



Australian College of Neonatal Nurses Inc.

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

Newsletter

June 2019

About the newsletter

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

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

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

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Next deadline: 1 August 2019

ACNN National Executive Committee 2018 – 2019

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Committee members

Jennifer Dawson
Amy Forbes-Coe - Assistant Secretary
Cassandra Prezioso
Jane Roxburgh - Conference Committee Chair

Professional Officer - Dr Linda Ng

Executive Support Officer - Karen New

From the President

It is a pleasure to write this report for the newsletter, as much has been happening within ACNN and I would like to thank the commitment of the national executive committee, branches and special interest groups.

Once again, it's been a busy few months. Dr Karen New and myself travelled to Geneva at the invitation of the WHO to attend the technical advisory meeting on writing standards for care of the small and sick newborn. This was an important and necessary involvement of neonatal nurses (there was three of us) and a great opportunity to work with multiple health professionals, policy writers, non-government organisations and advocacy groups. I took the opportunity while there to meet with the Chief Nurse, Elizabeth Iro, and discuss ACNN and our LRC work in the Pacific.

Another highlight in the last couple of months has been the Council of International Neonatal Nurses (COINN) 2019 conference in Auckland New Zealand, held at the beginning of May. The very successful conference had over 400 delegates from 21 countries. I am delighted to say that there was a great attendance from ACNN members, who presented oral papers, posters, workshops, participated in panel presentations and chaired sessions. It was great to hear new and experienced speakers. Thanks also to everyone who staffed the ACNN booth and promoted ACNN. The feedback from the conference has been positive and for more information and some reflections on experiences of delegates, including some of our ACNN members, please look at the COINN pages in the next edition of the Journal of Neonatal Nursing.

At COINN we also had the opportunity to meet Dr Nancy Feeley, the visiting scholar who will visit Australia later in the year. She will present in six states culminating with a day conference in Sydney. Watch the website for more information regarding dates, venues and times for Nancy's visit and for information from our branches and SIGs regarding their events.

I'm excited to say that the revised version of the neonatal standards have now been completed. This has been a huge effort and I would like to congratulate the team on an excellent document. The standards are available on the website.

It's been a busy few months and the next few will be just as

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From the President (cont.)

busy. Remember to renew your membership and encourage friends and colleagues to join. Together – our voice is strong!

That's all from me just now, keep well and look after yourselves and each other,

Best wishes,

A/Prof Karen Walker

Low Resource Countries SIG Report

I would like to thank ACNN for sponsoring me to attend COINN. Without your help, I would never been able to attend a conference like this.

The conference was so wonderful. I really enjoyed the conference very much. Meeting neonatal nurses from all over the world and making connections (networking) was amazing. I have learnt new, informative and useful information from the presenters. Sharing and hearing what others have already done (exchanging ideas) has inspired me a lot. All the committee and attendees were so friendly and warmly welcoming. It really made me feel comfortable and felt like home. The food was so great also.

Based on the theme of the conference, *Enriched Family Enhanced Care*, I understand the importance of the contributions of the families in the care of preterm and sick babies in Newborn Units. I will be happy to share my experiences with my colleagues at Sanglah Hospital, such as:

1. NIDCAP. This practice has taught us what the infant requires for comfort, well-being and a sense of security so vital to healthy development.
2. The importance of kangaroo care for neurodevelopmental care of the baby.
3. Humanity in medicine.
4. Advancing clinical practice to reduce neonatal skin injuries.

I appreciated the opportunity of presenting with Gill Mibus, and being able to show our hospital, and the collaboration we have with the Adelaide Neonatal and Obstetric teams.

I once again thank you for your valuable sponsorship for the conference and hope that you keep sponsoring such events in the near future as well.

Best regards,

Dewi Indrayani

Sanglah Hospital, Bali, Indonesia



L to R: Gill Mibus and Dewi Indrayani



L to R: Carole Kenner and Dewi Indrayani



L to R: Gill Mibus, Dewi Indrayani and Karen Walker

Research SIG Report

Research SIG Members out and about

Currently the Research SIG has over 500 members. The SIG Committee would like to welcome all new members to ACNN. Over the past three months many of our members have been busy presenting their projects at two fantastic conferences. Firstly, at PSANZ in March and most recently at COINN in Auckland.

