

From the President

Amy Curran

president@acnn.org.au

Well, I can't believe we are halfway through the year and it's not too long until we are in Adelaide for our 2023 national conference. As some of you may know I have been overseas for the last month, finally catching up with family in Ireland who I haven't seen since 2019.



A famous landscape from Galway (just in case any of you are Ed Sheeran fans)

As you might have already heard, ACNN has recently recruited three Champions: Alice Eames, Cheryl Bushney and Rebecca Headon. I would like to take this opportunity to welcome them and look forward to working with them to promote the ACNN within their units. This role has recently been advertised in the round-up email and if you are interested, please contact Karen New at eso@acnn.org.au

As we move forward, I know there has been a lot of discussion about the decisions made at an Executive level and how this information is disseminated to you. The reason I asked Executive members to step down from committee positions on branches and SIGs was to streamline communication so that Executive members are in a supportive position to encourage other members to step up over a transitional period. I value that these positions are not taken on lightly and everyone is in a voluntary role, but for the sustainability of the ACNN we need to encourage and support new committee members. As a result, this gives our outgoing committee members the opportunity to join the ACNN Executive either as an ordinary member or an observer, as mentioned, because the Executive members are not getting any younger.

The Executive meets on the second Monday on alternate months and has a face-to-face meeting in March – why don't you try it and experience what goes on behind the scenes. If you would like to know any more, please do not hesitate to email.

I am looking forward to seeing you in September.

Amy Curran



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 www.acnn.org.au

Queensland Branch

Linda Ng

Greetings from the Queensland Branch committee! Did you know that Queensland members are scattered across this great state? Check out our landing page on the ACNN website (<https://www.acnn.org.au/branches-and-signs/queensland/>) to see the distribution of members across Queensland. We Need You! You can help us become even stronger by recruiting new members. The Queensland Branch hold a membership Drive every year. See the details below for the prizes you could win. The more people you recruit, the better the chances of winning!






Sign up a new member to win!!!

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 2023 or 2024

The more you recruit the more chances you have to WIN

AND the new member* goes into a draw to win reimbursement of their membership fee

Applies to member sign ups from 16 January to 30 June 2023

Australian College of Neonatal Nurses
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*resides in qld, joining fee is paid for 12 months, application approved, not previously a member of ACNN

The Queensland Branch was excited to present our regional workshop, 'Partners in Progress', held in Rockhampton on 20 May. We look forward to sharing our learnings with you in the next newsletter. This workshop will be covering pertinent issues faced by regional centres.

Have you submitted an abstract for the ACNN National conference to be held in Adelaide in September? The Queensland Branch committee is excited to announce that any members who have their abstracts accepted for the ACNN Conference will go into a draw for a travel grant to the conference. We will make this announcement directly by email, so keep an eye on your inboxes.

We are planning to have another Zoom 'Snack Pack' meeting in November this year to present a synopsis of presentations that QLD members gave at the National Conference. This was very popular last year and provided members who were unable to attend the conference with short and sharp information on research and QI being undertaken in Queensland.

Feedback! We want to hear from you. We want to connect with you so we can better understand what you want from us. If you have suggestions, or questions, or some new ideas on what we can do to help our members, please email us at Qldbranch@acnn.org.au. Come and see us at our table at the National Conference in Adelaide. We will have fun games and prizes up for grabs. We would love to meet you and have a chat.

South Australia Branch

ACNN Report BICCM – Bali International combined clinical meeting, Bali Academic Program 2023

Susie Jones

I had the privilege of being an invited speaker at the BICCM 10th Annual conference in Bali. This was my first time attending the 3-day conference and it was a valuable and worthwhile experience. A team of 13 attended, including 4 members of the neonatal team, a Consultant/Fellow/NNP and myself, and it was an honour to teach with each of them. Nine other team members included Midwives, Obstetricians and Anaesthetists.

