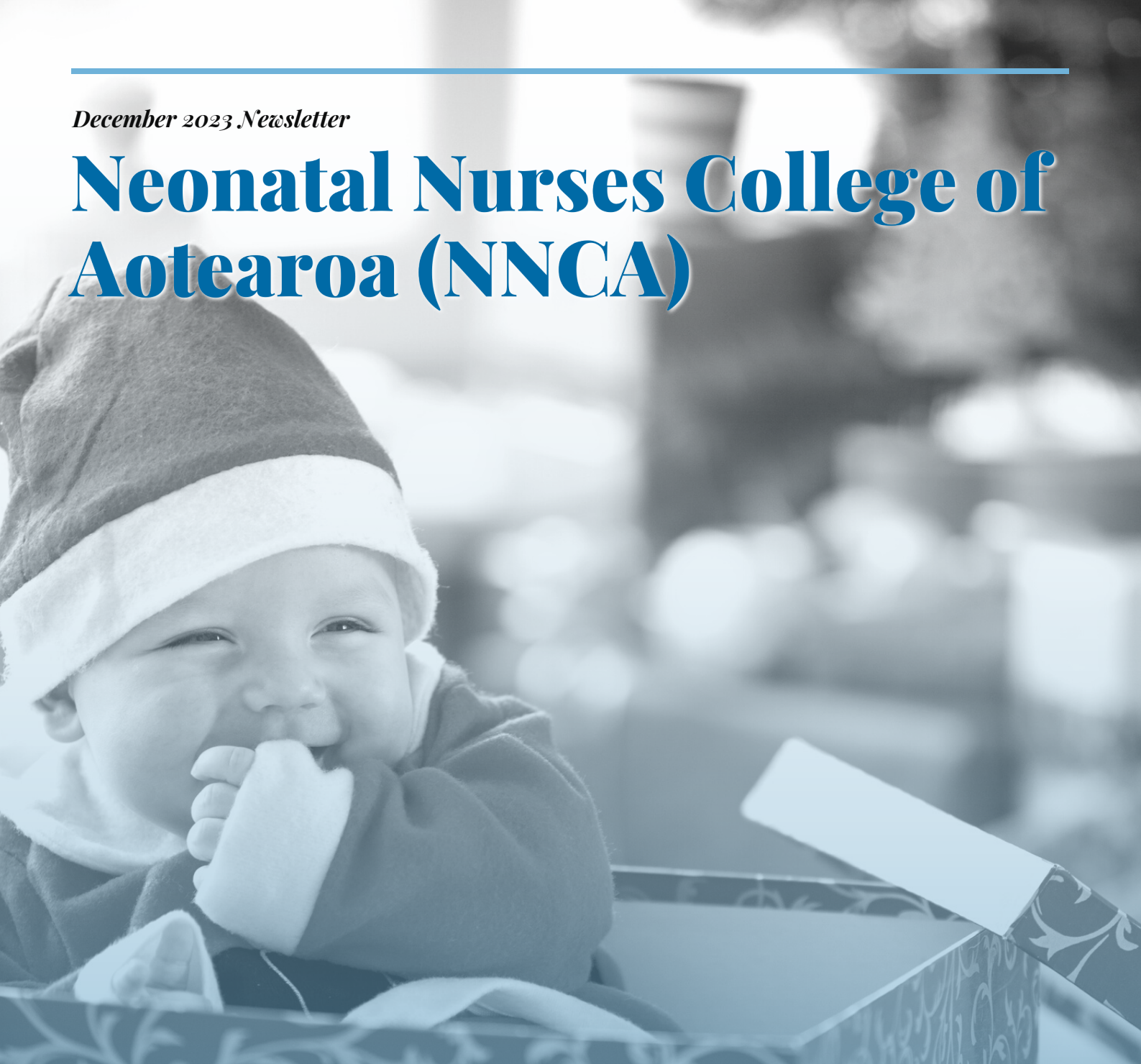
December 2023 Newsletter

Neonatal Nurses College of Aotearoa (NNCA)



Inside this issue:

Neonatal Nurses College Aotearoa
New Zealand Nurses Organisation

NEW ZEALAND NURSES ORGANISATION
TŌPŪTANGA TAPUHI

Neonatal Nurses College (nzno.org.nz)

