



## From the President

It seems like more than three months ago we finally met face to face in Coffs Harbour for the first time since 2019, and what a great conference it was. Thank you once again to the conference organising committee for sourcing great international and Australian speakers as well as the beautiful location. Don't forget to save the date for next year, Adelaide here we come.

I would like to take a moment to acknowledge Anndrea as the outgoing president before I introduce you to the newish Executive. Anndrea – thank you for your leadership, support, and patience over the last three years, you were great to work with and, like no other president, had to deal with the adversity of Covid-19. I wish you all the best for the future and look forward to working with you again.

### **An overview of the current executive committee**

#### *President: Amy Curran*

Amy is an English-trained nurse who worked in Leicester and London before moving to Australia in 2004. Amy worked as a transport nurse for NETS, Victoria before moving to Townsville in 2007 and undertaking her Nurse Practitioner training, becoming endorsed in 2010. [president@acnn.org.au](mailto:president@acnn.org.au)

#### *Vice President: Linda Ng*

Linda has clinical experience and qualifications in adult intensive care and neonatal intensive care. Linda's research focuses on postgraduate education of Registered Nurses and its impact on nursing care as well as on retention of nurses in the industry. [vicepresident@acnn.org.au](mailto:vicepresident@acnn.org.au)

#### *Secretary and Public Officer: Shelley Reid*

Shelley has a background in neonatal nursing and currently works as a clinical audit and research clinical nurse specialist at the Royal Prince Alfred Hospital Newborn Care in Sydney. She was founding editor from 1998 and for the first six years of *Neonatal, Paediatric and Child Health Nursing* and edited the last 3 editions of the ACNN Standards for Practice. [secretary@acnn.org.au](mailto:secretary@acnn.org.au)

#### *Treasurer: Samantha Lannan*

Samantha is a registered nurse and midwife who has worked as a neonatal nurse for over twenty years. She has worked in several neonatal units around Australia and has held clinical nurse, clinical facilitator, and nurse unit manager positions. Samantha is currently working as a neonatal nurse in Hobart and maintains her passion for family centred care. [treasurer@acnn.org.au](mailto:treasurer@acnn.org.au)

#### *Professional Officer: Professor Denise Harrison*

Denise first joined ACNN over 30 years ago (when it was an association), as a new neonatal nurse. She is now a Professor of Nursing at the University of Melbourne, Australia. From 2011 to 2019, she was the Chair in Nursing Care of Children, Youth and Families at the University of Ottawa and Children's Hospital of Eastern Ontario (CHEO), Canada. [professionallofficer@acnn.org.au](mailto:professionallofficer@acnn.org.au)

#### *Social Media: Sarah Neale*

Sarah has worked in neonatal units around Australia and currently calls Sydney home. She is passionate about supporting new and innovative ways of improving clinical care and compassionate teamwork, and has completed a Master in Nursing – Clinical Teaching and Leadership. Sarah manages the ACNN social media accounts and

hopes to increase awareness of the work and research Australian neonatal nurses achieve, and to raise the profile of our profession. [socialmedia@acnn.org.au](mailto:socialmedia@acnn.org.au)

The Executive also has four (extra) ordinary members.

*Melissah Burnett*

Melissah currently works at Safer Care Victoria (Department of Health) leading an expert working group to review and update the Neonatal e-Handbook Clinical Guidelines. She regularly works casual clinical shifts on the weekends and enjoys guest-lecturing and supporting new and ongoing learners in the NICU/SCN.

*Nicol Franz*

Nicol holds both clinical and academic neonatal positions. After completing her Masters in Clinical Nursing, specialising in Special Care of the Newborn, Nicol took an academic position working for the University of Tasmania as Unit Coordinator, teaching the Post Graduate Neonatal theory and practice units. Nicol works as a Neonatal Clinical Nurse/Clinical Facilitator in Queensland.

*Kristin Hughes*

Kristin is currently working as Clinical Nurse Consultant and Clinical Nurse at Royal Brisbane and Women's Hospital and the Sunshine Coast University Hospital. As well as serving on the Executive, she also serves on several subcommittees as secretary of the Neoskin SIG and QLD Branch. Kristin is also an advocate for Neurodevelopmental Care and has served on the NDC SIG committee in the past.

