

Neonatal Nurses College of Aotearoa (NNCA) Newsletter Spring 2018

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Neonatal Nurses College Aotearoa - NNCA



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NEWS FLASH

Early Bird Registration for the “Synergy” Symposium has been extended!!

Don't miss out on this exciting

One Day symposium!

Topics:

Infant Driven Feeding

The Artificial Uterus

Gastroschisis Management

Exploring New Horizons *plus more to come...*

**REGISTER NOW TO TAKE ADVANTAGE OF THIS
AMAZING EVENT**

https://www.nzno.org.nz/groups/colleges_sections/colleges/neonatal_nurses_college/conferences_events



Synergy
NNCA symposium 2018

September 28th 2018
Hamilton

Welcome from the Editor

Rose Batchelor



Hi There

Well, believe it or not, despite our overnight temperatures still dipping down close to 0°C at times, my garden has lots of daffodils flowering. Yes—amazing isn't it??

There are some really important things to tell you in this newsletter—first and foremost that the Early Bird Registrations for the Neonatal Symposium “SYNERGY” have been extended. Please make sure you get yourselves registered ASAP. Also a reminder that the Symposium is preceeded by a one-day Managers Forum running consecutively with a one-day Clinical Nurse Specialist/Neonatal Nurse Practitioner day. Both of these days have been requested and organized in response to high demand—they will both provide great networking, updating and a solid lead in to the Symposium.

Registrations for the Symposium can be done online through the NNCA website. Please register your interest for

1. Clinical Manager Forum with Ros Gasparini (RoslynG@adhb.govt.nz)
2. CNS/NP Forum with Fiona Dineen (Fiona.Dineen@ccdhb.org.nz)

ASAP in order for us to organize catering. Now would be a good time to submit items for the Agenda as well. Looking forward to seeing you all there!

In this issue, we hear back from the recent PMMRC conference, (Thank you Karen) with some very humbling data to consider. We also hear back from Louisa Langford who attended the 31st Gravens Conference in Florida recently.

I have heard lots of chatter and preparations underway from different units planning to send staff to the COINN conference in May 2019. Can I remind you that the Call for Abstracts is now open—a great medium to present neonatal care in Aotearoa. You can submit your abstracts here <http://www.coinn2019.com/abstracts/call-for-abstracts/>

Finally—kick back, pour a glass of wine and have a good read. I don't know about you, but the recent industrial unrest has been stressful for all of us. Take good care of yourselves through this time—get as much rest and relaxation as you can on your days off, and be kind to each other.

Rose

From the Chair

Gina Beecroft



From the Chair

We are currently enduring turbulent times, with healthcare and nurses firmly in the spotlight. Recent industrial action demonstrated the depth of feeling nurses are experiencing nationally about their plight. Much soul searching was done as nurses decided whether or not to take industrial action. Having to decide to walk away from patients, particularly our fragile and vulnerable babies and families and not being at the bedside to care for them is the polar opposite of our normal practice and instincts.

As you listened to discussion in the workplace and at industrial meetings, it was clearly demonstrated it was a hard and painful decision for many. What also was clear was that it also reflected nurses wanting to make workplaces safer places for patients as well as themselves.

We are also working to make our NICUs better and safer workplaces for staff and babies and families, by continuing to try and ensure that neonatal nurses are heard. There is increasing awareness that NICU's are continuing to work at and beyond capacity and it is becoming increasingly evident that there is an issue with national Cot Capacity. However now there is also increased national action at Ministry of Health (MoH) level with a review being called re national cot capacity. This is indeed good news, and a Neonatal Nurse leader is to be included on the review committee.

Someone who has been at the forefront of trying to ensure that neonatal nurses are heard and represented and that neonatal care and care provision are advanced is Paula Dellabarca. Paula has been on the NNCA executive for over 5 years and epitomizes excellence in neonatal care. It is with deep sadness that we farewell Paula from the NNCA executive as her time on the executive comes to an end. She is tireless and fearless, with levels of energy that come from goodness knows where!

Paula has been our NNCA representative on many working groups such as Perinatal and Maternal Mortality Review Committee (PMMRC), New Zealand Newborn Clinical Network to name but a few. Along with this and working in the demanding position as a Nurse practitioner Paula was also on the conference organising committee for "Nurture" our most financially successful conference last year, and has to be our most prolific submitter to NZNO consultations relevant to neonatal nurses and neonates. You are a truly inspirational, thank you so much Paula, we will really miss you.

