



From the President

Amy Curran

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I would like to start by reflecting upon the achievements of the ACNN over 2023. Our annual conference in beautiful Adelaide, apart from some unseasonal weather, was a great success with over 200 delegates joining us and even a couple of neonatal nurses from New Zealand. As well, I acknowledge our winners for Best Oral Presentation – Nadine Griffiths, Best Poster – Jordan Strathearn and Audience Choice Poster – Prमित Bagga. The Branches and SIGs indulged with great games, competitions, and some very novel prizes. It was lovely to catch up with everyone, network and meet new faces.

The Branches and SIGs have conducted 19 virtual presentations this year with a variety of great topics and also developed new initiatives for running annual general meetings either via a twilight dinner, or snack pack presentations identifying the local presenters who show-cased their projects and research at the ACNN annual conference. They have also organised three rural and remote workshops across Australia this year, the Neonatal Nurse Practitioner SIG holding their annual *Recharge and Reconnect* workshop in Melbourne. The Queensland Branch hosted a rural workshop in Rockhampton and a collaboration amongst the Education, Nutrition and Feeding SIGs with the NSW, and SA Branches to host their first 'Babies in the Bush' workshop, a great initiative to work together for provision of vital education.

Fifteen scholarships have been funded to members this year, totalling \$18,358 dollars. Please remember the next round will open in March 2024. ACNN also received 34 nominations for the Family Appreciation Award this year. The winner was Danielle Groves, based in Hervey Bay. The committee realised when notifying the nominees that 28 of them were not members and so this year we have acknowledged their recognition by giving them a complimentary membership to ACNN. A great approach to attracting new members and recognising the hard work of neonatal nurses across Australia nominated by the families they care for.

We have 10 ACNN Champions across Australia who applied to promote the activities, scholarships, and awards of the College within their workplaces. For their time ACNN has given them a year's complimentary membership. Could this be you?

As you organise your calendars for next year, please remember some key dates:

16 – 17 March face-2-face meeting – for those of you attending the Research and Leadership workshop on 15 March. The Executive has invited a representative from each Branch and SIG to attend the meeting on Saturday morning from 8am to 2pm to discuss the sustainability and the strategic plan of the ACNN, affiliations with other nursing organisations, membership incentives and engaging our Branches for ACNN representation at local neonatal conferences to host an ACNN table.

6 – 8 May 11th COINN conference: 'Supporting Closeness – Building Relations' in Aalborg, Denmark. Remember early bird registration closes 31 January. Please visit their website for further information.

4 – 6 September ACNN National conference 'GAME ON' in Melbourne with a focus on respiratory management, neurophysiology, infant mental health and models of neurodevelopmental care and neonatal nursing career pathways – there is a great line up of speakers already confirmed for this conference, please see the website for

more information and don't forget to book early as Melbourne is crazy in September. Registration will open in February. Oh, did I mention it's at the MCG!

2024 is shaping up to be an amazing year with a real focus on engaging our members and the sustainability of the ACNN. I have asked before, but would you be interested in joining the Executive committee? In summary we meet face to face twice a year, usually in March and then the day before the annual conference. Other than that, we meet via Zoom on the second Monday of the odd month (January, March, May, July, September, and November). The Executive has 4 office-bearing positions with a minimum of 4 ordinary members who currently have undertaken vital roles on the Executive – transitional Professional Officer, Assistant Secretary, Conference Chair and Membership Secretary as well as our social media representatives and Executive Support Officer. As some of you will be aware, since our annual conference Kristin Hughes has had to take an uncertain leave of absence from her Assistant Secretary role due to unforeseen family circumstances and so Karen New has kindly taken on the Assistant Secretary role. This year we had no applications for an observer to join the Executive and I would like to change this. By coming on to the committee as an observer you will see what the Executive does before making a formal commitment. Please let me know if you are interested.

I would like to thank you all as members of ACNN for not only the care you provide to preterm/term babies but also your commitment, enthusiasm and passion providing educational opportunities across Australia either through workshops or virtually. I really look forward to working with you all next year and wish you a lovely Christmas and a happy New Year.

See you in 2024!

Australian Capital Territory Branch

In our recent event on 29 November, we hosted guest speaker Renee Muirhead CNC, Mater Mother's Hospital Brisbane, a leading expert in neonatal pain management. Renee presented her expertise and left an invaluable mark on our understanding of this critical neonatal healthcare aspect. We welcomed over 50 attendees to a neonatal seminar held at The Canberra Hospital Auditorium.

Renee emphasized the importance of approaching neonatal pain with a compassionate mindset, acknowledging the vulnerability of our tiniest patients. Attendees were treated to a glimpse of the latest advances in neonatal pain research. One of the highlights was the presentation of practical strategies for healthcare professionals to implement in neonatal pain management. From non-pharmacological interventions to the latest developments in pharmacotherapy, and available alternative pain assessment tools.

We extend our gratitude to Renee for sharing her expertise and passion for improving neonatal care. As we reflect on this event, we look forward to continuing the conversation and implementing the knowledge gained to enhance the quality of care for newborns.



We wish all our members and neonatal units a wonderful Christmas and holiday season and look forward to many more educational and networking events in 2024. Stay tuned for future events as we strive to bring you more enriching experiences and foster a community dedicated to advancing healthcare.

New South Wales Branch

Branch and SIG event 2023, Broken Hill: see report in this issue.

Queensland Branch

The 2023 ACNN National Conference in Adelaide was another successful event where the QLD branch was well represented, with a number of branch members and invited QLD presenters in attendance. After an excellent opening workshop, the conference social activities were kicked off with a welcome reception. Members travelled to Hahndorf where they had the opportunity to explore the quaint, historic town in the Adelaide Hills, before heading for the evening to the Grunthal Microbrewery. A great meal was shared, with members taking the opportunity to relax, catch up and network with friends and colleagues from around Australia.

Days two and three of the conference offered a broad range of educational sessions and presentation of new research, with Qld Branch invited speakers Kristin Hughes, Lyn Chapple, Judith Macey, Linda Cobbald and Dr Deanne August. The group explored the challenges related to neonatal skin injury and assessment and hosted a panel discussion focused on implementing quality improvement activities for neonatal skin care. Additionally, QLD branch members Gill Noreiks and Stephanie Hall presented research as a part of the Neo-skin stream. Posters were presented by branch members Jordan Strathearn and Donna Hovey, with Jordan being presented an award for her poster presentation discussing the effectiveness of communication boards in the Special Care Nursery. We should also mention that Maxine Ballinger from Rockhampton was the recipient of the Mark New Quiet Achiever Award. Maxine joined via Zoom to accept the award, and we were able to listen to an account of her passion for and dedication to neonatal nursing which revealed her as a worthy recipient.

