



From the President

Amy Curran

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Welcome to 2024, I can't believe we are in March already! The first forum meeting went ahead in February, and it was great to hear all the plans Branches and SIGs have for virtual presentations and workshops. Here are the 5 workshops that we have heard about.

Leadership and Research SIGs *Neonatal Workforce*, Sydney 15 March

Neonatal Nurse Practitioner SIG *Recharge & Reconnect*, Newcastle 3 May.

Education SIG and NSW Branch *Babies in the Bush*, Orange and Wagga Wagga (TBC).

Queensland Branch – Rural and Remote Education, Sunshine Coast, 15 June.

Please remember to consult the Zoom calendar when booking speakers or organising workshops to make sure you don't conflict with another event and once your date is locked in, don't forget to let the social media team know so they can start to share your event, even if it is just a 'Save the Date' notice via Facebook and Instagram. If you are currently a Chair or Secretary for a Branch or SIG committee, please feel free to join the forum meetings even if you have a representative attending.

I would like to let you all know that the Victoria Branch has been re-established. Congratulations to Emma Yeomans (Chair) and the committee for submitting your documentation and planning your year ahead.

About the Newsletter

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

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

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

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I look forward to seeing some of you at our Face-to-Face meeting in March to engage with our members in planning the sustainability and future of the college; please check your emails for all correspondence regarding this meeting.

Thank you for all your hard work and I look forward to working with you in 2024!

Queensland Branch

Wendy Carlish

Chair, Queensland Branch

The Qld branch finished 2023 with a virtual 'snack pack' education session. The format followed that used in 2022 in which Queensland neonatal nurses who had presented either orally or via poster at the ACNN national conference were invited to share a short synopsis of their topics. This was to give the opportunity to share information with Queensland branch members, who may have been unable to attend the national conference. Speakers and topics presented were:

- Donna Hovey: Full Circle – from neonatal patient to neonatal nurse

- Jordan Strathearn: Do communication boards in the Special Care Nursery improve family experience?
- Stephanie Hall: Neonatal skin injury scales – a scoping review with narrative synthesis
- Gill Noreiks: RCT of incubator humidification after seven days – no effect on temperature, sodium or skin injury

We acknowledge these presenters for their work and thank them for giving their time and sharing their knowledge.

During the session, the branch held a general meeting, at which the operating committee for the next 12 months was elected. Three members stepped down from the committee: Katelyn Effeney, Amanda Bates and Kristin Hughes. We thank them for their support and participation in the general committee function and event organisation. We particularly acknowledge the contribution made by Kristin Hughes, who has been a member of the committee for 6 years, 3 of those in role of secretary. Kristin always brought passion, new ideas and generously gave of her time to fulfill the secretary role. She was an exceptionally reliable member of the team, who always went over and above and we wish her well.

The Queensland Branch committee has also aligned with the ACNN request to not have ACNN Executive members as office-bearing members on the Queensland Branch operating committee. We are fortunate to have two members who are on the Executive, and this enhances the operation of the committee as their input enables us broader insight of ACNN.

The elected committee members are Chair – Wendy Carlish, Secretary – vacant, Treasurer Liaison – Melody Emerson, Ordinary Members – Lyn Chapple, Linda Ng, Nicol Franz and Karen Hose. With consideration of the vacant Secretary position, the committee is working towards filling this role and in the meantime sharing / delegating the role.

Planning has commenced for a regional seminar at the Sunshine Coast University Hospital to be held mid-year, so Queensland members should look out for the ‘date claimer’ message regarding this.

The yearly Queensland membership drive will be commencing later in the year for 2024, instead of the usual January start. This is to be in line with ACNN membership timeframes and costs. Queensland membership increased by 8.84% during the past year and we hope that number will continue to grow.

Victorian Branch

Emma Yeomans

Chair of the Victorian Branch

Clinical Trials Coordinator, Monash Newborn, Monash Health

We are thrilled to announce that a group of dedicated Victorian ACNN nurses have taken the initiative to re-establish the Victorian Branch of the ACNN. This exciting development is a significant milestone for Victorian Neonatal Nurses.

We would like to announce the new committee. Emma Yeomans (Chair), Narelle Wiseman (Secretary), Jessica Costello (Treasurer Liaison), Amanda Whitehouse (Social Media), Bessy Varghese, Jess Freedman, Lee McCulloch, Bianca Devsam, and Melissah Burnett.

The decision to re-establish the Victorian Branch comes with a great sense of enthusiasm and purpose. We are committed to fostering a supportive and thriving environment, whilst focusing on growth and strategic planning for the year ahead.

