

August 2022 Newsletter

# Neonatal Nurses College of Aotearoa (NNCA)

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[Neonatal Nurses College \(nzno.org.nz\)](http://www.nzno.org.nz)



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# Chairperson's Report

*Presented by Merophy Brown, Chair*

*Annual Report to NZNO AGM – Neonatal Nurses College Aotearoa*

COVID-19 has continued to impact the day-to-day planning of neonatal care. NICUs and SCBUs around the country have continued to be over capacity with high acuity, while supporting whānau who are also impacted by COVID-19. Conversations continue to take place with national neonatal services regarding the ongoing concern with over capacity.

As a college, we have strived to continue our regular meetings to ensure our core business is maintained. This is outlined below:



## **Improved health outcomes:**

- NNCA representative on panel for the development of Aotearoa New Zealand Clinical Practice Guideline for Neonatal Hypoglycaemia. This is an important piece of work, as Neonatal hypoglycaemia is common in the first few days after birth, with 30% of Aotearoa New Zealand babies born at risk. Of those, half will develop hypoglycaemia, with a potential risk of brain damage.
- Emphasis on developmental care, providing a co-ordinated, consistent approach nationally by delivering FINE training in a multiple centres.
- Supporting work to operationalise transitional care, which will reduce unnecessary admissions to SCBU/NICU, reducing pressure on cot availability and supporting mothers and babies to remain together.
- Representation on National Newborn Clinical Network.

## **Skilled workforce:**

- Due to COVID-19 impacts, our planned symposium in Napier has been postponed until November 2022.
- Scholarships to further develop neonatal nursing practice have been allocated. These scholarships can be crucial in removing barriers to professional development, and are often used for post-graduate study, thus advancing clinical practice.
- Role specific professional meetings were held for Nurse Managers, Nurse Educators, Nurse Practitioners and ANZNN data collectors. These provide a great forum for networking and information sharing.
- Continued participation in ANZNN.
- Presentation of neonatal nurse of the year, recognising ongoing contribution to neonatal nursing.

## **Strong workforce:**

- CCDM FTE calculations have identified significant deficits in some areas, and data has been used to support recruitment. Unfortunately the global nursing shortfall and closed borders have impacted significantly on ability to recruit, and many units have needed to recruit less experienced staff and support them to develop the necessary skills.
- Theme of healthy workforce and wellbeing activities for staff is evident across DHBs
- Continued to work on:
  - Improving national sharing of information
  - Collegial networking
  - Sharing of practices and experiences

#### Effective organisation:

- Meeting face-to-face is important to develop networks and share clinical insights. However, when this has not been possible, the use of Zoom meetings has assisted us to maintain our work and connections.
- Following a number of reschedules, a decision was made to cancel our AGM, and a plan was put in place to carry over non-urgent items.
- Work in progress to formalise a Memorandum of Understanding with the Australian College of Neonatal Nurses (ACNN) and the Little Miracles Trust (formerly the Neonatal Trust).
- Formalising standard operating procedures for Chair, Secretary and Treasurer roles in preparation for those currently holding these positions standing down at the end of their term, with a goal of ensuring continuity and consistency.
- Reviewing and updating current resources
- Financially healthy, enabling us to reinvest in members through scholarship and COINN membership
- Quarterly newsletter shared with members

## From the Editor

The NNCA committee met on June 16th and we were fortunate to have some time with the recently appointed NZNO Chief Executive Paul Goulter. Goulter's questions to the committee were "what do we do professionally?" and "what does NNCA do?" The conversation centred around sharing the work done by NNCA as well as discussing the issues impacting on neonatal care and neonatal nurses. A number of challenges were identified including ongoing capacity and acuity across NZ; tracking and managing outliers; TrendCare implementation; CCDM FTE calculations and challenges with recruitment. The consistent theme was the ongoing strain facing our health system, and the impact this is having on nurses.

