

Neonatal Nurses College of Aotearoa (NNCA) Newsletter Spring 2019



Neonatal Nurses College Aotearoa - NNCA

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Welcome from the Editor

Rose Batchelor



Welcome to Spring!! I feel like shouting it out from the mountain tops—it's always so exciting to see the daffodils starting to bloom and the longer days kicking in.

In this newsletter we continue to hear about some of the wonderful presentations at our international COINN conference. It is exciting to hear different perspectives that delegates have taken from the material presented, and hear their plans as they take new ideas back to their workplaces.

Shortly the NNCA committee will meet in Wellington, and it is there that the AGM will be held. Running concurrently to these meetings, are two important forums—the Nurse Manager forum and the Nurse Practitioner/Specialist forum. It would be wonderful to see as many of our NNCA members there as possible.

As I stand down from the Executive committee, this will be my last newsletter. I'd like to thank those who have contributed their time and energy to putting forward articles for us to share. We're a little country, but even so we sometimes we feel a little isolated. A membership of over 650 means that we are able to network and share ideas through stories and publications, so don't be shy and let's hear *What is Happening in Your Backyard!!* Let's keep our community close.

Nga mihi

Rose



From the Chair

Gina Beecroft



Spring has sprung and it is definitely weather to make the spirits soar! The weather has changed but something's look like they haven't yet (but we remain hopeful!) NICUs are in the news again with our national plight of over occupancy and pressure on our services once again being highlighted.

We are still awaiting the public release of the NICU review that was undertaken commencing this time last year. It is having a very long gestational period! Which is slightly ironic considering our core business. The review has been presented to the Ministry of Health and taken back to the DHB for consideration as obviously there are huge implications for both. Dr Andrew Simpson Ministry the Ministry of Health's chief medical officer has been quoted as saying **"Work has been underway to consider the findings of the report and the best way forward. The ministry is preparing the report for publication as soon as possible."**

Let's hope for a summer delivery and public release of the report and that the little bit of public pressure we are having again helps expedite things a little more. Meanwhile we do what we do best! Cope and still care. Care for those using our services and care about what we do and how we do it.

With spring also comes the season for preparing for our annual conference and AGM. However this year due to our hosting the COINN international conference is a National Forum instead which includes the AGM. This is at Wellington Hospital on Thursday 17th October. Thank you very much Wellington for hosting this.

The national forum will be is comprised of three streams.

Managers and Clinical Leaders Forum - For Managers and senior nurses to discuss workforce and other operational issues and other emerging issues affecting neonatal care.

Nurse Practitioner Forum – following on from last year's successful forum. An opportunity for nurses who are currently or are working towards becoming Nurse Practitioners to network share and discuss issues, practices.

ANZNN – Data collection – A new first for NNCA. We know data drives care. Data collection is one of those less visible but very important roles in neonatal care. This forum offers the opportunity for those nurse working in collecting data in neonatal units to come together and discuss data analysis and collection which can lead to improved care for babies.

From the Chair continued...

The AGM will also mark a change to our NNCA committee. So I would like to take the opportunity to farewell from the executive, outgoing committee member Rose Batchelor.

Rose has been our tireless member of our team and editor for our NNCA newsletter. We have greatly appreciated your contributions Rose and I know you are leaving us, but work still goes on for you promoting and developing neonatal care as you continue on with the many working groups you are still on. Thank you so much Rose for all your support and work, we will really miss you.

Finally, spring is a time of new beginnings, so let it be a time of renewed hope!

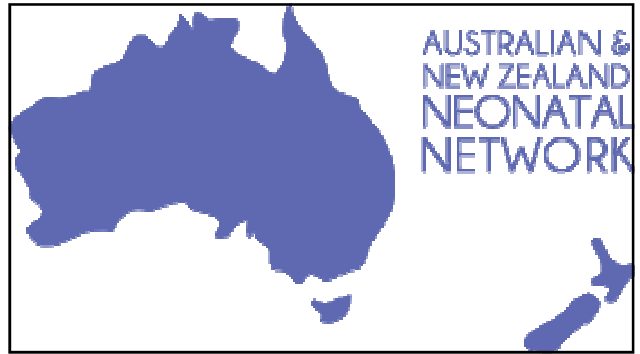
Let these lengthening hours of daylight be the hours you use to take care of yourselves.

ngā mihi
Gina



ANZANN Corner

Barbara Hammond



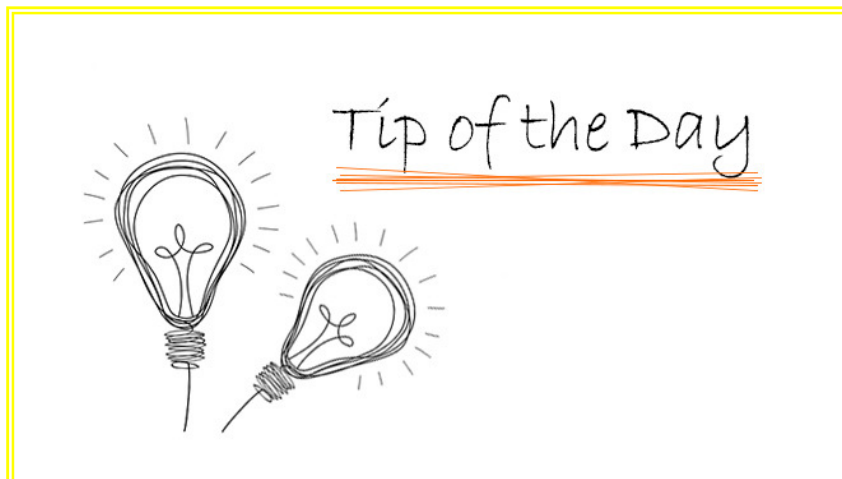
Thank you to all who have registered for the Oct 17, Wellington Hospital based ANZNN gathering.