The topics I was asked to speak and teach on were:

- aEEG management and placement of electrodes
- Enteral feeding in preterm babies-how to prevent NEC
- Management of breastmilk in hospital, collecting storing and distribution

Other topics covered by the Neonatal team were:

- Caring for extremely low birthweight babies in the first days
- Ventilator acquired pneumonia
- Management of shock in neonates
- PDA – to treat or not to treat
- Use of nitric oxide in neonates with PPHN

It was an eye-opening experience to be able to visit the NICU, see the babies and meet the neonatal nursing staff. The equipment within the NICU is very modern, they have 13 Dräger ventilators (newer than ours in SA) and many Giraffe isolettes provided by the government. Clinical care barriers in Bali include a lack of funded consumables for neonates with the need to reuse single use equipment, contributing to a high infection rate, and no access to caffeine. The nursing staff were engaged, receptive and very keen to learn. They asked many questions, and we had valuable discussions. They were very thankful for our time and teaching and always very keen for photos! The conference organisers were very supportive and the event was well planned. Although it was a very quick trip I enjoyed experiencing the Balinese culture and the warm hospitality of the Balinese people. I hope to return in years to come to build on the established relationships and continue to share and impart knowledge.

With thanks to the sponsorship of the ACNN SA Branch, which supported my attendance at the conference.



Australian Capital Territory Branch

Over the past few months, we have been working hard to plan and organise our upcoming meetings and seminar events. We are delighted to host our first twilight seminar since COVID, on 22 June 2023 at the Hellenic Club Woden. We will be highlighting practice changes in neonatal nutrition and the link to oral and speech development within both the hospital and progressing through to the community setting.

Our members and committee have been focused on creating a collaborative event that provides networking and educational opportunities. We have invited guest speaker Justine Parsons (CNC of John Hunter Hospital, Newcastle) to attend and share her expertise on a range of topics including neonatal nutrition.

The ACT branch has also been busy planning for upcoming education and scholarship opportunities for the second half of 2023. We look forward to supporting ACNN members with scholarships for leadership and education opportunities.

For May Membership Madness, the ACT Branch worked hard to increase ACNN content throughout the department and were delighted to offer 7 new ACNN memberships as part of World Prematurity Day Celebrations in late 2022.

As we celebrated International Nurses Day on 12 May the ACT Branch thanked all nurses for the incredible difference they make across the world and in our profession. Their dedication and passion inspires us all, and we are grateful for their commitment to neonates and their families. We look forward to seeing you all at the upcoming 22 June Twilight Seminar.



Leadership SIG

At our first open meeting on 16 May, we had the absolute pleasure to hear from Chris Hastie from PwC Australia. Chris gave an invigorating and encouraging session on creating high performing teams and why 'culture eats strategy for breakfast'.

Some of the key themes were:

- Teams need to feel safe, that information is shared, and to feel appreciated
- Good culture is protective and teams know when it's present and when it isn't
- Great leaders aren't necessarily managers and often aren't
- Effective communication is fundamental to the delivery of quality healthcare
- Poor behaviour can be addressed directly by asking if this is how one may want to come across
- Choosing not to act is still an act when dealing with difficult behaviours
- Asking staff what 3 adjectives they would want to be known for
- No one is 'just' anything, i.e. nurse, midwife, we need to change our language
- Our roles give us a sense of purpose and place
- Staff can be taught skills but not how to be human

These are only snippets of what Chris had to share. It was a very full and informative hour that I'm sure left everyone with a new enthusiasm for improving their teams.

Education SIG

Justine Parsons

Clinical Nurse Consultant
John Hunter Children's Hospital
Newcastle, NSW

The Education SIG held another virtual event recently, titled 'The Perils of Peri-Viability' on 11 April at 7pm. This session was chaired by Professor Karen Walker, CNC, Royal Prince Alfred Hospital (RPAH), Camperdown.

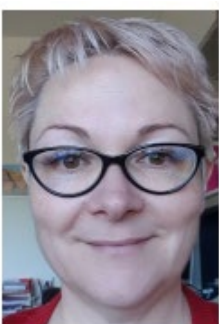
The session was fully booked out, with 37 attendees on the night, and a number of non-members in attendance as well. This seminar was recorded for other registered members to access at a later date if they so wished.