With the Annual Conference being hosted at the MCG in Melbourne this year we see this as a prime opportunity to build momentum and engage with our members.

We are fortunate to have a dedicated team of nurses spread across various hospitals in Victoria, each bringing their own expertise and passion. We aim to provide valuable support, education, and networking opportunities to all Victorian members of ACNN.

Our first open session is planned for March. This will be a great opportunity to meet the current committee members. We are excited to have Dr Simone Huntingford as a guest speaker for this event. Keep your eyes out for further details. It is important that our Victorian Members support these events to ensure the success of the Victorian Branch of the ACNN. We look forward to collaborating with our members to establish and grow.

Education SIG

Newborn resuscitation

Jennifer Dawson PhD

Chair ACNN Education SIG and NLS Task Force Member

Many neonatal nurses will have heard of ILCOR, the International Liaison Committee on Resuscitation. In this article I will update you on how ILCOR works.

ILCOR was formed in 1992 to provide a forum for liaison between principal resuscitation organisations worldwide. The initial member councils included the Inter American Heart Foundation, Resuscitation Council of Asia, Resuscitation Councils of Southern Africa, American Heart Association, Australian and New Zealand Committee on Resuscitation and the Heart and Stroke Foundation of Canada. The International Federation of Red Cross and Red Crescent and Indian Resuscitation Council Federation have joined recently.

The work of ILCOR is undertaken by six task forces. These are Adult Life Support, Basic Life Support, Education Implementation and teams, First Aid, Paediatric Life Support and Neonatal Life Support (NLS). Each task force is comprised of volunteers from around the world. Each task force ensures a combination of experts with respect to gender, level of experience, type of setting (low middle, high resource) and geography (North America, South America, Europe, United Kingdom, Australia, New Zealand, Africa, Asia and India).

The first guidance by ILCOR on neonatal resuscitation was in 1999 with the first established NLS Task Force in 2005. The first Consensus on Science with Treatment recommendations (CoSTR) was in 2010. Subsequent CoSTR statements were published in 2015 and 2020. Since 2020, continuous review of the evidence for 2021, 2022, 2023¹, 2024 is in preparation.¹ Some topics for which ILCOR has provided recommendations include:

- Deferred cord clamping preterm/term infants 2021
- Maintaining normal temperature in late preterm and term infants 2022/preterm infants, 2023
- Suctioning clear fluid at birth 2022; clear fluid during resus 2021; meconium-stained liquor below vocal cords 2021
- Tactile stimulation 2022
- Heart rate assessment methods 2023; heart rate monitoring to improve outcomes 2022
- Positive pressure ventilation (PPV) devices 2021; sustained inflation versus PPV 2021; laryngeal mask 2022
- Initial oxygen concentration for term infants 2021; for preterm infants 2021
- Continuous positive airway pressure (CPAP) versus no CPAP in term infants with respiratory distress 2022
- End tidal carbon dioxide (Et CO₂) monitoring to guide non-invasive ventilation (NIV) 2023
- Respiratory function monitor (RFM) to improve outcomes 2022

Members of the NLS Task force, with coopted content experts, complete an extensive review process before making recommendations for practice. Strengths of the process include careful, consensus-driven development of the research protocol, and rigorous methodology using methods specified by ILCOR that include peer review and public consultation regarding the resulting consensus on the scientific results.

The types of reviews available to the NLS task force are evidence updates, scoping reviews, systematic reviews +/- meta-analysis and adolopment.² The type of review used will depend on the question for review. For example, if there is an existing review that needs updating an evidence update might be appropriate. For a new question, a scoping review might be required first to determine if a systematic review is required. The last type of review, adolopment is a new process where an existing systematic review can be then used as a starting point for an ILCOR systematic review, see <https://doi.org/10.1016/j.jclinepi.2017.01.002>

Questions for ILCOR reviews are framed using PICOST. **P**opulation, **I**ntervention group, **C**ontrol group, **O**utcomes, **S**tudy design and **O**utcomes. The protocol for each systematic review is registered in PROSPERO (<https://www.crd.york.ac.uk/PROSPERO/>). Medline, Embase, CINAHL, CENTRAL and other international Clinical trials registries are searched from their inception to the date of the search. Screening of titles and abstracts, selection of full-texts articles for eligibility assessment and data extraction are each conducted using Covidence systematic review software. Reference lists of included studies or other similar systematic reviews and publications from trial registries are also hand search for relevant titles. Data extraction and synthesis is completed by two researchers extracting data using a proforma. Data is then synthesised using R software (version 3.6.2). Findings reported in accordance with PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) (<http://www.prisma-statement.org/PRISMAStatement/FlowDiagram.aspx>). Studies identified for inclusion in the ILCOR systematic reviews undergo risk of bias (RoB) assessment using the Cochrane RoB tool 2.0 for RCTs 14 and Risk of Bias in Non- randomized Studies-of Intervention (ROBINS-I) for non-RCT studies.