We look forward to hearing from Sharon Chow, ANZNN Operation Manager based in Sydney, sharing with us how the data that is entered is channelled for research. Claire Jacobs, from Wellington, will support the meeting with tips and understanding of data entry.

During lunch, NNCA will host its AGM and all members are encouraged to attend. This ANZNN gathering is a concurrent session along with Nurse Managers and Associates and Nurse Practitioners. Join a colleague and share your travel and accommodation.

Please bring your questions and queries.

Looking forward to meeting you all!



From the ANZNN handbook...

Babies who are discharged home and readmitted to a NICU during the period of first 28 days, are not eligible for registration in the ANZNN audit!

COINN Feedback

Wendy Maran



On the Tuesday of the COINN Conference I was able to attend a talk by Sheeja Pathrose on “Current Practices for Gastric Residual Aspiration in Australian Units.” Essentially, she found the practice varied between units on the management of gastric aspirates. I found this interesting, as our unit has recently changed its guideline regarding aspirates.

Sheeja spoke on the colour of aspirates and found a variance in the decisions made as to whether to withhold the feed or continue on. Not all neonatal units had colour charts in their protocols. Potentially yellow aspirates could be identified as bile and in the face of an otherwise clinically well infant, this could interrupt the time interval for the infant to reach full feeds.

Sheeja also found that practice varied in the management of large gastric residual volumes. Some nurses returned all the aspirate and some only part of the full amount. We know that volumes can be affected by such things as baby position, gastric emptying time and where the gastric tube tip is sitting within the stomach. Studies suggest that residual volumes are not a reliable indicator of feeding intolerance and NEC, especially in the absence of other clinical signs.

Our own NICU unit like some others have abandoned the routine practice of regular gastric aspiration.



COINN Feedback

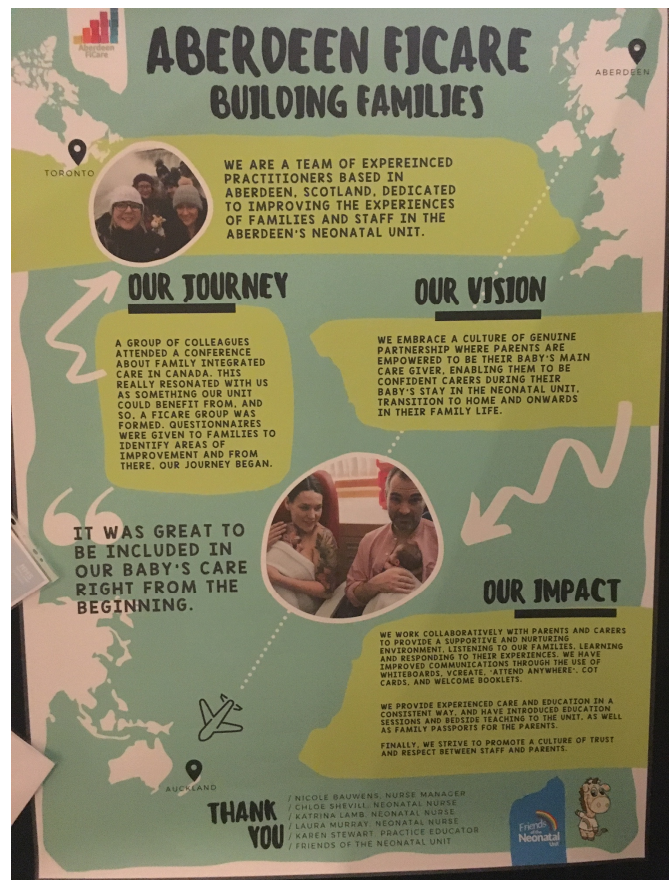
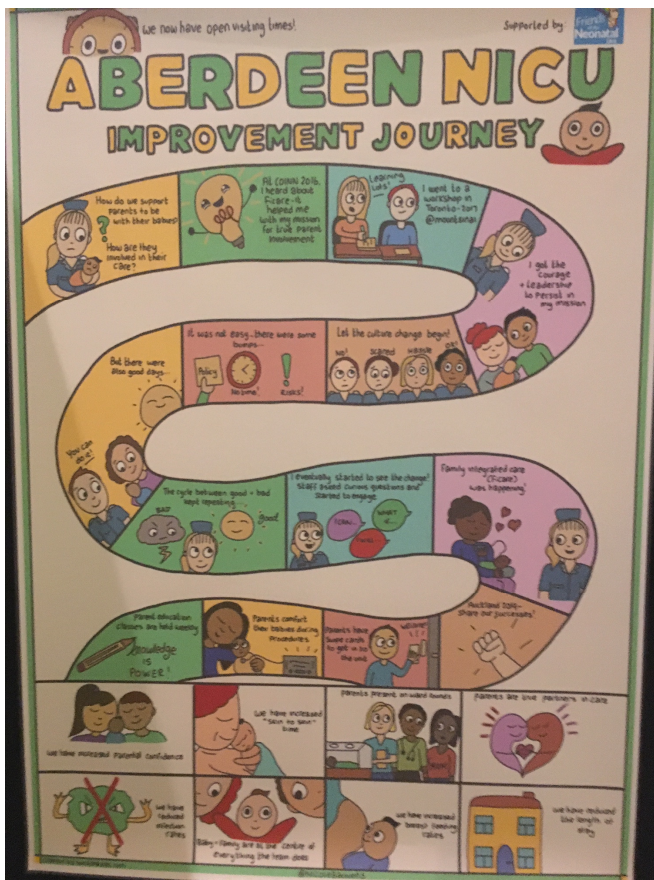
Claire Annan

Registered Nurse, NICU.