Along with the other branches and SIGs, the QLD branch used lunch breaks to host activities, with the 'Guess the Branch Member Baby Photo' and 'NICU Crossword Puzzle' proving lots of fun and keeping everyone guessing. Many thanks from the QLD branch to people who got involved and congratulations to those who won prizes for their efforts. As usual the national conference proved to be an enjoyable and educational event and many members of the QLD branch are already looking forward to next year's event in Melbourne.

Our last event for 2023 will be a Snack Pack and annual meeting on Monday 20 November. Four Qld members will talk about their presentations from the national conference and the general meeting for election of the operating committee for the next 12 months will also be held.

Melody Emerson

Treasurer Liaison Qld Branch

Education SIG

Susan Ryan Neonatal Seminar 2023

Priya Govindaswamy

Grace Centre for Newborn Care, Children's Hospital Westmead

On the 4 August 2023, Renae Gengaroli (Nurse Educator, GCNIC) and myself (CNC, GCNIC) were fortunate enough to have the opportunity to co-organise the 33rd Annual Susan Ryan Neonatal Seminar at the Skye Hotel, Parramatta. I learned a great deal from this experience personally and academically.

It brings me great pleasure to write this report, in which I can highlight how remarkably the seminar was received by the delegates. The title of the seminar was *Expect the unexpected in neonatal care*. We aimed to highlight the true nature of Grace NICU, a place in which surgical neonatal cases can take unexpected twists and turns, which we then, as clinicians, need to be prepared to respond to. We had a total of 134 delegates, with 13 sponsors

attend the seminar and a total of 20 presentations were delivered. The Susan Ryan Neonatal Seminar offered not only an outstanding educational program but also a great social forum. This allowed people to network with colleagues from other neonatal units around Australia who share a common passion for neonatal nursing and education alike.

The conference commenced with Welcome to the Country by Wayne Dargan, the Aboriginal Employment Advisor for the Sydney Children's Hospital Network. This was followed by an inspiring speech by our first presenter Tanya Quinn who spoke about meeting the needs of Indigenous families in NICU. The day continued with 19 amazing presentations represented by a mixture of medical, nursing, and allied health professionals who work within the neonatal field.

I would like to name a few presentations which I found most inspiring: nursing research matters; neonatal interventions - painting a room through a keyhole; down the retrieval rabbit hole: Expect the unexpected; CHAOS to EXIT – planning for safety; neonatal nursing toolkit; and finally, the quality in Grace - poster presentations.

At the end of seminar, I took a great deal of information away with me to incorporate into education, research, and practice. We received feedback that delegates enjoyed the food, raffles, prizes and of course the socializing! It was a great seminar for all involved. On reflection, I recognised that some things are out of your control and that many of the tasks couldn't be completed until either right before the conference or even on the day. Like the theme of the seminar, we need to be ready and *expect the unexpected* so we might not be stressed out when confronted with an unexpected problem.

Renae and I could not have done this alone! I would like to say a big thank-you to the Grace Susan Ryan organising committee for collaborating to host this seminar. Thank-you for bringing nurses together from various NICUs and SCNs to continue in sharing their passion for nursing, neonates, and continuing education. I would also like to extend my thanks to the Grace Centre for Newborn Intensive Care Unit staff for their support and for the work they do that provides quality care to the patients and a showcase for Susan Ryan each year.

Choosing to organise was one of the best decisions I have made in my role as a new Clinical Nurse Consultant, and I urge all the new and young nurses to find a way to get involved, and I promise you won't regret it! As an organising member, I found the seminar inspiring, and I was satisfied that the day was well received overall. I look forward to being part of the organising committee next year.



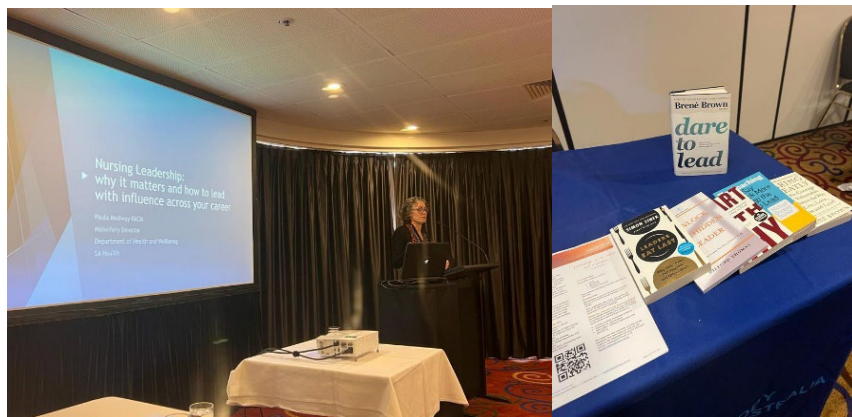
Grace NICU team, 33rd Annual Susan Ryan Neonatal Seminar

Leadership SIG

The purpose of the ACNN Leadership SIG is to increase awareness and support regarding the importance of clinical and professional nursing leadership and the impact this has on practice change, professional growth and development and to maintain high standards of care for neonates and their families.

Several of the Leadership SIG members attended this year's annual conference held in Adelaide in September where we were delighted to host a Leadership-themed concurrent session. Our invited speaker Paula Medway spoke on nursing leadership: why it matters and how to lead with influence across your career, drawing on her 30-years' experience as registered nurse, midwife, and International Board-Certified Lactation Consultant and as the Chair of the South Australian Board of the Nursing and Midwifery Board of Australia. Lots of fun was had at the Leadership SIG table where delegates played games of 'Celebrity Heads' to win a range of inspiring books.

At the annual meeting we welcomed many new members to the Leadership SIG Operating Committee. We look forward to introducing the new committee, sharing what is being planned for 2024 and continuing to build the profile of clinical and professional leaders in neonatal nursing.



Neonatal Skin SIG

Measuring the impact of skin injury for neonatal families

Deanne August

In 2022, I was fortunate to be awarded a scholarship from the NeoSkin and the Research SIGs. These scholarships were fortuitously gained to support the follow-up portion of a world-first study to determine the accuracy and possibility of three technologies for skin injury assessment compared to visual assessment (current standard care).¹ The study, *What Lies Beneath*, had explored the inpatient and initial study outcomes with competitive funding from the Royal Brisbane and Women's Hospital but had huge risks of lost follow-up outcomes due to COVID-19 and challenges within the healthcare service. Thanks to the Australian College of Neonatal Nurses and the unique scholarships available to nurses and nursing research, this follow up sub-study was completed.