Neonatal nurses continue to work in high-risk, high-acuity environments with many units facing workforce issues such as fewer experienced nurses, and the impact of increased rates of sickness as Covid and influenza continue to affect our communities. Many nurses are also working increased hours, picking up extra shifts to cover gaps to support their colleagues and the families in NICUs around the country, and ensure services continue to function. These issues are further compounded for nurses when support systems such as family are affected by illness, and services such as child-care and schools operate under constraints. Add in the effect of post-Covid "mind fog", uncertainty about pay negotiations, economic challenges, changes to the health system etc., and it's easy to see why nurses are feeling the pressure.

The consequences of the increased physical and mental workload associated with changing shift patterns, reduced rest time and unrelenting workloads are beginning to be more clearly understood. One area of emerging research relates to the concept of 'decision fatigue'. There are many factors in the current health system associated with decision fatigue including chronic exposure to stress, complexity of work, over-stimulation from the physical work environment, and diminished support for nurses new to practice which can lead to reduced problem-solving ability and poor retention of clinical information.

Decision fatigue is described as a situation in which a person's reserve of cognitive resources for decision-making is depleted. The result is a decline in capacity and capability for decision-making, and in many cases a reduction in the quality of decisions made, or avoidance and doubt about making decisions. Basically, the more decisions you need to make, the worse your decision-making ability becomes. For nurses this can mean an inappropriate decision about patient care, and a lack of opportunity or ability to respond to the basic needs of patients and the nurse's own needs. This can ultimately affect the quality of care provided to patients, placing both nurses and patients at risk.

A simple way of dealing with decision fatigue is to reduce our decision load to begin with – but this is easier said than done. Start by taking a break from the workplace, turn off social media, protect your time off and get some rest. Saying 'no' to the extra shift is a difficult decision, it comes with the complexity of the ethical and moral imperative felt by nurses, and additional financial and economic strain especially with the emergence of incentive payments. One suggestion is to plan ahead and create routine – plan ahead for activities outside of work such as shopping, meals, exercise etc. By creating routine you have essentially already made decisions, and this helps to conserve your mental energy. Allow others to help, share the mental load of decision-making by collaborating with colleagues.

There is no easy solution, but awareness and recognition of the effects of our practice environment is a starting point to understand what people may be experiencing. As noted in previous NNCA newsletters, one of the criticisms of equipping staff with tools and techniques to deal with the stress of over-capacity units, staffing shortages, and pressure to work long hours is that this just normalises 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. As we navigate the changes to our healthcare system we have the opportunity to voice our concerns and address the issues we face within our healthcare system. During our meeting with the NZNO CE, the NNCA committee experienced a small glimmer of hope that someone is listening and actively engaging with nurses. In the meantime, we all need to look after ourselves and each other.

Further reading about decision fatigue:

- [Decision Fatigue: What It Is and How to Avoid It \(healthline.com\)](https://www.healthline.com/health/decision-fatigue)
- [Decision fatigue: A conceptual analysis - Grant A Pignatiello, Richard J Martin, Ronald L Hickman, 2020 \(sagepub.com\)](https://www.sagepub.com/journalsPermissions.nav?path=/journals/advance-nursing-studies/article/50/1/1-12/10.1177/0047262319874441)
- [\[PDF\] When thinking is hard: managing decision fatigue \(researchgate.net\)](https://www.researchgate.net/publication/354844441)
- [Decision Fatigue In Nursing Real: Here's How to Detect it, Overcome it, and Prevent It » Bestica Healthcare](https://www.besticahealthcare.com/decision-fatigue-in-nursing-real-heres-how-to-detect-it-overcome-it-and-prevent-it)



[1737 - Need to Talk?](https://www.1737.org.nz/)





# ANZNN update July 2022

Many thanks to all the Data Managers and collectors who support the ANZNN. Your information is used in multiply areas. Areas such as annual reports, benchmarking (unit specific and internationally) clinical practice improvements, research papers, clinical trials, parent information and flyers just to name a few.

The ANZNN Annual Report is due out shortly. This document includes Australia and NZ unit data manager's names, medical lead and unit size for neonatal level 3 and 2 units from Australia, New Zealand, Singapore and Hong Kong. Every year over 10,000 newborns in the ANZNN network are admitted to a neonatal intensive care or SCBU and meet the ANZNN registration criteria. For babies born in 2019 over 399,000 days were spent in a NNU/SCBU and over 3,600,000 hours had respiratory support with a 96.9% survival rate.