I had the privilege of attending the COINN conference to which I was amazingly funded for by NNCA, so to sum the conference up in a hash tag it would be #bestconferenceever!

Out in the foyer there were about 50-60 posters displaying research done, innovations implemented and data and statistics from different units around the world. There were a couple of posters by a NICU in Aberdeen, Scotland that caught my interest, it showed the process of change that a nurse unit manager (NUM) had implemented into her unit to allow family integrated care (FICare) to be at the forefront of change within the unit's culture.



I had a lengthy discussion with her about this process of change and how she had performed this. Having worked in Scotland myself, I know of the 'hierarchy' and 'old school' systems of the Scottish healthcare system. She discussed that she had attended the COINN conference in Vancouver in 2016 after becoming a NUM of the Aberdeen NICU and learnt about the importance of family centred care. Her background was from a haematology paediatric unit so the newness of a NICU environment was challenging to say in the least.

The previous culture of the unit that parents were only allowed to visit within the hours of 1300-2100HRS only and the focus was on the 'baby' but without the 'parental' input to put it briefly. So what she brought back to the Aberdeen NICU from attending the COINN 2016 conference was an idea that was fresh faced, future thinking but not popular within some of the team.

COINN Feedback

Claire Annan

Registered Nurse, NICU.



However, she proceeded to implement the FiCare values and practice, which eventually began to show results such as, increased parental confidence and working in partnership with carers, kangaroo (skin to skin) cuddles, parents being present at ward rounds, increased breastfeeding rates, reduced infection rates and decreased patients length of stay.

She stated that it wasn't an easy process and staff turnover occurred, however the pros outweighed the cons and the unit became what it needed to be which was well overdue. They are now at the forefront of neonatal care in Scotland and are being used as a leading example of what the future of neonatal care should look like.

Reflecting on neonatal care within N.Z., the benefits of being a 'young' country, brings the process of change that can happen quicker due to it not being stepped in history and hierarchical structures and policies like Scotland. It also made me proud to work not only in a country that promotes change but also in a unit that has been readily implementing family centred care for sometime now.

Lastly thinking about the process of change and how this is not easy in any working environment, even though N.Z. reflects up to date neonatal care, there are always things we can improve on where we need to change and we need to make sure our nursing culture encourages change, not hinder it. The last statement she said was, even though she was over the other side of the world at COINN, she felt she could leave her team to continue and support FiCare without her as she had built a team of leaders and capable staff - this shows transformational leadership to its core and the reality of what any nursing, let alone neonatal nursing should be aspiring to.

Nga mihi, Claire Annan.

Registered Nurse | Neonatal Intensive Care Unit



COINN Feedback

Sinead Casey



The Council of International Neonatal Nurses Conference (COINN) covered many aspects of Neonatal care. A major theme was Neurodevelopmental care and the importance of understanding brain development. Nadine Griffiths & Kaye Spence presented a session called Practical Application of Neurodevelopmental Strategies in the Neonatal Setting. This session introduced the Newborn Individualised Developmental Care and Assessment programme (NIDCAP), under the seminal work of Dr. Heidelise Als. This identified how we, as medical practitioners, can facilitate an environment that is developmentally supportive for the neonatal population and their families.

Flacking et al. (2012) posits brain development of the preterm infant is immature but has high plasticity; development is significantly influenced by emotional closeness and parent empowerment. Environmental factors can affect gene expression through epigenetic mechanisms resulting in increased DNA myelination and increased salivary cortisol in response to stress at three months of age (Flacking et al., 2012). The synactive theory proposes that care-implementation, which takes into account the infants' thresholds to disorganization, is ultimately supportive of the infant's long-term outcomes (Maltese et al, 2017). The implementation of The Newborn Individualized Developmental Care and Assessment Program (NIDCAP) into many units internationally has led to a more individualised approach to support and care for vulnerable preterm infants.

Als & McNulty (2011) recognize preterm infants as complex, responsive, and active in eliciting social and sensory stimulation, while simultaneously attempting to regulate their own thresholds of reaction and response. NIDCAP is based on reading each preterm infant's behavioural cues, and on formulating of a care plan, which enhances and builds upon the infant's strengths, and supports the infant in areas of sensitivity and vulnerability (Als et al., 2012) Developed from seminal work of Dr. Heidelise Als (Keynote Speaker COINN 2019), NIDCAP training focuses on the partnering, coaching, and education of multi-disciplinary professional teams in Neonatal Units, including the families that transition through the unit.

Understanding of the neurodevelopmental expectations of the preterm as expressed in the infant's behaviour will provide a reliable basis for examination, and adaption of the neonatal environment (Als & McNulty, 2011). Alignment to the whanau by provision of unobstructed access and an environment that supports Kangaroo Care (KC) is essential. KC has been shown to protect against developmental stressors and reduce morbidity and mortality in the neonatal population (Conde-Agedelo & Diaz-Rossello, 2016, Zimmerman & Bauersachs, 2012). Barriers to achieving this have been identified at a multi-system level and include environment and staff education.

An integral part of the development of NIDCAP is getting all staff educated and on the page.