While the results of this feasibility study will be shared with members in scientific events in 2024, the team is excited to share a bit more about it to demonstrate the exciting work that the ACNN continues to support. The *What Lies Beneath* study builds on my program of work for neonatal skin assessment and injury research, with part of the pilot and PhD work funded by the Australian College of Neonatal Nurses Parker Health Care Scholarship (the Neonatal skin Injury and Pressure Injury Risk Assessment (NIPIRA) study in 2016).^{2,3}



I have been a member of ACNN since 2014, delivering and facilitating neonatal care to families in Queensland since 2006. One of the outcomes of my PhD and post formative work has been to demonstrate inconsistencies in skin injury and injury severity assessment.⁴⁻⁷ Similar to the gaps in accuracy of neonatal skin injury assessment, the effect of long-term sequelae/scarring, the economic burden created by injuries and the experiences and impacts on the family are poorly explored.⁸ Other than the publication by Cartlidge et al (1980) in which 'trivial scars' from iatrogenic injuries were reported for all ex-neonatal survivors (n=100), with 10% (n=11) of children requiring intervention, no research has ever explored the long term impacts of these complications.⁸ Comparatively, patient experience for adult pressure injury is established,⁹ as well as evidence for parental anxiety and distress for paediatric skin injuries (e.g. burns).¹⁰⁻¹² Furthermore, the costs of adult pressure injury treatment range from £1,214 to £14,108 British Pounds, but what is the financial impact for neonates considering they are the most at risk patients for hospital acquired injury?

To explore these outcomes *What Lies Beneath* is a feasibility study which brought together neonatal clinicians and other healthcare experts including a health economist (Professor Joshua Brynes), adult tissue viability specialist (Professor Fiona Coyer) and Paediatric Surgeon (Professor Craig McBride). This nurse-led trial assessed the feasibility and accuracy of three technologies for skin injury assessment compared to visual assessment (current gold standard).¹ During Phase 2 of this study (funded by ACNN), ex neonates and their families were assessed for injury outcomes after 6 months from first injury formation. These assessments comprised of two items, the physical scar and the psychological impact on the families. During the follow-up visit, physical scar assessments were completed using three alternative technologies. Burden and impact of the scar was also collected using the Brisbane Scar Impact Profile (BBSIP) for Care Givers and Children under 8 years of age.¹³⁻¹⁴ If unable to attend in person, families completed the BBSIP and sent in a digital image for assessment of scar via a secure network.

One particular strength of this study is that it has a diverse investigator group led by a neonatal nurse, who then championed the research nurses in the team (neonatal nurses) by increasing their expertise with non-invasive skin measurement devices (e.g. pH meter and computer learning application). Outside of this study these advanced skills of skin assessment are currently completed by paediatric skin care teams, adult skin care teams, burns teams or other medical colleagues. A total of five neonatal nurses learnt how to use the study devices and were involved in following the families up. Two of the nurses from the study were able to share their experiences in the NeoSkin SIG concurrent session in Adelaide during the 2023 national conference. The session was well attended, and it will be interesting to see how other neonatal nurses consider advanced skin assessment skills in future research and practice.

At least two publications are in draft with a third being considered, to share this important and exciting trial with the scientific community. Results from this study will have wider impacts for the neonatal nursing community related to the feasibility of non-invasive technologies for standard care. Additionally, the results from family assessments within this study will have lasting impacts for neonates and their families, describing the impact of skin injury on their lives.

About the author



Dr Deanne August is an MRFF Post Doctoral Research Fellow. Her PhD explored the development of skin injuries using a mixed methods multicentre study (also known as the NIPIRA study). She currently works at the Royal Brisbane and Women's Hospital and University of Queensland/Paediatric Nursing and Patient Safety Group at Children's Health Queensland and Hospital Service.

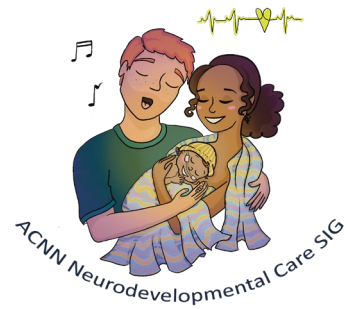
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Neurodevelopmental Care SIG



What a successful annual national conference we had! Our breakfast session presented by Meg Bater, PhD candidate, on the PeDAL study was enthusiastically attended, with attendees treated to a Neurodevelopmental Care SIG goody bag worth over \$50 through which we excitedly launched our newly commissioned bespoke NDC SIG visual designed by musician, artist and ex-NICU mum, [Alana Wilkson](#). The image shows a medicalised infant with autonomic stability, the family triad, skin-to-skin cuddles, a regulated infant with hands in the midline, regulatory behaviours such as grasping and bringing hands to the mouth, and the sound and light environment through dim light and parental voice. We are extremely proud of this image and look forward to using it for many years to come.



We held our AGM after our breakfast session and we are so happy to announce that our SIG has grown from 10 to 21 members! We welcome our new members and look forward to introducing you to them this year. I would like to thank our outgoing members, Nadine Griffiths, Renee Muirhead and Cindi Escardo for their contributions to the NDC SIG, and we hope to see you back in the future. I would also like to thank members for trusting in me to chair the NDC SIG again in 2024. I hope we can continue sharing and growing NDC in our nurseries across Australia while learning from each other.

We had so many of you visit our interactive conference table for rich and robust discussions around NDC and how to champion this for the infants we look after. We had great fun having nest making competitions, were able to view live feedback to Flinders Medical Centre NICU using a locally-designed bedside camera, read testimonials from families using a local bead journey program, had videos on NDC interventions such as baby massage, music therapy, and infant communication, and tested your knowledge with 2 NDC quizzes focussing on the goals of NDC and the sound environment. Our sound ear had lots of people talking, as did the 'right way' to make a nest!



The NDC SIG looks forward to a fantastic 2024 full of learning and sharing. Please contact us at ndcsig@acnn.org.au anytime with questions, feedback, invitations to present and collaborate, or any new ideas.

Erin Church
NDC SIG Chair

Research SIG

Scholarship report

Nadine Griffiths

The Effects of Caregiving for Infants in a Developmentally Supportive Neonatal Setting (ECIDNA) study is nurse-led research in the surgical NICU. Little is known of the effects of developmental care education in the surgical neonatal intensive care setting. It may be that developmental care education changes the way we care for babies, improving the outcomes for babies and families. The ECIDNA study aims to examine how developmental care education for nurses impacts on caregiving and influences parents' experiences in the surgical neonatal intensive care unit and babies' socio-emotional development and temperament after they go home. One component of the study was to evaluate infant stress during a single shift via salivary cortisol measures.

