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*March 2021 Newsletter*

# Neonatal Nurses College of Aotearoa (NNCA)

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Neonatal  
Nurses  
College  
Aotearoa

New Zealand Nurses Organisation



# Chairperson's Report

*Presented by Merophy Brown, Chair*



Tēnā koutou katoa

It's hard to believe that we are already three months into 2021. I recently saw a quote saying "who would have known that this time last year would be the last week of normality as we know it?" A year on and we continue to navigate through the level changes of Covid 19 and adjust to our new norms that this has brought. I want to acknowledge and praise the ongoing commitment you all have to providing the best care for the most vulnerable, especially during these times, which have seemed unpredictable.

There was lots of chatter around how many "Covid" babies would we see. I think its fair to say that the majority of units around the country have continued to be over capacity, with high acuity. I'm not sure that this is a result of Covid but it would be interesting to look further into it.

As a committee, we recently met in Wellington for our annual two day meeting. This was a great opportunity to reconnect and develop our plan for the year. Discussion included educational opportunities and how we can best share any changes in neonatal nursing care via our online platforms. We are also looking to update many of the documents and resources on our website, and we are keen to hear from the original authors to see if they would like to be involved in the review process. See page 4 for details.

Gina Beecroft attended this meeting to assist with the smooth transition of the Chairperson role. This was a great opportunity for me to understand the networking that the College does with other sectors, including those internationally such as the College of International Neonatal Nurses (COINN) and the Australian College of Neonatal Nurses (ACNN). It was also important to clarify what commitments we have as part of the NZNO such as our Annual Plan, work plan and budget, and how we are represented in different aspects of neonatal care nationally including representation on review panels and other networks such as the Newborn Clinical Network. I feel excited about this opportunity and what other networking opportunities may arise in this role.

I want to acknowledge Gina and thank her for the amazing job she has done over the last 6 years in the committee and I look forward to seeing her at our Neonatal Symposium in November in the sunny Hawkes Bay.

Nāku noa,

Merophy Brown  
NNCA Chairperson

# From the Editor

There has been much publicity recently across various media platforms about our stressed healthcare system, including ongoing pressure on nursing teams. Perhaps the most distressing part of the current situation is that it's nothing new – a quick internet search of “nursing in New Zealand” brings up headlines using words such as “crisis”, “shortage” and “overwhelmed”, all dating back 10 or more years.

More recently the focus has been on “burnout” and the increasing recognition of this among healthcare providers. Burnout can negatively impact the individual, the team, the wider organisation, and patients. Burnout can lead to increased staff turnover, reduced job satisfaction, and conflict within teams. And ultimately patient outcomes can be negatively impacted. Literature describing burnout has a strong focus on emergency department and intensive care staff. Currently, the effect of burnout among NICU staff is being investigated within Australasia. Neonatal clinicians are invited to participate in a research study investigating burnout and work engagement in NICUs across Australia and New Zealand (see page 9). Please take the time to participate, and share with your teams.

Nurses are great story-tellers, and having opportunities to tell our stories with colleagues provides an outlet for some of the situations in which we find ourselves. This can be a very cathartic experience, and it may be enough of an outlet at the time. However, over time and with repeated exposure to the stressors of the work environment and the complexity of demands on our time professionally and personally, nurses are at risk of burnout. The increasing recognition of burnout in healthcare is attracting a focus on coaching of techniques such as mindfulness and building resilience as a mechanism to reduce burnout and improve employee satisfaction. These approaches are suggested as a way of addressing the combination of emotional exhaustion, reduced sense of achievement and desensitisation that results from burnout. While there is merit in these techniques to develop insight into how we react and cope, and what we can do individually and as a team to support one another, the question remains about whether “resilience” or “mindfulness” is the solution. One of the criticisms of this approach is that equipping staff with tools and techniques to deal with the stress of over-capacity units, staffing shortages, and pressure to work long hours is one way of normalising what is an abnormal situation, rather than addressing systemic problems. Most nurses would agree that the solution lies with increased resourcing and capacity across the whole continuum of healthcare, including recognising and remunerating nurses appropriately for the work we do.

As we work through the negotiating process of our DHB MECA we have the opportunity to voice our concerns and address the issues we face within our healthcare system – whether we are heard remains to be seen.

# NNCA Publications Review 2021

There are a number of NNCA publications and position statements due for review this year. The NNCA Committee is keen to hear from those originally involved in the development of these resources who may be interested in participating in the review.

Please contact the committee member identified for each review by Friday 30th April 2021 if you wish to be part of the review process.