Congratulations to everyone who presented at both, especially COINN with so many high-quality presentations from the Australian neonatal nursing community. It was exciting to see so many of our members leading workshops and breakfast sessions! It was a fantastic opportunity to showcase Australian neonatal nursing across the world.

Education and research working together to improve outcomes

Currently the Education SIG and Research SIG committees are planning a combined meeting in Sydney on Saturday 3 August. It will follow the Susan Ryan Neonatal Seminar on Friday 2 August. Planning for the meeting is underway. Themes for the meeting will include current practice in neonatal nursing education, existing and future models, and translating evidence into clinical practice: where to next?

Stay tuned for more information!



Research SIG committee at COINN dinner



Research SIG committee at COINN

Spotlight on Australian neonatal nursing researchers

To promote the outstanding research of Australian neonatal nursing researchers, we focus on one researcher in each newsletter. This issue features Dr Kim Psaila. Kim is a Registered Nurse and Midwife with over twenty-five years' experience in neonatal nursing care. Kim has substantial experience in nurse education, having worked predominantly in nurse/clinical education roles within surgical and perinatal neonatal intensive care. One of her recent projects has evaluated the effect of continuity of care for parents whose infants require admission to neonatal intensive care. I am sure the review of her project below will be of interest to all our members

I look forward to meeting or hearing from you!

Margaret Broom

Research SIG Chair

Continuity of care for parents whose infants require admission to neonatal intensive care (NICU) for a congenital anomaly: perceptions of families and health professionals: The CoCo study.

Continuity is seen as crucial to the provision of quality care as it influences both the processes and outcomes of care. Continuity of care is reported to be improved when the following attributes are present: personal involvement of caregivers; fewer caregivers; communication between personnel and across care settings; accessibility; individualised

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Research SIG report (cont.)

care; and a smooth, efficient discharge.

In Australia over 8,000 infants are admitted to a neonatal intensive care (NICU), representing approximately 2.5 per cent of notified live births each year. Of these, 14-16 per cent have one or more major congenital anomalies, with over half now diagnosed during the antenatal period. Continuity of care is particularly important within the context of an antenatal diagnosis and planned care for an infant with a congenital anomaly. The potential exists for continuity to be disrupted anywhere along the 'diagnosis to discharge' continuum for these families. However, literature on continuity of care (CoC) for families diagnosed with congenital anomaly is limited.

The staff at the Grace Centre for Newborn care (GCNC) have for many years worked within an individualised, developmentally supportive model of care for families and have recently been accredited as the Australasian NIDCAP training centre. During this same period the High Risk Pregnancy CMC working within the Institute of Maternal and Fetal Medicine at the adjacent Westmead Hospital had been advocating for the implementation of a 'continuity of carer' model of care for the high risk maternity service. In 2014 two continuity of care midwives were employed. This team has developed into a team of five caring for approximately 600 women annually.

Both services are focused on supporting families and have worked closely together for several years. Hence the development of the Perinatal Advice Referral and Liaison (PEARLS) service as a joint service initiative between Westmead Hospital and the Children's Hospital at Westmead, providing nursing and midwifery support for high risk pregnant women, newborns and their families. This service has been working to address some of the issues arising for parents and professionals during the transition of families with sick infants from the maternity service to the NICU. The joint service initiative between services provided a research opportunity to map the 'patient' journey for families and infants from the point of receiving the antenatal diagnosis of a congenital anomaly through to discharge from the NICU and beyond into the community – 'The CoCo Study'.

The broad aim of this study was to map the care pathway for parents from antenatal diagnosis of a congenital anomaly requiring newborn admission to NICU, in order to identify opportunities and strategies for service redesign to improve continuity of care. Ethical approval for this study was gained via the Sydney Children's Hospital Network.

We collected data from a variety of sources. In order to capture data which reflected the various dimensions that contribute to the patient journey, we collected both qualitative and quantitative data - interview and focus group data from healthcare clinicians, patient document review of maternal and neonatal case notes, interview data from families, and

practice guidelines.