Certainty of evidence (CoE) uncovered in the search and analysis stages of the process are assessed using GRADE (Grading of Recommendations, Assessment, Development, and Evaluations). In GRADE, recommendations can be strong or weak, in favour or against an intervention. Each stage of the neonatal ILCOR review process is reviewed by the NLS Task Force. Consensus is achieved before moving to the next stage and the final recommendations.

The last step is to publish a draft summary of findings and recommendations with the Consensus on Science with Treatment Recommendations (CoSTR) on the ILCOR website for public comment <https://ilcor.org/>. The researchers for each ILCOR review look at the comments before finalising their review. Included on the website are insights into the deliberations of the task force; these are provided in Justification and Evidence-to-Decision Framework Highlights sections.

The aim of the ILCOR review process is to provide recommendations for practice following comprehensive review of relevant evidence. National research bodies use these recommendations to produce guidelines relevant to practice in their country. Guidelines might differ between countries due to local resources.

References

1. Berg KM, Bray JE, Ng KC, Liley HG, Greif R, Carlson JN (2023) International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations: Summary From the Basic Life Support; Advanced Life Support; Pediatric Life Support; Neonatal Life Support; Education, Implementation, and Teams; and First Aid Task Forces. *Resuscitation*. 2024 Feb;195:109992. doi: 10.1016/j.resuscitation.2023.109992.
2. Tugwell P, Knotterus JA (2017). Adolopment – a new term added to the Clinical Epidemiology Lexicon. *Journal of Clinical Epidemiology* 81: 1-2.

Leadership SIG

Jemma Binney

As 2024 kicks off, we extend a warm welcome to the new graduates joining the neonatal space. This period presents challenges for both the graduates and the neonatal leaders who mentor and coach them. Our primary goal as neonatal leaders is to ensure the graduates feel supported and thrive in the new learning environment; we want them to love neonatal nursing as much as we all do. This will encourage them to return and to choose neonatal nursing beyond their graduate year.

The Leadership SIG has come up with a set of strategies aimed at supporting, guiding, and motivating these new learners during the challenging time of becoming a graduate nurse or midwife. These strategies encompass:

1. **Mentorship:** establishing mentorship initiatives with new graduates for consistent guidance and support.
2. **Orientation and training:** providing comprehensive orientation programs tailored to expand the graduate's knowledge in the niche environment of neonates. This can include practical training and simulation exercises.
3. **Psychological support:** offering access to psychological support services to assist new graduates in coping with the challenges and pressures they may encounter. Offering monthly debrief sessions, or one-to-one catch ups is a great way to check in on new graduates' psychological safety.
4. **Professional development opportunities:** facilitating avenues for continuous professional growth through workshops, seminars, and conferences to enrich their knowledge and skills. New graduates may not understand the process of applying for professional development; ensure you explain your hospital's process and place them into opportunities that would be of benefit to them.
5. **Feedback and reflection:** encouraging regular feedback sessions and opportunities for reflection to help new graduates identify areas for improvement and celebrate their achievements.

By implementing these strategies, we seek to ensure that new graduate nurses feel adequately supported and motivated to consider a future in neonatal nursing beyond their initial year of nursing/midwifery.

The Leadership SIG is also looking forward to the upcoming Neonatal Nursing Workforce Workshop in Sydney, on March 15. This has been jointly organised by the Research and Leadership SIGs.

Low Resource Countries SIG

Karen New PhD

The LRC SIG committee is very excited to announce that in-country training is commencing again in 2024. In June, 6 members of the SIG will be heading up to Tonga for a week. The NICU medical director and senior nurses have provided us with a list of topics and training that they would like. Additionally, they have sent through a list of items needed and we have been working closely with the Medical Pantry to be able to source these items.

For those who are not aware the [Medical Pantry](#) rescues unused medical supplies and equipment and deliver them to underserved communities. This also contributes to making healthcare environmentally sustainable by reducing waste sent to landfill. This organisation is located in Melbourne, however there are other organisations in other states.

