way for the future. If any ACNN members have ideas for particular topics they would like to see the Education SIG present via this format, please email the SIG Secretary, Linda Ng, at educationsig@acnn.org.au

References

Darlington AS et al. (2019). Parents' experiences of requests for organ and tissue donation: the value of asking. Arch Dis Child 104:9, 837-843.

Ashkenazi T, Guttman N (2016). Organ and tissue donor parents' positive psychological adjustment to grief and bereavement: practical and ethical considerations. Bereavement Care 35:2, 58-66.

Leadership Special Interest Group Attention Members!

Open Forum Meetings

Come join us at our open meetings. Two planned for this year: **Monday 25 July Monday 24 October** Presentations from our scholarship recipients



Self care Sunday #positive leadership

Keep your eyes out for our self care Sunday post on social media

Low Resource Countries SIG

Melissah Burnett

May has seen us celebrate International Day of the Midwife, International Day of the Nurse and National Volunteer week. These special recognitions are significant to the work we do as the LRC SIG. My first visit to Goroka PNG was in May 2015. This visit and many others for our team has coincided with the international recognition of our professions and we have enjoyed so many celebrations (and lots of yummy cake) with our colleagues. Remaining connected with our PNG colleagues via social media means we have seen the Goroka team continue to celebrate the work they do and their role as neonatal nurses.

The theme for National Volunteer Week 2022 was 'Better Together' which highlighted the rewards volunteering with the LRC SIG has given. Volunteering is an exchange of what you give and what you get back and can make you feel valued and part of a team, provide opportunity to socialise, make new friends and learn about different communities/countries. We invite applications to the Renee Collison Scholarship in memory of our friend and colleague who volunteered alongside many of us.

The monthly Tele-Education sessions via Zoom to colleagues in the Pacific Region through our partnership with Taking Paediatrics Abroad (TPA) continue and the schedule is full for the rest of 2022 with a great range of topics and presenters. The clinicians are adapting well to the virtual way of learning, gaining confidence to interact and ask questions and are thirsty for new knowledge.

Congratulations to our very own Karen Walker, Jennifer Dawson and Karen New for their contribution to the very first global neonatal nursing textbook, endorsed by the Council of International Neonatal Nurses. For more information on the contents of the book or to purchase please visit the COINN website at www.coinnurses.org

Neonatal Skin SIG

The challenges of developing and implementing a neonatal skincare guideline a pathway to skin care champion

Emma Yeomans

In 2019 I set myself the task of writing a skincare guideline for our Neonatal Unit Monash Children's Hospital. Several circumstances initiated this decision. Firstly, our Electronic Medical Records (EMR) was implemented, including the NSCS (Neonatal Skin Condition Score), which is not completed on a regular basis. Secondly, I knew most nurses conducted skin assessments but there was little uniform documentation. Therefore, there was no evidence that nurses, doctors or allied health were completing regular assessments. If skin injuries were noted, it was only documented in the free text note section. I felt clarifying the required documentation elements and scale was especially important for new staff joining our nursing team. Best evidence to support our practice would include skin assessments and skincare risk assessments, which would likely come from uniform documentation, but this information was not provided in a consistent area within EMR.

The goal

At the time, I was also completing a Master of Neonatal Intensive Care Nursing, so I decided to investigate improving skin assessment and care in neonates. The first step in the process was to review the evidence to develop the guideline, with particular focus on assessment and management of skin injury which could be applicable for the complex and varied gestational ages, weights and conditions of neonates admitted to the unit. This guideline could assist in the consistency of documentation, but also provide clinical guidance for the assessment and management of skin care for the more extreme preterm infants and surgical or term infant.

The challenges

I started with a simple search for other peer reviewed guidelines and literature. What I identified was there seemed to be many different ideas about ways to protect skin in the term infant but not a huge amount on the preterm infant. There were numerous skin assessment tools with different 'pros and cons', but our unit would be required to continue with the NSCS as part of the EMR package.

I also began to recognise that developing a skin care guideline was bigger than originally thought (when is it not?) and not as easy as first thought. It was particularly clear there was more evidence in maternity and maternal health literature, and not for the preterm infant, especially under 25 weeks' gestation. I'd envisioned a 'real world' comprehensive guideline to guide our nurses to exactly what we needed to do, all supported by evidence. In addition, as Melbourne went into lockdown due to Covid-19, rolling out a new guideline was near impossible. There were so many new policies and procedures that had to take priority. This was not the time to add another. Nurses were tired, stressed and scared about what was to come. They were constantly redeployed to other areas of the hospital that were having influxes of patients and staff shortages.

The wins

Finally, during a break as Melbourne had a moment of reprieve in Covid numbers, we tried to return to a normal. We rolled out the guideline to our three sites: Monash Newborn at Clayton, a level 6B nursery, Casey Hospital, a level 4 and Dandenong Hospital, a level 3 Nursery. There were education sessions, all via Zoom as no face-to-face education continued to be the norm. It covered all shifts and all days other than weekends. One silver lining throughout this process was I had full support from the management team. I also regularly discussed current skincare practices with the bedside nurse and the quality teams associated with infections.

A post implementation audit was conducted to ensure that the new clinical guideline and supporting education was informing practice. The audit initially showed delay in the uptake of consistent documentation, but with further education, more consistency in the assessment, documentation and care of neonatal skin in the unit was achieved.