The session began with Dr Amir Zayegh, who gave his presentation titled 'Ethical challenges in caring for infants on the edge of viability'. Amir is a consultant neonatologist who trained in Melbourne and Oxford. He has completed a Masters in Practical Ethics at the University of Oxford, and is currently completing his Certificate in Clinician Performed Ultrasound. His clinical and research interests include ethical issues in neonatal intensive care, and functional echocardiography in the neonate. He is the author of a number of journal articles as well as an executive member of Muslim Health Professionals Australia. Amir discussed difficult decision making and the zone of parental discretion as it relates to ELBW infants in the NICU. He also raised the issue of prognostic uncertainty, and outlined the ethical and religious frameworks that contribute to decision-making. The presentation also highlighted the issue of infant suffering and the complexities in defining suffering for clinicians. Amir rounded out his presentation with discussing moral distress and staff impact, including measures that might assist in reducing the experience of moral distress.



This flowed easily into the second presentation titled 'Blurry Lines – The Margins of Viability'. Kris York presented a case study that had occurred in NICU John Hunter Children's Hospital (JHCH) where a 23-week gestation infant was born with a birthweight of 350g. Resuscitation, and first days of life including treatment strategies and tasks were reviewed and discussed, along with communication between the team and the family.

I then presented current literature relevant to the topic of peri viability, particularly the differences between those babies born at appropriate weight, and those born IUGR. Health care ethics and economics were also touched upon, along with looking at outcomes in this cohort globally.



I also wanted to highlight current research that analyses the limits of biology, understanding whether the foetus can recoup lost in-utero developmental steps, and whether we can protect them from these losses, or at least minimise the negative impacts. I also outlined the practical challenges of providing care for micro-prems: immature organ function, equipment sizing, medical and nursing practice techniques, and treatment strategies. I compared the methods used in Japan and in Iowa, US (where overall outcomes for 22-weekers are positive), analysing the ventilation strategies, volume expansion choices and inotropic support.

After the presentations had been delivered, there was not a lot of time left for questions. This was unfortunate as it seemed as though much discussion was being generated in the online chat function. The limited feedback was positive with respondents commenting that it was a great, thought-provoking topic, well planned and presented.

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

Neurodevelopmental Care SIG

In the landscape of neonatal healthcare, Special Care Nurseries (SCNs) and Neonatal Intensive Care Units (NICUs) are pivotal in fostering family-centred developmental care (FCDC). This approach hinges on the principle that parents and families play an essential role in the health and wellbeing of newborns, particularly those requiring specialised care.

At Coffs Harbour Health Campus (CHHC) SCN, on the mid north coast of NSW, we implement strategies that encourage the active participation of families in the care of their babies. We are a 10-bed unit, including 7 SCN bays, one isolation room and 2 intensive care beds in a separate room. Parental involvement ranges from caregiving tasks such as feeding, changing nappies and bathing, to participating in decision-making processes concerning the baby's medical care. This fosters parental competence and confidence, while also promoting bonding and attachment, which are crucial to a baby's cognitive, social, and emotional development.

Education of families is a cornerstone of FCDC Healthcare in our SCN. Healthcare professionals and multidisciplinary teams provide families with relevant information about their baby's condition, intervention, and progress, empowering them to make informed decisions and participate in care effectively. This open disclosure and communication develops trust and strengthens the partnership between the healthcare professionals and the families.

Facilitating skin-to-skin contact, or kangaroo care, which is promoted from birth (if safe to do so) right through a newborn's journey in the SCN, is another integral part of the FCDC approach. Skin-to-skin contact has been proven to aid in stabilising heart rate, improving oxygen saturation levels, and reducing stress in newborns. Simultaneously, skin-to-skin contact promotes parental-newborn bonding and reduces parental anxiety.

Our SCN has been designed to minimise stress and stimulation that can negatively impact neonatal development. Efforts include creating a calm, quiet environment and utilising individualised developmental care practices. These include the availability of comfortable recliners for every family, use of nests to support correct positioning, education on supportive handling practices, peanut pillows to support the head during nappy changes or procedures, protecting skin integrity, and optimising nutrition.