COINN Feedback

Sinead Casey



Facilitating access for parents and more importantly empowering parents to engage in neuro-development care strategies is proving to improve outcomes for these premature babies across the lifespan. Frank et al., 2012; Reynolds et al., 2013 identified that the caregiver to the infant cue is the precursor to attachment throughout the lifespan. Acknowledging this, it's even more pertinent that we transition from the biomedical model of health to Family centred approaches in order to promote engagement with the health system and population health. Ramsden (1996) states every health care relationship, between a professional and a whanau is unique, power-laden and culturally dyadic in nature. Family Centred Care involves balancing power relationships so that every health consumer receives effective treatment and care to meet their needs that is culturally competent and culturally responsive (Nursing Council of New Zealand, 2009).

Nadine Griffiths & Kaye Spence presented a video that highlighted the significant physiologic and behavioural disorganisation responses to a variety of procedures and daily caregiving routines. Seemingly innocuous events such as bathing, weighing and nappy changes can be stressful and increase cortisol levels in the neonatal baby (Grunau, 2013). Increased cortisol levels may also lead to decreased n-methyl-D aspartate receptor activity and increased apoptosis in multiple areas of the brain, predisposing the infant to behavioural phenotypes associated with anxiety and stress (Flacking et al., 2012). Prolonged increased stress can lead to long term cognitive impairment, resulting in less social cohesion that all feed into the epigenetics of the poverty cycle.

There were many sessions at COINN that supported the continued focus on neurodevelopmental care, and the development of programmes such as NIDCAP to support quality health improvement. In introducing these programmes we have to consider quality health improvement and change management strategies.

Three components underpinning change management are evidence, context and facilitation (Ministry of Health, 2011). Poor context can often lead to repeated unsuccessful attempts unless great facilitation is in place, which is where programme such as NIDCAP are fundamental in establishing guidelines and gold standard care for our precious families.



“One brain for life- all experiences matter”

During the COINN conference, I was fortunate enough to experience lectures and interactive sessions taught by a number of fantastic health care professionals and family members. Although there are a many lectures that I could write about, I found one to be particularly impactful; listening to the work of Dr. Heidelise Als.

She introduced her session by discussing the brain anatomy of a premature infant and highlighted the importance of the frontal lobe, with regard to processing sensory information. A premature brain does not have the capacity to ‘make sense’ of living experiences and as we know, this can be incredibly detrimental to an infant’s long term outcome. For example, poor experiences in the early stages of preterm life can negatively impact infant bonding, coping mechanisms, relationship building and long term mental health.



Als discussed the importance of neurodevelopment with regard to premature infant care and introduced the term ‘NIDCAP’. NIDCAP stands for ‘Newborn Individualised Developmental Care and Assessment Program’, and is a program which she and her team have been pioneering since 1984. NIDCAP strives to create a supportive, gentle environment for fragile, premature infants and encompasses infant led, family integrated care.

She enlightened us with research data and emphasized the dramatic correlation that the program has had with regard to improved infant outcomes, including reductions in infant ventilation time, chronic lung disease and hospital stay. Further, she highlighted improvements noted with regard to white matter development within the brain (found through MRI imaging), breast feeding rates, parent/infant bonding and reduced family stress (to name a few).

I found the session to be captivating and believe that by the end of the presentation, we were all energized and excited at the idea of role modeling NIDCAP values, as the care that we provide on a daily basis in NICU, can truly mold the brains of infants and impact their long term health outcome.

Als finished with a quote which seemingly wrapped up her presentation in a perfect little bow, and is something that I will keep in my mind every day, when caring for babies in NICU;

“One brain for life - all experiences matter”

Claudine Amiel-Tison

Louisa Langford

COINN Feedback

Maureen Higgs
Nelson



I began my career in neonatal nursing in the late 1980's at Christchurch Women's Hospital, quite a change in direction after following a path in the surgical field. The margin of viability hovered around 28weeks' gestational age and infants born at 32 – 34 weeks balanced on the precipice of life and death with serious respiratory disease. In the years since, the landscape of neonatal care has changed with advancing technologies and better knowledge of neonatal physiology. We have a clearer understanding of the inherent risks and complication of being born preterm and care is increasingly focused on preventing short and long-term health problems, not only for the baby but also for the family and whanau.

With thanks to the support of NNCA I was this year partly sponsored to attend The COINN Conference in Auckland. As I reflect on 30 years of neonatal nursing, predominately in a Level 2 unit, I think of the early work on Developmental Care that began to guide our practice to improve outcomes for the babies we cared for. Slowly, but surely, we introduced supports to get midline orientation and babies out of the prone position that was sure to cause plagiocephaly. We have since come along way with supporting physically developmental care, there is a strong focus now on neurodevelopmental care which this conference addressed in many different ways.

The wide range of presenters and myriad of topics filled three full days of learning.

I attended the P.O.I.N.T.S workshop taken by Gina Beecroft on the Sunday, pre conference. P.O.I.N.T.S is a mnemonic for Pain, Oxygen, Infection, Nutrition, Temperature, Supportive Care which are the key areas of neonatal care and the program is designed to educate nurses caring for neonates in less privileged countries to meet some of the often complex, challenging and day to day care of sick and premature babies that they face with minimal resource.

My interest in this is because my son-in-law is from a village in the highlands of Papua New Guinea (PNG), which I have visited and I was interested to hear what the program entailed and how it was implemented with a thought that I might be able to improve the outlook for babies born in and around Peter's village.

After also listening to the presentation by Donna Hovey from Brisbane and the work the Australian College of Neonatal Nurses (ACNN) have achieved in supporting staff in a hospital and surrounding villages in and around Goroka, PNG, I realised that there is a need to get sponsorship and support from government agencies to be effective in developing education opportunities for staff in less developed countries especially when there is unrest and uncertainty around safety.

Maureen Higgs—contd.