*Margaret Broom*

Margaret is our newest member to the Executive but has been an active member of the Research SIG Committee. In 2021 Margaret was presented the ACNN Nurse Excellence Award. Adj. Associate Professor Broom was awarded a Doctor of Philosophy undertaken at Australian Catholic University in April 2017. She has over 30 years of experience in all aspects of neonatology with 20 years clinical experience.

I would like to take this opportunity to welcome you to the executive committee and look forward to working with you all over the next couple of years.

The executive also has a support officer: Karen New, who is fundamental in organising this committee, documentation through guidelines and policies, updating the website, sending out the round up, co-ordinating the virtual presentations and a great resource for branches and SIGs [eso@acnn.org.au](mailto:eso@acnn.org.au)

I would like to thank the Executive for all your support and hard work so far this year and look forward to seeing you all at our face-to-face meeting in March. If you have any questions for us, please do not hesitate to contact us or go to the website for further information, resources, and upcoming events.



I am so excited to hear the enthusiasm of the branches and special interest groups. New committees have formed, and the planned activities that are being put forward for the upcoming year sound amazing. Thank you all for your time and commitment to the ACNN.

**Amy Curran**

The Photobooth @ Coffs Harbour – just missing Shelley!!

## Queensland Branch Report

In celebrating ACNN 30<sup>th</sup> anniversary the Queensland Branch sponsored 30 conference registrations for its members and 30 conference dinners. The Queensland Branch has also given out \$300 to all its members who are serving as committee members in any SIG and the branch as a token of appreciation.

At the conference, the Queensland Branch organised a cloth nappy competition amongst delegates. Delegates were required to fold the cloth nappies and put it on the baby – numerous prizes were given out on both days of the conference. There was also a ‘guess the number of lollies’ in a jar with a book prize. These games generated a good amount of traffic to the table. There were quite a number of enquiries of the branch and ACNN by delegates. Overall, the games were hugely successful.

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## Education SIG

### NICU in the Outback

A Level 2 Special Care Nursery within a rural maternity unit at Broken Hill Base Hospital which is designed to look after short term and/or mildly unwell newborns has the capacity to transform into a makeshift neonatal intensive care unit to save babies’ lives whilst waiting for help to arrive.

With the press of an emergency button and calls to a paediatrician, anaesthetist, senior midwives, paediatric nurses and adult ICU nurses, the rural medical, midwifery and nursing workforce combines to provide lifesaving newborn advanced life support and critical care to unwell infants in a special care unit normally reserved for relatively well newborns.

The closest interstate NICU is 550kms away, the hospital’s referral tertiary NICU is 1200kms away and the virtual neonatal emergency transport service who can guide care is also 1200kms away. The time it takes for a neonatal retrieval team to arrive by fixed wing aircraft varies from 4 hours to 12 hours, all whilst a minimal number of staff work around the clock attending to resuscitation, clinical procedures, updating parents, aeromedical operations and managing logistics in order to safely get the retrieval team in, stabilise the baby and transfer the baby out to tertiary NICU services.

The critically unwell newborn is thankfully a rare occurrence, but unwell babies are occasionally born to women who birth at the rural level 3 maternity service. In the last 18 months alone, the unit has cared for a 29-week premature birth, a 32-week breech birthed baby, a newborn with a GBS infection and three meconium aspiration syndrome infants. Resuscitation measures range from respiratory support to CPR, from peripheral intravenous cannulation to umbilical venous catheter line insertion and (very rarely) chest drains, and from bubble CPAP to intubation and ventilation using a neonatal circuit within the adult ventilator.

One meconium aspiration syndrome baby required the virtual support of a neonatologist for 12 continuous hours whilst logistical retrieval plans were being made. This was a particularly challenging day for both the neonatologist and the clinicians on the ground when the baby continued to deteriorate and required 8 minutes of CPR and chest needle insertion to relieve bilateral pneumothoraces and went on to require ECMO therapy. All of these babies survived and are currently meeting developmental milestones.

Midwives are encouraged to complete a Graduate Certificate in Special Care of the Newborn, attend the S.T.A.B.L.E course (stabilisation and pre-transfer care of the unwell newborn) and upskill in neonatal care with the

support of the local Clinical Director of Paediatrics, Clinical Midwife Consultant and A/Maternity Unit Manager and the very appreciated tiered neonatal tertiary unit Clinical Nurse Consultant - Neonatology. Policies and guidelines, clinical governance expertise, neonatal medication formulary, equipment and clinical debrief support is provided by the tertiary referral unit with plans for site visits and ongoing support from both the tertiary referral centre and cross-border Neonatal Departments.

