Australian College of Neonatal Nurses Inc.
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Newsletter

June 2021

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.

Editor: Shelley Reid. Proofreader: Jan Polverino.

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

Views expressed in this newsletter are not necessarily those held by the Australian College of Neonatal Nurses Inc.

Next deadline: 1 August 2021

ACNN National Executive Committee 2020 – 2021

Office-bearers

President	Anndrea Flint
Vice president	Amy Curran
Secretary	Shelley Reid
Treasurer	Samantha Lannan

Ordinary Committee Members

Dustylee Williams
Sarah Neale - Social Media
Dr Linda Ng - Professional Officer

Executive Support Officer - Dr Karen New

From the President

As I sit here writing this, in Brisbane lockdown, I can't really complain compared to what other states and countries have been through and now I am fully vaccinated I feel a sense of safety for my health and wellbeing. I dug out our COVID documents and reviewed and briefed all the staff about restrictions. I think we have adapted and are used to escalation and de-escalation around COVID. One thing it hasn't done is diminish my excitement about seeing everyone in Canberra at the ACNN National Conference in September, hopefully we will all be able to enjoy each other's company again. The program looks amazing and our Conference Committee has been working hard to secure speakers to present contemporary information.

Margaret Broom and I love our videos and we are putting one together for this year's conference called 'Nursing Together – A Visual Celebration'. It's about teams, we hope to receive videos and photos to put together a visual about our amazing profession. If you need any further information, please email Margaret or me.

I would also like to acknowledge and express my appreciation to the Executive Committee, what a great bunch of people who spend time to ensure that we are always functioning and progressing for the best interests of our members. Thanks, can't say it enough!

I hope everyone is staying safe and staying well.

Anndrea Flint

Queensland Branch

The Royal Brisbane and Women's Hospital held its biannual Neonatal Seminar in March this year at Hotel Calile, Fortitude Valley. The Queensland Branch was given a 'social table' (aka trade table) to interact and engage with seminar attendees. We were able to extend our reach organically and drive membership amongst those in attendance. We also created a new QR code for our members to report their achievements as we wanted to celebrate with them. We held a branch general meeting during lunchtime where the current Chair, Wendy Carlish, informed our members of the two planned face to face workshops this year. Wendy also promoted the travel grants that Queensland branch will be awarding to support our members to attend the annual ACNN Conference 2021.

NSW Neonatal Clinical Nurse Consultants Group

A secondment like no other

My experience in a pandemic response team

Jo-Ann Davis
Clinical Nurse Consultant, Newborn Services
John Hunter Children's Hospital NSW

The year all of us will never forget: 2020, when the world changed forever. We all remember how it started, back in late December 2019, an outbreak of a mysterious pneumonia characterised by fever, dry cough, and fatigue, that was first identified in Wuhan, China. Little did we know how quickly and widely this virus would spread.

After arriving to work one late January morning in 2020, I was met by my manager who greeted me with a smile and said, "You are not going to like me today". To which I responded with a sense of cheekiness, "What have you put me forward for this time?" This was the moment she informed me that I had been nominated, or as I now like to call 'volun-told', to go forth and support the population health team in relation to the expected pandemic likely to hit our shores. This was obviously not what I was expecting to hear, as we hadn't even had any talk of a potential exposure or suspected case at this time, but more so, I was wondering what can I, as a Neonatal Clinical Nurse Consultant, offer in the space of pandemic response management.

During public health emergencies such as a pandemic, typically to support large scale public health surveillance, public health units require surge staff to ensure an effective and efficient response. Public health surveillance in a pandemic usually involves a multitude of activities including case ascertainment and management, infection control, contact tracing, home quarantine monitoring, education of community and health staff across numerous organisations. Despite this intricate and specialised practice there are no current guidelines on who should be utilised in the public health response in relation to surge capacity. However, the public health unit in my health district strongly put up the fight for Clinical Nurse Consultants as their primary choice for surge staff, but why?

When talking to the public health team about this they demonstrated a very clear belief. They described Clinical Nurse Consultants as vital, as they are senior nurses already experts in their field, and therefore able to rapidly prioritise tasks. Despite the unfamiliar working environment, the existing skills of the CNC such as communication with multi-disciplinary teams as well as patients and families, completing systematic assessments, strong decision making, working with stressful and varying workloads, prioritisation skills and process development, all prepared them well for the deployment.