Salivary cortisol testing was made possible thanks to the ACNN Research SIG that approved funds (\$5657.60) that covered the costs of testing. The funding was split across two payments in 2021 and 2022. Salivary cortisol measurement is a non-invasive method to assess stress during neonatal research. For infants, unlike older children or adults, single salivary cortisol measurements can be used in infant populations less than 44 weeks gestation to reflect recent stressful events. With single afternoon saliva specimens demonstrated to reflect acute stress responses over the previous 6 hours of care in the NICU¹. Within the ECIDNA study a single salivary cortisol sample was collected by the research team with the results to be examined in the context of other measures

relating to the infant's clinical condition and potentially stressful events on a single day during their admission. The salivary cortisol results may help us to further understand components that influence infant stress in the surgical NICU and how this is reflected in infant physiological and behavioural responses.

We are currently exploring the salivary cortisol results for the study population. In the testing of other components of our research for the physiological and behavioural effects for infants of nurse-delivered caregiving we have found:

- All groups experienced physiological stress during routine nurse-delivered caregiving
- Infant heart rate (HR) increased by >10bpm for 64% of infants during caregiving
- 53% (1 in 2) HR had not returned to baseline at 10 minutes post caregiving
- The physiological effects of stress are less obvious in infants with a cardiac anomaly
- Surgical neonates demonstrate a unique repertoire of behaviours
- Providing clinicians and families with information (and ideally education/training) on these behaviours may assist to reduce stress during caregiving interactions

I am exceptionally grateful for the support of ACNN to undertake this component of the research and hope our results will support the application of nurse-delivered care within and beyond Australia.

Update October 2023

Recruitment to the study was completed in June 2023. Final recruitment numbers were 45, with salivary cortisol samples processed for each participant. The final follow-up component of the research will be completed in early November 2023. We are in the process of analysing the results and comparing the salivary cortisol response with infant physiological and behavioural responses, nurse-delivered caregiving components and potentially infant temperament. Our aim is to share results for this component of the research in 2024.

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Conference 2023 report

Linda Ng

This report provides feedback from Anouska Hodge, Hilary Lampard and Sam Duthie from the Australian Nurse-Family Partnership, Women Children and Family Health, Nunkuwarrin Yunti SA. Anouska and Hilary attended Wednesday and Thursday, Sam attended Thursday only. This report has been approved by Anouska, Hilary, and Sam.

ACNN recognises the Aboriginal and Torres Strait Islander Health Workers (ATSIHWs) as a core part of the primary health care workforce. They provide clinical and primary health care for individuals, families, and community groups. ACNN was delighted to welcome Ms Anouska Hodge, Ms Hilary Lampard, and Ms Sam Duthie from Australian Nurse-Family Partnership, Nunkuwarrin Yunti to the Annual Conference held on 6 – 8 September in Glenelg, South Australia.

Anouska and Hilary attended the Eat, Sleep and Console Workshop that focuses on the comfort and care of drug-exposed infants who are at risk for developing neonatal abstinence syndrome (NAS) by maximizing

nonpharmacologic methods, increasing family involvement in the treatment of their infant, and prn or "as needed" use of morphine.

Anouska became inspired by hearing from the Canadian nurses. She also learned about nurses researching together and talking so positively about nursing and this inspired her to consider attending the child and family health conference next year.

"I found this workshop very interesting and surprisingly relevant to community-based nursing as a number of our clients have or had substance use issues. The Canadian Health Care is very similar to ours in Australia so could really envisage something like this (if not already) being set up here", she said.

According to Hilary, the concept of Eat, Sleep and Console was completely new to her. The workshop was an 'ah-ha!' moment for her. "I have so many clients whose babies have been removed due to mum's substance abuse, and I have felt so frustrated as these mums just haven't been given another chance. The baby is so quickly removed, and mum quite often ends up on a slippery slope to self-destruction", she said. Due to work commitments, Hilary could not attend the full conference.

Due to work commitments, Sam only managed to attend the conference on Thursday. Being a preemie herself as well as being the second preemie to receive surfactant in Australia, attending this conference was a poignant reminder. Additionally, she said the conference was an incredible chance to hear empowering stories from nurses.

"It was great to attend the ACNN Conference which promotes equality, innovative research and also recognition for nurses in the healthcare system. I am also definitely more determined and inspired to work towards a midwifery degree. I'm also determined to make a difference in the community," Sam said.

ACNN would also like to thank Ms Glenda Woodall, Nurse Manager for her willingness to support three of her staff to attend this conference.

Scholarship Report

Samantha Hovenden

After the last few years, working in health care, having my second child and the craziness of the world, I was so excited to attend the ACNN conference in Coffs Harbour in 2022. I have been a neonatal nurse for 10 years, and getting to attend a conference with like-minded people was something I was very much looking forward to. I was lucky enough to be granted an ACNN scholarship to assist me in attending, something for which I am ever so grateful.

Whilst I was thrilled to be not only attending the conference, I was also nervous. This was the longest I had been away from my two children, plus Covid changed us all in little ways, what if I got Covid? What if I got stuck in Coffs? Should I wear a mask the whole time? Did I pack my hand sanitiser? All signs that we have been through an interesting few years.

I left Melbourne with two of my beautiful friends and colleagues, due to various flight changes we had two flights to get to Coffs. Once we arrived at Coffs we were met with beautiful views at the venue and we excitedly checked in and made our way to the room to get settled.

The next few days were a blur! Getting to meet so many other passionate people and hear of the wonderful things everyone was doing, not only in Australia but Internationally. It was inspiring to see the amazing projects that are happening to improve the care of the tiniest humans we all care for.

If you want to renew your passion for neonatal nursing, or you want to make change, there is nothing quite like a conference. It's an opportunity to be inspired, to grow, learn, mingle, collaborate, and make friends and connections.

I can't thank ACNN enough for not only organising the conference but in helping me attend. I'm already booking my leave for the next one!

Joint SIG event

Neonatal Nursing Workforce Workshop

The Research and Leadership Special Interest Groups are planning an exciting event to gather members and discuss neonatal workforce issues. The Neonatal Nursing Workforce Workshop will be held at the Holiday Inn, Sydney Airport on Friday, 15 March 2024. We will cover the registration cost, but attendees must be prepared to fund their travel and accommodation expenses. We hope to convene a diverse group of neonatal nurses to examine current workforce issues and construct a list of recommendations and strategies using the World Café format to share among the neonatal nursing community and other stakeholders. We will explore how neonatal units facilitate workforce recruitment, development of skills, staff morale, and retention. We hope to emerge with a list of recommendations and strategies regarding, for instance, neonatal nurse recruitment, transition to specialty practice, workforce planning, staffing and skill mix, education, and professional development.