Psychosocial support is another aspect of FCDC. In our SCN we provide resources such as mental health counselling services, drug and alcohol support professionals, social workers, and NSW Department of Communities and Justice (DCJ) case workers when appropriate. All these services are aimed at supporting families' mental and emotional well-being during a very challenging time.

In conclusion, the emphasis on FCDC in all SCNs redefines families from passive observers to active partners in the care journey. I know we don't always get it right, but FCDC has progressed immensely in the 30+ years of my NICU professional career. I believe by embedding these principles into practice, we are driving a fundamental shift in neonatal care, contributing to healthier families and stronger communities.

Sonia Parker

RM RN NICC

SCN/NICU, Coffs Harbour Health Campus

**ANNUAL CONFERENCE
2023**

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Neo-Skin SIG



NEO-SKIN
SPECIAL INTEREST GROUP

The focus of the Neo-skin SIG has historically been on practices and care that promote skin health and minimise skin complications. As a group of clinicians and researchers, we have always understood that skin is the organ that is the interface where care is provided and undertaken. Yet, the skin is the location we insert invasive devices or secure monitoring, therefore considerations for skin care often go beyond traditional skin care practices.

Recently, our group has begun to receive queries related to appropriateness of anaesthetic creams prior to procedures (cannulation, vascular sampling, lumbar puncture or chest drains). As a group we will try to answer these queries as best as possible. It is important to note that whilst these suggestions come from the focus of promoting best practice and limiting harmful practice, other evidence may emerge which coincides but is more related to effectiveness of a procedure (cannulation, vascular sampling, lumbar puncture or chest drains) rather than skin health or harm.

Newborn and preterm skin is highly absorptive, with barrier function weak in the first few weeks of life and decreased functional capacity as gestational age decreases.¹ Cautions around topical anaesthetics can be related to increased permeability which is demonstrated in the number of chemical burns from procedural decontamination agents (e.g. chlorhexidine) and historical evidence of absorption of chemicals or solutions like silver, boric acid, dyes, linoleic acid in olive oil, and emollients with urea.¹ Therefore, it is logical that clinicians would be additionally hesitant to use topical anaesthetics without robust evidence.

The following sections provide a rapid review related to topical anaesthetics, procedures or alternative pain relief measures.

1. Non-pharmacological procedural pain relief should include breastfeeding when possible, feasible and culturally appropriate. A combination of skin to skin, suckling, sweet taste of breast milk, and touch/sound/smell of the parent is considered superior to EBM alone.² In the absence of breastfeeding, skin to skin and sweet solutions are recommended as literature indicates this provides a reduction in procedural pain. However, when skin to skin is not practical, other comfort measures inclusive of dummy, swaddling/holding, or containment in combination with sweet solution will assist in providing best practice. The evidence is overwhelming that these should be a key step in any procedural activity.³
2. Additional information about pharmacological and pain relief measures topically or through the skin include:
 - a. *Local anaesthesia* which refers to the method of eliminating sensations in, or numbing, a specific part of the body for relieving the pain associated with invasive procedures. It is typically administered through one of 2 routes: topical and parenteral (transdermal cream).
 - b. *Topical local anaesthesia* is applied to the skin surface as creams, gels, sprays, and patches. Parenteral local anaesthesia is administered as injections through intradermal or subcutaneous layers of the skin. With both administrations, the end goal is comfort for the neonate (both local and systemic) therefore the effect is about overall pain relief and a successful procedure.
3. Cautions exist for the use of EMLA cream in infants less than 3 months of age with adverse effects more likely in this age group (particularly methaemoglobinaemia). A meta-analysis demonstrated EMLA provides minimal benefits in terms of reduction of pain during venipuncture procedure in comparison with placebo and no benefit in comparison with sucrose and/or breastfeeding.⁴ However, evidence for EMLA in infants less than 3 months for *pain post circumcision* exists but is limited.