This was interesting to hear because after thinking of what can I offer in this space, now I had a greater understanding that it was never about the content knowledge, it was in fact the strong leadership skills of Clinical Nurse Consultants that was the key factor in transitioning into a surge staff role.

I spent over seven months working as part of the public health surge team for the COVID pandemic response, and it turned out to be one of the most privileged experiences I have enjoyed over my career. Whilst it was a time of unfamiliarity and anxiety for all of our healthcare clinicians and communities, it was a time I felt that I could contribute in some small way. It was the strangest feeling to never be able to see the people you are helping face to face with every patient contact being via the phone; it really reinforced the power of conversation. Hopefully, through sharing stories, consoling families, practising kindness and just simply lending an ear I was able to help people in such a scary and very new experience.

Finally, I would like to do a shout-out to the amazing public health teams across our beautiful state of NSW. Often the praise goes to the acute care services, which of course is well deserved, but I now understand the important role our public health teams play in keeping our communities safe. These teams were so profoundly important for population protection through their preventative actions of early screening, testing, recognition and quarantining actions. They truly are the unsung heroes, dare I say the quiet achievers of healthcare, so thank-you for the work you do to keep our communities safe.

Infant Feeding SIG Report

The Infant Feeding SIG committee continues to work towards fulfilling our terms of reference for the provisional year of operation. So far we have delivered 2 out of 3 online education sessions, and are currently negotiating the third session. In addition, we have identified a need for a 'Q&A' session, in which members can submit questions for discussion via a Zoom meeting. This suggestion was accepted by the Executive and we look forward to trying out this initiative. Look out for when this will happen, as we are currently negotiating a busy calendar that is booked out with sessions from other groups within ACNN.

We have also completed our program for the conference and hope to see you in Canberra, COVID-19 allowing. If not, then online.

TOUCHING THE UNTOUCHABLES

Section 15, Allotment 23, Purse House Street, Rotary Park, West Goroka
Post Office Box 694 Goroka 441, Eastern Highlands Province, PNG
Phone: 532 9863, Email: ttuntouchables@gmail.com,
website:www.touchingtheuntouchables.org

15th March 2021 Karen New Australian
College of Neonatal NursesAustralia

Dear Dr. Karen,

SUBJECT: Letter of Appreciation to Australian College of Neonatal Nursing(ACNN)

This letter serves the above purpose to the people of Australia through Australian College of Neonatal Nurses with the ongoing support provided to us TTU with our Safe Motherhood Program in strengthening our VHV network in rendering their services to the disadvantaged communities especially with women and babies. ACNN supports our Safe Motherhood program with:

- ✓ **Neonatal Resuscitation** – Neonatal Nurses and Doctors come from Australia twice yearly conducting Neonatal Resuscitation Trainings to our Village health Volunteers.
- ✓ **Penguin Mucus Sucker**- Penguin Mucus Sucker are given to VHVs after Neonatal Resuscitation Training to useon babies who are born flat prior reaching the health facility on time.
- ✓ **Head Lights**- Village Health Volunteers are provided with these lights for facilitating referrals during night especially laboring women form their villages to the nearby health facility supervised delivery by a trained healthworker.
- ✓ **Birthing Kits –** Birthing Kits are given to the VHVs, along the way while walking due to long distance prior reaching the health facility and the woman gave birth along the way, the VHVs use the kits to assist the women.Then the women and the baby is taken to the health facility for proper examinations, care and management.
- ✓ **Gloves, Wash Dish and Birthing Sheets -**Will be given to health facilities where VHVs are working with and conducting referrals.
- ✓ **Beanies and Singlet-** Provided to health facilities for the babies that are born to unfortunate mothers.

The current shipment on the 20th of October 2020 has arrived;

- ✓ Birthing kits x 100 pcs
- ✓ Battery Operating Headlamps x 736 pcs
- ✓ Gloves x 645 pcs
- ✓ Wash Bowels x 20 pcs
- ✓ Birthing Sheets x 60 pcs Beanies and singlet x 1 Box

The following are the Districts where Village Health Volunteers we have trained and are working will be supported withthese current available kits.