The tentative program is as follows:

Time	Session
0900 – 0915	Welcome
0915 – 0945	Outline of the program
0945 – 1030	Guest speaker – TBC
1030 – 1100	Morning tea
1100 – 1230	Phase 1 of World Café – <i>Explore</i>
1230 – 1300	Group activity
1230 – 1315	Lunch
1315 – 1430	Phase 2 of World Café – <i>Connect</i>
1430 – 1500	Group activity
1500 – 1515	Afternoon tea
1515 – 1615	Phase 3 of World Café – <i>Share</i>
1615 – 1630	Workshop close

Scholarship report

Annie Chang

I am writing to express my sincere gratitude to the ACNN for selecting me as the scholarship recipient to support my NAS study clinical trial. The trial has recently been completed, and the preliminary results were published in the Perth Children's Hospital symposium as a poster presentation (8-10 November). My research journey would not have been possible without the generous support from the ACNN scholarship, and I want to thank you for enabling me to complete my trial successfully. The trial's results are currently in the process of publishing and will be included in my thesis as a component of my Master of Nursing studies. The current report of the study is attached in the form of a poster. I am grateful for the support of ACNN towards my research journey. Thank you once again.



Evaluation of the 8-item simplified Finnegan Neonatal Abstinence Scoring Tool (sFNAST) in an acute clinical setting in Western Australia



Annie CHANG, RN^{1,2}, Dr Linda COVENTRY RN, MSc, PhD^{1,3}, Dr Maggie Zgambo RN, MSc, PhD¹, Professor Evalotte MÖRELIUS RN, MSc, PhD^{1,4}

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What have we learned?

- There is limited evidence regarding the psychometric properties of the current instrument used in scoring neonatal abstinence syndrome (NAS). Studies reporting on validity and reliability have raised concerns about the quality of existing NAS instruments.
- It's essential for nurses working in high-acuity settings to use a validated instrument that is efficient yet comprehensive in assessing NAS severity.
- Inaccurate scoring can result in longer hospitalization or incorrect medication treatment. Implementing validated and reliable instruments could lead to reliable diagnosis and standardized treatment.

Background

Neonatal abstinence syndrome (NAS) occurs when infants experience sudden withdrawal symptoms after birth due to maternal use or abuse of addictive substances during pregnancy. Based on a literature review conducted by researchers in 2020, it was discovered that a validated and reliable short version of the instrument could accurately and quickly identify the target NAS babies. Screening instruments with a binary response, such as the sFNAST, may be easier to use and provide an objective way to measure the severity of NAS. Nurses may find the 8-item sFNAST to be a more dependable tool in acute clinical settings.

Objective

To evaluate the reliability, validity, and feasibility of the 8-item sFNAST in measuring Neonatal Abstinence Syndrome in a hospital setting in Western Australia.

Methods

Test-retest reliability: A cohort of NICU nurses (n=50) scored the same two pre-recorded video scenarios of neonates with NAS two weeks apart.
Inter-rater reliability: A nurse assigned to care for a neonate with NAS scored both the mFNAS and sFNAST. A second nurse scored the sFNAST.
 Reliability was assessed using kappa and adjusted kappa. A feasibility questionnaire was sent to nurses afterwards. SPSS 27 software was used to analyze data, with the level of significance set at $p < 0.05$; kappa and adjusted kappa calculations were conducted. The cut-off scores of the standard instrument (mFNAS) and the new instrument (sFNAST) were compared and calculated using the weighted kappa, ROC and AUC.

Table 5 Participant Characteristics

Participant Characteristics (n=50)	Result
Age (in years)	28.7 years
Sex	Female 96.0%
Qualification	BSc (Nurs) 20.0% BSc (Nurs) 20.0% Diploma (Nurs) 20.0% Diploma (Nurs) 20.0% Other (12%)
Employment Status	Full-time 68.0% Part-time 12.0% Part-time 20.0% Part-time 20.0% Casual 12.0%
Education	Bachelor 100%
Specialization	Neonatal 100%
Location Background	Edith 100%
Experience in the NICU	20 years (100%)
Experience in the physical location	20 years (100%)
Experience in caring for babies with Neonatal Abstinence Syndrome (NAS)	50 (100%) Yes 96.0%

Table 1 Test-retest for video scenario 1

Variable	Observed agreement %	Chance agreement %	K (95% CI)	Standard Error (SE)	Bias (bias) (95% CI)	Prevalence Index (PI)	Prevalence adjusted kappa (95% CI)
Sleep	0.953	0.953	0.000	0.000	0.000	0.000	0.000
Awaken	1.0	1.0	0.000	0.000	0.000	1.0	1.0
Muscle tone	0.920	0.920	0.000	0.000	0.000	0.920	0.920
Respiratory	0.95	0.95	0.000	0.000	0.000	0.95	0.95
Feeding	0.913	0.913	0.000	0.000	0.000	0.913	0.913
Flow feeding	1.0	1.0	0.000	0.000	0.000	1.0	1.0
Swallowing	1.0	1.0	0.000	0.000	0.000	1.0	1.0

Table 2 Test-retest for video scenario 2

Variable	Observed agreement %	Chance agreement %	K (95% CI)	Standard Error (SE)	Bias (bias) (95% CI)	Prevalence Index (PI)	Prevalence adjusted kappa (95% CI)
Sleep	0.813	0.813	0.000	0.000	0.000	0.813	0.813
Awaken	0.719	0.621	0.146	0.021	-0.111	0.87	0.87
Muscle tone	0.765	0.628	0.225	0.038	-0.108	0.92	0.92
Respiratory	1.0	1.0	0.000	0.000	0.000	1.0	1.0
Feeding	0.913	0.913	0.000	0.000	0.000	0.913	0.913
Flow feeding	0.96	0.96	0.000	0.000	0.000	0.96	0.96
Swallowing	0.98	0.98	0.000	0.000	0.000	0.98	0.98
Swallowing	1.0	1.0	0.000	0.000	0.000	1.0	1.0

Table 3 Inter-rater reliability between Nurses 1 and 2 in regards to bedside scoring

Variable	Observed agreement %	Chance agreement %	K (95% CI)	Standard Error (SE)	Bias (bias) (95% CI)	Prevalence Index (PI)	Prevalence adjusted kappa (95% CI)
Sleep	0.942	0.943	0.000	0.000	0.000	0.942	0.943
Awaken	0.903	0.904	0.000	0.000	0.000	0.903	0.904
Muscle tone	0.763	0.767	0.000	0.000	0.000	0.763	0.767
Respiratory	0.951	0.956	0.000	0.000	0.000	0.951	0.956
Feeding	0.953	0.958	0.000	0.000	0.000	0.953	0.958
Flow feeding	0.941	0.946	0.000	0.000	0.000	0.941	0.946
Swallowing	0.983	0.988	0.000	0.000	0.000	0.983	0.988
Swallowing	0.981	0.982	0.000	0.000	0.000	0.981	0.982