In Brisbane, [Save our Supplies](#), was started by Claire Lane, a nurse who won the Nursing Trailblazer Award in 2022. This organisation currently has collection bins placed in major hospitals in and around Brisbane, and is expanding to include hospitals across Queensland. The goal is to drastically reduce medical waste and help as many people as possible. Fancy getting involved? Why not check out their website and see what you can do to make your neonatal unit a little bit greener! Rotary Clubs also help in collecting and delivering

equipment and supplies. Do you know of others in your State or Territory? If so, let us know at lrcsig@acnn.org.au

Neonatal Skin SIG

First time guest speaker, long time skin assessor

My experience: ACNN Conference 2023

Linda Cobbald

Clinical Nurse Research, Grantley Stable Neonatal Unit, RBWH



NEO-SKIN
SPECIAL INTEREST GROUP

I am a NICU nurse with 24 years of experience. Having trained at Waikato Hospital NICU in New Zealand, I worked there for 12 years before moving to Australia where I continued working in the NICU at the Royal Brisbane and Women's Hospital. For the past 6 years, I have been part of the Grantley Stable Neonatal Unit research team. Working in these settings I have appreciation for the importance of skin care especially for NICU babies and Whanau (families, immediate and extended). Additionally, my introduction to skin and wound care was reinforced during an early placement in the Burns and Plastics ward where my interest for wound care truly began.

The focus for neonatal skin and wound care has been a steep learning curve, with so much more knowledge still to be gained in this area. I was excited to be part of the team who was participating in a trial looking at technologies that would assist with wound assessment in this population. Whilst these technologies had been used in paediatric and/or adult cohorts, prior to this study they had not been used in the neonatal arena. This led to my introduction to the ACNN NeoSkin SIG and an invitation to present at the NeoSkin SIG session at the Adelaide 2023 conference.

The ACNN 2023 Conference was my first invited speaker opportunity. I prepared and practised my delivery. Despite having amazing support from the entire RBWH research team, both prior to and at the conference, I was a nervous wreck. Once the presentation began, I was surprisingly relaxed and enjoyed presenting. The questions and discussions that followed were valuable and showed a definite interest in the subject of skin and wound care.

Attending and presenting at the Adelaide Conference was an amazing experience and I would thoroughly recommend that you take the opportunity if you have the chance.

I've found the value of working in a group aiming to fix this enormous issue for our babies encouraging, and while I am not a member of the NeoSkin SIG committee, I am looking forward to working with the SIG towards positive progress.

Scholarship Reports 2022

Cindi Escardo RN

Neonatal Paediatric ICU, Royal Hobart Hospital

Back in 2022 I applied for a scholarship through the ACNN and was thrilled to know that I was successful. The funding assisted me to attend the ACNN National Conference. The Conference themes of Families, Nutrition & Reconnecting really inspired me, as did the conference venue, Coffs Harbour! In 2022, I had been a Registered Nurse for 29 years and was really looking forward to this conference. I work in the NPICU at the Royal Hobart Hospital. Continuing education and updating my knowledge can be expensive coming from Tasmania so receiving funding really helped me and my family so much. I used the funding for registration, accommodation, and travel. The conference was so valuable and jam-packed with interesting topics and information. The NETS and

Developmental Care sessions were especially useful to me. If this rings a bell with any members, I highly recommend applying for one of the Scholarships on offer through the ACNN.

Jo Scott, Nurse Practitioner

PIPER, RCH, Melbourne

In November 2022 I was invited to present at the Jo Kent-Briggs (JKB) NETS seminar, a retrieval-focused conference hosted by NETS New South Wales. The JKB Seminar provided the perfect opportunity for Australian retrieval teams to network after two years of COVID restrictions and virtual conferencing. The conference was well attended, and everyone agreed it was great to be face-to-face again.

The JKB seminar was a two-day event at the Sheraton Grand Hotel, a great central location near Sydney's beautiful Hyde Park. The program included a good mix of lectures and interactive skills stations to stimulate the interest of a learning population that is used to being on the go. Representatives from retrieval services from all over Australia were in attendance to share their research, case studies and quality improvement projects. On behalf of PIPER, I shared the findings of a five-year retrospective research project to evaluate the logistical management of neonatal patients referred to PIPER with bilious vomiting. I was grateful for the opportunity to share our findings.

The conference wrapped up with the traditional JKB team video competition. All retrieval services were invited to submit a video with their own interpretation of a given theme. This year the theme was songs recorded by deceased musicians. PIPER's submission was our own take on 'Bat out of Hell' by Meatloaf. We did not win, but we had a lot of fun recording our video.