Babies and families are transferred back to the local hospital for any final discharge planning and then supported at home by Midwifery Group Practice midwives and Child and Family Health nurses.

The team is very proud of the work that can be achieved when specialities work together on the ground with the help from virtual neonatologists. Midwives are encouraged to join the Australian College of Neonatal Nurses to upskill, learn and participate in education and professional development to support their midwifery practice in the unwell neonatal space.



Baby being stabilised and receiving initial treatment at the rural SCN (shared by parental permission)

Retrieval Team ready to transport the unwell baby via fixed wing aircraft (shared by permission)



### **Chelsea Anderson**

CMC FWLHD Nursing & Midwifery Directorate

## Leadership SIG

### Scholarship Report

In April 2022 I was fortunate to be awarded an ACNN Leadership and Management Scholarship. I am currently undertaking my Master of Health Administration and was able to put the awarded funds towards completion of two subjects. The first subject was 'Strategy and Operation Management'. This subject allowed me to develop a greater understanding of organisational strategic decisions, actions, and leadership, and how they can support the success of a health service. Utilising the knowledge and skills I developed from the subject content in combination with my healthcare management experience, I was able to use operation management tools to review a real-life strategic issue within our unit and develop a proposal for its solution. The second subject was 'Health Law and Ethics', which focused on the Australian legal system and how it relates to healthcare together with public health ethics. Using a case-study approach I was able to analyse and apply legal and ethical concepts to a contemporary issue in neonatal healthcare. I am currently just over halfway through my studies and look forward to continuing to strengthen and build my knowledge, skills and confidence whilst also integrating what I have learnt into my current and future roles.

### **Emma Saviane**

Clinical Nurse Consultant, NICU

The Royal Women's Hospital, Melbourne

## Low Resource Countries SIG

### Alliance of Global Neonatal Nursing Conference, Hawaii, October 2023

In 2017, five neonatal nursing organisations met together in Honolulu at a conference hosted by the Caring for Hawaiian Neonates organisation. The purpose of this meeting was to discuss the possibility of establishment of a partnership between the five organisations, and it was successful. Leaders from the Academy of Neonatal Nursing, National Association of Neonatal Nurses (NANN), Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) and the Council of International Neonatal Nurses (COINN) joined with Caring for Hawaiian Neonates in Hawaii to create the Alliance of Global Neonatal Nursing.

Fast forward 5 years, many, many virtual meetings, and a pandemic, to October 2022, to the Alliance of Global Neonatal Nurses conference. There, some amazing neonatal nurses from many countries presented the work they had been undertaking throughout the pandemic. It was inspiring to hear such excellent presentations. Each of the submitted abstracts could have been keynote presentations, it was of such high calibre. And of course, the venue of Hawaii was just perfect. For me, after a very wet winter, it was just so lovely to walk along the beach in the warmth at sunrise. Australia and ACNN were well represented with speakers such as Dr Rose Boland, Professor Denise Harrison and Dr De August as well as posters from Kristen Bennie, Bonnie Fonti, Bronwyn Bernerius and Andrea Laidler – all from RPA. Congratulations to Royal Prince Alfred Hospital for having the most attendees from one unit (7) outside of the USA.

Conferences in Hawaii are always a little bit different to the many conferences I attend and remains one of my favourite conferences of all time. Not sure how to explain this. Perhaps I can create an image in your mind as an example – picture this, lovely melodic Hawaiian music, a beautiful Hawaiian Hula dancer, her movements so calm, so precise and so incredibly spiritual. And with a voice to match, so serene as she invites the audience of neonatal nurses to learn the hula. Now, I was sceptical that this was possible in the short time allocated, but I have the video to prove it. Within fifteen minutes – four songs, the audience were in sync and slowly, in time with Leilani, everyone was hula dancing. It was emotional – not a feeling I usually get at conferences and certainly a surprise to some of the participants how poignant the moment was for them.

Another example was 'Island time'. Things ran late – 'island time' – didn't work and had to get fixed – 'island time'. There was no coffee at afternoon tea on the first day – I could say Island time but that was actually my fault as when we planned the program, I said afternoon tea and it was taken literally to mean just that - tea!