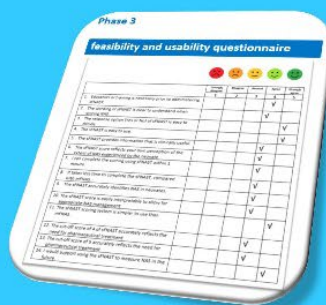
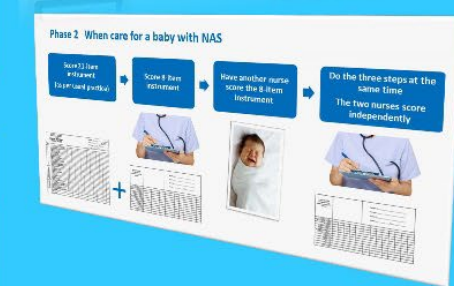
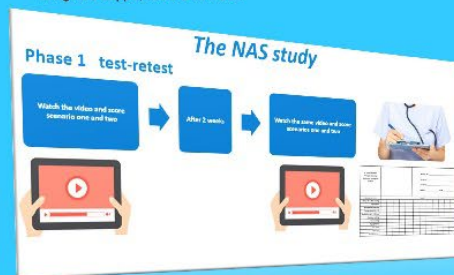


Table 4 The average feasibility and usability results of the sFNAST as perceived by nurses.

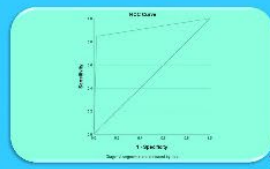


Figure 1 The ROC and AUC of Cut-off 4 analysis

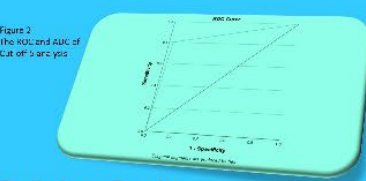


Figure 2 The ROC and AUC of Cut-off 5 analysis

Preliminary Results

The test-retest of video scenarios was measured by adjusted kappa (PABAK) with results between $k=0.765-1$, showing substantial to perfect agreement.

The inter-rater reliability was measured by adjusted kappa (PABAK) with results between $k=0.767-0.961$, showing substantial to perfect agreement. The inter-rater reliability was compared to determine nurses' agreement in assessing babies with NAS.

The comparison of cut-off scores for initiation of pharmacologic treatment between the standard mFNAS and sFNAST was assessed. Among 100 assessment sets, the threshold of 4 and 5 on sFNAST yielded the highest agreement with mFNAS thresholds of 8 and 12 (weighted $k=0.57$; 95%CI, 0.5-0.713). The ROC and AUC analysis showed the sensitivity of cut-off 4 was 84.6% leading to a Youden index of 82.3%, and the cut-off 5 was 80% leading to a Youden index of 76.8%.

Conclusions

The study's preliminary results demonstrated that the sFNAST was reliable, valid and feasible for clinical use based on statistical analyses and questionnaires.

References and Acknowledgements

- I want to express my deepest gratitude to the nurses who were working in the neonatal intensive care unit for their contribution to this study.
- My sincere gratitude and appreciation to Ms. Debbie Chiffings, the nurse Co-Director of Neonatology and my mentor Mrs. Laurene Aydon, nurse researcher, for their invaluable guidance and support throughout the clinical trial.
- The reference list can be found by scanning the QR code.

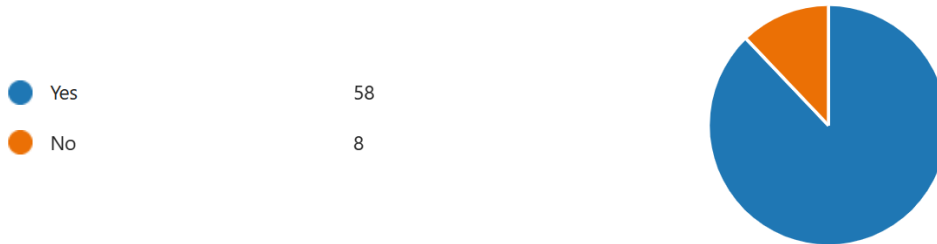


Member Survey on ACNN Standards for Australian Neonatal Nurses

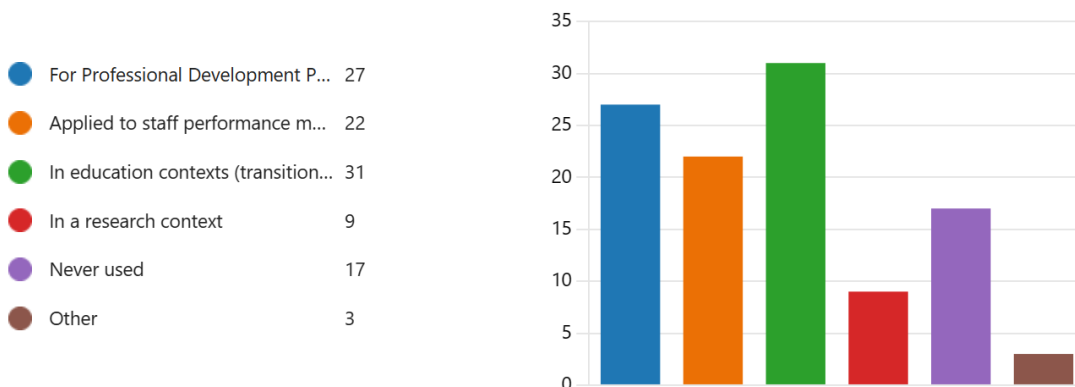
Nicol Franz

In preparation for the *ACNN Standards for Practice for Australian Neonatal Nurses* review in 2024 we asked members to complete a short survey about the use of the Standards, to provide valuable information to the review working group. There were 66 member responses and participants went into the draw to win a gift voucher. The winner was Maree McGough. Some results are presented below.

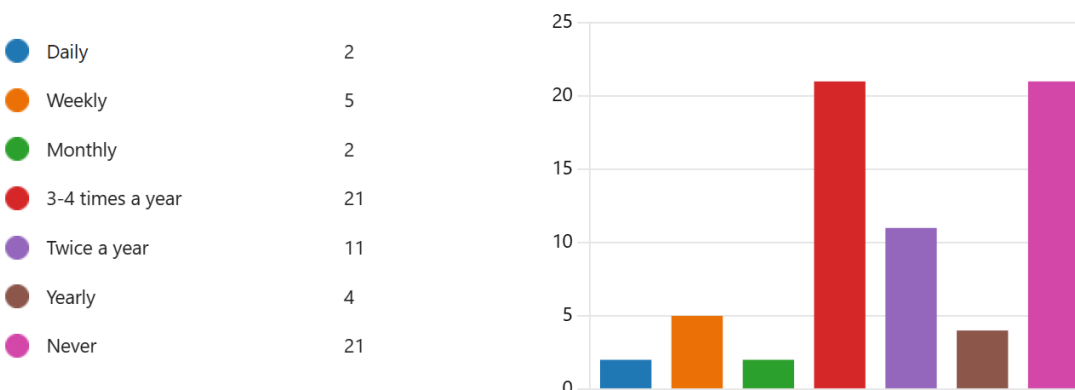
1. Before today, were you aware that ACNN has Standards for Practice for Australian Neonatal Nurses?