In addition some of the other activities we have been up to are as follows...



Continued.

From the Chair continued...



Leadership/Rangatiratanga

NZNO Annual Conference and AGM 2018

NNCA will be represented at the NZNO college and section day and attend conference and AGM. Report of the college's achievements and highlights in NZNO report.

NNCA 2018 Symposium, AGM, and Clinical and Management Forum:

Notification to membership of AGM and call for nominations and remits. No remits submitted to date but close off not till 17th August. 4 vacancies with 3 of the committee seeking re-election. Symposium Hamilton 28th September 2018, organisation LOC well underway.

Nurse of the year: Fisher and Paykel Nurse of the year award to be announced at Symposium. Need to secure the nomination.

Clinical and Management Forum: Nurse Managers have been approached re indication to attend /agenda items. Very small response to date. Initial suggestions topic "transitional care' developments nationally. We will need to have discussion around same and further develop programme.

Special interest groups (SIG):

Work is now underway with our 2 SIGS

1). Infants Edge of Viability:

Working group have had first face to face meetings. The National Network Peri viability working group having nearly completed their Bundle of Neonatal care at 23-25 weeks gestation, has been distributed for final feedback from various organisations including NNCA

2). Transitional Care. Working group held their first meeting (thank you for the report Fiona). Now the first meeting has been held, and we have been able to glean more insight and perspective from a midwifery perspective, with their participation at this meeting. Coupled with this is the renewed focus by the MOH (Ministry of Health) on the state of neonatal care. They are now starting to move with reviewing nationally. Transitional care is a hot topic and extremely pertinent our next step is too as a college need to clarify the direction we wish to take, and where we can add most value.

Membership/Whanaungatanga

Membership: Continued slow growth

Facebook: Has we march toward the COINN conference this vehicle will become even more crucial.

Newsletter: Thanks Rose for our winter addition, a great read by the fire on those colder evenings.

Scholarships Applications:

Available annual Fund \$10,000



Organisational/Kaitiakitanga



NZNO College and Sections Banking.

Just starting to get used to batch payment system, a few delays as we learn this new system. With the SIGS having had first face to face meetings financial outgoings increased as per accounts. Also more financial outgoings as we prepare for symposium and AGM.

Website: Continue to tidy improve.

Social/Kotahitanga

A limited number only of NZNO consultations relevant to neonatal nurses and neonates received for consideration.

COINN: LOC continue to be incredibly busy and this will only escalate from here on in. Pre conference workshops now announced. Under a year to go we need to start intensively canvassing our local NICU's to help encourage attendance and registrations. Need to discuss more in-depth conference sponsorships for NICU's so we can get more information out to help encourage registrations.

NNCA representation on external committees:

NNCA members remain active on many national working groups/Workshops

- Council of Neonatal Nurses (COINN) & COINN LOC
- New Zealand Breast Feeding Alliance (NZBA)
- Australian and New Zealand National Network (ANZNN)
- New Zealand Newborn Clinical Network
- New Zealand Resuscitation Council (NZRC) Newborn Life Support working group
- Perinatal and Maternal Mortality Review Committee (PMMRC) Neonatal Encephalopathy working party

Gina Beecroft
NNCA Chair





AUCKLAND | NEW ZEALAND 2019
www.coinn2019.com



2018 PMMRC Conference from a spectator's viewpoint ...

Karen Bennington, NNP, MNSc (Clinical)
CCDHB, Wellington NICU



Perinatal and Maternal Mortality Review Committee (PMMRC) 12th annual conference: Coming together to be better

Nou te rourou, Nāku te rourou ka ora ai te iwi katoa. With my food basket and your food basket the iwi shall be fed.

The PMMRC is responsible for reviewing maternal deaths and all deaths of babies born from 20 weeks gestation (or weighing at least 400g if gestation is unknown) up to 28 days after birth. It advises the Health Quality & Safety Commission on how to reduce these deaths.

