



Australian College of Neonatal Nurses Inc.

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www.acnn.org.au ABN 62 075 234 048

Newsletter

March 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 May 2022

ACNN National Executive 2021 – 2022

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From the President

Hi Everyone,

Another year and we are well into it already, as an Executive we look forward to our virtual F2F meeting in April where we make plans for the next 12 months. This takes place over two days, which gives us the opportunity to discuss and develop ideas as a group.

The Conference Committee is working hard to put together our Annual Conference titled "Pearls of Wisdom", celebrating 30 years. Details are available on our website. The abstract portal is open and it's a great opportunity to showcase any exciting work that is being undertaken by members.

Don't forget the scholarships available to all our members, check the website for details. These applications are being received regularly throughout the year and it's a great opportunity to receive some support for additional professional development.

As I say every time in my message, please take care of each other and your families.

Regards,

Anndrea Flint

Queensland Branch

Karen Hose

Happy New Year to all ACNN members! As expected, the year has started with an escalation of all things COVID across Queensland. We have been very fortunate (and grateful) to have largely escaped the significant workforce impacts in the last 18 months seen in our southern states. We have been thinking of our colleagues across borders. The effects of Omicron are now well and truly in play. In typical wonderful neonatal workforce response to crises, teams are pulling together to manage the impacts on patient care with safety and efficacy as always. The ACNN QLD Branch wants to recognise and thank both members and non-members for their incredible and ongoing efforts. You are amazing, and so valued.

On the topic of COVID, there were several excellent and relevant presentations regarding COVID in the perinatal period,

Cont. on page 2

QLD Branch Report (cont.)

discussing the effects on both pregnant women and neonates at Cool Topics on Friday 26 November 2021. If you haven't seen these lectures I would highly recommend accessing the recorded sessions. The content is of significant value to neonatal healthcare professionals in exploring both the clinical and ethical issues being experienced by our teams in this ever-unfolding arena.

As always, the Queensland Branch has been active and productive in support of local initiatives. World Prematurity Day celebrations were supported by offering members \$50 to cover expenses for celebrations at local units. A tremendous effort by Linda Ng on behalf of the Queensland Branch, also in collaboration with PIPA, was successful in lighting the Brisbane City Hall, Story Bridge, Victoria Bridge and Sandgate Community Hall purple on Nov 16 and 17. These beautiful and colourful displays pay a special homage to our little people.

Workshop goals in Queensland for 2022 include workshops in Rockhampton and Townsville, so watch out for the details. We can't wait to see what will be on offer!

Education SIG

Reflective moment in NICU

The COVID-19 pandemic came without a handbook of best practice and has dominated our lives since early 2020. As a nurse educator, I have had to adapt to a culture of 'new normal', which looks different for every person in the world. I would like to share my personal experiences as a nurse working in a surgical NICU and the impact of balancing the complex high acuity patient with the additional stress of the pandemic and all that comes with it.

Both parents were not allowed to visit their baby at the same time which caused a lot of anxiety and stress among parents and staff in the NICU. As a matter of importance, I encouraged staff to maintain their strength and compassion. Families were scared and they relied on us at their most vulnerable time. Sometimes 'bending' the rule of only one parent was essential, as with a first time mum and her baby requiring major surgery. It is exhausting and emotional. COVID has made difficult situations even more challenging with these uncompromising restrictions for parents and families. Unrelenting use of PPE masks has minimised the opportunities to see their baby's smiling face or kiss them. Fathers felt that they missed out on opportunities of bonding together as a family in the NICU. At all times, our NICU staff reassured, comforted and empowered parents to be present as much as they could be despite these restrictions.

Staff mental health was a challenge for us, given the amount of new staff and skill mix in our NICU. However, our team was quick enough to organise a staff well-being program and activities throughout to support the entire Grace crew.

Lastly, the all-important membership drive: the QLD branch has 349 members (as at 8 January 2022), an increase of 21 since January 2021. ACNN membership supports networking, professional growth, and provides considerable advantages in terms of CPD offerings. Perhaps even more importantly in the current climate, it is vital that our neonatal nurses develop professional momentum via ever-increasing memberships. We need to realise that this is our clearest pathway to gaining political influence. It is primarily through our collective, active voice that neonatal nurses will impact health policy, increase our relevance and highlight the pressing needs of the neonatal nursing workforce that you experience every day. So spread the word and here is the deal:

For each new member you sign up*, you will receive an entry into the draw to win one of two \$700 prizes towards attending ACNN Conference in 2022 or 2023 AND the new member* goes into a draw to win reimbursement of their membership fee.