All in all, despite many hiccups and the continuing impact of the pandemic, the first overseas conference since the pandemic went well. Lots of laughs, a few tears, and the opportunity to reconnect with friends and meet new ones. As travel opens again there are some exciting conferences in 2023 for your diaries, including of course our national conference in Adelaide in September. If Hawaii is tempting, the Academy of Neonatal Nursing is heading back there 26-29 April 2023, to host their next meeting.

Conferences are a great way to meet, learn and collaborate with colleagues from all over the world – and are also fun!

**Professor Karen Walker**

## NNP SIG

### *Save the Date*

Saturday 4 March 2023 for the NNP SIG 'Recharge and Reconnect' Workshop at the Royal Children's Hospital, Melbourne. All Welcome! Registration details to follow.

## Neo-Skin SIG

### Update and National Conference Review

The Neo-Skin SIG committee held a practical workshop at the ACNN National Conference in Coffs Harbour. This was well attended and provided delegates with an opportunity to learn a practical method for wound and injury assessment, including the selection of safe treatment options. After a short presentation on assessing skin damage in the premature population, a practice case was used to demonstrate a simple method to assess wounds. Participants worked in groups to assess and discuss injury/wound's location, shape, colour, perfusion, characteristics of the border, perfusion, and presence or absence of moisture. Resources were provided to guide decisions regarding treatment options, remembering that product availability at each facility will guide treatment choice. Participants were encouraged to discuss products grouped and identified by type not brand or industry label. The process of discussion allowed participants to offer their clinical experience and opinion, and showcased our ability to collaborate, consult and therefore learn from each other. Members of the committee had an excellent time at the National Conference speaking to many clinicians who all had interesting skin stories to tell. We look forward to Adelaide in 2023 and hope to bring you another practical session.



The Neo-Skin SIG also held their annual meeting at the conference, and a new committee was selected. Lyn Chapple and Dr Deanne August will continue as co-chairs while Kristin Hughes moves into the secretary role and Judy Macey will be the treasurer liaison. Linda Ng and Emma Yeoman will continue as ordinary members with Emma taking on the social media liaison role. The Neo-Skin SIG would like to acknowledge the outgoing members Karen New and Nicol Franz for their invaluable contribution to the group over the last few years.

The new committee has already made exciting plans for the coming year, beginning with an open meeting on 9 November to discuss neonatal skin issues that clinicians bring to the forum. The SIG continues to focus on the development and provision of education and resources for nurses and midwives caring for neonates. Keep an eye out for education opportunities in your emails and remember that there are multiple scholarship rounds available throughout the year for clinicians wanting to access funds for research, quality improvement or education opportunities related to skin. Visit the ACNN website for more information.

#### *Celebrating the successes of our members!*

The Neo-Skin SIG is excited to announce recent achievements of some of our members, all working towards improving Neonatal Skin.



Congratulations to our committee member **Judith Macey** who was a recipient of competitive grant, the Nursing and Midwifery Research Fellowship (HIRO) offered each year by the Queensland government to help drive innovation and to improve patient outcomes. Judith was one of the four novice winners out of ten Queenslanders to receive this grant to assist her with her research into

the prevalence of new-born skin injuries at birth as part of her fulfilment for her Master in Advanced Nursing Practice degree.

Judith Macey has also received scholarship funding from ACNN to further assist her with her project. She is excitingly crunching numbers and analysing the data to finish writing up her thesis.

Congratulations Judith! We can't wait to learn more about your research and the outcomes.



**Deanne August** has finally finished that PhD! As a reminder, her research explored the development of skin injuries using a mixed methods multicentre study (also known as the NIPIRA study).

Deanne is also undertaking post-doctoral research with a feasibility study which follows on from her PhD. She's excited that ACNN supported her PhD work and has also contributed to the post-doctoral study with a Research and NeoSkin scholarship in 2022. This feasibility study is the first of its kind and is currently in the second phase during which infants who had a skin injury during the neonatal period return for assessment at six months of age.

Congratulations Deanne! We all look forward to hearing about the outcomes of your post-doctoral studies.