Each year the data dictionary is reviewed and changes are made to meet the current needs. The changes are discussed at the international data managers meeting which NZ managers are invited to attend, this year by Zoom. The upcoming changes will be discussed at the next Neonatal College Special interest day on **November 24th in Hawke's Bay**. Your input can and does make a difference!

Interesting points for Data Managers:

- When submitting data for 2021 please ensure you are using the forms and data dictionary for that year – as the data request may have changed one year to the next.

Example: Baby has CPAP for 3 hours then High Flow for 3 hours giving a total of 6 hours of respiratory support – is this over the 4 hour base line? Answer: NO, there is less than 4 hours of CPAP, so the baby is not an ANZNN registrant

Looking forward to meeting you all in Hawke's Bay on November 24th, 2022.

Registration, information and agenda for this gathering will be sent out shortly.

Please forward your questions and queries to be included for the topics of interest / agenda to:

Barbara Hammond

ANZNN representative to NNCA

[Barbara.hammond@wdhb.org.nz](mailto:Barbara.hammond@wdhb.org.nz)



Kia ora koutou

I hope that this update finds you all well and warm given that winter is most definitely upon us. As expected 2022 is shaping up to be a busy year for the Trust and to date we've been honoured to provide unit support right across the country in various shapes and forms - freezers and frozen meals; kangaroo cuddle chairs; radio headsets; taxi vouchers; Dräger sound ears; baby capsules; room refurbishments...the list goes on and we are so pleased that we're able to say 'Yes' more and more often to your requests, so please keep them coming.

As you'll all know by now we've had some exciting announcements of our own to make as we're re-setting and re-branding to become 'The Little Miracles Trust'. Last year we carried out some research with the NZ public, neonatal whānau and units to find out what our 'reach' was within Aotearoa; and for those who did know us, did they know what we offered and did our name and imagery resonate. The short answer was that unless you were part of the neonatal world (unit staff or whānau) you were unlikely to know about us, and our name didn't really enlighten anyone on who we are or what we do. So we set about to find a new name by using 'territories' with the term 'miracle' being the ultimate descriptor for the pēpi you care for and the work that is carried out to ensure these little ones thrive.

So here we are at the beginning of a very new and exciting time for the Trust, we'd love you to be our biggest ambassadors and sing our name far and wide to spread the message of what we do, so that we can keep saying 'Yes' every single time we hear from you.

Our team has grown this year with our new Christchurch Family Support Co-ordinator, Jemma, making great in-roads in the unit and the region to garner support, with her next project to get a local developmental playgroup up and running. And we've also had the lovely Pip Kelleher join us as our SCBU Volunteer Co-ordinator. As the role title suggests, Pip is going to be responsible for setting up and maintaining a 'Veteran Parent Army' for SCBUs and has been liaising with the SCBU managers as well as setting up our recruitment and training documents in line with FiCare so that we can ensure we're bringing the perfect volunteers on board to support whānau in all regions.

As always don't hesitate to get in touch if you've any thoughts, questions or ideas for the Trust.  
Ngā mihi nui

Rachel Friend  
CEO

## Te Whatu Ora | Health New Zealand

## Te Aka Whai Ora | Māori Health Authority

The Pae Ora Bill setting out the structural reform of the health system passed its third reading on June 7th, and the resulting structural changes have been enacted. This was the final step in the legislative process, following the Select Committee process and the third reading of the Bill in Parliament, to establish Health New Zealand and the Māori Health Authority.

For those of us working for a DHB, very little changed on Day 1 (July 1st) other than us all now working for Te Whatu Ora | Health New Zealand. We continue working in our current role, doing the same work, with the same terms and conditions as our current employment agreement.