I am grateful to the ACNN for honouring me with the scholarship to cover the costs of my travel and accommodation enabling me to attend the conference.

Erin Trathen

SCN, Albury Wodonga Health Service

In 2022 I was fortunate to receive an Infant feeding SIG scholarship. With it, I undertook the Australasian Lactation Course over the year, to prepare for sitting the IBCLC exam. I have now sat the exam (March 2023) and have (now) successfully passed my IBCLC certification. This year, I have reflected on the vital role an IBCLC/NICU nurse can play. Over the last 14 years I have worked in both tertiary and regional units and one thing I have seen is the increase in how many neonatal nurses have undertaken the IBCLC qualification. At the start of my career, I felt like neonatal nurses had a 'bad rap' for not supporting breastfeeding, maybe seen as too clinically focused? It makes sense though, that many have now undertaken this qualification, as we are often present at such a critical time in a person's lactation journey. We all know the amazing benefits both breastfeeding and breastmilk has for our babies. I recently worked in a large tertiary unit that on any shift you could find at least a few staff who were IBCLCs. What a difference it can make to staff and families to have a specialised neonatal nurse that is also experienced in providing lactation support.

I am very grateful for the ACNN helping me achieve this goal I have worked many years to achieve, I am very keen to put this qualification to work!

Susmy Mathew

Transitional Neonatal Nurse Practitioner, Royal Hospital for Women's, Randwick, NSW

I was awarded an NNP SIG scholarship in May 2022 for completing a Master of Nursing in Advanced Practice through the University of Newcastle. I used the scholarship funding to complete the unit 'Integrated pharmacotherapeutics for clinical practice' in Trimester 3, 2022. I used the credits from this unit when I swapped

to a more streamlined program – a Master of Nurse Practitioner and successfully completed the degree at the end of 2023.

Even though the subject was focused more on adult based cases and disease conditions, it provided me with a foundation for both the pharmacologic and non-pharmacologic management of various diseases in the context of advanced health care practice. While tailoring it down to neonatal care, I have dived deep into the pharmacokinetics and pharmacodynamics of commonly used medications in the neonatal care setting and learnt about the mechanisms of actions of various medications, dosages, half-life etc., which was a new learning experience. It helped me to make thoughtful decisions and improved my confidence in using various medications which will be useful in current and future practice when I start prescribing. As this is a continuous learning process, I am motivated to explore further as I come across with different medications and dosages prescribed for neonatal populations.

I thank all the ACNN committee members for selecting me for this scholarship. I felt well supported and acknowledged for this new journey and I am sure it will be a great support and motivation for the many more Transitional NNPs to come.

Gabrielle Kerlake

Lactation Consultant, Grace Centre for Newborn Intensive Care, Children's Hospital Westmead, Sydney

I would like to show my gratitude for the rich and informative experience gained from receiving the ACNN Nutrition and Feeding SIG Scholarship and share some of the highlights and 'take home' messages.

The scholarship enabled me to attend two Webinars through the Breastfeeding Conferences website and a GOLD Learning 'Clinical Ethics for Lactation Professionals' course. The topics covered in the webinars and courses were highly relevant and impactful for my role in supporting mothers and their infants in the NICU as well as contributing to my successful recertification as a Board-Certified Lactation Consultant (IBCLC).

The ethical considerations addressed in the Clinical Ethics course, around medication use during lactation, milk sharing, and milk banking are critical issues that require careful attention and communication with both mothers and healthcare professionals. Over the past few years there has been an increase in the number of mothers who are taking medication whilst they are breastfeeding. Anecdotally, we witness GP's lack the knowledge in counselling women, often advising them to unnecessarily cease breastfeeding.

The presentation on Pasteurised Donor Human Milk (PDHM) also highlighted a number of Ethical responsibilities that we have as practitioners including providing evidence-based information, respecting the family's decisions, and supporting their breastfeeding plans by ensuring follow up and adequate communication with them. The overall emphasis on finding ways we can empower mothers and their families through education, being the key in ensuring they make informed decisions regarding their breastfeeding journey.

A presentation from the Breastfeeding Conferences, focused on how to support parents to be emotionally present when they are visiting their babies in the NICU. It discussed ways to educate parents on how to identify and interpret their infant's cues, how to respond to these cues and the benefits of a positive response from the infant. It was a great presentation and positive to have confirmation that we are doing the right thing for the families.