## **Position Statement on Neonatal Workforce and Education Requirements**

### **[Position Statement on Neonatal Workforce and Education Requirements to meet Core Competencies and PD Requirements](#)**

Date Adopted: November 2015

Review Date: November 2017

Principle Author/s: Leanne Baker (Waikato), Paula Dellabarca (Wellington), Annie Marshall (Dunedin)

Contact person for review: Juliet Manning [juliet.manning@southerndhb.govt.nz](mailto:juliet.manning@southerndhb.govt.nz)

## **Neonatal Palliative Care for NZ Neonatal Units**

### **[Neonatal Palliative Care for NZ Neonatal Units \(Final\)](#)**

Date Adopted: November 2015

Review Date: November 2018

Principle Author/s: Amanda Gifford (Waikato); Debbie Eade (Starship); Lynette Will (Dunedin); Maureen Higgs (Nelson)

Contact person for review: Claire Penny [claire.penny87@gmail.com](mailto:claire.penny87@gmail.com)

## **Standards for Neonatal Nurses**

### **[Neonatal Nursing Standards, 2015 \(PDF 326KB\)](#)**

Date Approved: November 2015

Review Date: yearly

Principle Author: Neonatal Nurse College Aotearoa, NZ

Contact person for review: Merophy Brown [Merophy.Brown@northlanddhb.org.nz](mailto:Merophy.Brown@northlanddhb.org.nz) and Helen Barwick [Helen.Barwick@waikatodhb.health.nz](mailto:Helen.Barwick@waikatodhb.health.nz)

## **NNCA Knowledge and Skills Framework**

### **[National Neonatal Nurses Knowledge and Skills Framework \(PDF, 1.41MB\)](#)**

Date Approved: November 2014

Review Date: Not stated

Project Leader: Leanne Baker (Waikato)

Working Group: Jane Bocoock (Taranaki); Kerryn Somerville (ADHB); Anne Jackson (Christchurch); Wilma Tielemans (Wellington); Edna Byron (Christchurch); Lisa Christensen (Dunedin)

Contact person for review: Merophy Brown [Merophy.Brown@northlanddhb.org.nz](mailto:Merophy.Brown@northlanddhb.org.nz) and Helen Barwick [Helen.Barwick@waikatodhb.health.nz](mailto:Helen.Barwick@waikatodhb.health.nz)



# NNCA Committee members



## NNCA Committee Member – Claire Penny

Kia Ora, my name is Claire and I have been a Neonatal Intensive Care nurse for the last 12 years. I have worked in neonatal and paediatric intensive care units in New Zealand, the United Kingdom, and Australia, and currently work in the Wellington NICU. I have recently completed my Nurse Practitioner training and I'm enjoying the challenging new role. I'm excited to be a member of the NNCA Executive Committee to broaden my connections with the neonatal nursing community, and represent neonatal nurses on a national scale. Ngā mihi.



Kia Ora Whanau

My Name is Michelle McHale, I am one of your newest NNCA Executive Committee Members, and apparently have very few photographs without sunglasses on!  
I currently live in Auckland with my Fiance Jonathan, our daughter Mollie and fur baby, Fern. Outside of work I enjoy scuba diving, watching rugby and generally being outdoors in this amazing country.

I have worked in Neonates in some capacity for over 20years, primarily in the NHS prior to relocating to NZ 5 years ago. In the UK I worked as a nurse manager for approximately 10years, having operational and professional responsibility for multiple clinical areas across 2 geographical locations. Previous experience has included responsibility for delivering standards of care in line with NHSLA & Care Quality Commission standards and response to National Enquiries. I have been a senior nurse member of Neonatal Operational Delivery Network, having responsibility for governance and quality in addition to contributions to network guidelines, audit and education programs.

Since starting work in Auckland NICU I first spent some time in the role of bedside nurse to update level 3 clinical skills and understand the differences in the NZ health system, and have now been in the Clinical Charge Nurse role for the past 2 years.

My clinical portfolio includes:

Nursing Guidelines Lead  
Member of Newborn Life Support and Crisis Resource Management Simulation Faculty  
Clinical lead for Golden Hour Care  
Nursing Development Lead  
Deputising for Nurse Unit Manager

My biggest professional passions are patient safety, nursing leadership and professional issues. I am currently a student at Victoria University Wellington and will graduate this year from the Masters of Health Science majoring in Leadership. I hope that as a committee member I will bring a varied experience and knowledge base, along with the opportunity for me to gain valuable wider experience of neonatal care in Aotearoa and build professional networks. I look forward to getting to meet as many of you as possible at this years symposium, so watch out for exciting details coming soon!  
Please feel free to contact me via email [MMcHale@adhb.govt.nz](mailto:MMcHale@adhb.govt.nz) with any questions, general hellos or input on any relevant projects.