Information can be found at:

The Future of Health website [Home / Kāinga | Future of health](#) which provides an overview of changes, what to expect and work underway

The Chief Executive Health NZ, Margie Apa, and Chief Executive Māori Health Authority, Riana Manuel, are invited speakers at the NZNO conference 15th September. The session is titled “Health System Reform including DHB Reform”.

The changes to our health system have been identified by the government as being necessary to address worsening health inequities. The changes are intended to create a more equitable, accessible, cohesive and people-centred system.

Health NZ identify some key intentions in transforming the health system to better:

- meet the complex demands of a growing population
- address the persistent inequalities experienced by Māori
- ensure greater access, experience and outcomes for those traditionally not well served by the system – Māori, Pasifika and Disabled People
- make use of modern technology and develop new and innovative ways of working
- focus on keeping people, their whānau and their communities well and out of hospitals – not just caring for them when they get sick

(source: [Changing the system – Te Whatu Ora | Health New Zealand](#))

What isn't clear is how the system itself will be measured, or indeed what the key indicators of performance will be. Changes are intended to address health workforce issues such as the pressure our workforce is under, the need to strengthen not diminish our workforce, the need for less inefficiency and bureaucracy, and a commitment to ensure the wellbeing of staff and a safe work environment. There are promises that the health system reforms will help to alleviate the strain on our workforce, and ensure the health workforce is supported through any changes.

However, questions remain about how the system will respond to existing issues such as workforce recruitment, retention and development. It's vital that nurses are involved in every step of the changes to our health system – keep up to date by signing up to the Stakeholder Newsletter [Te Whatu Ora - Health New Zealand \(list-manage.com\)](#) and watch out for opportunities to contribute to various work streams.

**Hawke's Bay Special Care Baby Unit  
are proud to be hosting**

**NEW ZEALAND NEONATAL SYMPOSIUM**

**'ALL THINGS BEING EQUAL ...'**



**Friday 25th November 2022**

**NAPIER WAR MEMORIAL CENTRE  
48 MARINE PARADE**

For further information contact:  
Michelle Robertson Nurse Manager  
[Michelle.Robertson@hbdhb.govt.nz](mailto:Michelle.Robertson@hbdhb.govt.nz)



# NEW ZEALAND NEONATAL SYMPOSIUM

Mōrena

We are pleased to confirm that the NZ Neonatal Symposium will be held on 25th November 2022. Please see attached the flyer and programme for this event. The programme is subject to some changes and will be confirmed ASAP.

Registrations opened the week of the 4th July. Registrations from the previously postponed conferences will be carried over to this event

The nurses' forum has been scheduled for Thursday the 24th November at the Hawkes Bay education centre – agenda/programme coming soon

All Things Being Equal - 2020 was described ad nauseam by the media as unprecedented due to the rampage of COVID-19 across the world. COVID-19 impacted on how we interacted with others, how we lived our lives, how we worked, who was in our “bubble”, and there was a new “normal” to navigate. Is the COVID lockdown an apt analogy to describe what families experience when neonatal care is required, do these families go into a neonatal lockdown – causing anxiety, fear, uncertainty, economic stresses, isolation from home, feeling alone and living in a different bubble? We know that COVID-19 affected many and has the potential to increase inequities in health. Is this the same for those receiving neonatal care in New Zealand? Do we understand the lived experience of our diverse population enough to provide appropriate support? Are we doing enough to address inequities, ensuring resources are spread equitably so that any negative outcomes do not fall unevenly amongst the diverse population in our neonatal units? Are all things are indeed equal? In this symposium we want to look at the reality of our neonatal units and what equity in neonatal care could like in Aotearoa New Zealand.

## **Why should you attend NNCA?**

Hear just how much practice has evolved

Learn about new emerging practices

Hear how we can better support ourselves along with our neonatal families

Expand your neonatal networks and exchange ideas

Recharge and refresh

## Conference Programme

# Nominations for NNCA Executive Committee members

This year we will be calling for nominations for 4 vacancies on the NNCA Committee as we farewell members at the end of their terms on the committee.