**Applies to member sign-ups from 19 January to 30 June 2022*

The implementation of clinical education and how we provided education to nurses in NICU were especially challenging. We were not equipped enough to present sessions online and run study days virtually. We were required to demonstrate practical skills which was an absolute nightmare to present virtually. The unplanned and rapid move to virtual learning was stressful, but exciting and interesting. The 2021 virtual Grace Susan Ryan seminar was a big success with great feedback. This forced innovation could be the 'new normal', particularly after experiencing the benefits.

It has been over 18 months and we are still running study days, simulations and practical skill stations virtually without any face-to-face (physical) interactions. It's been a strange and perplexing experience for me personally. I strongly believe that the incorporation of information technology in nursing education has empowered the way we now we learn. It has been a big transition for all of us in the NICU, but it hasn't changed how and why we love the work we do.

Reflecting on the moment, I wish we were more prepared for the pandemic. Videos demonstrating processes and practices would have been helpful for those who need to see it in practice in addition to reading. I am sure every nurse in the NICU is very proud to be caring for these sick babies and their families, and every nurse everywhere finding it very tough, particularly in this crazy pandemic environment.

Dr Priya Govindaswamy

A/Nurse Educator, Grace Centre for Newborn Intensive Care, Children's Hospital at Westmead

Infant Feeding SIG

Between the kids and Covid what's left to talk about?

Rachel Jones

Lactation Consultant, Westmead NICU

I am sure we are all feeling somewhat fatigued, exhausted and even numb talking about Covid right now. How have we survived over the past two years really?

While tight masks and thick goggles have become the norm for us, let's spend a few moments acknowledging the amazing resilience of the families we have the privilege of caring for by recalling some of those moments filled with hope.

One week I can recall, having around 8 NICU mothers at once, isolating at home, some having only had a quick glimpse of their baby at birth and all trying to manage the awful situation they had found themselves in. We busily organised deliveries of all their expressed breast milk by phoning and texting, managing collections outside the front of the hospital. The daily task to find a relative or friend who wasn't in isolation and who could deliver their milk to the hospital so their baby would not miss out was an additional stress.

Our beverage bay, now converted to Decanting Station, was a hive of activity. I recall donning the protective gear following a now routine procedure in order to render the milk container safe to handle. Once removing all the double and triple bagging, a small note fell out on the metal trolley. "Thank you to all you wonderful nurses taking care of my baby while I can't come in. We love the face time and the photos you send us every day. Thank you again". I was speechless!

Bronwyn Bernerius

Lactation Consultant, RPAH Newborn Care

Regional families have had a bumpier Covid ride than most. A particular family we had were commuting from a regional town. Their extremely preterm twins already had enough issues when the family contracted Covid-19. Due to the physical distance to their home, no friend or relative was able to transport the mother's milk to the hospital. The babies were fed donor milk, while the mother expressing at home was so unwell and stressed that her milk supply dropped dramatically. After eventually returning to visiting, the babies' mother is taking motilium and working on her milk supply. The Covid impact is so much further and deeper spread than is at first apparent.

The latest of our Covid families have had a small glimmer of positivity. Although physically separated from her baby as she was ill with the virus, this mother has had a significant positive increase in her milk supply. The baby was transferred to us at two and a half weeks of age. She was being fed by IG tube, half formula and half EBM. The baby started having her first breastfeeds as soon as she arrived at 35 weeks. Mother's milk supply was determined to be very low and her expressing

inconsistent, so she was encouraged to pump to a routine to drive supply and was recommended to start motilium, which she did. The very next day she swabbed positive for Covid. Whilst at home on lockdown this mother has pumped and rested and taken her motilium. Baby is now completely EBM fed by bottle and IG tube and as soon as the mother is allowed back she will be supported to establish breastfeeding.

Gabriel Kerslake

Lactation Consultant, Children's Hospital at Westmead

The NSW NICU Lactation Group spent many hours writing a number of guidelines and flow charts regarding what to do with EBM from a Covid positive mum. I think one memory that will stand out for us would be that by the time these had been reviewed by the appropriate people and were put into practice, things had changed and we would realise that what we originally thought would work didn't work at all and the process would start all over again.

During the first Covid episode our NICU was fortunate not to have any Covid positive babies or mothers, but our PICU did. We spent a lot of time working out how to retrieve milk from the Covid positive mother at home and then decanting her EBM into clean bottles for safe storage.