A presentation on traditional foods that help to build a good milk supply, I found helpful as this is a question that I am asked daily by mother's whose babies are in the NICU. Low milk supply is a big concern for many mothers when they are expressing for a period of time and when they are stressed. They covered the importance of eating fruit and vegetables, eating 2-3 hourly and how carbonated drinks may suppress a mother's milk supply.

There was an interesting presentation on interventions designed to promote exclusive breastfeeding in high income countries. This presentation addressed why exclusive breastfeeding rates are so low in high income countries. Reasons included obesity, mother's returning to work, poor family support, embarrassment about feeding in public and a lack of education. The solutions offered to improve exclusive breastfeeding rates were the need to utilise technology better (in the way of apps and getting information out) and providing more education and care for mothers, especially in the postnatal period. Which can be difficult because mothers are discharged home so early.

The last presentation that I really enjoyed talked about the Compassion Fatigue Awareness Project, which is an American Program. It was a very powerful presentation because it is relatable to many nurses. Strategies that can be done daily to protect ourselves and helpful resources were discussed. Examples include Mindfulness, the Compassion Fatigue Awareness Project and Compassion in Balance online courses.

The overarching emphasis on the benefits of skin-to-skin cuddles and their role in facilitating bonding and breastfeeding is a powerful reminder of the importance of this practice in neonatal care. Through skin-to-skin cuddles, babies have the opportunity to download the necessary information to synch and further bond with their mothers which is an integral role in mastering breastfeeding.

The presentations were very informative and interesting and provided me with new information and strategies that I can use and share with my colleagues whilst supporting babies and their families during their journey in the Surgical NICU. I am happy to say I was successful in recertifying as an IBCLC for another 5 years.

Michelle Paliwoda PhD

Royal Brisbane and Women's Hospital

I enjoy learning about ways to improve healthcare. I enrolled in the Graduate Certificate in Health Service Management (Safety and Quality) degree through the University of Tasmania. Through studying this course, I was able to explore neonatal care through a different lens. Throughout my studies, it became clearer that robust clinical governance processes are necessary in order to deliver safe, quality care; in particular to the littlest clients – neonates.

The course provided me with an opportunity to explore different components of the Australian Commission of Safety and Quality in Healthcare 8 National Standards. As you are probably familiar with, healthcare facilities are accredited and assessed against these standards on a yearly basis (with the new schedule). This ensures that consumers can expect a consistent level of care from health care facilities. I thoroughly enjoyed developing posters as part of my assessment tasks and exploring ways in which my unit fulfils meeting the objectives of the National Standards, and also learning more from fellow students as to how their facilities undertake initiatives to improve the quality of healthcare delivery. I highly recommend anyone to undertake this course to broaden their knowledge base in healthcare service and delivery.

Thank you ACNN for providing me with financial support to undertake this exciting course. This alleviated the financial burden of further study.

Emma Saviane

*NICU, Nurse Unit Manager/Clinical Nurse Consultant
The Royal Women's Hospital, Melbourne*

In July 2023 I was fortunate to be awarded an ACNN Education Scholarship. I am currently undertaking my Master of Health Administration and was able to put the awarded funds towards completion of the 'Project Management' subject. This subject allowed me to develop a greater understanding of foundational project

management theory together with project planning, design, and ethics. Utilising the knowledge and skills I developed during the subject, in combination with my healthcare management experience, I was able to review a real-life strategic issue and develop a proposal for its solution. The aim of my project proposal was to reduce mother/infant separation and cot occupancy pressures in the NICU through the development of an evidence-based business case for the establishment of a Neonatal Transitional Care Service in my organisation. Upon completion of my course, I plan to continue providing strong, visible leadership with a focus on education, clinical practice and high-quality care delivery. I am highly motivated to develop innovative service strategies that focus on the diverse needs of neonates and their families and am committed to improving the health and wellbeing of all newborns.

Thank-you again to ACNN for their commitment to promoting and encouraging members to advance their skills and the provision of scholarships like this one that help make that possible.

Rincy Mathew

Monash Newborn, Melbourne

I am extremely thankful to ACNN for the Scholarship under the category of Masters course at La Trobe University. While undertaking the Master's degree, my recent learning activities included clinical governance and best practice evidence to improve clinical practice which is based on conducting a critique of the literature, reviewing the evidence and subsequently identifying best practice recommendations. This learning process helped me to reflect on my current practice and I developed a clinical audit proposal to define and identify best practice evidence for a quality improvement project.