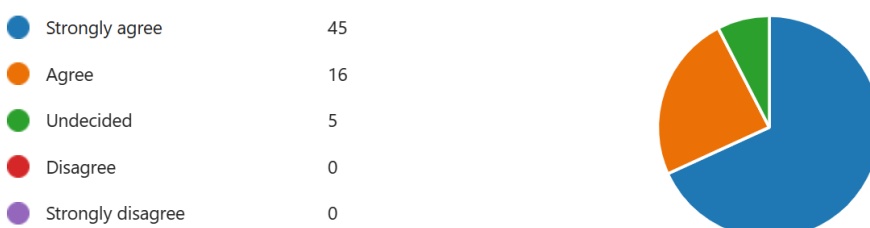
2. How have you used the ACNN Standards for Practice?



3. In the last 12 months, how often have you used the ACNN Standards for Practice?



4. To what extent do you agree or disagree with the statement: It is important that ACNN produces Standards for Practice for Australian Neonatal Nurses?



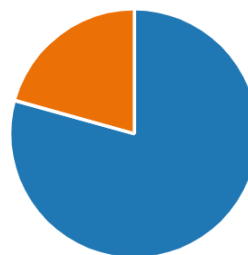
Member survey on ACNN website

Nicol Franz

This survey was part of the preparation work for the review and update of the ACNN website, consisting of a few short questions to gain understanding of what works well on the website and what could be upgraded. We thank the 29 members for their valuable feedback. The results are being used in conversations with the digital software company. There was a gift voucher lucky draw for those that participated, and we are pleased to announce the winner of the gift voucher for the website survey was Amy Rodriguez. Some results are presented below.

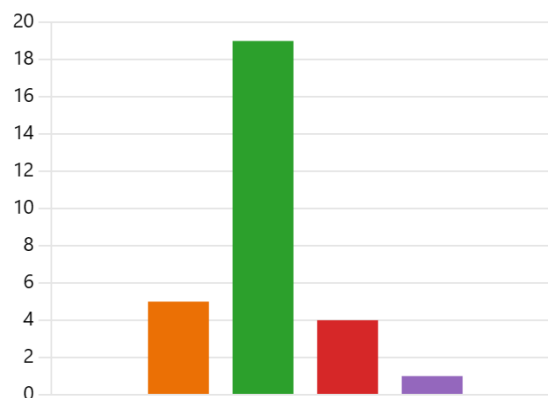
When accessing the ACNN website did you mostly use:

● Laptop/Desktop computer	23
● Mobile phone	6
● iPad/Tablet	0
● Other	0



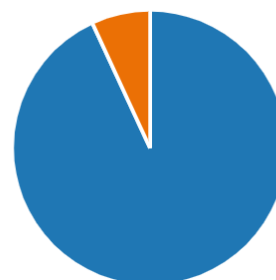
How often would you visit the ACNN website?

● Daily	0
● Weekly	5
● Monthly	19
● Twice a year	4
● Yearly	1
● Never	0



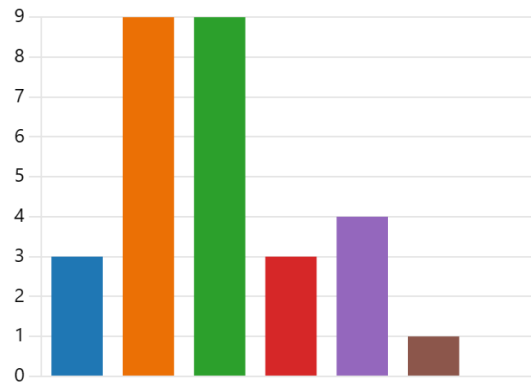
Have you ever visited the members' section of the website?

● Yes	27
● No	2



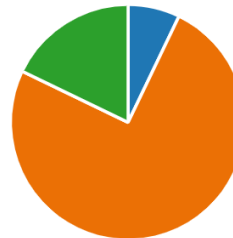
How did you find the website to navigate?

● Very easy	3
● Easy	9
● Somewhat easy	9
● Undecided	3
● Not easy at all	4
● Hard	1
● Very hard	0



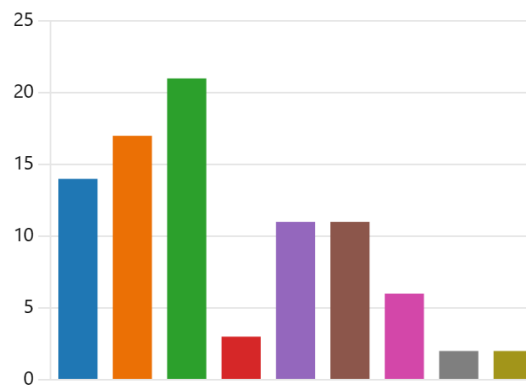
What do you think of the visual design of our website?

● Very appealing	2
● Somewhat appealing	21
● Not appealing	5



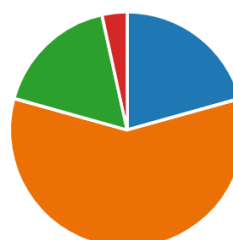
What are your top 3 pages/tabs that you visit the most?

● Education recordings	14
● Paying membership	17
● Registering for events	21
● Employment/Job advertisements	3
● Resources and research informa...	11
● Information about branches and...	11
● Accessing the Standards for Pra...	6
● Latest news	2
● Other	2



The ACNN website serves its purpose?

● Strongly agree	6
● Agree	17
● Undecided	5
● Disagree	1
● Strongly disagree	0





WORLD PREMATURETY DAY

2023

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PERTH

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Fathers Matter: a qualitative study

Annie Chang RN

Edith Cowan University WA

This qualitative study aimed to gain a comprehensive understanding of the experiences encountered by fathers of late preterm neonates in the NICU. The goal was to identify and examine the various needs perceived by fathers

when their infants were admitted to neonatal intensive care unit or a special care unit. Fathers whose infants were admitted to Australian neonatal units between 2022 to 2023 were invited to participate in this study.

After informed consent was obtained, fathers were interviewed separately in a prearranged interview room or by phone. Each interview was audiotaped and transcribed, and the data was content analysed with Nvivo software by the research team. In-depth interviews lasted between 22 to 72 minutes. Four main narrative themes arose from the interview data, namely 1) supporting the birthing partner and baby, 2) emotional response, 3) fathers' needs, and 4) support following discharge. These themes show that fathers have unique needs that may be overlooked by healthcare workers.