The focus of analysis was the provision of continuity and family centred care. Quantitative data was analysed using descriptive statistics. Qualitative audio files from focus groups and interviews were transcribed verbatim and analysed using Braun and Clarke's sixstep process of thematic analysis.

Themes relating to relational, managerial and informational continuity were identified at each time point along the 'diagnosis to discharge' continuum. In the maternity phase of families' journeys, our results demonstrated that parents and staff agreed continuity was highest whilst families were under the care of the PEARLS team in a 'continuity of carer' model.

In GCNC, we found that relational continuity influenced families' perceptions of continuity but not necessarily due to the provision of 'a continuity of carer' model as in the maternity service, but rather as a result of 'consistency in staff practices'. Families really valued the predictability of care and the consistency and openness of information on their baby's progress. This was crucial to them developing relationships with staff.

Continuity was ensured in the PEARLS collaborative service via the maternity service provision of 'continuity of carer', while in GCNC it was consistency of practice that resulted in staff and families' positive perception of continuity of care. Both types of continuity were heavily dependent on the dimension of relational continuity.

This exercise of mapping the care pathway identified barriers and facilitators to continuity, offering an opportunity to develop strategies for the ongoing development of existing models of care. Changes in maternity practices to further improve continuity for these families have already begun. Further investigation around family support for families discharged from neonatal care, particularly around feeding, is warranted. Study results have been presented at major conferences and publications are being prepared.

This study was undertaken in partnership with the High Risk Maternity staff at Westmead Hospital and the staff from the Grace Centre for Newborn Care at the Children's Hospital Westmead.

Dr Kim Psaila

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Conference Report

ANZNN Scholarship Recipient Report

Meg Bater PhD candidate

University of Adelaide, SAHMRI

In March 2019 I was supported by the SA Branch of ANZNN to attend the 10th Council of International Neonatal Nurses (COINN) conference in Auckland, New Zealand. COINN membership is comprised of specialist nurses that care for preterm and sick newborns and their families. The organization is a global leader in neonatal nursing care and is committed to fostering excellence and development of the profession globally. The theme for the conference was “Enriched Family – Enhanced Care”, recognizing the important contribution that families make to the care of their infants during admission to neonatal care and beyond.

Over 400 neonatal nurses from more than 20 countries attended the conference. Over 3 days clinicians and internationally renowned researchers from a variety of disciplines (such as nursing, midwifery, psychology, occupational therapy and physiotherapy) shared their knowledge and commitment to the provision of quality, family inclusive neonatal nursing care.

Personal highlights from attending COINN were meeting and speaking with the esteemed Heidelise Als, the researcher whose Synactive Organization of Behavioural Development has provided a theoretical foundation for the early intervention program developed during my PhD research. I was also pleased to present my research entitled “PEDaL: Training Parents of Preterm Infants to Support Early Development” in a 15-minute oral presentation on the final day of the conference. The talk was well received by audience members, with conversations

continuing at the side of the stage for the duration of the break that followed.

COINN was inspiring and worthwhile. The experience of presenting data from my PhD research has aided my professional development, and I greatly enjoyed lengthy discussions with leading researchers in my profession during networking breaks. I am grateful to ANZNN for the financial support provided by the scholarship that made it possible for me to attend the conference.



It was an honour to meet Heidelise Als at COINN 2019

SAVE THE DATE

NNP METABOLIC WORKSHOP

Planned by the NNP SIG

for

23 August 2019

All-day event

Royal Brisbane and Women’s Hospital

BRISBANE

Queensland Branch Report

Winter Worries

As we move into the winter season neonatal nurses have an overriding sense of dread. We can hear a snuffle or a cough from 1,000 metres whilst working in the neonatal environment. The virus that is most concerning and feared is respiratory syncytial virus (RSV). Viral infections can be devastating to preterm and term infants, leading to morbidity and occasionally mortality. A study looking at the occurrence of viral infections in infants aged less than one month found that RSV was the most common, accounting for nearly half the cohort. The RSV group of infants had a greater incidence of dyspnoea, pneumonia and had a greater need for oxygen and prolonged hospitalisation^{1,2}. Occasionally these infants will end up ventilated and in PICUs. We discuss this risk often with parents of preterm infants but rarely discuss it with parents of term infants. Last May a term infant presented to an Emergency Department with severe respiratory distress due to RSV at 3 weeks of age. This infant required intubation and ventilation prior to transferred to the PICU.