We would also like to acknowledge and celebrate **Kristin Hughes** who has recently completed her Master of Nursing – Clinical Leadership. Kristin's Master's project involved the development and testing of an audit tool which collected information on peripheral intravenous catheter management in a Level 5 neonatal unit. Aspects of securement, insertion, dwell time and complications were examined with the intention of understanding variation in practice and improving monitoring and assessment for PIVC complications in clinicians. In the near future she will be analysing the audit data and aims to develop a standardised taping technique that allows for visualisation of critical areas. Congratulations Kristin!

## Neurodevelopmental Care SIG

The 2022 AGM of NDC SIG in Coffs Harbour has achieved a significant result. We are very pleased to announce the election of a new committee. The vision and mission of the NDC SIG will continue with the new team. The vision and mission of NDC SIG will be carried on with the new team who are very competent for their roles. On behalf of the previous NDC SIG team, I thank you for all your support and for participating in NDC SIG online activities and webinars. Please remain with the NDC SIG and together we will continue to improve the care of little preemies and their families.





The new committee is Erin Church (chair), Sara Jones (secretary), Ursula Haack (treasurer liaison) and ordinary members Sophia Dong, Jaquie Glazbrook, Amanda Bates, Renee Muirhead, Nicola Timmers, Cindi Escardo, Annie Chang, Nadine Griffiths, and Annie Chang.

Thank you to everyone I've spoken with thus far for your warm welcome into the SIG chair position. I've chaired my first meeting, I'm finding my groove, and am looking forward to my time in the role immensely.

### What's on in the NDC SIG?

We are already in planning mode for 2023, and we want to hear from YOU! Please scan the provided QR code, or [click this link](#), and take 5 minutes to tell us what you would like from us next year - your participation in this short questionnaire means we can tailor our content and presentations to the needs and interests of ACNN members!

The NDC SIG would love to begin highlighting the phenomenal work of neonatal units around the country. Has your unit implemented some new or interesting NDC programs, initiatives, or strategies? Have you completed a study we should know about? Let us know and we will feature you in an NDC social media post and newsletter item! Email us at [ndcsig@acnn.org.au](mailto:ndcsig@acnn.org.au).



### Want to add to research?

We strongly encourage you to participate in the *Partnering to Reduce Neonatal Pain* research project, run by Professor Denise Harrison and team. [Click here](#) to complete the online survey and add to this important research. We look forward to receiving your ideas for the coming year!

### Erin Church

## Nutrition and Feeding SIG

### Expanding Lactation Support in Western Sydney

As a result of the planned expansion of services at Blacktown and Mount Druitt Hospitals (BMDH) the Infant Feeding role was created, providing individualised family centred care with a focus on breastfeeding and lactation to maximise health outcomes. This role provides support for families in Newborn Care, Newborn Acute Review Clinic, Multidisciplinary Feeding Clinic, and in-home support to recently discharged families.

More than 43 per cent of our residents (serviced by BMDH) were born overseas, and 45 per cent speak a language other than English at home. We are home to the highest urban population of Aboriginal people in NSW. With this cultural diversity of our community in mind, focus was placed on achieving objectives from The Australian National Breastfeeding Strategy, including but not limited to:

- Enabling mothers, fathers/partners, and other caregivers to access evidence-based, culturally safe breastfeeding education, support, and clinical care services to make informed decisions on infant and young child feeding.



- Investing in integrated, multi-level strategies to protect, promote, and support breastfeeding.

At the start of 2022 I was successful in attaining this newly created position, Infant Feeding, and have since been providing support to families in Western Sydney. Prior to this, I worked for many years as a bedside NICU nurse and saw first-hand the value of breast milk for sick and premature infants. I yearned for more knowledge on how breastmilk was made and what influenced a milk supply in some mums and not others. I wanted to assist all mothers to breastfeed successfully and experience the sense of achievement I had with my own breastfeeding babies. After lots of arduous work, I finally completed my training and qualified as an International Board-Certified Lactation Consultant (IBCLC) in 2021.

During 2019-2022 I had gained valuable knowledge and experience by working at the Grace Centre for Newborn Intensive Care as a Lactation Support Nurse under the incredibly supportive guidance of Gabrielle Kerslake and Helen Mercieca.

I was extremely excited to join a welcoming team at Blacktown Hospital. The new space allowed me to create an environment for promoting breastfeeding and empowering parents. The BMDH team have been amazing in their eagerness to have me provide lactation support to families in all avenues.