Counselling of breastfeeding mothers in the community who were Covid positive became an important part of our role. Speaking with these families was quite confronting but also enlightening. It amazed us how strong and determined many of these mothers were, breastfeeding their baby and caring for their family despite being extremely unwell themselves. Many would also be worrying about other very sick members of their family who were hospitalised or the lack of income due to the impact of the virus.

We were lucky to have assistance from our 'Flying Squad' team which consists of dedicated nurses and doctors who visited young, sick families at home, taking swabs and delivering essential health items. The Squad willingly and so kindly brought EBM to the hospital for us to give to the sick infant. They delivered a breast pump and expressing supplies to this sick mother so that she could continue to provide milk for her sick baby throughout the long 14 days she remained in isolation. This mother told us she will always be grateful to the flying squad and lactation team for giving her the incentive to keep going during one of the hardest times in her life.

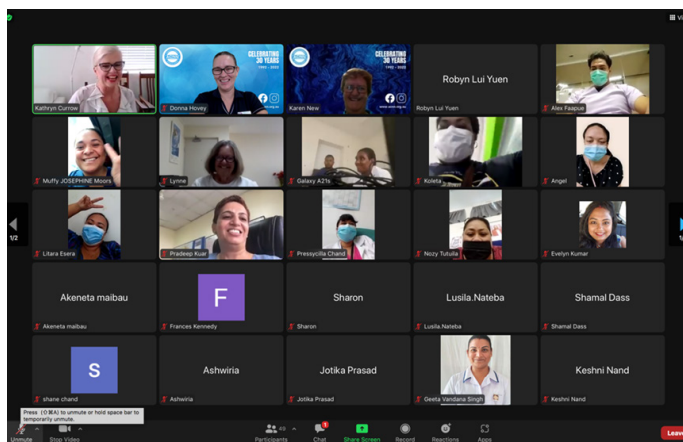
There have been many procedures and practices we have had to put into place due to the unpredictable waves the virus has thrust upon us over the last 2 years. One of our memorable achievements was when we implemented a QR code for our expressing room.

Low Resource Countries SIG

Tele-Education sessions

What a great start to the year for the LRC SIG! We have been invigorated through our partnership with Taking Paediatrics Abroad (TPA), providing monthly Tele-Education sessions via Zoom to colleagues in the Pacific Region. TPA reported that our most recent session hosted over 50 participants, a record for their nurse-led sessions. Also, that several senior paediatricians from Samoa and Fiji had dialled in. We are excited to further report that members from other ACNN SIGs have come on board to present throughout the year, making this a true ACNN team effort.

January and February presentations continued the theme: Pink, Warm, Sweet and Calm. Karen New discussed challenges of neonatal hypothermia: observations and assessment to improve clinical outcomes for neonates. Melissah Burnett provided a practical overview of neonatal respiratory distress and had the opportunity to ask participants the level of respiratory support they had available in their units. Donna Hovey presented on the importance of sweet: neonatal blood glucose and the challenges clinicians face. Nadine Griffiths provided a pre-recorded video presentation on developmental care, what we can do every day and why it matters. Nadine also announced that the NIDCAP Training Centre and LRC SIG had teamed up to offer 5 free registrations for the Tele-Health participants to the First Steps eLearning Program (FINE). We look forward to facilitating this opportunity.



LRC SIG Tele-Education session 3 February, 2022
Photo by permission

Neonatal Nurse Practitioner SIG

The NNP SIG is excited about hosting the upcoming *Reconnect and Recharge* workshop at the Convention Centre on the River Torrens in Adelaide on May 14, prior to PSANZ.

We have a sensational group of speakers and topics will include clinical genetics, ROP, encephalopathy, medications and case presentations. All neonatal nurses are welcome to

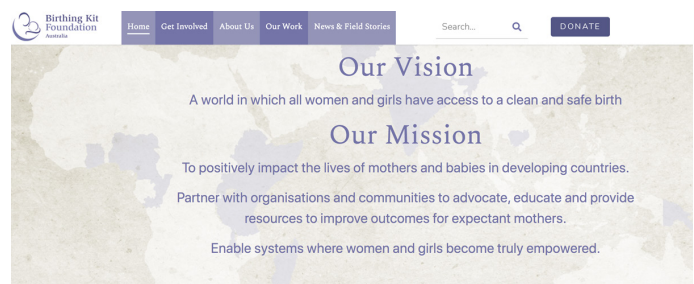
Birthing Kit Foundation Australia

As International Women’s Day occurred Tuesday 8 March, we would like to feature Birthing Kit Foundation Australia. This humanitarian organisation makes a difference to the lives of women and their children across the globe in many ways. One of these is by providing birthing kits and education on clean birthing practices to women in remote regions of the developing world. We have connected with this foundation to make birthing kits which we have taken on each of our training trips to PNG and supplied to Village Health Volunteers and the Touching the Untouchables organisation.