Tips and information for families include:

- Frequent proper handwashing
 - Teaching other children in the family how to cover their mouth whilst coughing
 - Use of hand sanitisers
 - Support of breastfeeding
 - Providing education on when to present to the GP, or for a preterm infant, to hospital
 - Vigilance and a consistent approach to management of visitation is paramount to protect preterm infants from viral infections during the winter season.
1. McCormick J, Tubman R (2002). Readmission with respiratory syncytial virus (RSV) infection among graduates from a Neonatal Intensive Care Unit. *Pediatr Pulmonol*, 34: 262-266. doi:[10.1002/ppul.10169](https://doi.org/10.1002/ppul.10169)
 2. Mauskopf J, Margulis AV, Samuel M, Lohr KN (2016). Respiratory syncytial virus hospitalizations in healthy preterm infants: Systematic review. *Pediatric Infectious Disease Journal*, 35:7, e229–e238. doi:10.1097/INF.0000000000001163.

Neurodevelopmental Care SIG Report

How we secured funding for FINE Workshops

Kimbra Thomas, Anne Walsh

Anne and I are Clinical Nurse Educators in the Neonatal Paediatric Intensive Care Unit at the Royal Hobart Hospital, Hobart. Our staff is passionate about improving outcomes for patients and families, the majority of whom are preterm infants. Some nurses recently self-funded attendance at FINE workshops and came back with enthusiasm to improve neurodevelopmental practices in NPICU.

After investigating local funding options to bring the workshops to Hobart without success, we applied to the Florence Nightingale Scholarship Fund with the aim to assist those who had attended FINE 1 to further their journey with FINE 2. The Florence Nightingale Grants and Awards aims to advance nursing and midwifery practice in Tasmania through education and research. We were honoured to be joint recipients of the Returned Sisters Memorial Grant, presented by Her Excellency, the Governor of Tasmania, Kate Warner. We then applied for further funding through *Give Me 5 For Kids* allowing us to bring FINE 1 (30 participants) & 2 (8 participants) to Hobart at the end of May.

We very much look forward to the workshops and improving Family Integrated Neurodevelopmental Care in NPICU ready for the move to our new single room unit in late 2019.



L to R: Anne Walsh, CNE NPICU; Her Excellency Kate Warner, Governor of Tasmania; Kimbra Thomas, CNE NPICU

Kangaroo-a-thon 2019



← Townsville, Queensland

Sunshine Coast University Hospital ↓



Royal Brisbane and Women's Hospital ↓



↓ RPA Newborn Care, Sydney





Visiting Scholar Tour

October - November 2019



Associate Professor Nancy Feeley, School of Nursing, McGill University, Canada.

Nancy Feeley RN PhD is Associate Professor, Ingram School of Nursing, McGill University, and Senior Researcher at the Centre for Nursing Research and Lady Davis Research Institute of the West-Central Montreal Centre for Integrated Care, Jewish General Hospital in Montreal. She is also Co-Director of the provincially funded Quebec Network on Nursing Intervention Research (RRISIQ). Her program of research focuses on parents' psychological adjustment and parenting in perinatal period with a focus on parents of NICU infants. She conducted some of the earliest studies on fathers' experiences in the neonatal intensive care unit, and on posttraumatic stress symptoms in mothers.

BRISBANE Monday 21 October, afternoon & evening sessions

CANBERRA Wednesday 23 October, evening session

MELBOURNE Friday 25 October, evening session

ADELAIDE Wednesday 30 October, lunchtime & evening sessions

PERTH Monday 4 November, lunchtime & evening sessions

SYDNEY Saturday 9 November, full day including Annual General Meeting

REGISTRATIONS OPEN SOON

For event information: www.acnn.org.au/events/2019-visiting-scholar-tour