4. Guidelines provide similar suggestions with slight variations:
 - a. Queensland Children's Hospital guideline for EMLA discourages the use in preterm infants (less than 37 weeks' gestation)
 - i. Indications do include lumbar puncture
 - ii. Needling for pneumothorax is not mentioned
 - b. RCH in Melbourne – guideline for use in lumbar puncture
 - i. https://www.rch.org.au/clinicalguide/guideline_index/Lumbar_puncture/.
 - ii. Topical anaesthetic cream (EMLA® or AnGEL®) for 45-60 minutes prior, except where specimens are required urgently is only recommended for for infants >3 months (Oral sucrose should be used), but subcutaneous 1% lidocaine (lignocaine) max 4 mg/kg is suggested
 - c. MIMS online also does not recommend use in infants less than 37 weeks' gestation. The indications for use include prior to the insertion of IV catheters, blood sampling, vaccination, superficial surgical procedures.
 - d. Older evidence may be confounding decision-making: for example, Young⁵ outlines the use of topical anaesthetics, Long et al⁶ reported better pain relief in the patch group for heel pricks, or Jain and Rutter⁷ demonstrated less painful response during vein puncture (gestations 22-41 weeks).

We would advocate that an important course of action would be to have a discussion with your nursing and/or medical leaders about current practices, what your concerns are and what is relevant for your unit and the babies in your care. This may be further strengthened by presenting current evidence, keeping in mind that neonatal populations are not well represented in the literature and caution should be used applying paediatric principles to the neonatal population.

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If you are interested in joining the Neo-Skin SIG, please email us directly at neoskinsig@acnn.org.au

Research SIG Scholarship Report

Gill Noreiks

Clinical Nurse

Grantley Stable Nursery Unit (GSNU),
Royal Brisbane and Women's Hospital

In 2022, I applied through ACNN for a Research Scholarship. There are several different kinds of funded scholarships that members of ACNN can access. These are the Education, Leadership and Management, Neonatal Nurse Practitioner, Neo-Skin, Neurodevelopmental Care, Nutrition and Feeding, the Renée Collisson scholarship (relevant to low resource country contexts) and Research Scholarships. There are 3 rounds each year.

I attended the Perinatal Society of Australia and New Zealand (PSANZ) Congress 2023, *Laneways to Better Perinatal Outcomes*, held at the Melbourne Convention and Exhibition Centre in March 2023. I was lucky to receive a Research Scholarship, which enabled me to present the research results of a randomised controlled trial I had undertaken recently. The monies received were utilised for conference registration, local accommodation, and air travel to and from the conference.

This annual conference was attended by 742 delegates from Australia and New Zealand, with speakers from England, Canada, India, the Philippines, Singapore, Thailand, and the United States of America. The focus of this conference was evidence-based (through research) care of the neonate and the mother. Topics were related to pregnancy care, labour care, and neonatal care. Several sponsors also had new equipment on display for delegates to view.

With the assistance of my research team members, we created a poster for presentation. The topic was incubator humidification. Humidification is utilised globally in the care of extremely preterm and low birth weight babies. However, weaning practices remain varied, and no evidence guides our practice. I was able to discuss our findings and what impact these may have on future global practices. Also discussed were the studies that may be undertaken and hints for when we publish our findings. This poster was evaluated by adjudicators and viewed by conference attendees. I was lucky enough to go on and win the New Investigator (Poster) Award.

Receiving funding from the ACNN research scholarship enabled me to attend and present my poster at a national conference. I disseminated our results while also learning from other posters and oral presenters. Having my attendance and participation funded by the ACNN scholarship meant that I could now attend other neonatal conferences of interest. I also am thankful that receiving this scholarship indicates that access to such scholarships is not just for doctoral students or academics but is available for everyone.

Thank you, ACNN.



ACNN members are invited to apply for the Research Scholarship for the following categories:

1. To undertake a research or quality improvement project
2. To present original research results at a national or international conference

Please follow the QR code if you want to apply for the Research scholarship.

Opening date for next round: 1 June 2023

Professional Scholarship Report

International Maternal Newborn Health Conference, Cape Town May 2023

Karen Walker

I was delighted to be awarded a scholarship from the Australian College of Neonatal Nurses to attend the International Maternal Newborn Health conference which was held in Cape Town in May this year <https://imnhc2023.org/>. This high-level global hybrid conference, limited to 1800 delegates, was hosted by the government of South Africa. Key organisations attending were the World Health Organisation (WHO), USAID, UNICEF, PMNCH and all the international health care practitioner organisations including the Council of International Neonatal Nurses (COINN), which includes all ACNN members. <https://www.coinnurses.org/>

This conference launched some key publications relevant to us as neonatal nurses and I've included the links to download the publications.