They asked that this year we celebrate International Women’s Day by booking a kit packing day with colleagues or friends. Or if you’re stuck at home with COVID you can pack kits in isolation! Alternatively, consider making a donation. A \$5 donation will buy one Clean Birth Kit, providing a pregnant mother with access to a safer, cleaner childbirth.

“They challenge us to imagine a gender equal world. A world free of bias, stereotypes and discrimination. A world that’s diverse, equitable, and inclusive. A world where difference is valued and celebrated. IWD is a day to come together, so we can forge women’s equality and #BreakTheBias.”

For further information visit the website <https://www.bkfa.org.au>



attend and we will incorporate some networking before and after the workshop day.

We look forward to sharing this time with you in the third most liveable city in the world (according to the Economist Intelligence Units Global Liveability Index for 2021).



Hosted by the ACNN NNP SIG

Neonatal Nurse Practitioner Annual Workshop!

"RECHARGE & RECONNECT"

Programme Highlights

- Clinical Genetics – Professor Christopher Barnett
- Update on ROP & Treatment – Dr Deepa Taranath
- Neonatal Encephalopathy – Beyond cooling in NICU – Kathryn Martinello
- Medications: Levetiracetam, Phenobarbitone, and Midazolam – Mark Minervini
- SIP project. How to organise, implement and audit a SIP project – Dr Alvin Tan

For more information please visit www.acnn.org.au/events or email nnpsig@acnn.org.au



Saturday 14 May 2022

Adelaide Convention Centre

8.30am – 5pm

ACNN Members \$90; Non-members \$120

Registration now open – Scan the QR code



Leadership SIG

Self-care Sunday

Self-care Sunday was an initiative started by the Leadership SIG to support neonatal nursing through the uncertainty of the COVID-19 pandemic and to stress the importance of mental health and self-care during this time. As nurses, we often prioritise the needs of patients and families before our own needs. Self-care Sunday provides us with a little reminder to check in with ourselves.

What's coming up from the Leadership SIG

The committee is busily working away, planning and preparing for some upcoming events all things Leadership-related. Please keep your eyes open for more information coming very shortly. In the meantime, the Leadership SIG committee is always looking for new ways to engage with its members. Please feel free to drop us a line via email on leadershipsig@acnn.org.au or join us at one of our open meetings.

*Give yourself the same care and attention you give to others
and watch yourself bloom*



Find our Self-care Sunday posts on Instagram
#positiveleadership

Neonatal Skin SIG

Classification and staging systems for neonatal skin injuries – do they matter?

Deanne August

A skin injury is a permanent or temporary change to skin integrity, which may or may not result in tissue loss. So how is that result measured or compared? How is tissue loss assessed? Classically skin injury depth, also known as severity, is considered an essential component of assessment and determined using visual inspection.¹ Severity is then categorised into stages or classifications, based on tissue appearance, descriptions, and diagrams within evidence-based severity systems. Interestingly, there are over seven classification systems recognised for adult pressure injuries, with the most commonly used being the National Pressure Injury Advisory Panel (NPIAP) injury classification system (previously known as the National Pressure Ulcer Advisory Panel).² The NPIAP system includes four ranked stages and two other classifications, in which severity is determined only by depth of tissue damage rather than surface area and is endorsed by both the European Pressure Ulcer Advisory Panel and the Pan Pacific Pressure Injury Alliance.²⁻⁴ Within the ranked classifications, two of those apply to injured skin that is either intact or superficial (Stage 1, Stage 2,) with the remaining ranked classifications referring to broken skin or the level of absent tissue (Stage 3, Stage 4). The classifications deep tissue injury and unstageable injury make up the last classifications within the NPIAP system. While both suspected and unstageable injury types are perceived to have deep or full thickness injury or tissue loss, it is impossible to rank the injuries due to limitations for visualisation of depth. Other skin injuries caused by mechanical force can also be classified, but not part of a ranked system, and these include a mucosal membrane injury,² medical adhesive related skin

injury (MARSI)^{5,6} or skin tear.⁷⁻⁹ The NPIAP injury classification system has been co-endorsed for all populations, with interrater reliability for clinical assessment of the adult population.¹ Other systems such as the European Pressure Ulcer Advisory Panel classification system had similar correlation for photographic assessment, but is less commonly used.¹ Importantly, none of the classification systems help to compare or report surface area of damage.