The practice at delivery in Goroka and the villages by Birth Attendants prior to education by ACNN field workers, was that any baby who was born and appeared to not be breathing was deemed a still birth—and no efforts to resuscitate were undertaken. Following the introduction of birthing the baby onto the mother's tummy, getting them to provide tactile stimulation and using mask to mouth as necessary has improved outcomes. Of 576 births there were 25 active resuscitations, 11 died and 14 lived.

Village birth attendants had identified and transferred 29 mothers and newborn to health centres for ongoing assessment in a recent audit that was completed. True testimony to the success of simple education programs such as P.O.I.N.T.S.

As many units adopt and build on the concept of family integrated and neurodevelopmental care, there were many pearls of wisdom to be gained from the many presentations by Neonatal experts. It was a privilege to hear Heidelise Als, a pioneer of neonatal nursing and still passionate about her favourite subject. She encouraged us to make the changes we want to see, to set goals and time lines with the realisation that change takes time.

So much other useful guidance was shared in establishing excellent neurodevelopment environments and family involvement. It was amazing to hear of the work being done by so many neonatal nurses to improve the outcomes for mothers and babies in their country and the challenges they face.

The poster presentations provided good reading at break times, again so many projects, audits, innovative development and research by so many. The commitment to make a difference is alive and well.

Socially as always it was great to catch up with New Zealand colleagues and to establish new connections with international participants. The conference dinner was an amazing spectacle including the ambiance, food and entertainment, made all the more real with participation from all to dress for the occasion.

Attending the COINN conference was an experience 5 staff from Nelson SCBU will treasure as a memorable event in our careers. We plan to work together to improve our model of Family Integrated Care and our approach to Neurodevelopmental outcomes. We are fortunate that for the most part, mothers and babies can be together from birth. We have recently secured reclining chairs for each room to facilitate skin to skin and breast pumps are readily available for mums.

Still much to do, it all takes time.



COINN Feedback



Editor's Note: Please accept my apologies—this is a fantastic report but unfortunately I don't know the author.

I was so privileged and blessed to attend the COINN Conference 2019 and it was made possible by the scholarship granted by NZNO which I'm so grateful for.

Attending the COINN Conference for the first time was such an amazing experience for me. I was able to understand when it was incorporated and that it represents nurses from over 60 countries in which I was so honoured meeting in person during the entire conference. I also admire their mission as Neonatal Nurses "to be visible" by teaming up with other organisations to speak up and collaborate locally and internationally to promote "transformational leadership" that could create a world in which there are no preventable deaths of newborns or stillbirths, where every pregnancy is wanted, every birth celebrated, and mothers, babies and children thrive and reach their social and economic potential. Wow, that's such a great vision globally which I believe is possible.

There are so many things that I love in the conference. I love the theme "Enriched Family, Enhanced Care Leads to Enriched Nurses, Enhanced Care" that made me more aware that family has a great impact in the life of our neonates and the importance of Family Centered Developmental Care. If we're able to support parents and be responsive to their needs and reduce their sources of stress we're able to strengthen their core life skills, helping them to cope and that they will be able to be responsive caregiver that will result to healthy development and high educational achievement of a child.

We are all leaders in NICU and I've learned that "A leader is anyone who takes responsibility for finding the potential in people and processes, and who has the courage to develop that potential." Let's listen to families with the same passion with which we want to be heard.

I also love the way Heidelise Als presented and explained "Protecting the Preterm Brain" from Anatomy and Physiology of the Brain with a goal for continuous assurance of brain protection, enhanced experience-mediated calmness and comfort, enhanced intimate contact and assurance of darkness for better sleep and cognitive development. She said at the end, "One brain for life – all experience matters." It matters how we listen to the voice of each newborn and how we care for each newborn and each family.

It also matters how we care for one another and for ourselves. Her explanation made a great impact in me as a neonatal nurse making sure that all experiences of the neonates that I will be caring for will be affectionate and gentle care, collaborative care with parents, peaceful and assuring intimacy, pleasurable feeding and nutrition and safeguarding a quiet soothing environment for infant and family, growing security and trust.

COINN Feedback

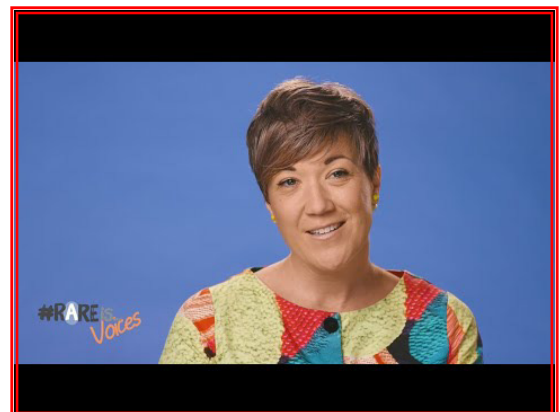


Editor's Note: Please accept my apologies—this is a fantastic report but unknown author.

I've also learned the seven Neuroprotective Core Measures for Family Centred Developmental Care which includes, Healing Environment, Partnering With Families, Positioning and Handling, Safeguarding Sleep, Minimising Stress & Pain, Protecting Skin and Optimising Nutrition.

Another thing that I love in the conference was Simon Rowley's presentation about "Working with NICU families-Retaining our Humanity." I haven't heard anyone like him who was so transparent and so honest in his speech. His day to day experience with the families especially when revealing bad news to parents about their child's worsening medical condition is a nightmare but you can feel his sincerity, his care for the child and the family no matter how difficult it is he was able to manage and involve them and be open as possible. I believe this is the kind of doctor that the family wants to trust for their child's care.