My primary reason for attending was the launch of the revised *Born too Soon* report. In 2012, the first *Born Too Soon* report was published, and was revised by the PMNCH. I co-chaired the Global Technical Advisory Committee for the report and contributed to one of the chapters and was privileged to speak at the launch. This report is concerning, and I urge everyone to read it as we all have a part to play. Every **two seconds** a baby is born too soon and **every 40 seconds** a baby dies. The statistics are staggering and there is great inequality, with more than 90 per cent survival in high income countries and 90 per cent mortality in low-income countries. Totally unacceptable. More than 140 authors from 70 organisations and from over 45 countries contributed to the report, which highlights the impact of the 4 Cs: Conflict, Covid-19, Cost of Living and Climate change. It looks at lessons learned from countries that are making progress and proposes solutions towards achieving the UN Sustainable Development Goals. This is a powerful report that is the beginning of a movement that is needed to decrease the number of babies born too soon. <https://www.who.int/publications/i/item/9789240073890>.

However, this was not the only important launch. The WHO Every New Action Plan and EPMM also launched the revised targets. These are easily remembered as 4 global targets: 90 per cent, 90 per cent, 80 per cent and 80 per cent. That means 90 per cent of women will have 4 or more antenatal visits; 90 per cent of births will be attended by skilled birth attendants; 80 per cent of women will have a postnatal visit within 48 hours and 80 per cent of countries will have a national implementation plan for level 2 units that is being implemented in at least half the country. https://www.alignmnh.org/wp-content/uploads/2021/05/AMoran_AlignMNH-Plenary-EPMM-ENAP-PPT-FINAL.pdf

As well as the staggering preterm birth statistics, there are 1.9 million stillbirths each year. Stillbirth was a focus of the meeting and the conference started with a mother speaking on the impact of her own stillbirth. Powerful and very sad. A new report, *Preventing and Addressing Stillbirths Along the Continuum of Care: A Global Advocacy and Implementation Guide*, was launched by the International Stillbirth Alliance at the meeting. <https://www.stillbirthalliance.org/global-advocacy-and-implementation-guide/>

One of the most enjoyable aspects of the conference for me was the opportunity to meet in person many colleagues from around the world that I had only met virtually. This was such a highlight for me. We also took the opportunity to meet in person with some of the members of the Global Technical Advisory Committee for the recently launched Bill and Melinda Gates Foundation funded COINN Community of Neonatal Nursing Practice <https://www.conpcommunityofpractice.org/>. This conference provided opportunities for networking that you just don't get virtually. For anyone interested in maternal and newborn health, this is one of the best conferences.

I'd like to thank ACNN once again.

This newsletter is published in March, June, September, and December
Please submit items in the month preceding each issue. All items will be edited to newsletter standard. Any photos of people must have permission to be included in the newsletter.

Editor Shelley Reid

Proof-reader Jan Polverino

All enquiries and submissions to be sent to newsletter@acnn.org.au

Low Resource Countries SIG

Supporting Nurses in PNG

Neonatal nurses from Adelaide Women and Childrens Hospital NICU donated \$1600 recently to buy scrubs for the Special Care nurses at the Goroka Hospital, PNG. The money was used to buy 15 pink scrubs for the nursery staff, and 20 stethoscopes, 40 digital thermometers, 30 fob watches and 18 finger oximeters that were distributed to nurses in all wards at Goroka hospital. Neonatal Nurses in Adelaide were thrilled to be able to support nurses in PNG in time for International Nurses Day. Donna and Gill delivered the provisions during a recent visit to Goroka. Special Care Nursery staff were grateful for their fresh pink scrubs and extra medical supplies. A wonderful opportunity for nurses assisting nurses in less fortunate conditions. Happy International Nurses Day Goroka Special Care Nursery!