I have also undertaken assessment activities such as critical reflection of the advanced clinical practice role and identification of the scope of advanced practice and areas for improvement within my own clinical practice area. These assessment activities helped me to identify factors that influence clinical excellence in my practice area with special focus on organisation culture, collaborative practice, clinical leadership and policy and planning. Furthermore, the learning activities assisted me to develop knowledge regarding implementation of safety and quality measures based on the National Safety and Quality Health Service (NSQHS) Standards. This enabled to explore evidence-based strategies in my advanced practice area which subsequently would facilitate continued improvement in quality and safe care for patients and their families.

I do highly recommend others to undertake a Master's degree as it helps with clinical skills and career advancement.

Bincy Joseph

Associate Nurse Unit Manager

Special Care Nursery, Frankston Hospital

In July 2023, I was awarded a scholarship from ACNN for my postgraduate study. I have now successfully completed my Master's in Clinical Nursing –Special Care of the Newborn. Thank you, ACNN, for this generous support.

The scholarship money assisted me in paying the tuition fee for the third year, which comprised two subjects. The first subject was Advanced Professional Nursing practice, which included clinical governance, preparing abstracts for conferences, and learning about past and present leadership theories and practices in nursing. This subject helped me better understand how clinical governance is linked to leadership. I have also learned to identify and evaluate the methods and techniques to promote practice development and practice change. The second subject was Advanced Clinical Nursing Practice, which mainly consisted of a literature review and practice change proposal. Doing literature reviews gives insight into evidence-based practice, a standard approach to nursing in

Australia. I had to submit a practice change proposal as part of my assignment. My proposal was to implement a scripted post-event debriefing tool in the special care nursery. I have now submitted this to my Nurse Unit manager. If accepted, this will be a fantastic change in the workplace, improving the quality of our services to neonates in a resuscitation situation and providing massive support to all the staff involved. The above learnings have strengthened my knowledge and skills and given me the confidence to take the role of acting NUM on two occasions.

Thank you, ACNN, once again.

Gill Noreiks

Grantley Stable Neonatal Unit, Royal Brisbane and Women's Hospital

The 2023 ACNN national conference was held at the beautiful seaside location of Glenelg, South Australia. The conference hotel was the magnificent Stamford Grand with sweeping ocean views. One of the highlights for me was experiencing the crazy weather – beautiful and sunny one day, cold, raining or severe gale force winds with a significant wind chill factor the next. And of course, the sumptuous Coffin Bay oysters.

The conference was attended by approximately 205 delegates from most states of Australia plus international delegates from New Zealand and Canada. There were approximately 20 national and international speakers and 39 exhibitors. Representatives from each of the state branches including Queensland, NSW, South Australia, and the ACT also had information desks in the Exhibitors Hall.

Each Special Interest Group (SIG) was also represented. These included the Education, Leadership, Low Resource Countries, NNP, Neo-skin, Neurodevelopmental Care, Nutrition and Feeding and the Research SIG. Each of these SIGs may have the financial capacity to support members to attend or present at conferences through scholarships and are worth applying for.

I applied for an Education SIG Scholarship earlier in 2023 and was successful in receiving funding to cover the cost of the conference registration. This money allowed me to attend the conference and present my research findings. The Education SIG is focused on supporting and facilitating educational opportunities that may contribute to improving outcomes for neonates and is therefore very relevant to our practice as neonatal nurses. I was able to share our findings of the humidity trial which has brought about practice change in our unit.

The Queensland Branch also offered financial assistance to travel to the conference as I was a speaker/ presenter. Funding through various sources can help all of us to mitigate the costs associated with conference attendance and should be investigated by those interested in either presenting or attending conferences.

I would like to thank the Education SIG and the Queensland Branch for once again assisting me in attending these conferences; to learn and share our knowledge with others. I would also love to see some of our new neonatal nurses attend for their own professional development as they are our future. Potential financial assistance is available, SO WHY NOT APPLY!

Amanda Whitehouse

Neonatal Retrieval Nurse/Clinical Coordinator, Neonatal Nurse Educator, RCH, Melbourne

Thank you to ACNN for granting me a scholarship to attend the 2023 Jo-Kent Biggs (JKB) retrieval seminar held in Sydney at the end of 2023. The seminar was brilliantly organised by the Sydney NETS team and targeted any health professionals working in or interested in the neonatal and paediatric emergency retrieval field.