1) Tambul Nebilyer District – Western Highlands Province
2) Koroba Kopiago District – Hela Province
3) South Fly District- Western Province
4) Pomio District- East New Britain
5) Henganofi District – Eastern Highlands Province

The support that we received is highly appreciated and looking forward to continue working in partnership with ACNN.

Together we can bring True Happiness to Families when Mothers and Neonates are cared for by Us.

Yours Sincerely

Susan Kevengu
Safe Motherhood Coordinator

Leadership SIG Report

Scholarship report

Brittany Schoenmaker

I am a Registered Nurse with the Australian Health Practitioner Regulation Agency. I have been working as a neonatal intensive care nurse for the past 7 years at the Royal Brisbane and Women's Hospital and have been an active member of the Australian College of Neonatal Nurses since 2015. During this time, I have continually strived to develop personally, professionally, and academically. I believe that I am a great leader to my fellow colleagues and have a strong appreciation for the continual development that comes with working in healthcare. In mid-2020, I undertook a postgraduate certificate in Medical and Health Leadership. I commenced this with the goal of broadening my skills and knowledge base around leading others within the healthcare setting.

Working in healthcare requires both practical skills and contemporary knowledge. Completing the subjects 'Leading change in healthcare' and 'Emotional intelligence for leaders' has broadened my knowledge and further strengthened my leadership skills. I am continually developing these skills and recognise that good leadership is integral to change management in healthcare. Completing the Graduate Certificate of Medical and Health Leadership has enabled me to explore the fundamental concepts and models related to change management. With a focus on national health reform and varying approaches to service improvement, the course has equipped me with several tools to assist in implementing change at national, state-wide and healthcare organisational levels. In addition to this, it has enabled me to confidently step into more senior leadership roles, including Acting Clinical Nurse and Acting Nurse Unit Manager.

It is well known that the cost of postgraduate study can be significant. I have previously completed a Master's qualification and have paid for this in full. Being awarded this scholarship allowed me to cover the registration fee that has come with completing this leadership certificate.

I would like to acknowledge the generosity and say thank-you the panel for granting me this scholarship.

Research SIG Report

Jeewan Jyoti

Research Nurse, Grace Centre for Newborn Intensive Care, The Children's Hospital at Westmead

Welcome to our contribution to the quarterly newsletter. Our aim is to inform members of ACNN of current information, resources, events and Research SIG activities.

SIG research project update

During 2021 the Research SIG plans to undertake the first phase of a research project to develop Australian Neonatal Nursing Care Outcomes. We are excited to announce that the *Developing Australian Neonatal Nursing Care Outcomes: Neonatal Nursing Outcome Measures* (NNOM) project is moving forward at a good pace. Expression of interest applications for a Project Research Nurse or Assistant was circulated utilising various platforms and closed recently. Recruitment and interviewing for the position is currently underway. More updates about the project and the team members involved will be provided when available.

Monthly meetings

Research SIG monthly meetings run on the last Thursday of every month from 7pm to 8pm via Zoom. Our meetings are an opportunity to interact with experts in the field of research and share concerns and collaboratively find alternative resources. Every alternate month we schedule a 30-minute 'Experiencing Research' session which features presentations from researchers and is an excellent opportunity to showcase your work such as literature review, study protocols, methodology, findings etc. In March we had our first 2021 'Experiencing Research' presentation by a guest speaker, Emre Ilhan, a Physiotherapist PhD candidate, who discussed the use of retrospective analysis. If you are keen to participate and know more about research, 'Experiencing Research' can be a great platform to start. Links to recordings of our previous presentations are available for a limited time on our website page under Research SIG Presentations, Members only section.

Annual conference

As you know, our 2021 Annual Meeting will be held in Canberra from 8 – 10 September. The Research SIG will be hosting a Concurrent Session with our guest speaker, Professor Denise Harrison from the University of Melbourne. We are also planning a Breakfast Session on the Thursday morning (9 Sep). This session will be an opportunity to learn more about researcher career progression in the field of nursing. You will be hearing more about this exciting session in the coming months. Updates will be provided on the ACNN Facebook page. If you are not aware, there will be **two prizes of $500** each for the best research presented in the oral session. There will be two categories, best oral presentation and best poster presentation.