Neonatal Nurses College of Aotearoa NNCA | Facebook

Chairperson's Report

Merophy Brown, Chair

Kia ora koutou katoa,

I would like to acknowledge all of our Neonatal Nursing colleagues throughout the country. You continue to do amazing and important work, caring for our most vulnerable and their whānau. This is despite the continuing high acuity and capacity, and COVID-19 becoming part of our business as usual. This year saw changes to our health system and a change in focus with NZNO's new campaign Maranga Mai!.
As a committee, we were able to have face-to-face meetings and we continued to plan exciting things for our members.

The transformation of our health system to Te Whatu Ora - Health New Zealand means we are now a single health service providing consistent, high-quality health services for all people. Te Aka Whai Ora - Māori Health Authority works alongside Te Whatu Ora to improve services and achieve equitable health outcomes for Māori. Te Pae Tata the Interim New Zealand Health Plan 2022, is the initial plan to get everything up and running.

It incorporates the five system changes

- Meeting the complex demands of a growing population
- Addressing the persistent inequalities experienced by Māori
- Ensuring greater access, experience, and outcomes for those traditionally not well served by the system, Māori, Pacific and disabled people
- Making use of modern technology and developing new and innovative ways of working and
- Focusing on keeping people, their whānau and their communities well and out of hospitals - not just caring for them when they are sick.

The principle of having a unified health system that isn't necessarily uniform, could mean neonatal units have variation across the country in terms of how care is delivered. Hopefully, we can share similarities and consistency which will result in better outcomes for our patients and their whānau.
The Maranga Mai! campaign calls on every nurse, everywhere to action – to "rise up" with unified strength to achieve five main goals

1. Te Tiriti be made real within and across the health system
2. More nurses across the health sector to match (individual and population) health need
3. Nurses' values and expectations are reflected in their pay and conditions
4. Increase student nurses' education opportunities and funding support
5. Increase the number of Māori and Pasifika nurses to reflect NZ's population.

Our units have continued to be supported by the Little Miracles Trust, which has been great. Units around the country celebrate World Prematurity Day in November where delicious baking was organised by the Trust. We really appreciate all the support we receive and know our families really appreciate it too.
Our annual Symposium was finally able to happen in November after COVID-related postponements. I just want to say a huge thank you to Michelle and all her team at Hawkes Bay SCBU for their perseverance in making this happen.

It is with great sadness that I wish to acknowledge our outgoing Executive committee members Ros Gasparini, Helen Barwick and Barb Hammond. Our Secretary, our Treasurer, and our ANZNN representative.
Ros, your continued support, knowledge of processes, minute-taking, and continued interest in developmental care has been amazing. Thank you so much.

Helen, thank you for continuing to keep our finances sorted and always looking for ways to increase our funds, your continued support with the units hosting the symposium and for being so easy to communicate with.
Barb, thank you for coordinating the ANZNN data manager group. You've done a great job of keeping us all up to date with changes that flow through to the units.
We will miss you all! To my Executive committee members thank you for continuing to support me in my role!
As we head into the Christmas season, I hope that you all manage to have some downtime amongst the chaos and get to refill your cup! I look forward to the exciting new opportunities 2023 brings.

Nāku noa,
Merophy

"They may forget your name, but they will never forget how you made them feel"
Maya Angelou

