

# Neonatal Nurses College of Aotearoa (NNCA) Newsletter Christmas 2018



<http://www.coinn2019.com/>



Neonatal Nurses College Aotearoa - NNCA



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## Welcome— from the Editor Rose Batchelor



Well as the year comes to a close, we can all look back and agree it was a busy and tumultuous year. For the first time in a couple of decades nurses went on strike, capacity in the units was at an all time high, and it rained. A lot.

This year we enjoyed a one-day Symposium hosted by Waikato DHB. Thanks to the organizing committee for putting together a fantastic program. I'm sure we will hear more about it in the next newsletter when reports start coming in.

Preceding the Symposium, we had two very important one-day meetings: the Clinical Managers Forum and the 1st ever Neonatal Nurse Practitioner/Specialist Forum. Both were well attended, and once again demonstrated the need to continue to strengthen relationships, share knowledge and experiences, and work together to enhance the care given to the neonatal population in Aotearoa.

We look towards 2019 with a degree of excitement as planning continues towards our beautiful country being host for COINN 2019 international conference. By now, applications for funding have been received by the NNCA Executive committee and applications are now closed. However, don't forget to apply to your manager for funding assistance, and seek funding assistance from your DHB or NZNO. This will be an amazing conference NOT to be missed!!

**On behalf of the NNCA committee, I would like to wish everyone a Happy and Safe Christmas, and Best Wishes for the New Year.**



# NNCA Professional Development Grant



Approx Amount Available: Up to \$6000.

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 12 months.

**Criteria:** **Courses, seminars, conferences or projects** relating to neonatal nursing. Priority will be given to nurses embarking on re-search 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 dates:

**Jan 31**

**April 30**

**July 31**

**Sept 30**

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

Send applications to –  
Scholarships & Grants  
NNCA Administrator  
NZNO National Office  
Level 3, Willbank Court,  
57 Willis Street  
PO Box 2128,  
Wellington 6140



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# **Fisher and Paykel Neonatal Nurse of the Year 2018**

## **CONgratulations to**

Paula Dellabarca

Nurse Practitioner

Capital and Coast District Health Board



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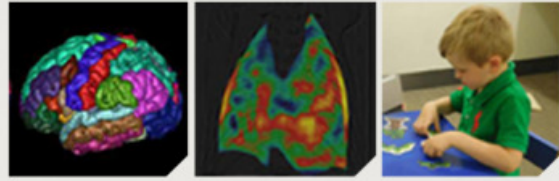


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THE ROYAL WOMEN'S HOSPITAL PRESENTS

## COOL TOPICS IN NEONATOLOGY 2018



### **Fiona Dineen, Wellington.**

Melbourne University, was set to host Cool Topics in Neonatology for 2018, made up of two packed days including an array of neonatal topics. Below is a quick overview of the material and discussions that grabbed my attention.

The latest on steroid use and how this has shown, once again, to help prevent bronchopulmonary dysplasia which is still prominent and on the rise. This was a very relevant topic. Dr Chris McKinlay represented New Zealand, sharing that prenatal steroids should be offered early. Current thinking should change, with steroids not to be seen as a need to aid resuscitation for the 23 or 24 week gestation baby, but viewed as offering hope to optimise care from 22 weeks gestational age. Therefore offered to the extreme preterm, and then offering further steroids every week after until birth. Dr Brett Manley also spoke about the new research trial which is taking place in Australia and New Zealand called the PLUSS Trial, which is investigating whether a steroid treatment could prevent lung disease in very preterm babies. The PLUSS trial is trying to find out if installation of intra-tracheal budesonide with surfactant to the lungs of extremely preterm babies will help to prevent lung disease.

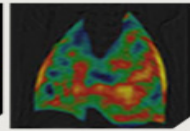
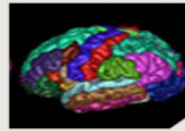
Another hot topic (or is it a Cool Topic?) over the last few years has been the over use of antibiotics in neonates, and looking at other methods of preventing infection. Coconut oil in very preterm infants used as a skin protection barrier has been suggested as a treatment by A/Professor Tobias Strunk and colleagues from Melbourne. They are carrying out a randomised controlled trial to demonstrate this simple, safe and affordable intervention that warrants further investigation.

We then moved to exploring moral distress with nurses and medical staff and when healthcare professionals feel constrained from acting in what they perceive to be a patient's or family's best interest. In the world of neonatology where difficult decisions have to be made is it really best for the neonate/family or the staff. We also explored potential responses to moral distress.