I also love Rachel Callander wherein she talked about "The Impact of Language and Empowering Communication at Diagnosis. She shared her journey as a mother of a premature infant in NICU from hospital to home. She experienced hearing lots of medical terms but couldn't understand it at the beginning and hoping doctors will explain it in a simplified manner.



From hospital nutrition to breastfeeding to solid food. I admire her courage and authenticity as she shared her challenging experiences as a mother of a preterm baby, she said it's like a rollercoaster ride, a lot of ups and downs. She shared one of Bob Marley's quote that says, "You never know how strong you are, until being strong is your only choice."

For me, it gave the conference a sense of balance coming from a true to life experience of a former mum in NICU and gave me a fuller and wider understanding from a mother's perspective being in the hospital and how important to use words that parents can easily understand to better communicate and empower them. I also love Karen New, who shared her difficult experiences as a mum as well but was able to overcome challenges and transformed it into a very positive experience for her and her baby. Both Karen and Rachel spoke from a mother's heart and really touched me and for sure they touched the rest of the delegates too.

COINN Feedback

Editor's Note: Please accept my apologies—this is a fantastic report but unknown author.



I was also one of the delegates who was able to attend the Breakfast Sessions sponsored by Fisher and Paykel Healthcare (Stabilisation and Thermal Management in the Delivery Room) and Johnson & Johnson (Care of the Largest Organ: Burden or Opportunity) which are both fantastic. And since I am passionate about neonates' skin I really enjoyed the second breakfast session wherein they talked about neonatal skin injury from pressure, friction, shear and stripping. I love the way they presented it and that we can change burden into our opportunity just like what they did. They created a team and did some research and introduced a new skin scoring tool presented by Fiona Dineen which is very specific for NICU which I love. I've been looking for this tool that could prevent pressure injury and preserve skin integrity of our preterm infants highlighting babies that have skin that could be at possible risk in our unit. I've spoken to Fiona Dineen after the session and she has emailed me back with the Skin Assessment tool which can be used for neonates and started to trial it in the ward and hopefully to fully implement it soon.

And of course I love Gala Dinner that has the "Great Gatsby" theme. I was amazed from the set up of the tables to the dance presentations, to photo booth and ohh the lovely food, like in the Masterchef, soo delicious! It was indeed a great night for me with lots of laughter, photos with new found friends and colleagues and of course the dancing part wherein most of us beautiful delegates and speakers danced gracefully on the floor with the wonderful live band.

And last but not the least, I love the presentation of Margaret Alve about "Building Strength and Resilience" which showed importance of self care that "self care is never a selfish act- it is simply good stewardship of the only gift I have, the gift I was put on earth to offer others."

She also shared secret to happiness which involves expressing gratitude, the will lead to peacefulness and joy and practice kindness. There are a lot of positive quotes that are so inspiring and that nurture a positive view of yourself like "You are imperfect, you are wired for struggle, but you are worthy of love and belonging."



All of these things are very important for me to constantly apply in my daily life as a neonatal nurse. Overall, the COINN Conference 2019 is excellent in every way. I couldn't add or deduct anything from it. It was well balanced in knowledge, practical work applications, good humor, authenticity, positivity, excellent food, fun and friendship. Again, thank you so much to Dale and the whole team who sacrificed a lot for making this conference a great success. Looking forward to more excellent conferences like this in the future.

Editor Note: Can the writer please contact the Secretary of NNCA to claim this wonderful piece—we will acknowledge it in the next newsletter.

Reflection

Sinead Casey—Taranaki DHB

Neonatal Mum to Neonatal Nurse: My biggest revelations.

My name is Sinead and I'm in my fifth year of working in the Neonatal Unit at Taranaki District Health Board. I had two children through the unit; this inspired me to become a Registered Nurse and work within the Neonatal field. This is an excerpt of a reflection about my time in our regional level 2A Unit as a parent, and how this now drives my passion to deliver Family Centred Care.



Plan A, B or Z

In life I pride myself in being organised, in fact I hate not having control over a situation and this does not lend itself well to pregnancy in general. Let alone when you discover you are going to a place that your unknowing mind has perceived as associated with negative outcomes. Discovering you have lost that chance at the elusive 'normal' maternal transition that had been fantasized about I frantically sought a Plan B. A definitive answer of how the next days or weeks were going to play out with no room for subjectivity. However, I soon learnt this led to the development of misinformed expectations and ultimately ending in a wider feeling of disempowerment and loss.

There was significant impact on my family psychologically that resulted in the compartmentalization of my social identity. The values and beliefs I held suddenly felt challenged in context of the environmental stressors, and led to behavior modification to suit the ever changing environment. Ever tried not being you to please other people, only to discover that on an eight hourly cycle expectations shifted? Add another child into the mix at home and the constant pull in every direction to fore fill your role as a mother, a new parent and wife, is overwhelming.

Reflection Piece contd...

Sinead Casey



Feeding in an Art not a Science

A really bad work of art that just when you feel like a masterpiece is being created it transforms into an unorganised mess of brush strokes and mismatched colours. When said to me as a mother on the unit my first thought was I was never very good at art so I could already see this going pear shaped.

The move to the nursery from the main unit was only a few metres, but psychologically represented transition to a world that was much closer to going home, how wrong was I. Baby came to the breast peacefully, she latched beautifully with no discomfort and happily sucked away while we stared longingly into each others eyes, basically a love story right. Wrong, baby's first breastfeed was a mix of frustration, tears and ultimately disappointment, further attempts weren't much better. This stage was a rollercoaster of multiple opinions, adjustments and ultimately the worst part of the journey for me.