Ongoing

To assist in my experience in neonatal skincare and professional development, I joined the committee of the Neonatal Skin Special Interest Group (SIG). At the time of the guideline development, I was a member of ACNN but was not aware of the SIG. I have found the Neo-Skin SIG a passionate, supportive and an extremely knowledgeable group of nurses. Being a part of the SIG and committee allows me to reflect on and consider my own practice as well as be involved in the process for the continuous improvement of guidelines and care for neonates and their skin. I continue to learn from this group and encourage everyone to join a SIG to be supported in your growth and development as a neonatal nurse, and in this case as a practitioner of neonatal skin care.

Neurodevelopmental Care SIG

Conference 2022 NDC SIG Breakfast Session

To be held on Friday, 16 September 2022, 7am – 8:15am

Synopsis

What about Dad? Supporting Fatherhood in the Neonatal Unit

This breakfast session is to be hosted by the NDC SIG, aiming to raise the awareness of fatherhood and the mental health of fathers amongst neonatal nurses. This year, the 'What about Dad' breakfast session has four presenters, each invited to discuss a different aspect of fatherhood.

The first speaker is Mrs Sophia Qiuxia Dong, a Master by Research candidate at the University of South Australia. She will spend 20 minutes in her presentation to share the results of her exploratory study investigating the impacts of kangaroo care on fathers when their babies were cared for in one NICU in SA. Sophia used semi-structured interviews to collect qualitative data for analysis. A father's role in the family is often stereotyped but a father's role in every family is unique. It is also often powerful across different cultures and nationalities. This may misguide the public that the father's role needs less help or investigation. However, the function and the role of father in the NICU has been challenged and even underrepresented, especially during the Covid pandemic. Following the wider implementation of family centred care and family integrated care in NICU, the role of father has gradually been put under the spotlight. Historically, mothers have been considered to be the dominant kangaroo care providers, whereas fathers are often seen as spectators, and overlooked.

Little is known about the fathers' perspectives in providing kangaroo care in this specfic environment. Sophia conducted the first qualitative study in Australia that focused on this research topic. Current evidence and future recommendations will be discussed.



The second speaker is Dr Rebecca Liackman from 'SMS4dads', a not-for-profit organisation. Rebecca originates from the UK and has a background in paediatrics. 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 the 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. Since completing a Master in Public Health in 2020, Rebecca has also been working as a public health doctor for a local health district. In that role Rebecca aims to promote evidence-based, equitable and sustainable lifestyle behaviours that are benevolent to the planet and all its diverse peoples. In this 15-minute presentation, SMS4dads will introduce an innovative approach to the practice of the integrated family care model within NICU, using a modern technology approach. In the context of NICU, the messages from SMS4dads aim to decrease the vulnerability of dads through self-care, improve their communication skills in NICU by increasing knowledge of the setting, and encourage infant bonding through appropriate physical contact and understanding of their infant's condition.



The presentation will describe the SMS4dads service and its relevance in empowering dads in the NICU setting to improve family health outcomes.

Rebecca believes SMS4dads is unique, bold and pioneering. SMS4dads fills a gap for dads to *Cont. on page 6*

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NDC SIG (cont.)

feel valued, non-invasively and non-judgmentally, during a challenging phase of life. Rebecca's previous work in the NICU space as a doctor, as a parent with a baby in NICU, and the years spent since then communicating with parents, help her connect with dads who might be feeling uncertain about their role. Her goal is to reassure dads that with some knowledge and confidence they will do the best job they can, and that is enough.

The third breakfast presentation, 'Supporting the mental health and wellbeing of dads in the perinatal period' will be presented by Mrs Julie Borninkohf, the founder of **Perinatal**

Anxiety and Depression Australia (PANDA). With this 10-minute presentation, Julie will highlight the importance of mental health for fathers and introduce the more recent work of PANDA. Julie has worked clinically to support people from hardly reached and vulnerable communities. These include people at risk of, or experiencing homelessness, as well as communities of



disadvantage. As a leader, Julie has worked across a range of primary and tertiary health settings, namely in the not for profit and for-purpose space. She is passionate about ensuring that people's experience informs the development of progressive, integrated and accountable services and supports. In Australia, up to one in 10 dads experience anxiety and/or depression during the pregnancy and/or the 12 months following the birth of their baby. Even though everyone's experience of perinatal mental illness is different, the signs and symptoms men experience can be the same as those of women and non-birth parents. This is due to the many mental, emotional, and social changes that men face as they transition to, and through parenthood. During Covid, PANDA saw a shift in the help-seeking behaviours of new and expecting dads, noting an increase in men seeking support for themselves, rather than for their partner. With over 47,000 contacts provided to parents in 2021, PANDA has a wealth of insight into the experiences of men at this time. These will be highlighted during the session.

The final breakfast speakers are Mrs



Renee Muirhead and Mrs Amanda Bates, two most caring clinical nurse consultants from the neonatal critical care unit



at the Mater Mothers' Hospital in Brisbane and current committee members of the NDC SIG.

This 10-minute presentation will deliver the development, implementation and challenges of establishing a fathers' peer support group in a large tertiary referral centre in Queensland. Provision of family psychosocial care within a neonatal unit is an important strategy to support the best outcomes for the family unit. Though there are strategies in place to facilitate the emotional well-being of parents and enhance care-giving at the cot side, fathers are often not viewed as requiring additional emotional support during their baby's neonatal admission. In 2016, parental surveys conducted at the Mater Mothers' Hospital Brisbane demonstrated there was a need for father-specific groups that provide opportunities for fathers to gain practical knowledge about caring for their baby, share their lived experiences of having a baby admitted to the neonatal unit, and to gain support and advice on navigating the neonatal journey.

All participants will receive a gift bag filled with lovely Pearls of Wisdom, carefully picked by the NDC SIG committee. Please come and be inspired for your next research project!