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Day 2 kicked off in a whirlwind by Professor Sue Walker who gave a very energetic obstetrician's view of life before the Apgar score. She gave an in-depth summary of prenatal care and how preventative care is the way forward for neonates. She offered a 3 step approach which made much sense 1. Primary Care - preventative care, 2. Secondary Care —screening and intervention and 3. Tertiary Care— manage it well, minimise adverse outcomes.

This led nicely into a recap on the aerating the preterm lung at birth. Dr Eoin O'Cur-rain spoke about teaching mask ventilation and how at Melbourne Children's research labs, they had machines that show that staff using mask in resuscitation do have leaks which contribute to inadequate resuscitation. Knowledge of this has improved their practical skills – both nurses and medical staff.

Dr Lex Doyle spoke on helping preterm babies to breath after birth, and his main take home message was that caffeine therapy has been the biggest breakthrough over the last 20/30 years. Caffeine has been shown to help with decreasing BPD and with pre-term infants, a follow up at 11 years showed they had increased lung volumes.

We heard about the research being carried out exploring the exciting new benefits that delayed cord clamping during resuscitation offered. Dr Doug Blank, originally from USA, is now doing research in Melbourne. He spoke about cord clamping and the transitional physiology that the neonate goes through in this process. Their data has shown how beneficial this type of resuscitation could be, but currently they have only explored this with late preterms. Dr Blank highlighted there is need for further research in this area and especially with the extreme preterm neonate.

Over the course of the two days Dr Nikki Robertson from the UK talked about Neonatal Encephalopathy (NE). Nikki spoke about treatments for NE from melatonin to ethanol, along with cooling and BRAINZ. She spoke of the important of BRAINZ monitoring and how it is very difficult to recognize seizures. She described BRAINZ raw data as being the Gold Standard. First line treatment for seizures was phenobarbitone. As a second line, Dr Robertson does not choose Phenytoin, and Levetiracetam is increasingly being used.

Fiona Dineen, NNP, Capital and Coast DHB.



# KANGAROO CARE

Kindly Authorised by :  
**All Things Neonatal**

**Direct copy as authorized.**

**By Diane Schultz**

**“Safety should be a birthright” Clementine Wamariya**

Before continuing with the posts I thought I should address a very important issue when it comes to KC

## **Safety**

As I have said before I believe fully in the benefits of KC for any infant (premature or full term). To enable that infant and family to benefit from KC, safety must always be part of the equation.

A risk factor for Apparent Life threatening Events (ALTE) is KC that is unsupervised and without an attentive observer. Despite this risk, when comparisons are made between ALTEs with KC and ALTEs without; ALTEs without KC were higher. Another term that has been talked about since KC has been increasing in NICUs and Maternal Child areas is Sudden Unexpected Postnatal Collapse (SUPC), a rare event but can have catastrophic consequences.

## **Risk factors for SUPC include:**

Prone position

First breastfeeding attempt

Co-bedding

Mother in episiotomy position

A primiparous mother

Parents left alone with baby during the first hours after birth



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## Kangaroo Care continued...

### All Things Neonatal

#### Implementations to Reduce SUPC:

A continual secure surveillance of the newborn in the first hours and days of life

Safe early skin to skin care (SSC) in the delivery room

Safe breastfeeding establishment in the first days of life

Secure positioning of the infant during sleep

SUPC of Newborn infants: A review of cases, definitions, risks and preventative measures. Herlenius E., and Kuhn P. (2013)

Our Maternal/Child department is incredibly busy as are most centres these days.

Every effort must always be made to fully educate staff and the families about safety for our newborns.

#### Safety Education should include:

##### Correct positioning

Anytime KC is happening there should be attentive and continuous observation

To facilitate respiratory expansion, infant should be elevated off of horizontal

(Bohnhorst, 2010; Heinman et al, 2010)

There should be no obstruction of the infant's nose and the head needs to be turned to one side

Neck should not be flexed or extended but in a slight "sniffing" position

Infant's body should be positioned to maintain ventral surface to ventral surface contact

Infant should be secured with blankets, wraps and/or parent's hands to prevent sliding (I prefer using the parent's hands to contain the infant and then cover them both with blankets. I feel the parent has better awareness of babe's position that way)

enjoy the benefits of driving. I feel it is the same with KC, education and safety measures should always be in place so that infant and family can enjoy the benefits.