Currently, there is limited research to evaluate the needs of fathers in neonatal intensive care units or special care units (SCN). Mothers and fathers have been found to display distinct patterns in their response to the needs of parents with infants in a NICU, highlighting differences in their caregiving approaches. These findings suggest that a gender-sensitive approach is necessary when addressing the needs of fathers with ill infants in a NICU.

This pilot study provides deeper insights into the roller-coaster experience of fathers and how they navigate through stress. Fathers revealed that their experiences in the NICU were overwhelming, starting from day one when their preterm infants were admitted to the special care unit while their partners were recovering in the labour ward simultaneously. Although each father's experience was unique, they all shared a sense of devastation and trauma as they embarked on their journey of fatherhood. The study illustrates how fathers strongly felt a lack of control and attempted to manage or balance out emotional difficulties without seeking help yet remained committed to fulfilling their traditional supportive role as both a father and husband unwaveringly.

Engaging in task-oriented actions seemed to restore a sense of control for fathers, which is crucial for them to maintain confidence in embracing their new role. Additionally, it is not uncommon for fathers to feel excluded from receiving infant health information comparing to mothers' experience. Nonetheless, many fathers have executed the supportive role without hesitation. Nursing staff play a crucial role in ensuring the needs of fathers are met during their journey.

It is important for healthcare workers to understand fathers' experiences to assess their roles and address their unique needs within the clinical setting. While both parents are welcomed in Australian neonatal units, it is essential for healthcare workers to be mindful of any unconscious biases towards gender roles. This will help promote equal involvement and support for both mothers and fathers in the care of their infants, ultimately leading to better outcomes for the entire family unit.

Neonatal Nurse Practitioner SIG

Miriam Long

In 2022 the Neonatal Nurse Practitioner SIG decided to enable our group to become lead educators in the international neonatal program S.T.A.B.L.E. that was first introduced in 1996 from the US and Canada. It is now taught in more than 45 countries. The program includes six modules based on the acronym **S**ugar and safe care, **T**emperature, **A**irway, **B**lood pressure, **L**ab work and **E**motional support. A seventh module covers Quality Improvement which focuses on professional responsibility of improving and evaluating care that is provided to sick neonates.

With the assistance of Jo Scott, a lead educators' course was arranged online and in October 2022 eight NNPs completed this with Kris Karlsen, Mason Meinhold and Beth St. Thomas leading the program. A minimum of two courses are required to be taught within two years to be eligible to renew as a lead instructor.

In September 2023 we successfully held our first S.T.A.B.L.E. learner course at the Women's and Childrens Hospital in Adelaide prior to the national conference, with 5 lead instructors from 3 states co-presenting. Twenty-two students with varying neonatal experience enjoyed a full day of neonatal nursing, medicine and respiratory care education. The learner course manual is a valuable resource and is purchased prior to the course as a guide throughout the day.

Positive feedback has ensured further courses will be offered. A second course will be held during October in Melbourne prior to the Australian Nurse Practitioner conference. It is anticipated that we will be able to offer the course prior to each national conference. An updated 7th edition version of the S.T.A.B.L.E. learner course is expected to be available within the next year.

I would like to thank ACNN for assisting me with funding to become a lead instructor of the S.T.A.B.L.E. program. It has provided me with professional development skills that enables dissemination of neonatal nursing care of sick and newborn infants.



Scholarship report

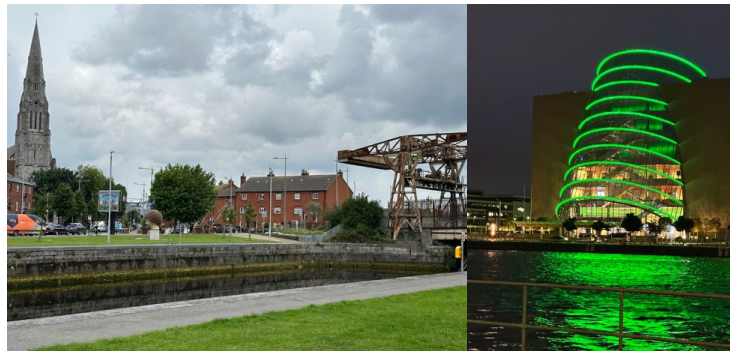
Erin Church

Mercy Hospital for Women and ACNN NDC SIG Chair

In July I was grateful to receive scholarship support from the ACNN Neurodevelopmental Care Special Interest Group (NDC SIG) to attend the World Association for Infant Mental Health Conference (WAIMH) in Dublin, Ireland. I was accepted to present in a symposium on the use of the Newborn Behavioural Observations System (NBO) in the NICU and beyond.

Attending this conference was a career-

changing experience, allowing me to meet some of the pioneers in the infant mental health sphere while sharing my experiences and vision.





The day before the conference opening, I was invited to attend a full day meeting and workshop facilitated by the Brazelton Institute at Trinity College. The lead author of the NBO System Handbook, Dr J Kevin Nugent and his co-author Dr Lise Johnson chaired the day, providing amazing insight, reflections, and encouragement to the international community of NBO clinicians in attendance. We attended focus groups to grow our professional networks, learn from each other, and brainstorm how the NBO can become more accessible and collaborative



locally and internationally. At this meeting I was able to meet and speak with Dr Nugent and show him the quality improvement initiative I had developed based on his work, and that I was presenting at WAIMH. Having him so warmly and enthusiastically engage with and validate my efforts was a moment I will never forget. That evening I attended Dr Nugent's (semi) retirement dinner at The Shelbourne where we were treated with delicious Irish fare and merriment. This was also the first time that I had been in the same room as my co-authors thanks to the pandemic.

The conference was held at the stunning Dublin Convention Centre. As anyone who has attended before will tell you, the WAIMH conference is an emotional, eye-opening, evidence-based, and inspiring look at infant mental health across the world. I presented on day two of the five-day conference to a full audience of passionate clinicians. Dr Nugent agreed to chair our symposium, sitting front and centre while I launched the Newborn Traffic Light Tool online learning module. This module accompanies the clinical bedside tool I presented via poster at the ACNN 2022 Conference in Coffs Harbour. We received overwhelmingly positive feedback from the symposium, and the tool has since been shared with colleagues in the UK, USA, South Africa, and France.

Outside of my presentation, I attended multiple presentations over the five days which cemented for me the importance of investing time and effort in the mental health of our patients who constantly try to communicate their needs to us – we need to get better at recognising, listening to, and supporting them to improve their neurodevelopmental outcomes and relationships with their families. I met so many wonderful clinicians who I remain in contact with and hope to see and work with in the future.



I still pinch myself that all my work has paid off and that I was able to meet this network of professionals who I continue to learn from. Thank you to the NDC SIG and the ACNN for helping me finance this trip, it's one I'll never forget.