Firstly, I would like to give you the link for the PMMRC 12th Annual Report which addresses neonatal mortality and neonatal encephalopathy in depth and a slightly reduced selection of tables and figures on perinatal mortality and maternal mortality from previous years:

<https://www.hqsc.govt.nz/our-programmes/mrc/pmmrc/publications-and-resources/publication/3391/>

I highly encourage you to read through the PMMRC 12th Annual Report yourself in order to get full details and information which has been made available in order to optimize the care you provide to mothers, infants and their families/whanau.

I recently shared my account of the PMMRC Conference day with my colleagues in the Wellington NICU and have been asked to share this with you as well. I didn't go into the day with the intention of passing on the information in a formal setting, happy to sit back and listen and learn ... and take a few notes along the way. As they are just that, it is probably easiest to share in point form and is really only just a small taste of what the day encompassed.

Some of these statistics are hard to swallow but extremely important to be aware of in order to know where we can begin to make a difference:

- Maternal Mortality overall is decreased by 50% however, for Mother's <20years of age, their mortality has doubled!
- There has been no significant change in neonatal mortality in the years 2004 à 2016 in NZ, however there is a significant ↓ in UK, Australia and Scandinavia
- Fewer term babies with moderate to severe NE in 2016 than in 2010, however, not statistically significant
- ↑ association between BMI and NE à ↑BMI = ↑NE
- ↑NE à SGA infants over AGA/LGA
- 37/40 and 41/40 à ↑incidence of NE
- Primip à ↑NE
- 75% of cases of NE reviewed in 2016 although only 64% with a multidisciplinary methodology

2018 PMMRC Conference from a spectator's viewpoint ... Continued

- 2/3 of the 47 babies reviewed with NE from 2013 – 2015, mortality or severe morbidity was considered to be potentially avoidable
- 79% of babies born with NE were treated with induced cooling; of 12 infants not cooled, 2 were thought to may have benefited from cooling
- The highest rate of neonatal deaths, along with the highest rate of premature births, are of Maori, Pacific and Indian origin
- Neonatal deaths >= 35/40 ... 52% HIE, 18% infection, 21% SUDI
- 2007-2016, death of 729 prem infants between 20-24 weeks
- Infants born between 20-24 weeks account for 55% of all deaths, with Indian babies having highest death rates at this gestation
- Scandinavia has the lowest death rate of infants born between 23 – 26 weeks
- Of the neonatal deaths between 20-24 weeks:
 - 89% died extremely premature
 - 39% had previous premature births
 - only 20% completed antenatal steroids before 23-24 weeks
 - steroids given less often to mothers of babies who died after birth at 23 weeks than at 24 weeks
- Survival of 23-24 week infants:
 - 59% of 23/40 resuscitated at birth – 50% surviving 28 days (30% total)
 - 96% of 24/40 resuscitated at birth – 73% surviving 28 days (70% total)
- 54% of maternal suicides had not received any specialised services prior to death which means that perinatal time could be their 1st presentation of mental health issues

The Neonatal Encephalopathy Working Group (NEWG) gave a presentation on “A Baby with Neonatal Encephalopathy - Everyone can make a Difference’ in the format of a Case Study and mock Case Review in order to demonstrate how everyone can make a difference in the management of these babies.

Other valuable information from the day was a concurrent session given by Dr. Kate Strachan, one of the Perinatal Pathologists in NZ along with a parent’s perspective by Vicki Cullings and Lisa Paraku.

Kate provided information on how a post-mortem is carried out. Vicki and Lisa, past and current lay members of PMMRC have made a video providing information for parents on post-mortem examinations. The video aims to give parents an understanding of what post-mortem examination is from the perspective of another bereaved parent. The video link can be found on Vicki Cullings website www.vca.co.nz

Along with the video, Kate reassured us that if available, she is also more than happy to come speak with the parents. However, this video can answer immediate questions when the pathologist is not available and gives parents the time to listen and watch when suits them best.

2018 PMMRC Conference from a spectator's view- point ... continued



I hope this summary was valuable for you but again, really encourage you to click on the link for the PMMRC 12th Annual Report provided again here ... <https://www.hqsc.govt.nz/our-programmes/mrc/pmmrc/publications-and-resources/publication/3391/> giving you direct access to the Executive summary of the report, the full report, information for women, families and whanau about deaths of newborn babies in NZ 2007-2016, along with related links.

Karen Bennington

Nou te rourou, Nāku te rourou ka ora ai te iwi katoa.

With my food basket and your food basket the iwi shall be fed.