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# Kangaroo Care Continued...

## All Things Neonatal

Our unit is made up of pods with curtains that can divide each bedside. When our parents are holding KC those curtains are to be left open so the nurse can observe. We prop our parent's arms so they don't get tired and tuck both in with blankets. We have also created a standard work procedure for our intubated and fragile infants so staff transfer and secure the infant the same way each time.

We also attend all high-risk deliveries. When I leave babies in kangaroo position after a delivery, I always make sure the baby's face is turned toward the L&D nurse, not away so she can easily observe the infant even if she is tending to mom.

Everything we do in life has risks; swimming, driving a vehicle, voting, etc. To do these things there are safety measures put in place. You wouldn't avoid driving a car because it has safety risks. You take driving lessons, pass a test, follow the rules of the road, and that way you get to and that way you get to enjoy the benefits of driving.

I feel it is the same with KC, education and safety measures should always be in place so that infant and family can enjoy the benefits.



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# A Ghost from Christmas Past???

**Beth French RN**  
**Special Care Baby Unit**  
**Tauranga Hospital**

My colleague Yvonne and I have worked in Tauranga Hospital Special Care Baby Unit for many years, the last few years working night shift together.

One night we were chatting to the Paediatric House Surgeon as he was doing his rounds. Jordan had been on the Paediatric run for a few months so we were getting to know him quite well.



That night he told us that he had been born at 34 weeks and was in Tauranga Hospital SCBU over Christmas time.

Much to his embarrassment Yvonne said that she probably changed his nappies as she would have been working in SCBU at that time. I realised that I too would have looked after him.

The next night he brought in a photo of himself in a cot in SCBU. There, in the cot, was a Christmas stocking that Yvonne knows she made as it was made out of red incontinent pads we had in those days.



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# A Ghost from Christmas Past???

**Beth French RN**  
**Special Care Baby Unit**  
**Tauranga Hospital**

Jordan says he has found it very interesting to learn more about what life would have been like for his family having a baby born at 34 weeks, and he is now aware of the care he would have received in SCBU.

Something that has amused him is that his mother often told him what a small baby he was. He now realizes that at just over 2.3kg, he was a good size for a SCBU baby.

It is great to know that a little baby we had both looked after many years ago is now a father of 3 children, and well on his way to becoming a fully qualified doctor.