Transitioning through the Neonatal Unit is not the normal transition to motherhood, every interaction we have needs to take this into consideration. As a registered nurse I have an understanding of care plans and the physiology and psychology of feedings, communicating this is vital through effective family centered healthcare models and continuity of care across providers.

The biggest thing I have learned is that is vital we create environments that families can listen to baby; support there cues and be present in every interaction without disempowerment and fear getting in the way. Creating this in a healthcare system that is severely short of resources is challenging and will always create a barrier, but as nurses we are the connection that this new family unit has to accessing and achieving optimal health outcomes.

We need to be the voice, the advocates and lead the change in the development of models of family centered healthcare.

Planning Ahead...

Ongoing Professional Development

THE ROYAL WOMEN'S HOSPITAL PRESENTS

COOL TOPICS IN NEONATOLOGY 2019



This conference will be held on Thursday 14 and Friday 15 November 2019

Copland Theatre
Department of Business and Economics (The Spot Building)
The University of Melbourne
198 Berkeley Street, Parkville, Victoria, Australia

PERINATAL SOCIETY of Australia & New Zealand
PSANZ



PSANZ 2020
XXIV ANNUAL CONGRESS
5th – 8th APRIL, 2020



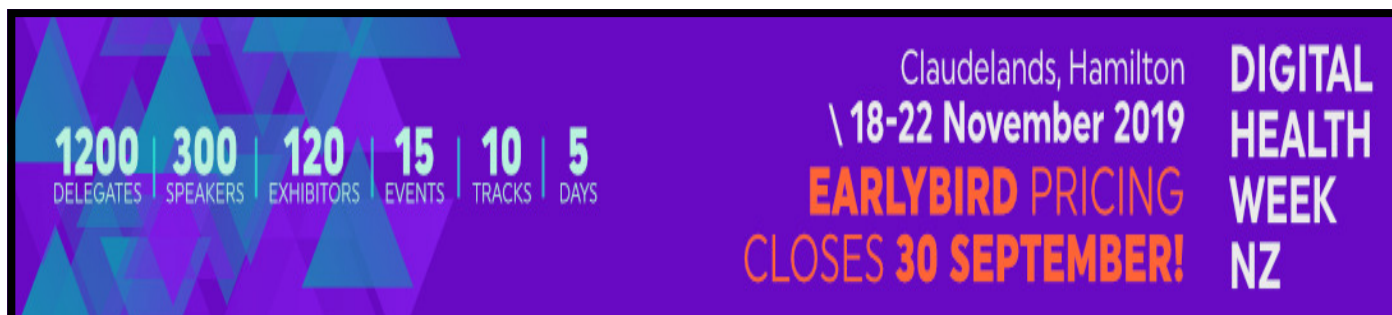
BRIDGING GAPS
IN PERINATAL CARE



SYDNEY CONVENTION CENTRE | WWW.PSANZ2020.COM.AU

Planning Ahead...

Ongoing Professional Development



A purple banner with a geometric pattern of triangles. It contains the following text:

- 1200 DELEGATES | 300 SPEAKERS | 120 EXHIBITORS | 15 EVENTS | 10 TRACKS | 5 DAYS
- Claudlands, Hamilton
- 18-22 November 2019
- EARLYBIRD PRICING CLOSING 30 SEPTEMBER!
- DIGITAL HEALTH WEEK NZ

Digital Health Week NZ is 18-22 November 2019

Pre-conference events run from 18-20 November.

HiNZ 2019 starts at 1.30pm on Wednesday 20 November 2019 and closes at 1pm on Friday 22 November 2019.



A screenshot of the registration page for the Nurse Managers NZ Conference 2019. The page features the NZ Nurses Organisation logo at the top, a navigation bar with links to Welcome, Attendee Information, Additional Attendees, and Registration Record, and a main content area with the following text:

Welcome to the Registration site for the

NZNO Nurse Managers New Zealand Conference 2019

'Challenges of Our Time'