## **Information has been requested about how to become a Newborn Life Support Instructor.**

The New Zealand Resuscitation Council have dates available for Newborn Life Support Instructor courses for 2021. Information from <https://www.nzrc.org.nz/training/nls-instructor-course/>

## **How do I become a Newborn Life Support Instructor?**

The NZ Resuscitation Council Newborn Life Support (NLS) Instructor Course trains health professionals to deliver our NLS program.

### **Entry requirements**

To qualify for entry candidates must:

1. Be a New Zealand registered health professional
2. Have completed a NZ Resuscitation Council NLS provider course within the last year
3. Be recommended by the course director who delivered the candidate's provider course within four weeks of their attending that provider course
4. Have observed another provider course within the previous six months
5. Intend to be actively involved in teaching the NZ Resuscitation Council NLS provider course.
6. Be committed to meeting the ongoing requirements of being a NZ Resuscitation Council NLS instructor.

### **Nomination process**

The process for nomination onto a NLS Instructor Course is as follows. Course bookings are accepted only when this process has been completed.

1. A Course Director may nominate a candidate for attendance at an instructor course following the candidate's successful completion of a NLS provider course.
2. A NLS Instructor online nomination must be completed and submitted by the Course Director who delivered the candidate's provider course.
3. The nomination must be submitted within four weeks of the candidate's successful completion of the provider course.
4. The candidate will be asked to complete an online confirmation.
5. Once the nomination is approved the candidate will be required to observe a further NLS provider course. The candidate's attendance must be confirmed by the Course Director submitting an online confirmation of observer attendance.
6. The candidate may then register for the next available NLS Instructor course.

### **Venue**

Waikato Clinical Skills and Simulation Centre, Waikato Hospital, Hamilton

### **Duration**

Two days, from 8am until 5pm. All candidates must attend both days.