# COINN 2019

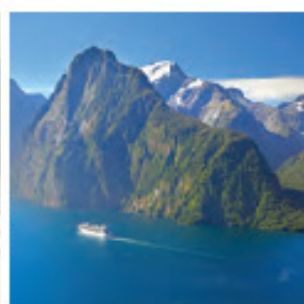
Enriched Family – Enhanced Care

5-8 May 2019, Auckland, New Zealand



## AUCKLAND | NEW ZEALAND 2019

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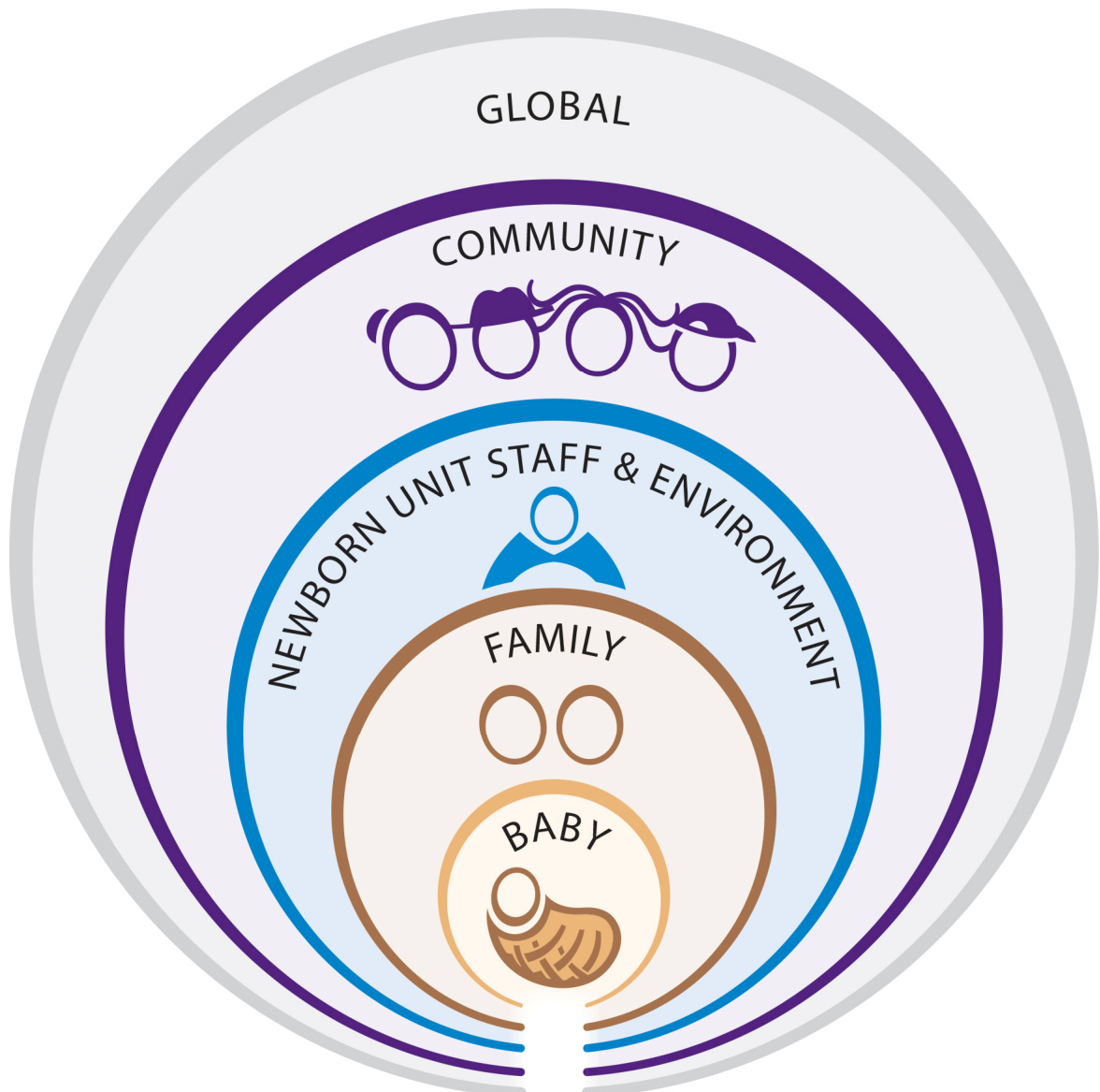




## ***Enriched Family-Enhanced Care***

Globally, the family unit is fundamental in the optimal care of babies; providing growth, strength, resilience and unity.

COINN 2019, New Zealand, offers an opportunity to celebrate and recognise the importance and contribution of families in the care of preterm and sick babies in newborn units globally, in a range of cultural and social contexts.



<http://www.coinn2019.com/>





# Education Opportunity

**AUT**

## POSTGRADUATE CERTIFICATE CHILD HEALTH (NEONATAL FOCUS)

AK3484	POSTGRADUATE CERTIFICATE IN HEALTH SCIENCE IN CHILD HEALTH (NEONATE FOCUS)	60 points
You must take the following papers:		
HEAL824	Advanced Assessment & Diagnostic Reasoning	30 points
HEAL850	Neonatal Pathophysiology	30 points

## POSTGRADUATE DIPLOMA CHILD HEALTH (NEONATAL FOCUS)

AK3487	POSTGRADUATE DIPLOMA IN HEALTH SCIENCE IN CHILD HEALTH (NEONATAL FOCUS)	120 points
You must take the following papers:		
HEAL824	Advanced Assessment & Diagnostic Reasoning	30 points
HEAL848	Children in Context	15 points
HEAL850	Neonatal Pathophysiology	30 points
HEAL851	Assessment of the Preterm or Sick Neonate	15 points
And 15 points from one option paper:		
HEAL811	Integrative Research	15 Points
HEAL840	Critical Enquiry for Evidence Based Practice	15 Points
And 15 points from one option paper:		
HEAL812	Health Professional Practice	15 Points
HEAL813	Practice Reality	15 Points

## MASTER OF HEALTH SCIENCE ADVANCED NURSE PRACTITIONER

AK3485	MASTER OF HEALTH SCIENCE ADVANCED NURSING PRACTICE	240 points
You must take the following papers:		
HEALXXX	<i>Specialist Neonatal Practice</i>	15 points
HEAL849	Specialty Practicum -neonatal	30 points
NURS901	Prescribing Practicum	45 points
PHMY803	Pharmacology Science & Therapeutics	30 points