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND

Kupu Taurangi Hauora o Aotearoa

“Baby **STEPS** towards better outcomes.”

Judy Hitchcock
SCBU/Paediatric



Under-pinning this years' vision for International Nurses Day was a bold call to take a global approach to nursing and address the universal challenges that impact on our ability to realise the goal “**Health is a Human right**”

We have been called to ‘**Lead the way**’, to promote “**Health as Human Right**”, to be at the consultation table and, most importantly, to be involved in furthering the **Sustainable Development Goals**. How do we deliver a cost effective, sustainable global health service, whilst maintaining the fundamental essence of nursing: Care? It is a global conundrum but exciting to know that a global approach to addressing health access is being embraced and that nurses are being realised as the key to the success of this endeavour.

In keeping with this theme and promoted on the Health Information for All (HIFA) forum; particularly the Child Health sub section, (CHIFA), there has been a call to address the Sustainable Development Goals, particularly the third, Good Health and Well Being. *By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 births .*

I have appreciated being part of the continuing discussion around the mammoth challenge of improving global infant mortality, it is exciting and encouraging to read about the many projects and achievements currently active and promoted by so many global organisations, but particularly to hear the vision for developing a global neonatal nursing competency framework that will eventually translate into improved infant mortality statistics. Standards have already been developed by the European Foundation for the care of New born infants (EFCNI) and I am aware New Zealand is developing standards of neonatal nursing care.

Sustainable Development Goals. Good Health and Well Being.

By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live

Every infant needs to be welcomed by a birth attendant with clean hands, who can initiate breathing support when needed, encourage Kangaroo Mother Care, be able to support and assist with establishing breast feeding and teach safe infant sleeping

SUPERVISE Delivery and cord care

TEACH Hand hygiene and breast feeding

ENCOURAGE Kangaroo mother care

PROVIDE Helping babies breathe knowledge

SUPPORT Safe infant sleeping

“Baby STEPS towards better outcomes.” **Continued...**

Judy Hitchcock
SCBU/Paediatric

I am inspired by the concept in principle but concerned at how long this will take to be translated to improving infant mortality statistics; not to mention the cost and time factor for global consensus.

I whole heartedly support the goals and appreciate the enormous amount of global academic hard work currently underway to address the implementation of the global standards and competency neonatal nursing framework. However, I am aware that those supporting infant delivery and providing care may not be recognised as neonatal nurses or midwives but may have a generic title of "nurse" and be expected to provide whatever care they can with minimal formal training in the needs of the infant. I am suggesting we build on the basic skills required by those supporting infants in their transition to independent life and instigate a minimum level of care to achieve.

In the light of International Midwives Day that promoted poignant statistics relating to positive delivery outcomes on my Twitter feeds, it is obvious that maternal care and neonatal infant care are inextricably intertwined. Twitter feeds from #Midwives matter stated that investing in educated and trained midwives can yield a 16x return on investment in lives saved. One shocking fact tweeted that Uzbekistan is one of the top ten countries in the world for midwifery density with 12 nurses and midwives to 1000 people! These facts high-light just how challenging the proposed goals are, not just to improve infant mortality outcomes but how to give equal emphasis to the need for specialty skills required to manage both maternal and infant outcomes; in fact, how do we integrate minimum standards of care for all mothers and infants by ensuring the basic skills are taught to all those engaged in delivering support and care?

Many countries such as Rwanda have advanced tremendously in the provision of neonatal care in recent years, indeed they are hosting [COINN AFRICA CONFERENCE 2018](#) and will share learning opportunities to address the technical skills gap that is urgently needed to improve infant outcomes

How do we establish what other countries, particularly those under resourced, have access to and how do they educate their neonatal nurses and caregivers? It's a reality that not all hospitals globally have progressive clinical governance and nurses and nursing is not always recognised or valued at the level that we take for granted.

How do we establish what other countries, particularly those under resourced, have access to and how do they educate their neonatal nurses and caregivers? It's a reality that not all hospitals globally have progressive clinical governance and nurses and nursing is not always recognised or valued at the level that we take for granted.