### **Dates**

31 July - 1 August 2021

9 - 10 October 2021

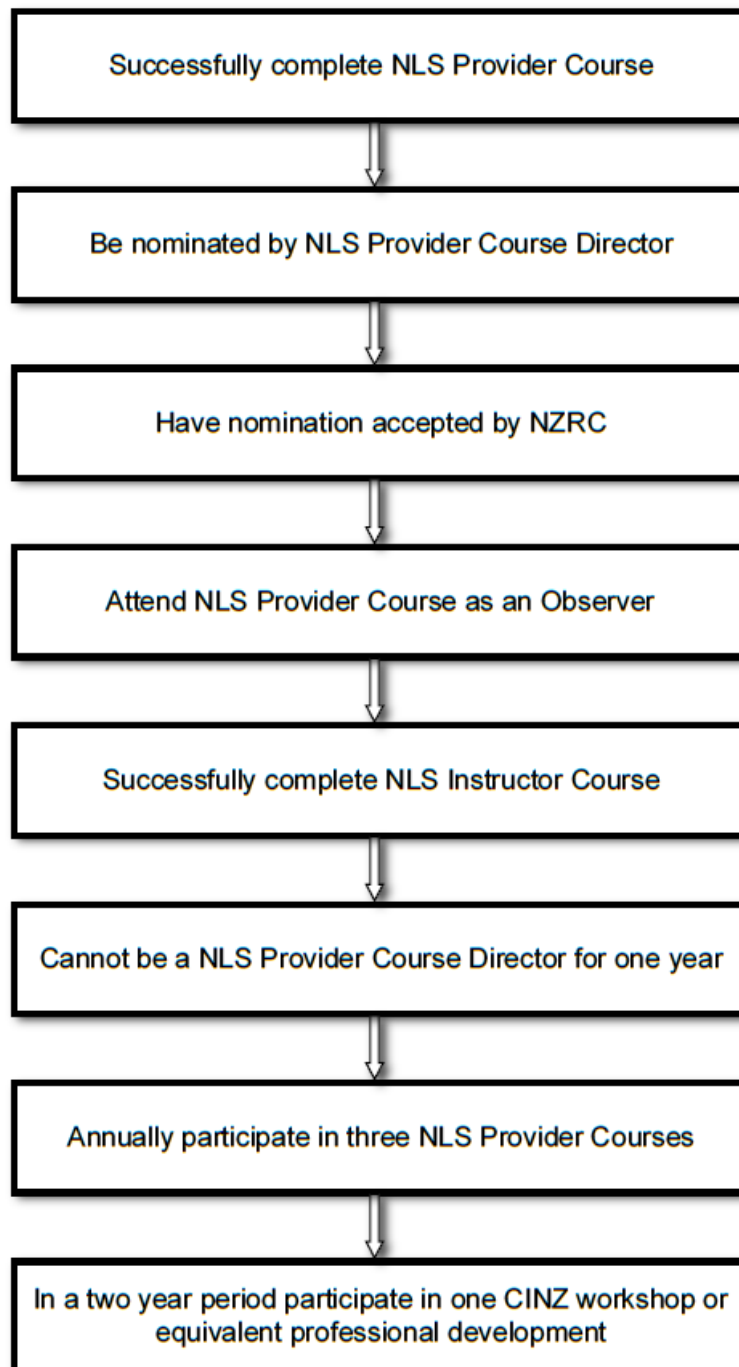
### **Fees**

The fee for the NLS Instructor Course is \$1150.00 (exc. GST). This includes all course material; morning tea, lunch, and afternoon tea; and certification.



**NEW ZEALAND**  
**Resuscitation Council**  
WHAKAHAUORA AOTEAROA

*Pathway to NLS Instructor Status*



# Information from the National Screening Unit regarding updates and changes to Newborn Metabolic Screening Home | National Screening Unit ([nsu.govt.nz](http://nsu.govt.nz))

Newborn metabolic screening began in the 1960s when scientists (notably Professor Bob Guthrie), developed blood on paper as an analytical specimen and a test to measure phenylalanine in infants to identify those with phenylketonuria (PKU). Professor Guthrie spent time in New Zealand with the late Professor Arthur Veale, the founder of newborn metabolic screening in New Zealand. Dr Dianne Webster now leads the service based at LabPLUS at Auckland City Hospital.

The NSU has responsibility for the funding, monitoring and strategic direction of the programme.

Each year almost all babies born in New Zealand are screened for over 20 metabolic disorders. About 50 newborns each year are found to have one of the metabolic disorders screened for.

For the few who are diagnosed through the screening programme, the benefits of screening are enormous. Early treatment can improve their health and prevent severe disability and even death.

## Best Practice - Newborn Metabolic Blood Spot Collection learning module

For best practice guidance please complete The Best Practice - Newborn Metabolic Blood Spot Collection e-learning module. This is available on [Learn Online](#)

This is a new online learning module available for midwives, and other health professionals, to update and refresh their knowledge and skills on newborn metabolic screening blood spot sample collection.

All midwives are encouraged to complete this new module and it is recognised by the Midwifery Council for continuing midwifery education hours.

Completing this module will support midwives and other health professionals to:

- Provide accurate advice/information to parents to enable them to make an informed choice
- Administer a good quality metabolic heel prick test
- Ensure the sample reaches the laboratory rapidly to optimize timely diagnosis and subsequent treatment for the baby.

Samples must be taken at or as soon as possible after baby is 48 hours of age provided consent has been obtained from parents or guardians.

It is also critical to minimise the time taken to get samples from the place of sampling to the laboratory for testing. Delays can lead to severe illness or even death of an infant or the inability to identify a condition.

**Samples must therefore be dried and posted on the day of sampling.**

## Blood Sample Protocol (Heel Prick) for Babies under 1500 grams

The blood sample protocol (heel prick) for babies under 1500 grams document provides details of screening for babies under 1500 grams birthweight. This replaces the SCBU and NICU protocols. There are no changes to the protocols but the revised document combines the SCBU and NICU requirements.



# NICU Burnout and Work Engagement Survey

Dear Colleagues,

One of my doctoral trainees is conducting a research study investigating burnout and work engagement in NICUs across Australia and New Zealand. Our hope is that we can broaden the understanding of the occurrence of and relationships between these factors, while demonstrating the unique impact they can have within NICUs in the region.

This survey has been widely distributed through several professional organizations. We have received a tremendous positive response, with >100 participants complete this survey so far. In case you have not yet received the survey link through one of these professional organizations, I am now writing to request your participation in this study, which involves completing an anonymous online survey. Please access the survey using this link: <https://tinyurl.com/BURDENstudy>. By clicking this link, you will be directed to the survey administered via Qualtrics secure online platform.

Specifically, we are targeting all patient-facing physicians and nurses in the NICU. As a token of our appreciation, participants will be given a tips-sheet on how to manage workplace stress, as well as the opportunity to nominate a children's health charity to receive AU\$1 donation.

If you feel comfortable, please feel free to share this information within your professional network.

This study protocol has been approved by The University of Queensland Human Research Ethics Committee (Approval Number: 2019001566).

If you have any questions regarding this study, please contact me as the Principal Investigator at [samudragupta.bora@mater.uq.edu.au](mailto:samudragupta.bora@mater.uq.edu.au).