Over the two days we heard from a variety of speakers about research, outcomes, challenging cases, and other interesting topics. A couple worth highlighting were a brilliant talk from Dr Phil Britton, who is an Infectious Disease physician, about invasive Group A streptococcus, of which we have all seen a massive spike in 2023. These children are extremely sick, often requiring ECMO support and it was interesting to hear how this bug does

so much damage and the correlation between associated viral illnesses. My takeaway was to recognise and treat these children early and quickly as they deteriorate so fast. I think the statement “If there’s pus, let it out” will stick with me forever now with the importance of draining empyema’s highlighted.

Having an interest in outreach education, I particularly enjoyed a talk by Lucy Cooke from NeoResq in Queensland about developing a stabilisation outreach course and taking it around rural Queensland. Her discussion of how they planned their course and evaluated outcomes was very informative and has further inspired me to develop a similar course for Victoria.

Dr Rino Festa from the NSW Kids ECMO service discussed ventilation and oxygenation and gave us his important tips on improving oxygenation on the sickest of patients. He talked about the importance of suctioning the airway thoroughly using an open technique and strategies for re-recruiting lung volume afterwards. I’d love to follow him around for a day and watch him in action as listening to him speak was fascinating!

Day one wrapped up with a brilliant talk from rural paediatrician Dr Caroline Stewart about the challenges of working in paediatrics remotely without the backup of paediatric intensive care services, especially when retrieval is delayed. This highlighted to me the importance of supporting these facilities remotely using phone/video resources while they manage patients generally out of their comfort zone. The most fascinating story Caroline told was about how she was consulted when a baby gorilla was born at Mogo Zoo and was very unwell with sepsis. Caroline sent resources and supported staff at the zoo to successfully resuscitate baby Kaus who was on death’s door for quite some time. The principles of neonatal gorilla care are exactly the same as human care it seems except for the availability of blood products. Clever Caroline did manage to source EPO though and Kaus recovered fully. It was such a feel-good story!

Presentations by Dr Angela McGillivray and A/Prof Rhea Liang about caring for ourselves and treating people respectfully were much appreciated. I feel like in our area of work we are so patient focussed, and our field is very stressful a lot of the time that we do forget to look after ourselves and each other. It was reassuring to learn that people are actively working to improve this and that services are being developed to ensure that we have the support we need when we need it. I have certainly noticed an improvement in this area in our service and it’s great to see that it is being addressed in other services as well.

Another highlight of day two was a presentation from Dr Christian Turner who showed us how ablations for cardiac arrhythmias are performed. Wow, what a clever man he is to be able to thread tiny wires into a child’s heart, located the exact spot that is causing the arrhythmia and burn it to break that pathway. The whole room was riveted as he showed us a video of exactly how he does that. It was fascinating.

I found every session really helpful and appreciated the time the speakers put into their presentations to make them informative. Special mention to Sydney NETS driver Sonia Smith who presented the acknowledgement of country both days. Sonia is an indigenous woman and her talk both days was respectful as well as informative and interesting.

Thank you to NETS NSW for another great conference and thank you again to ACNN for supporting me to attend. I met many wonderful people, and it was great to spend time with the relatively small group of professionals who work in the retrieval area.

Vicky Liashenko

Townsville University Hospital

One year completed one year to go ... My name is Vicky, I am a wife, a mother and I have been a neonatal nurse for almost 20 years, and it is all I have ever wanted to be. I studied in Scotland and got my first job in the Neonatal

Unit at the Ninewells Hospital in Dundee. I learned so much in my time there and it is where my passion and love for neonatal nursing started.

I moved to Australia in 2011 and started working in the Neonatal Unit at the Townsville University Hospital. My time here has allowed me to work alongside amazing NNPs and working with them and watching them work is what made me realise I wanted to be a Neonatal Nurse Practitioner. Being a mum to 4 young children, I did wonder if I was a slightly mad to start studying a masters, but I decided if we wait for the 'right' time for things we may never do them, and I know I really want to do this.

This first year although stressful at times has given me a clearer insight into the role of a Neonatal Nurse Practitioner. As well as providing direct patient care and formulating treatment plans, NNPs have the ability as part of the multidisciplinary team, to help optimise outcomes for these vulnerable infants and provide support to their families. NNPs can improve neonatal care by contributing to research, implementing and developing new guidelines, and educating and supporting colleagues.

I am excited for the year ahead. I start my candidate position next month and I am looking forward to working closely with the NNPs on my team. I hope this year to develop advanced skills such as UVC/UAC/CVL insertion, intubation, leading resuscitations with the support of the medical team/NNPs and to learn the daily ins and outs of being an NNP in a busy neonatal unit.

I am grateful for the support of ACNN and the scholarship I received, thank you.

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