In Newborn Care each bedspace has ample room to encourage families to spend lots of time at the bedside with their infant, including an individual fridge, baby bath, recliner and electric breast pump. Curtains can be drawn for privacy during breast milk expression and skin to skin cuddles. I participate in bi-weekly developmentally supportive care rounds, encouraging the parents to assume responsibility for their infant's care and to feel empowered through bedside education to read their individual cues. During these rounds I tend to focus on immune-supportive oral care with fresh breastmilk and the benefits of skin-to-skin time.

In the Acute Review Clinic (outpatient department) I work closely with the multidisciplinary team of Speech Pathologist, Dietitian, Registered Nurse and medical staff. I provide a consultation service as part of the team for newly discharged patients from Newborn Care and Maternity. I assess individual family's needs and support the 'breastfeeding basics'. I create a plan to help families achieve their feeding goals and give lots of encouragement and support to exhausted new parents.

The weekly Multidisciplinary Feeding Clinic provides care for newborns to toddlers with complex feeding issues requiring the support of the whole team. This clinic requires a cohesive team effort with lots of parental input. Issues can be ongoing, and we aim to provide the best individual outcomes for that family. My input is often associated around (re)introducing direct breastfeeding and increasing breast milk supply for parents who have been exclusively pumping for months or years.

My role also includes providing all aspects of lactation education not only to the families but also the staff within the hospital. New graduate RNs, student midwives and medical staff (as well as experienced staff) have been able to access '10-minute pause' style information sessions on infant feeding.

I provide structured sessions for staff who have enrolled in the Introduction to Newborn Care Course including a 2-hour session on infant feeding. A few very eager staff (student midwife and medical) have requested to 'shadow' me for a day to experience the Infant Feeding role and learn first-hand how I deliver my lactation support and care.

It has been a rewarding year and I have learnt so much. Obviously there have been a few challenges at times, but all have resulted in a learning and growth opportunity for me. I have navigated this new role solo at times and learnt how to manage my time to best deliver care across the inpatient and outpatient sectors.

I truly feel like a valued member of the team and the care I provide, empowers mothers to provide breast milk for their baby. It is a valued resource. I am incredibly grateful for the BMDH team who saw a need for increased lactation support and spent the time and energy chasing down funding to create the Infant Feeding position.

**Kylie Peach** RN IBCLC

Infant Feeding Nurse Blacktown and Mt Druitt Hospitals

#### *Reference*

COAG Health Council (2019). The Australian National Breastfeeding Strategy: 2019 and beyond. Canberra: Department of Health. <https://www.wslhd.health.nsw.gov.au/Better-West/Strategic-Priorities/Strategic-Priorities>

## A mother's story, from RPA Newborn Care

Pumping would be one of the most challenging things about having a premature baby in the NICU, definitely in the top 3. Having now had 3 babies in the NICU, nothing prepares you for the most bittersweet journey of pumping for your baby. You are exhausted both mentally and physically, but when your baby has been thrown into this world way too early and separated from their safe haven, as a mother you feel guilty and helpless. Knowing I was providing them with breastmilk made me feel as though I was doing all I could to speed up their NICU journey, and it also helped keep that connection between us.

Having a supportive husband as well as supportive midwives and lactation consultants meant that I was able to begin the pumping journey not long after welcoming our 28-weeker. They all assisted and hand-expressed me when I didn't have the strength or energy to do it myself. If it wasn't for them being readily available to do this, I most likely would have given up. I knew from previous experience that I had a low supply, so it was my goal to ensure that I had enough milk this time.

The first couple weeks after giving birth to a very preterm baby, the adrenaline is running high. I was able to wake up every 3 hours to double pump, with each pump going for 45 minutes at a time due to a low supply and long let down times. It took one hour to set everything up, pump and wash all my equipment, leaving me with just 2 hours before my alarm would go off again – and that's if I did my pump on time! However, after those first couple weeks, the adrenaline slows down and you realise you're going to be doing this for a long time. I found myself procrastinating and delaying each pump, I was even walking slower and slower through the nursery corridors knowing I had a pump session waiting for me.