Sam

Associate Professor Samudragupta Bora

Group Leader, Neurodevelopmental Follow-Up and Outcomes

Mothers, Babies and Women's Health Program

Mater Research Institute, Faculty of Medicine, The University of Queensland

South Brisbane, Queensland 4101, Australia

O: +61 (7) 3163 3487, M: +61 452 054 753, E: [samudragupta.bora@mater.uq.edu.au](mailto:samudragupta.bora@mater.uq.edu.au)

# NNCA Professional Development Grant

NNCA has up to \$10,000 available each year to support Professional Development Grants. The scholarship is \$1,000.00 per person. Scholarships of more than \$1,000.00 may be awarded at the discretion of the NNCA Executive Committee, and applications are considered at the quarterly national executive meetings or on an as needed basis. Recipients will be expected to write an article for publication in the NNCA Newsletter within six weeks of completion.

Application closing dates:

Jan 31

April 30

July 31

Sept 30

Eligibility: Applicants must be a current financial member of NZNO and a full member of the NNCA College for at least 12 months.

Criteria/Comments:

Courses, seminars, conferences or projects relating to neonatal nursing.

Priority will be given to nurses embarking on research or writing for a peer reviewed journal.

If funds are not awarded they will be made available the following year, up to a maximum of two years.

Get the current application form on the [NZNO Scholarships and grants page](#).

## *Send applications to:*

Scholarships & Grants National Administrator

NZNO National Office

P O Box 2128

Wellington 6140

Fax: 04 382 9993

OR E-mail: [sally.chapman@nzno.org.nz](mailto:sally.chapman@nzno.org.nz)

**There are also a number of grants and scholarships available through the Nursing Education and Research foundation (NERF).**

There are a range of grants available that may be useful for neonatal nurses who aren't eligible for the NNCA scholarship as well as undergraduate nurses which may be useful for the shining stars among students on placement in your NICU.

[List of available NERF Scholarships with criteria](#)

The Neonatal Nurses College had great pleasure in announcing that Fisher and Paykel continued to support The Neonatal Nurse of the Year Award, which was established in 2014.

This award recognises an individual nurse and the contribution he or she has made to their organisation and the wider community – locally, nationally or internationally.

An award for excellence, research, innovation and contribution to neonatal nursing is offered by means of a travel scholarship – value of \$2,000 (NZD). The award may be used for travel to further develop the award recipient's career, e.g. for attendance at a scientific meeting or conference, or to enable a visit to another neonatal unit nationally or internationally.

The Neonatal Nurse of the Year Award will be awarded at the NNCA Symposium in November 2021.

Applications will be judged by the NNCA Executive Committee.

We are very grateful to Fisher & Paykel, who continue to support the Neonatal Nurses College of Aotearoa. A big thank you to them.

Get the current application form on the [NZNO Scholarships and grants page](#).

Send applications to:

Sally Chapman

NZNO, National Administrator

P O Box 2128

Wellington 6140

Fax: 04 382 9993 or e-mail: [sally.chapman@nzno.org.nz](mailto:sally.chapman@nzno.org.nz)

# Save the Date



**The annual NNCA Symposium will be held on  
November 12th 2021 in sunny Hawkes Bay.  
More details coming soon.**

**NZNO AGM and Conference 2021 Wednesday 15 and  
Thursday 16 September 2021 Museum of Te Papa, Wellington**  
*Conference Theme: OUR FUTURE The Health of Aotearoa*

### Call for remits, AGM agenda items or other business

- This is a call for Policy remits/Constitution changes, AGM agenda items or other business. Please present your remit using the template provided overleaf (the templates are also available [here](#)).
- [A step by step guide to preparing Remits 2021 is available at the NZNO website.](#) This would be done using the OMOV- One Member One Vote system, which was introduced 2years ago.

\*The above links would take you to the main publications page. Thereafter, please search with 'Remit' in the 'Search box' on our site and it'll take you to the above three documents under the 'Policy, Regulation & Legal area'

### Send remits to

- By post to the Chief Executive, PO Box 2128, Wellington 6140
- By email to [remits@nzno.org.nz](mailto:remits@nzno.org.nz)

### Closing Date

- 5.00pm on Sunday 16 May 2021. Any remits received after 5pm on 16 May, cannot be accepted.

For details, please refer to the NZNO Constitution, **Clause 25** – 'Annual General Meeting' and **Clause 31** – 'Alterations to the Constitution and Policy Remits'. The NZNO

Constitution can be found on the NZNO website at  
[http://www.nzno.org.nz/about us/governance](http://www.nzno.org.nz/about_us/governance)