7-8 November 2019

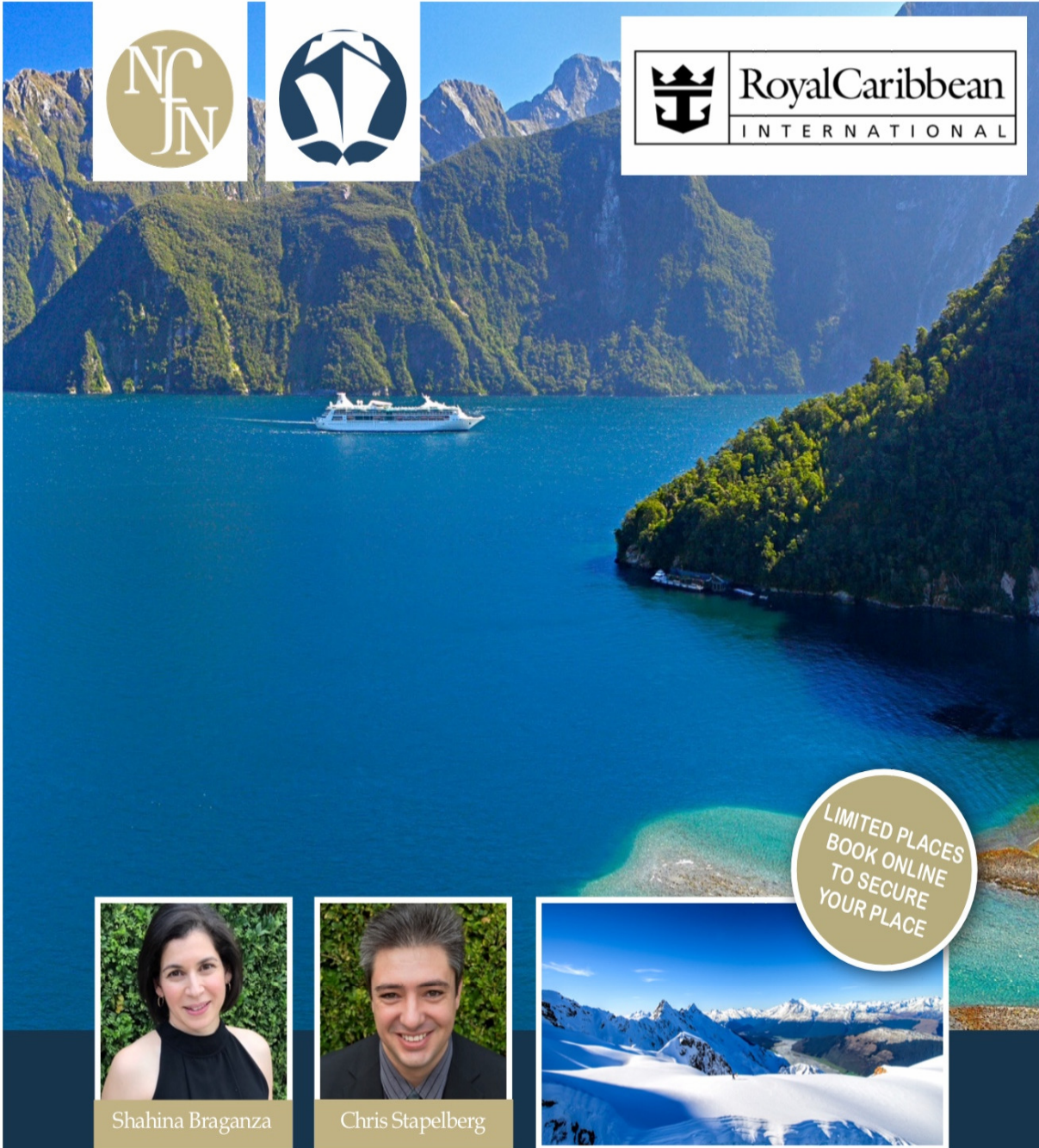
Ellerslie Events Centre
80 Ascot Avenue
Remuera
Auckland

Planning Ahead...

Ongoing Professional Development



Royal Caribbean
INTERNATIONAL



LIMITED PLACES
BOOK ONLINE
TO SECURE
YOUR PLACE



Shahina Braganza



Chris Stapelberg



Optimising Wellness in Health Care Workers

Cruising to New Zealand departing Sydney
2 - 11 April 2020 | 24 CPD Hours

Planning Ahead...

Ongoing Professional Development

**AUT**

Neonatal Pathophysiology

(HEAL850)

Pathways, programmes/specialisations the paper is attached to

Master of Health Practice, Master of Health Science, Postgraduate Certificate in Health Science, Postgraduate Diploma in Health Science in the specialisation area of Child Health

Am I eligible to enrol in this paper?

To enrol in this paper you must be a registered health professional who:

- Holds registration from a 3 year programme or equivalent congruent with the HPCA Act 2003
- Holds a current Annual Practicing Certificate
- Is currently practicing within a clinical setting caring for sick/preterm neonates.

What is this paper about?

Develops an understanding of the physiological alterations which occur in the neonate in response to illness or prematurity. Examines the relationship of pathophysiological principles and clinical management.

What can I expect to learn?

- Antepartum and intrapartum complications impacting on the neonate
- Developmental anatomy and physiology of the neonate
- Adaptation to extra uterine life
- Pathophysiology of common disease related conditions of the neonate
- Nutrition, growth and metabolism
- Environmental influences e.g. temperature, medications

How is this paper taught?

Location: Auckland City Hospital and South Campus, AUT

Teaching Period: Offered in Semester 1 only

Block Course: Two 3-day block courses taught on-site Auckland City Hospital and South Campus, AUT.

Teaching Style: A variety of teaching and learning techniques will be used including interactive classroom discussion, presentations, guest lecturers and opportunity for peer review. Online learning tasks will be used to facilitate discussion, knowledge and understanding.

How will I be assessed?

1. Written assignment
2. Written assignment
3. Exam

Who will be teaching me?

Paper Coordinator: Dr. Annette Dickinson, RGON, PhD

Annette has a clinical practice background in general paediatric and medical specialties in particularly respiratory illness. Prior to taking up a position at AUT University in 2000 she held a number of leadership positions at Starship Children's hospital including, Respiratory Nurse Specialist, Nurse Consultant (Quality/Research) and Nurse Advisor. Her research and clinical interests relate to the care of families who have a child with chronic illness or disability, children as consumers of care and the development and education of the professional workforce for child health.

Fees

Information about paper tuition fee for papers may be found at:

<http://www.aut.ac.nz/study-at-aut/fees-scholarships-and-finance/fees/postgraduate-fees>

Enrolment and enquires

Please contact Debra Spinetto for any enquiries about enrolment. Further information about our postgraduate offerings may be found online.

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 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.

Next Application date:



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

Fax: 04 382 9993

E-mail: sally.chapman@nzno.org.nz

What's happening in your back yard??



**I invite Neonatal In-
tensive Care and
Special Care Units
from around
New Zealand to
share local news...
(articles accepted
NOW!)**

FOR THE NEWSLETTER...

Submissions gratefully received!

- 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!
- Publishing deadline **30 November 2019**
- Send your work to: sally.chapman@nzno.org.nz
for the next Edition. Sally is our NNCA administrator.

(Thanks Sally!)

• ***Just Do It!!***