Financial Report

Neonatal Nurses College of Aotearoa NZNO

Statement of Financial Performance
For the Year Ended 31 March 2022

2020/21 Actual $		Note	2021/22 Actual $	2021/22 Budget $	YTD % of Budget
	INCOME				
4,139	Donations	1	-	-	
10,696	Symposium - Registrations	1	-	25,000	0%
11,401	Symposium Sponsorships	1	-	10,000	0%
2,000	Sponsorship Nurse of the Year		-	-	
598	Interest		497.24	600	83%
-	Other Income		-	-	
3,727	National Office Funding		9,122.25	9,122	100%
32,561	**Total Income**		**9,619.49**	**44,722**	22%
	EXPENSES				
	Committee Project and Activity Expenses				
1,803	Affiliations	2	1,847.23	17,100	11%
21,955	Symposium Expenses	1	523.13	27,000	2%
2,739	Sponsored Symposium Registrations		-	3,000	0%
-	Projects	3	-	26,500	0%
-	Marketing		-	150	0%
250	Newsletter		-	500	0%
3,000	Scholarships & Grants		2,000.00	20,000	10%
29,747	***Total Committee Project and Activity Expenses***		**4,370.36**	**94,250**	**5%**
	Committee Meeting Expenses				
2,808	Accommodation and Meals		485.93	6,311	8%
38	Bank Fees		38.76	200	19%
-	Depreciation		225.74	-	
-	General		-	500	0%
-	Committee Meeting Expenses		-	500	0%
-	IT Support		-	-	
-	Stationery		-	100	0%
18	Telephone, Tolls and Internet		-	150	0%
3,978	Travel - Air		1,071.85	7,422	14%
669	Travel - Other		1,157.54	4,512	26%
7,511	***Total Committee Meeting Expenses***		**2,979.82**	**19,695**	**15%**
37,258	**TOTAL EXPENSES**		**7,350.18**	**113,945**	**6%**
(4,697)	**NET SURPLUS (DEFICIT) BEFORE TAX**		**2,269.31**	**(69,223)**	**-3%**
211	Less Resident Withholding Tax on Interest		47.31	168	28%
(4,908)	**NET SURPLUS/(DEFICIT) AFTER TAXATION**		**2,222.00**	**(69,391)**	**-3%**

Neonatal Nurses College of Aotearoa NZNO

Statement of Movements in Equity
For the Year Ended 31 March 2022

2020/21 Actual $		2021/22 Actual $	2021/22 Budget $	YTD % of Budget
124,127	**EQUITY AT START OF PERIOD**	**119,219.01**	**119,219**	100%
	MOVEMENTS IN EQUITY			
(4,908)	Net Surplus/(Deficit) after taxation	2,222.00	**(69,391)**	-3%
(4,908)	**Total Recognised Revenues & Expenses**	**2,222.00**	**(69,391)**	-3%
119,219	**EQUITY AT END OF PERIOD**	**121,441.01**	**49,828**	**244%**

Neonatal Nurses College of Aotearoa NZNO

Statement of Financial Position
As at 31 March 2022

31-Mar-21 Actual $			31-Mar-22 Actual $	31-Mar-22 Budget $	YTD % of Budget
	CURRENT ASSETS				
2,000	Accounts Receivable		-	-	
20,905	ANZ Bank Account - Conference		31,319.52	5,000	626%
20,394	ANZ Bank Account - Working		20,234.75	24,628	82%
20,004	ANZ Bank Account - SIGS/Projects		20,017.31	10,000	200%
34,452	ANZ Bank Account - Education		14,765.07	10,000	148%
21,780	ANZ - Term Deposits	4	41,846.51		
-	GST Refund Due		-	-	
-	NZNO Current Account		566.40		
9	Interest Receivable		336.03	200	168%
-	Prepaid Expenses		-	-	
119,544	**TOTAL ASSETS**		**129,085.59**	**49,828**	**259%**
	NON CURRENT ASSETS				
2	As per Fixed Assets Schedule		1,920.65	-	
2	**TOTAL NON CURRENT ASSETS**		**1,920.65**	-	
119,546	**TOTAL ASSETS**		**131,006.24**	**49,828**	**263%**
	CURRENT LIABILITIES				
-	Accounts Payable		-	-	
-	Income in Advance		9,565.23		
-	NZNO Current Account		-	-	
327	GST Due for Payment (NZNO)		-	-	
327	**TOTAL LIABILITIES**		**9,565.23**	-	
119,219	**NET ASSETS**		**121,441.01**	**49,828**	**244%**
	Represented by;				
119,219	**TOTAL EQUITY**		**121,441.01**	**49,828**	**244%**

Neonatal Nurses College of Aotearoa NZNO

Note 1:

2020/21 Actual $	CONFERENCES & SYMPOSIUMS	2021/22 Actual $	2021/22 Budget $	YTD % of Budget
	INCOME			
4,139	Donations	-	-	
10,696	Symposium - Registrations	-	25,000	0%
11,401	Sponsorships	-	10,000	0%
26,236	**TOTAL INCOME**	**-**	**35,000**	0%
	EXPENSES			
21,955	Symposium Expenses	523.13	27,000	2%
2,739	Sponsored Conference Registrations	-	3,000	0%
24,694	**TOTAL EXPENSES**	**523.13**	**30,000**	**2%**
1,542	**NET INCOME FROM CONFERENCES & SYMPOSIUMS**	**-523.13**	**5,000**	**-10%**

Neonatal Nurses College of Aotearoa NZNO

Note 4:

31-Mar-21 Actual $	TERM DEPOSITS		31-Mar-22 Actual $
21,780	ANZ Maturity Date 13 September 2022	1.40%	21,846.51
-	ANZ Maturity Date 1 September 2022	1.45%	20,000.00
21,780	**TOTAL TERM DEPOSITS**		**41,846.51**

Neonatal Nurses College of Aotearoa NZNO				
	Note 2:			
2020/21 Actual $	AFFLIATIONS	2021/22 Actual $	2021/22 Budget $	YTD % of Budget
1,802	COINN - Affiliate Member Fees USD 1,238.00	1,847.23	-	
-	PSNZ Membership	-	-	
-	PMMR Committee	-	-	
-	PZNZ Conference	-	-	
-	PMMRC Conference	-	-	
1,802	TOTAL AFFILIATIONS	1,847.23	0	0%

Neonatal Nurses College of Aotearoa NZNO				
	Note 3:			
2020/21 Actual $	PROJECTS	2021/22 Actual $	2021/22 Budget $	YTD % of Budget
-	Points of Care	-	10,000	0%
-	Review of Knowledge and Skills Framework	-	2,000	0%
-	Palliative Care Standards	-	2,000	0%
-	Development of Senior Nursing Roles	-	1,500	0%
	NNCA Review of Scope of Practice		1,000	
-	SIGS - Transitional Care - Skills and Knowledge	-	5,000	
-	SIGS - Transitional Care - Service and Organisational Specifications	-	5,000	0%
-	TOTAL PROJECTS	0.00	26,500	0%

Neonatal Nurses College of Aotearoa NZNO
Schedule of Fixed Assets and Depreciation
For the Year Ended 31 March 2022

Asset	Cost Price	Book Value 1-Apr-21	Additions (Disposals)	Gain/Loss on Disposal	Gain/Loss Capital Profit	-- Depreciation -- Mths	Rate	$	Accum Deprec 31-Mar-22	Book Value 31-Mar-22
Office Equipment										
Laptop purchased 26 Oct 21	2,144.00	0.00	2,144.00			5.00	25.00% SL	44.67	223.35	1,920.65
HP Stream 11-r008tu Laptop - purchased 14/1/2016	457.00	2.39				0.00	25.00% SL	0.05	2.39	0.00
	2,601.00	2.39	2,144.00	0.00	0.00			44.72	225.74	1,920.65

Commentary on the Neonatal Nurses College of Aotearoa (NNCA) Financial Statements for the Year Ended 31 March 2022

Income and Expenditure

Total income for the financial year was $9,619 with expenses totalling $7,350, resulting in a net surplus of $2,222 after tax of $47.
Income is made up of $9,122 from NZNO core funding and interest of $497.

Expenses comprised:

Affiliations $1,847
Symposium expenses $523
Scholarships and grants $2,000
Committee Meeting Expenses $2,980

Committee meeting expenses are funded from NZNO. In 2021/22 meeting expenses of $2,980 were offset by core funding of $9,122 compared to 2020/21 with meeting expenses of $7,511 offset by core funding of $3,727. Travel restrictions due to the Covid 19 pandemic impacted on the Colleges ability to hold face to face meetings in 2021/22.

Statement of Financial Position

NNCA ended the financial year at 31 March 2022 with cash at bank (including term deposits) totalling $128,183 compared to $117,535 at 31 March 2021, an increase of $10,648. This cash increase mainly relates to conference registrations in advance totalling $9,565 at 31 March 2022.

ANZNN update December 2022

Hawke's Bay was a wonderful location for the New Zealand ANZNN Data Managers forum, with 12 attendees able to come in person, joined by another four remotely via zoom. Pity though the zoom members couldn't enjoy the lovely sights.