Want to know more about the NNCA Executive Committee? Please feel free to contact any of the current members (details below), or [neonatalcollege@nzno.org.nz](mailto:neonatalcollege@nzno.org.nz)

**Neonatal Nurses College Aotearoa** [Neonatal Nurses College \(nzno.org.nz\)](http://NeonatalNursesCollege.nzno.org.nz)

Neonatal Nurses College of Aotearoa (NNCA) is a college of the NZNO.

It has a committee of 6-8 individuals elected from the membership that work to achieve the following objectives:

## Objectives of the NNCA

- To promote the networking of neonatal nurses, nationally and internationally.
- To provide educational opportunities for neonatal nurses and to disseminate information regarding neonatal educational programmes.
- To support and encourage NZ neonatal nurses to contribute to the international body of neonatal knowledge.
- To raise public awareness of issues relating to the care of neonates.
- To ensure that the views of neonatal nurses are represented in relevant health policy issues.
- To disseminate information to neonatal nurses throughout NZ through regular newsletters and electronic media
- To develop / formalise standards and recommendations for neonatal nursing practice.

Details about the nomination process will be emailed to all NNCA members ahead of the AGM.

## NNCA Executive Committee Members

Merophy Brown (Chairperson) [Merophy.Brown@northlanddhub.org.nz](mailto:Merophy.Brown@northlanddhub.org.nz)

Roslyn Gasparini (Secretary) [RoslynG@adhb.govt.nz](mailto:RoslynG@adhb.govt.nz)

Helen Barwick (Treasurer) [Helen.Barwick@waikatodhb.health.nz](mailto:Helen.Barwick@waikatodhb.health.nz)

Claire Penny (Website and social media) [claire.penny@ccdhub.org.nz](mailto:claire.penny@ccdhub.org.nz)

Juliet Manning (Newsletter) [juliet.manning@southerndhb.govt.nz](mailto:juliet.manning@southerndhb.govt.nz)

Barbara Hammond (ANZNN representative) [barbara.hammond@wdhb.org.nz](mailto:barbara.hammond@wdhb.org.nz)

Michelle Willows (Membership) [MichelleWillows@adhb.govt.nz](mailto:MichelleWillows@adhb.govt.nz)

# Research update from the ON TRACK Network

See the latest ON Track newsletter [OTN-Newsletter-Edition-64-APR-2022.pdf](#) ([perinatsociety.org.nz](#)) for information about perinatal and neonatal clinical trials underway in New Zealand including results from trials:

- Antenatal dexamethasone for late preterm birth
- Hypoglycaemia Prevention with Oral Dextrose Trial Two-year follow up of hPOD infants

The latest ON TRACK newsletter features the trial “Preventing Lung Disease Using Surfactant + Steroid - The PLUSS Trial”

Bronchopulmonary dysplasia (BPD) remains the most common chronic lung disease of infancy, with adverse effects on the lungs and neurodevelopment extending to adulthood. Despite many advances in perinatal care, the incidence of BPD remains unchanged. Early and persistent inflammation of the developing lung contributes to the evolution of BPD, and early therapeutic interventions to interrupt the inflammatory process may be beneficial.

The PLUSS trial is a multicentre, two-arm, parallel, double-blind, randomised controlled trial designed to answer if, in extremely preterm infants does, surfactant and budesonide given via the trachea compared with surfactant alone increase survival free of BPD?

The primary outcome is survival free of physiological BPD at 36 weeks' postmenstrual age.

Inclusion criteria: Extremely preterm infants 22-27+6 weeks gestation who are less than 48 hours of age, AND receiving mechanical ventilation via an endotracheal tube, OR infants receiving non-invasive respiratory support including continuous positive airway pressure (CPAP), non-invasive intermittent positive pressure ventilation (NIPPV) or nasal high flow (HF), AND a clinical decision to treat the infant with exogenous surfactant.

Prospective, written, informed parental/guardian consent will be obtained. Investigators plan to recruit 1,060 infants from hospitals in Australia, New Zealand, Canada and Singapore. Recruitment has been going well, with over 760 infants already randomised. The trial has also been awarded a grant by Thrasher Research Fund and Cure Kids to support the longer-term assessment of PLUSS trial participants at two years' corrected age.