So, which is the right classification system for neonates? Truthfully, we don't know yet. While reviewing the NPIAP classification system for my PhD, I identified inconsistencies related to injury depth between the NPIAP system and classifications or descriptions reported in neonatal studies. For example, within the NPIAP system a Stage 2 pressure injury is defined as a "partial thickness loss of dermis presenting as a shallow, open wound with a red-pink wound bed; shiny or dry, shallow ulcer without slough or bruising"⁴ whereas other studies report a Stage 2 injury to the neonatal nasal septum as "superficial ulcer or erosion, with partial thickness skin loss" (see Figure 1).¹⁰ The differences in tissue depth and anatomical locations of injury (adults in the heel versus neonates in the nose) may explain modifications between these definitions. However, these variations may perpetuate challenges when neonatal units report injuries for hospital-based benchmarking activities, and miss representing the severity of injuries.

I further reviewed classification and severity systems as part of my PhD and identified 20 studies which investigated neonatal skin injuries using a system. An adult pressure injury classification or staging system was utilised most frequently

(n=5), followed by a modified system (n=2) and the remaining systems were uniquely created but not necessarily validated for the neonatal population (n=7). So why does this matter? If neonatal researchers or clinicians want to compare outcomes for preventative treatments or management options, injuries must be reported by the same system.¹¹ Therefore, to truly compare practice and improve outcomes for neonates, investigations are needed to determine the most effective classification system for this population.

Want to know more about skin injury classifications? Check out the SIG's hyperlink to resource documents at: <https://www.acnn.org.au/members-only-content/about-special-interest-groups/neo-skin-sig/resources/>. If you are interested in learning more about skin care and skin injuries, please visit the members SIG webpage or email the SIG directly at neoskinsig@acnn.org.au.

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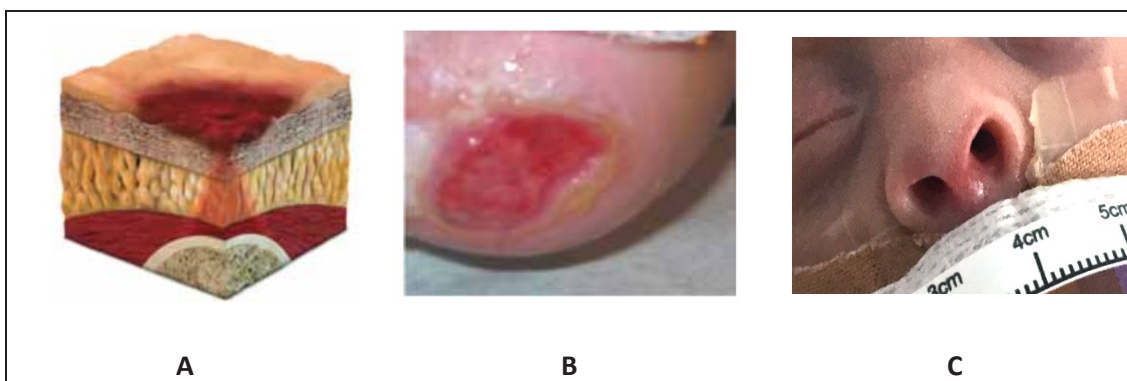


Figure 1: Graphical images of Stage 2 injury (A), adult heel injury (B), and neonatal nasal septum injury (C)¹¹

Neurodevelopmental Care SIG

Scholarship reports

Newborn Behavioural Observation online workshop

Most recently I had the pleasure of attending the Newborn Behavioural Observation (NBO) online workshop hosted by the wonderful Assoc. Prof Campbell Paul and the fabulous Dr Susan Nicolson at the Royal Women's Hospital Parkville, Victoria. The structure of the program was well organised and adaptive to the Covid-19-induced-online-learning-extravaganza that most of us are experiencing. This training is designed for passionate individuals who work directly with newborns and their family, and are intrigued by baby's behaviours, strengths and vulnerabilities. Topics covered included the theoretical basis of the NBO, a refresher on the organisational systems of newborn behaviour and practical applications of the tool.