How to apply for the programmes

Online: [www.aut.ac.nz/apply](http://www.aut.ac.nz/apply)

Phone: 0800 AUT UNI (0800 288 864) Email: [studenthub@aut.ac.nz](mailto:studenthub@aut.ac.nz)

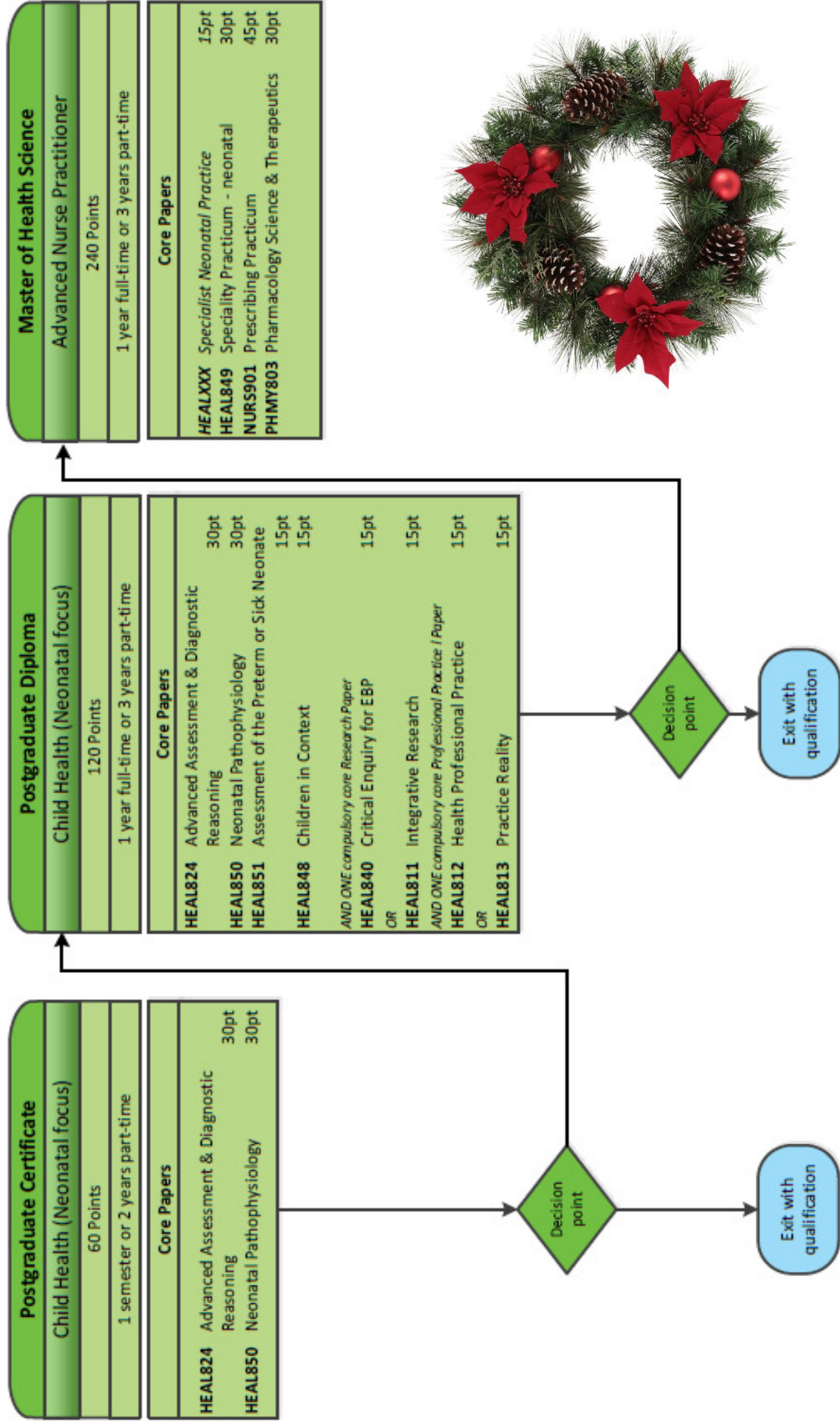
Nursing Course Information

Dr Gael Mearns

Assoc. Postgraduate Head Clinical Sciences Phone 09 921 9999 ext 7781 Email: [gmearns@aut.ac.nz](mailto:gmearns@aut.ac.nz)