Recruitment takes place across New Zealand including Middlemore, Auckland City, Wellington and Christchurch Hospitals. For more information about the study, please get in touch with [pluss@thewomens.org.au](mailto:pluss@thewomens.org.au) (source [OTN-Newsletter-Edition-64-APR-2022.pdf](#) ([perinatsociety.org.nz](#))).



Ngā Tapuhi - Te aroā kapa toa mō te hauora

**Register now**

## Conference Programme - Thursday 15 September 2022

This **draft** programme is subject to change and will be updated as details are confirmed.

Time	Session	Room
9.00am	<i>Karakia, welcome</i> Keelan Ransfield (MC)	Amokura
9.15am	<i>Conference Opening</i>	Amokura
9.30am	<i>Title TBC</i>	Amokura
10.15am	<b>Morning break/Paramanawa</b>	Amokura
10.30am	<i>Every nurse, everywhere</i> Speaker TBC	Amokura
11.15am	<i>Climate change and the impact it has on health, well-being and nursing</i> Michael Brenndorfer, Youth Health Nurse Specialist, Member of Executive Committee - OraTaiao: NZ Climate and Health Council	Amokura
12.00	<b>Workshops</b> a) <i>Registration challenges for Pacific nurses in Aotearoa</i> Tania Mullane, Manager, Pacific Nursing, Whitireia Community Polytechnic, Wellington b) <i>Vaccination Challenges and Solutions</i> Tracey Morgan c) <i>Campaigning to win - Maranga Mai!</i> Speaker TBC	Amokura Amokura Angus
12.30	<b>Lunch/Te Kai o te Rānui</b>	Amokura
1.15pm	<b>Workshops</b> a) <i>Registration challenges for Pacific nurses in Aotearoa</i> Tania Mullane, Manager, Pacific Nursing, Whitireia Community Polytechnic, Wellington b) <i>Vaccination Challenges and Solutions</i> Tracey Morgan c) <i>Campaigning to win - Maranga Mai!</i> Speaker TBC	Amokura Amokura Angus
1.45pm	<i>Health System Reform including DHB Reform</i> Margie Apa, Chief Executive, Health New Zealand <b>AND</b> Riana Manuel, Chief Executive, interim Māori Health Authority	Amokura
2.30pm	<b>Afternoon break/Paramanawa</b>	Amokura
2.45pm	<i>Getting healthcare out to the community</i> Lorraine Hetaraka, Chief Nursing Officer	Amokura
3.15pm	<i>The Way Ahead / Te ara ki mua</i> Paul Goulter, Chief Executive Officer, NZ Nurses Organisation	Amokura
3.45pm	<i>Karakia, close</i> Keelan Ransfield (Kaumatua)	Amokura



In 2022 ACNN (formerly the Australian Neonatal Nurses Association 'ANNA') will be celebrating 30 years. So please join us at this milestone event.

ACNN is pleased to announce our National Conference will be held on Gumbainggir country. We look forward to welcoming you to Coffs Harbour.

### ACNN - National Conference



We warmly invite you to the ANZNN Clinical Practice Improvement Conference (CPI2022) which will take place at the beautiful Manly Pacific hotel, Sydney, Australia from the 11th to 13th September 2022.

### **REGISTRATION**

To register for the conference, please follow the [LINK](#) to be taken directly to the ANZNN CPI2022 Registration Page. More information about the program and invited speakers can also be found on the registration website.

### **ANZNN SPONSORED EPIQ TRAINING WORKSHOP**

ANZNN will be sponsoring an Evidence-based Practice for Improving Quality (EPIQ) Training Workshop on Wednesday 14th September at the Manly Pacific, Sydney (note this is a face to face course and virtual attendance will not be possible), if you wish to attend please remember to indicate your interest when registering for the ANZNN CPI2022 conference. If you are not attending ANZNN CPI2022 Conference but wish to attend this stand-alone training workshop, please register your interest with Evelyn at [anznn@unsw.edu.au](mailto:anznn@unsw.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](#)