Using case studies and various media, this training was a reminder to place the baby at the centre of everything we as neonatal clinicians do and partner with their parents as early as possible. The use of pre-reading and the online learning platform complimented the three-day training. It was also a fantastic way to network with other passionate and engaged clinicians. I highly recommend this training to clinicians looking to broaden their scope and better communicate with babies and their families. I would also like to thank ACNN for their Neurodevelopmental Care SIG Scholarship which funded my attendance to this program.

Information about NBO training can be found [here](#).

Arnie Krishnan

COCOON Care Coordinator/Registered Nurse
Butterfly Ward, Newborn Intensive Care Unit
The Royal Children's Hospital, Melbourne

Research SIG

Neonatal Nurse Outcome Measures (NNOM) project update

This project is now well underway following an initial delay due to the disruption caused by COVID-19 in our health care settings. The first stage, the scoping review, is progressing well and the steering committee is currently finalising the list of systematic reviews to be included based on their relevance to neonatal nursing measures and outcomes. Further information on this project will be shared in the coming months, so stay tuned.

Virtual presentation

The Experiencing Research seminar series continues this year and the Research SIG is hosting two virtual presentations for 2022. The first one is on 24 March and will be presented by Philippa Mann. Philippa is a PhD Candidate enrolled at Western Sydney University, and the topic she will be discussing is *Co-bedding of Twins in the Neonatal Period*. It is a topic

Learning experience of FINE 1 and FINE 2

It was my privilege and honour to receive the NDC SIG scholarship in 2021 to study the 6-month FINE 2 program after completing the FINE 1 course in Sydney in 2020. My interest in neurodevelopmental care (NDC) in NICU was rooted years ago after initiating a noise audit QI project in NICU.

The FINE 1 program was mainly focused on exploring theories and evidence supporting the neurodevelopmental care module. The FINE 2 program was much more challenging for me because the training process of reviewing and improving NDC clinical practice was actually orientated by a structured self-directed module. Under the supervision of FINE 2 trainer, Dr Kim Psaila, I performed various assessments using the multiple tools supported by the course. I reviewed current practice in my unit and provided insightful reflection afterward. To involve colleagues and parents in the reflection discussion was actually the most challenging but also the most rewarding aspect. I was always awkward to start the conversation about NDC but it got better with preparation and practice. At the end of the FINE 2 Program, I learned and formed the habit to expand my scope of NDC practice through working comfortably together with colleagues and parents which was actually critical for keeping job satisfaction. Thanks to NDC SIG's support for this learning! Now I enjoy working in NICU more than before!

Annie Chang

NICU, Child and Adolescent Health Service
King Edward Memorial Hospital, Perth

relevant to all neonatal nurses and midwives, so come and join us. This is a fantastic opportunity to hear about Philippa's research in this area. Keep a watch for further details on Philippa's presentation on the ACNN social media pages in the coming weeks.

Planning day

The Research SIG committee is holding a virtual planning day in March. The research programme for the national ACNN conference in September will be a large focus of the day. Further information on the sessions will be available in the next newsletter.

Abstracts

A call for abstracts for the national ACNN conference in September has been released, so it's time to start thinking about preparing abstracts for both poster and oral presentations. The current closing date for abstracts is 27 April. If you would like to present an audit or QI project you

have undertaken, a case study, or any qualitative/quantitative research projects and need some advice on how to write a succinct abstract or present your findings, please contact the Research SIG. Research SIG members are very experienced in all facets of quality improvement, research methodology and writing for publication/presentations. They are very happy to help guide and support clinicians to share their projects and results to the greater neonatal and midwifery community.

Research SIG group members

The members of the Research SIG are passionate about using evidence and best practice to improve outcomes for neonates and their families. Supporting and promoting neonatal research is their aim, and they achieve this through several different avenues. These are mentoring and guiding novice neonatal nurse researchers, conducting clinical research trials/projects, supervising PhD students, undertaking higher research degrees, being active members of steering committees and working groups and sharing their research results through publications and presentations. They are very happy to be contacted if you need any support or guidance with a project you are considering undertaking or advice on publishing your results. There are also several resources available on the Research SIG ACNN page to help guide and support clinicians with their research projects. These include:

- developing a research question
- using databases to search the literature
- statistical tests to run

Below are just a few of the research projects completed and published in the last 12 months by some of the SIG members. Happy reading.

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Muirhead R, Kynoch K, Peacock A, Lewis PA (2022). Safety and effectiveness of parent-or nurse-controlled analgesia in neonates: a systematic review. *JBI Evidence Synthesis* 20:1, 3-36.

Renee Muirhead

CNC, Neonatal Critical Care Unit, Mater Mothers' Brisbane