Please don't forget about the support available from our expert Nursing Researchers, and Research SIG members. If you are planning to start a research/quality improvement project and are seeking support, the Research SIG members can offer mentorship. There are also interesting links available on the Research SIG resources page.

Neo-Skin SIG Report

Aplasia Cutis Congenita in newborns: what is it?

Linda Ng

Recently one of the Neo-Skin SIG members shared a case of a newborn with an ulcer of unknown origin. Some of the treating clinicians felt the ulcer was a case of a hospital-acquired skin injury. However, further investigation of the case led to discussion of a differential diagnosis with differing management plans required. Within the first day of life, a shallow ulcer, the size of 20-cent piece, was noted on the upper parietal area (crown of the head). There was no significant antenatal or family history and the mother had no specific disease or drug history prior to or during the pregnancy. Wider consultation with Neo-Skin SIG members resulted in probable diagnoses of aplasia cutis congenita (ACC), based on clinical and histologic features. While some cases of ACC only involve the skin, other cases can be linked to syndromes, and therefore require additional follow up. As only a few members of the SIG were familiar with the condition we decided other ACNN members might also benefit from learning a little about this condition.

Aplasia cutis congenita is a neonatal finding (present from birth) related to the absence or defects involving the skin and encompassing heterogeneous disorders of various aetiologies and severity [1]. ACC has a classification system, the Frieden classification system, involving 9 groups, dependent on the number and location of the lesions and associated malformations[1]. While understood to mostly affect the skin (group 1), ACC may also involve the absence of underlying structures such as muscle and bone and associated with malformation syndromes such as Trisomy 13 and 18 (group 9)[1]. It most commonly presents as a small erythematous-ulcerated or scar-like alopecic ectodermal lesion on the scalp vertex (crown of the head), but any location of the body can be affected[1].

The incidence of ACC is about 0.3 per cent of live births[2]. Thus, ACC is likely to be underreported since milder isolated lesions in well newborns could often be undetected or misdiagnosed. Moreover, solitary lesions in the context of polymalformative syndromes could not always be reported[2]. Importantly, some cases may also represent an incomplete or unusual form of a neural tube defect[2].

There is no one cause for all cases of ACC[2,3], and in many cases the cause is unclear but thought to be multifactorial. Contributing factors may include teratogens (exposures during pregnancy that can harm a developing fetus), compromised vasculature to the skin, and trauma[1]. Familial cases of ACC have been reported and likely inherited in an autosomal dominant or autosomal recessive manner[1,2].

The management of ACC can be straightforward unless underlying abnormalities are present, and complications (haemorrhage, sagittal sinus thrombosis, infection, brain trauma, seizures and electrolyte abnormalities, depending on the lesion malformation)[1], can occur, requiring an interprofessional team of healthcare professionals to help diagnose and manage these cases[4]. When complications are present, the morbidity and mortality of ACC is as high as 50 per cent, which reiterates the necessity for good communication between providers[4].

Uncomplicated cases of ACC can be treated conservatively under the premise of good wound healing: promotion of a moist wound bed, prevention of damage and infection and should be followed with the application of appropriate dressings or coverings. More complicated cases may require surgical repair, skin, or bone grafting.

Genetic counselling is advised as the recurrence risk is dependent on whether the carrier is autosomal dominant or recessive[1]. If recessive, a subsequent sibling has a 25 per cent chance of being born with the condition, whereas an offspring of the patient has a 50 per cent chance of being born with the condition if autosomal dominant[1].

References

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Neurodevelopmental Care SIG Report

Survey result of neurodevelopmental care guideline

Thanks for members who responded to the mini survey conducted in February 2021. This survey was aiming to obtain a snapshot of current existing guidelines or policies in regard to the integration of family centred developmental care practices in neonatal units across Australia. In summary, 18 units replied, of which 3 units have an existing guideline, 4 units have multiple individual guidelines, and 11 units have no guidelines but are working towards or considering developing a guideline. The units that provided feedback to this survey were located in Queensland (7), NSW (7), Victoria (1) Tasmania (1), South Australia (1) and Western Australia (1).