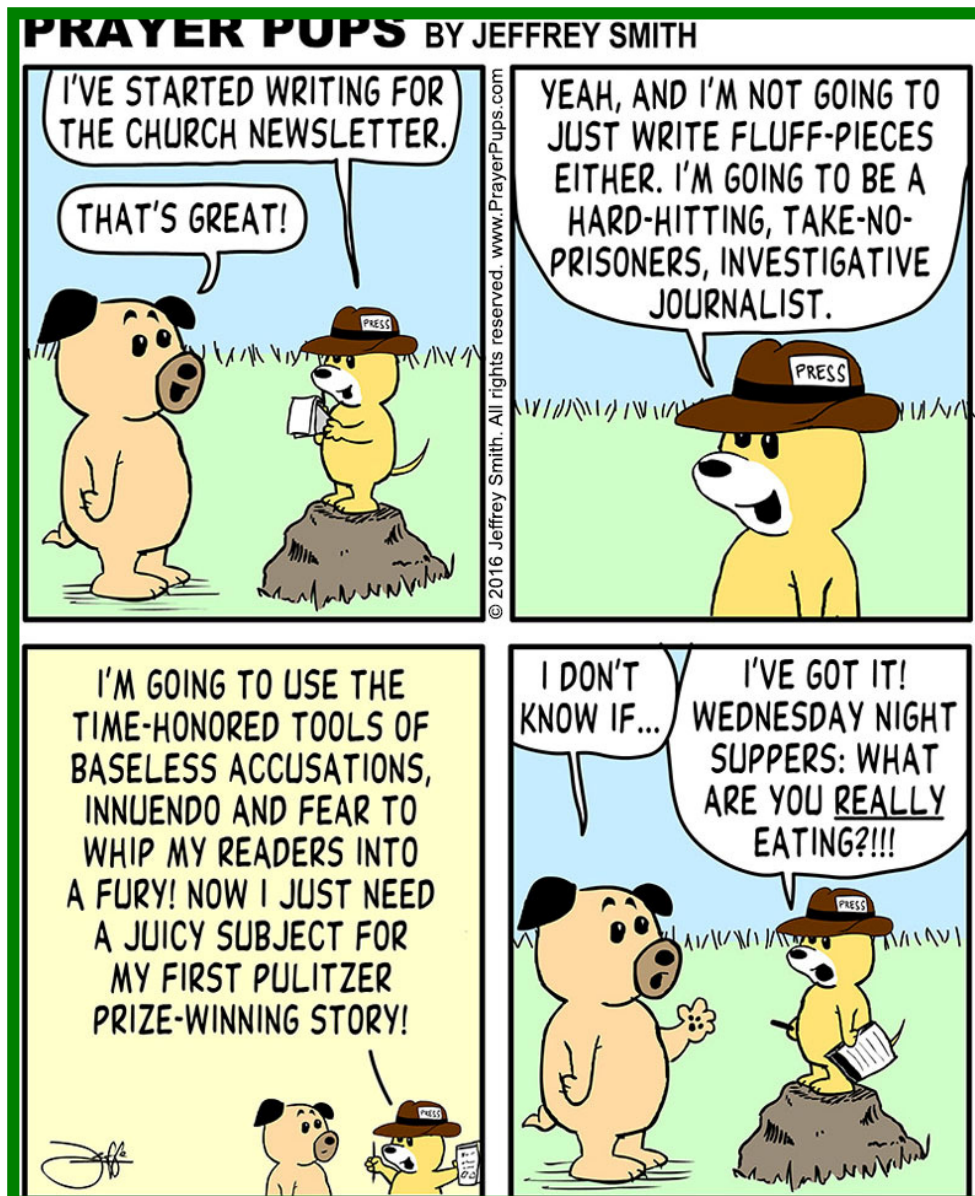


# Postgraduate study Progression: Neonatal pathway transfer to Master of Health Science Nurse Practitioner Route



# FOR THE NEWSLETTER...

- Use **Word Format** please.
- Up to 500 words.
- Arial Size 12 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 !!**
- Send your work to Rosanne at [Rosanne.Grillo@nzno.org.nz](mailto:Rosanne.Grillo@nzno.org.nz) by **28 February 2019** for the 1st Edition of 2019!
- **Just Do It!!**







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Best wishes for a happy and  
festive Christmas and a safe  
New Year!

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From your Executive Committee  
Gina, Helen, Ros, Fiona, Barbara,  
Juliet, Kate and Rose