“Baby STEPS towards better outcomes.” **Continued...**

Judy Hitchcock
SCBU/Paediatric

What statistical evidence is there to support the suggestion that global care of infants has already achieved a Global Minimum Standard of neonatal care? I think there is a need to benchmark an interim and fundamental minimum level of care skills required by those supporting delivery and care of infants globally, whilst a global gold standard of care is debated. We need to know this benchmark, for health service providers to either aim for or to build upon; hence my suggestion to take “Baby”STEPS” towards better outcomes”, a mnemonic which primarily aims to equip birth attendants with basic skills to deliver and support the infant in the neonatal period.

In my opinion. the basic skills needed to improve infant mortality outcomes are:

- Every infant needs to be welcomed by a birth attendant
- with clean hands, washed in clean water,
- who can initiate breathing support when needed,
- encourage Kangaroo Mother Care
- be able to support and assist with establishing breast feeding and teach safe infant sleeping.

These skills, already well- researched with proven positive impacts, should be taught as a fundamental minimum requirement. I think we need to take

“Baby STEPS towards better outcomes”

SUPERVISE Delivery and cord care

TEACH Hand hygiene and breast feeding

ENCOURAGE Kangaroo mother care

PROVIDE Helping babies breathe knowledge

SUPPORT Safe infant sleeping

I believe these fundamental skills will seriously improve global infant mortality; education and implementation of these basic skills will be globally challenging, but I think they are potentially achievable, particularly for under- resourced, geopolitically challenged hospitals and birthing environments; and can eventually be incorporated into a nursing competency framework, once those have been agreed upon. They don't require expensive supportive clinical infrastructure such as x-ray, lab and equipment; the expense will be levied at providing the access to education.

"Baby STEPS towards better outcomes." Continued...

Judy Hitchcock
SCBU/Paediatric



The cost of improving **access to education for all**, thereby reducing the gap between those currently disenfranchised by lower resourced countries, will ultimately be the determinant that improves infant mortality. Utilising technology, improving access to the technology found on the Internet and having reliable grid access or solar power, will be required to disseminate standardised education resources, such as U-tube, visual learning, with language barriers addressed. **How we addressed this 'technology access gap' is the biggest challenge and hurdle to overcome.**

The **education** potential is here, only yesterday I read a twitter feed that promoted the use of mobile phone apps to monitor foetal heartbeat, it's just how we provide access, and effectively disseminate, basic knowledge and skills to all those involved in the care of the infant, that will help us achieve a reduction in global infant mortality statistics and provide a solid foundation upon which to build and enhance neonatal care.

<https://coinnurses.org/event/coinn-africa-conference-2018/>

"Baby STEPS towards better outcomes"

Judy Hitchcock



The 31st Annual Gravens Conference on the Environment of Care for High Risk Newborns, in collaboration with the March of Dimes

Louisa Langford



My colleagues and I were lucky enough to attend the 31st Annual Graven's conference in Florida, USA, through supportive funding from NNCA. We had an absolutely incredible experience and gained a lot of insight regarding international neonatal care practices.

One large focus of the conference surrounded maternal mental health, highlighting premature birth and infant admission into NICU as being extremely detrimental to maternal wellbeing. Postnatal depression was a particular focus and speakers highlighted NICU as a significant barrier, hindering the developing parent-infant relationship both during admission and following discharge.

Postnatal depression is one of the most under diagnosed mental health illnesses and affects 15-18% of mothers in NICU. The condition refers to a combination of hormonal, psychological and exhaustion related factors which contribute to a depression following childbirth. Humanistic behaviours such as touch, sound and affection can be negatively affected between mother and infant and effectively, the transmission of love is altered between both parties.

It is well known that infants copy what they sense from their parent, and this is no different with regard to negative experience. For example, if an infant is not receiving positive contact, they will develop a non-responsiveness to stimuli of this kind over time. Unfortunately, NICU can be an obstruction to 'natural' parent bonding and the experience can play a large role in poor future relationship building, should postnatal depression play a part following premature birth.

Interestingly, there is a correlation between mother and infant with regard to oxytocin levels. Oxytocin is a hormone produced by the pituitary gland, which facilitates bonding between mother and child. Often referred to as the 'cuddle hormone', its effects cause feelings of love and joy. If a mother has lower levels of oxytocin, it is suggested that infants too, can experience lower levels. Further, children who have poor oxytocin function are more likely to have poor outcome later in life and are more at risk of experiencing mental health illnesses in the future. With this in mind, the NICU experience can not only negatively impact mothers, but can consequently have a knock on effect and cause negative health outcomes for infants that we care for.