NDC SIG Workshop and General meeting 2021

A workshop on 'Translating evidence based developmental care to your unit' will be conducted by Nadine Griffiths at the 2021 ACNN conference on 9 September - check program for details. The focus of this practical workshop is to explore current high-level evidence and undertake a practical activity designed to review the application of developmentally supportive caregiving in your clinical setting. Please join us this useful session!

NDC SIG Committee Chair, Secretary, Treasurer and ordinary members for 2022

The current operating committee is seeking nomination or expression of interest for the roles above. New faces or returning old friends are very much welcome to work together with existing members in the future. The NDC SIG has become one of hot topics in research and conference in recent years. To support Australian NDC care, we need more passionate and motivated people like you to contribute to the NDC SIG. Please forward the profile of nominee to ndcsig@acnn.org.au before 1 September 2021.

New NDC SIG operating committee members will be selected in the SIG General Meeting on 9 September 2021 followed by NDC SIG workshop of the ACNN conference.

NDC SIG Scholarship

The scholarship is to facilitate neurodevelopmental care training, or course, conference, workshop attendance. NDC SIG Members are encouraged to submit application forms to professionalofficer@acnn.org.au

Neonatal Nurse Practitioner SIG

The Neonatal Nurse Practitioner (NNP) special interest group hosted a workshop, *Recharge & Reconnect* in a very wet Brisbane city on 21 March at The Constance Hotel just before the Covid lockdown occurred. The day was attended by 19 nurses who had travelled interstate to this workshop and 6 keynote speakers who covered a diverse range of topics. Unfortunately, we were unable to organise virtual presentations for this day and so hopefully those unable to attend can gain some insight into the topics presented from this article. Most of these presentations have been uploaded as PDF versions to the NNP SIG presentations page on the ACNN website, located in the Members area.

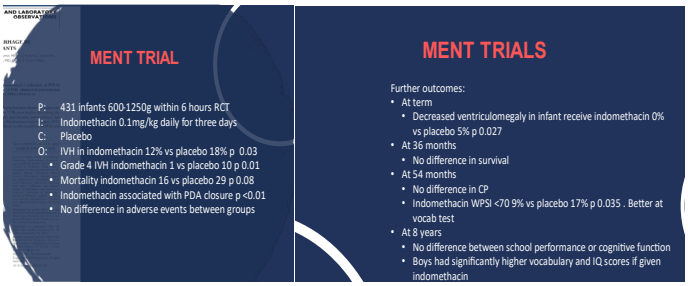
Poliana opened the workshop. She is a clinician currently undertaking her PhD with the Stillbirth Centre of Research Excellence. She undertook her neonatal training in Brazil at the University of São Paulo (FMUSP) and is a neonatologist both in Brazil and Australia (FRACP in Neonatal/Perinatal Medicine), currently working at Mater Mothers' Hospital. She values the potential of medicine to help people, and on research and science to enlighten and continuously improve prevention and treatment. Poliana discussed *Feasibility and accuracy of cord blood sampling for admission laboratory investigations: A pilot trial.* This study has been published in Journal of Paediatrics and Child Health, November 2020.

Our next speaker was Dr Karen Whitfield who works at the Royal Brisbane and Women's Hospital (RBWH) and her specialist clinical interest lies in medication management, optimisation and safety in neonatology, pregnancy, and breastfeeding. Karen discussed the pharmacokinetics and pharmacodynamics of inotropes in neonates. This interactive session was an overview of the commonly used inotropes in neonatal intensive care, as well as some less frequently used agents. The session covered mechanisms of action, benefits of using specific agents and side effects, as well as some pharmaceutical issues of administration. Below was one of the key slides and a great reference tool when deciding which inotrope is the most appropriate to use. Jasmine Antoine presented on *Indomethacin for Intraventricular Haemorrhage Prevention in extremely low birth weight Babies*. She is a neonatologist based at the RBWH and is passionate about medical education, leadership, and workplace culture. This study came about as the Grantley Stable Neonatal Unit implemented a series of QI strategies to reduce the risks and occurrence of intraventricular haemorrhage (IVH) in