After each pump session, washing up and drying the pumping kits was another chore I didn't want to do. When my husband was with me, he would make it his job to wash the pumping kits, especially at home, which made all the difference. Though, having 2 other children at home and working, he was unable to be at the hospital with me for most of the time and there were so many times I nearly gave up. Getting up in the middle of the night to do pumps made me more emotional and nearly tipped me over the edge. There were many times I slept through my night alarms as I couldn't physically get up. Having 2 children already at home also meant there was no downtime. Trying to do the 7pm pump while juggling 7pm bedtime with the girls was a challenge in itself! It would make me feel guilty that I couldn't wake up or if I missed a pump, but the nurses and lactation support were so encouraging, they let me know that it was okay and gave me the motivation to try again the next time. I often couldn't sleep properly at night knowing my alarm was about to go off and knowing I had to get up and pump. It is sustainable for a while, but to keep up the stamina when you're in the NICU for several weeks and months at a time, is one of the most challenging things to do.

On one of my lowest days, one of the nurses even washed my nipple shield for me which she initiated herself. It meant I could spend that extra couple minutes enjoying skin to skin with my baby, and it wasn't another piece of plastic I had to clean. The staff were always there for me when the tears started to run and/or when I wanted to give up. They supported me in more ways than you could imagine, though they never made me feel like I was being judged or was being lazy for having such a love/hate relationship with my pump, which made all the difference. When I thought that I had hit rock bottom, they reminded me of how powerful I was. I am grateful for that as now I have a 'boobie monster' who absolutely loves breastfeeding and to see him so content and happy after a feed is the most satisfying feeling in the world.

What motivated me the most were the cheers from the RPA staff everyday as we built up my milk supply. It was a great feeling when they started actually freezing my milk because I had so much - something I thought I would never see. The staff would support me by reminding me how well I was doing, even when I thought I wasn't. All the little things they did made all the difference, something as simple as bringing me a pump kit and setting it up for me, was so helpful and it was one less thing I had to do. It was definitely a memorable moment when we all experienced sheer joy when all my babies had that first breastfeed.



**Lucia Droguett, mother of Charlie**

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## Research SIG Report

The NNR SIG members saw high traffic past our conference booth and fielded many enquiries about joining the Research SIG. The lucky door (2) and raffle prizes (3) were welcomed by attendees, and all collected at the Conference. Research SIG members were grateful for HESTA's generous financial support.

The Research seminar was an initiative of the ACNN Research SIG. It was aimed at clinicians and research students seeking support to develop high-level writing skills. The session began with a brief presentation from a neonatal nurse, Jeewan Jyoti on her experience of submitting her first paper for publication. It provided a firsthand account of the challenges and rewards. Jeewan's presentation was followed by further input from our guest speaker, Dr Stephen McKeever, who discussed the publication process from the perspective of a writer, reviewer, and editor with over 30 years of experience and the practical lessons learned.

Two copies of the book *Understanding Research Methods for Evidence-Based Practice in Health, 2<sup>nd</sup> Ed 2019* by Greenhalgh TM et al were given out as lucky door prizes. Congratulations to our two winners: Dr Barbara Cormack and Ursula Haack.

### *Research Neonatal Nursing Outcomes (NNOM)*

This project is progressing well. The completed components and outcomes were presented at the conference by the project leads Associate Professor Margaret Broom and Dr Jann Foster. A focus group of clinicians has already been facilitated, and another for parents is being planned. The scoping review is being completed and piloting of an NNOM tool will follow.



## ANNUAL CONFERENCE 2023

*Save the date!*

### *Notice*

Do you have clinical, professional, or lived experience supporting people with congenital or childhood acquired heart disease?

As part of the National Strategic Action Plan for Childhood Heart Disease (CHD) HeartKids is developing a national, publicly accessible directory of qualified health care professionals and local and national support groups.

We are seeking entries for our CHD Directory, a publicly accessible directory of qualified health care professionals, organisations and national support groups.

If this sounds like you, head to

<https://chddirectory.heartkids.org.au/page/69/register-your-service> to register, or if you have any questions, please call us: 1800 432 785, Monday to Friday, 9am to 5pm AEDT

### **This newsletter is published quarterly, in March, June, September, and December**

Please submit items in the month preceding each issue.

All items will be edited to newsletter standard.

**Editor** Shelley Reid

**Proof-reader** Jan Polverino

All enquiries and submissions to be sent to [newsletter@acnn.org.au](mailto:newsletter@acnn.org.au)