'Creating Opportunities For Parents', or 'COPE', is a newly formed strategy which enables parents to cope with the NICU experience following premature birth. The program provides information regarding what to expect from a premature infant during their stay in NICU and provides supportive intervention for nine months following discharge. Further, the program optimises information sharing through indication of developmental stages, appropriate cues and supportive parenting techniques to optimise the developing relationship. Research suggests that the program has been positive, resulting in reduced postnatal depression, improved family bonding in NICU and reduced incidence of child mental health risk factors, such as poor social interaction and negative behaviour.

The 31st Annual Gravens Conference Continued...

Louisa Langford

Hopefully, COPE is a program which we can consider implementing into NICU in the future, to highlight mental health illness and facilitate supportive care which will positively impact families that we treat. In the meantime, we must be aware of the NICU experience as a risk factor for mental health illnesses such as postnatal depression and acknowledge this when caring for individuals on a daily basis. One way in which we can support families is through addressing 'the elephant in the room' and consider ways in which mothers can be more involved in their infant's care. Contrastingly, it is vital that we move at their pace and support families processing this experience. For example, considering the fact that they may not want to touch their baby but just be present with them during early stages in admission.

Ultimately it is important to prioritise the parent-infant dyad and read the signals which may be presented to us. We have an array of supports including the Consult Liaison Team, maternal mental health team, mothers' meetings and family support services available. It is not until we are aware of the increased risk of mental health illnesses associated with NICU however, that we can positively impact mothers, facilitate support for families and promote long term health outcomes for the infants that we care for.

Louisa Langford



Let's talk funding.

DID YOU KNOW????

The Neonatal Nurses College of Aotearoa (NNCA) Executive Committee has worked hard to set aside funds specifically for helping you attend the International COINN conference being held in Auckland in May 2019.

There are a couple of ways you can apply for some funding...

1. Let your Nurse Manager know you would like to go. NNCA is funding one FULL registration for each New Zealand unit. This funding will be allocated at your Nurse Manager's discretion so **MAKE SOME NOISE** if you want to go!!
2. NNCA funding scholarships will be open to apply for in the usual manner—keep an eye on our website for information and application dates.
https://www.nzno.org.nz/groups/colleges_sections/colleges/neonatal_nurses_college
3. There are numerous scholarship funds available through NZNO—check these out on the website. https://www.nzno.org.nz/support/scholarships_and_grants
4. Look towards your own DHB and funding options locally. Check out dates and make your application in a timely manner.



NNCA Professional Development Grant

Approx Amount Available: Up to \$10 000 total.

The *maximum* scholarship will be \$1000 per person at the discretion of the NNCA Executive Committee.

Eligibility: Applicants must be a full member of NNCA for at least 12 months.

Criteria: 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.

Applications must be received on the correct application forms.

Applicants receiving funding from NNCA will be expected to contribute to the Newsletter or the annual Conference.

Application forms can be found on the NNCA website—funding opportunities.

Next Application date:





SAVE THE DATE ...Wed 10-12th of APRIL 2019

NPNZ ®EVOLUTION

Nurse Practitioners New Zealand [NPNZ] are holding their next conference in the magnificent & beautiful Marlborough region of New Zealand, well known for the fabulous waterways of the Marlborough Sounds, many famous wineries & NZ's highest sunshine hours.

Join us for a dynamic program showcasing innovative NP practice, skills, knowledge, workshops & hot topics. Come network with your colleagues!

Conference Dinner to be held at the stunning Wither Hills Winery.

We encourage you to bring your partner or family and stay for the weekend, or the school holidays in the *"Top of the South"*

Calling for abstracts by 30th July 2018

Full program yet to be finalised



FOR THE NEWSLETTER...

Submissions gratefully received!

- Use Word Format please
- Up to 500 words
- **Arial Size 11 font**
- Pictures tell a 1000 words
- Does NOT have to be academic writing—just great reading!
- Each submission gives you **One entry for a prize** of a \$100 book voucher!!
- Send your work to rosanneg@nzno.org.nz by **31st October 2018** for the Summer Edition. Rosanne is our NNCA administrator.

(Thanks Rosanne!)

• ***Just Do It!!***