Drug	Receptor affinity	Effect of stimulation	Side effcets
Noradrenaline	Mainly alpha 1 and B1	Vasoconstriction (Inc systemic vascular resistance) and CO	Reduced renal perfusion as a result of vasoconstriction
Adrenaline	Beta 1 and 2 High doses alpha 1	Inc heart rate, contractility, CO Vasoconstriction (Inc systemic vascular resistance)	Tachycardia and tachyarrhythmia,
Dobutamine	B1 B2	Inc heart rate, contractility, CO Vasodilation (Decrease systemic vascular resistance)	Tachycardia and tachyarrhythmia Risk hypotension
Dopamine	Low dose– dopamine receptor agonist Medium dose B1 and 2 High dose alpha 1	Vasodilation of capillary beds (Inc CO) Inc heart rate, contractility, CO Vasoconstriction (Inc systemic vascular resistance)	High doses no longer used myocardial oxygen consumption increases

extremely premature and extremely low birth weight infants. Indomethacin has been shown to significantly reduce the risk of severe IVH. We know that severe IVH is associated with morbidity and mortality. Specifically, these infants have longer lengths of stay, higher rates of post haemorrhagic hydrocephalus, requirements for ventricular shunts and poorer neurodevelopmental outcomes.

Interestingly, these slides show an overview of MENT Trial (named after the primary author) with some long-term outcomes. Even though there is no difference in cerebral palsy, indomethacin seems to have improved vocabulary and IQ scores. A couple more studies were also discussed: the TIPP Trial – indomethacin prophylaxis in preterm infants, and the Gillam-Krakauer study reviewing the outcomes of infants <29 weeks gestation following a single-dose of prophylactic indomethacin. All these trials are published.



Jane Pienaar is a neonatologist currently working as a neonatal fellow at RBWH discussed high frequency ventilation (HFV) which is most commonly used as a rescue mode of ventilation in the sickest of infants. Achieving acceptable partial pressure of carbon dioxide (pCO_2) levels after commencing HFV remains a challenge. Jane discussed data analysis of the initial pCO_2 levels after starting HFV, the time taken to obtain initial blood gases, and the duration to the achievement of acceptable pCO_2 levels. There was then further discussion about the quality improvement process and latest evidence on how to improve these outcomes. The take-home message from this presentation was to calculate and monitor CO_2 values directly.

Anita Inwood has been a paediatric nurse for 32 years and working as the Queensland nurse lead in metabolic medicine since 2003. She qualified as a metabolic nurse practitioner through the University of Queensland in 2015 and has been an adjunct lecturer since 2016. She was an executive committee member of the Australasian Society of Inborn Errors of Metabolism (ASIEM) from 2005 to 2019, and during this time she held the positions of clinical nurse representative, secretary, and chairperson. Anita won a Churchill Fellowship in 2012 and gained the opportunity to work in the United Kingdom with a focus on lysosomal storage disease and transition. Based on that experience she led the formation of the Queensland Lifespan Metabolic Medicine Service (QLMMS). Anita's clinical responsibility is the management of children with phenylketonuria, fatty acid oxidation disorders and other causes of hypoglycaemia. In January 2020, Anita was appointed the Service Director of the QLMMS. Anita presented an overview of metabolic conditions and gave the group some handy tips for when to consider further investigation depending upon clinical status and / or deterioration:

General rule of thumb – switch off catabolism with 10% IV Dextrose or saline.

Respiratory alkalosis and decreased level of consciousness – think hyperammonaemia.

Tests looking for hyperammonaemia are ammonium (NH_4) or ammonia (NH_3) (Interchangeable/site specific).

Hyperammonaemia is a medical emergency.

Encephalopathy – need to exclude hyperammonaemia (UCD) and leucine intoxication (MSUD).

After such an intense 4 hours we had a break enjoying some light refreshments and letting our next speaker turn the room into a virtual education space. The day was finished off learning about virtual education, hosted by Bradley Chesham, the owner and founder of 'Bundle of Rays'. This was a great interactive session to finish off the day as I am sure you can see from the photographs below.

A few comments from the day:

Excellent day, hopefully next year we can have a larger venue.

Fabulous day! Should do them more often.

We need a Karen she is amazing and so is Anita. This is the most valuable day for NNPs – Thank you to all that contributed.

Very interesting, will certainly be coming back next year.

Fabulous – definitely want to come again!!!

Excellent content definitely need a bigger venue.

Note: All photographs were taken by Karen Hose and verbal permission was given from all participants for these photographs to be used.