As I have completed my term with the NNCA and the ANZNN Executive Committee, Claire Jacobs, Wellington's Data Manager, has accepted the role to be the new NZ Neonatal Nurse representative. Claire is well placed to perform these duties having previously worked as a NICU audit nurse in Australia, which has given her a sound understanding of the ANZNN data requirements. At the forum, Claire walked the group through the past concerns for the data collection and the upcoming 2023 changes. Sharon Chow from UNSW Sydney zoomed in briefly to confirm the changes for 2023. Meeting minutes will be sent out to all data managers/collectors shortly.

The highlight of the meeting was as always, being able to put faces to names and being able to share our experiences with a group of likeminded individuals.

Key points from the meeting were:
Make sure you are using the right data dictionary! Items change or are expanded for each year, and data managers could find themselves unnecessarily collecting data that is no longer required.
One big change between 2022 and 2023 is that after a baby meets registration criteria of 'four hours of respiratory support', the 'four hour rule' no longer applies to individual episodes of respiratory support. That means that in 2023, if a baby was ventilated for two hours and then had CPAP for 24 hours, the ventilation will now be included in the data.

If the baby is transferred to a tertiary centre in the first 28 of life (prior to discharge home) the responsibility for the data collection lies with the tertiary unit, even if the baby never met criteria at that hospital. For example, a baby is born at level two hospital A and receives 18 hours of CPAP after birth. At three weeks old, the baby is transferred to level three hospital B for bilious vomiting. Baby self resolves and is transferred back to hospital A. Hospital B is the hospital who has to enter the data as the baby is registered to hospital B.

Encourage the medical team to write good discharge summaries. If the summary tells us the baby went home bottle feeding with tube top ups, we don't know if the baby went home on breastmilk or not. If it says 'bottle feeding EBM with tube tops ups', we do. Data managers can get most of the information they need from step down units from the discharge summaries, if they are well written. Discharge summaries can be requested through your local medical records team.

There is talk of the BadgerNet Neonatal Database being adopted nationwide. If this does happen, babies will move seamlessly through the country, taking their data with them.
Please look at the latest (2020) ANZNN report: https://anznn.net/annualreports and check the names for your hospital representatives are correct. Some persons have long since left the organisations. Please advise ANZNN Sydney of any changes.

I've enjoyed this role and am grateful to the NNCA, who supported my initiative to involve the ANZNN Data Managers/collectors in the pre-symposium forums. It's fantastic our work is being recognized and we can all get together to network and share information.
The 2023 forum will be in Tauranga. I hope you will all be able to make it.
Barbara Hammond RN
Whanganui SCBU

Proposal for the delivery of Family and Infant Neurodevelopmental Education (FINE) Program

This proposal is made on behalf of the Neonatal Nurses College Aotearoa (NNCA) Executive Committee to support the delivery of Family and Infant Neurodevelopmental Education (FINE) training for nurses in Neonatal Intensive Care Units (NICU) and Special Care Baby Units (SCBU) across Aotearoa/New Zealand.

The NNCA Committee proposes a collaborative approach across units to support the sharing of consistent information and education, and transferable skills among units with similar models of care, with an aim to provide FINE training across Aotearoa/New Zealand.

Across NICUs and SCBUs in New Zealand there has been a discernible change in the nursing workforce with many units facing the loss of experienced nurses to retirement, other specialities or overseas. This has created challenges in supporting the development of practice for those new to neonatal nursing, including in the area of neurodevelopmental family-centred care. This presents a challenge for nurses to experience role-modelled practice and understand the potential benefits of neurodevelopmentally supportive care practices within NICUs and SCBUs in New Zealand.

The aim of this proposal is to deliver the FINE Level 1 program to a number of neonatal nurses each year with a wide geographical spread, with the intention that eventually there will be adequate numbers of neonatal nurses with FINE training in New Zealand to ensure sustainability and role-modelling of neurodevelopmental care delivery. It is unlikely that such a large number of nurses would be able to travel to Sydney to attend the course in person, but achievable through accessing the online delivery of FINE training. This approach to FINE training is achievable with adequate funding support from NNCA for the initial Level 1 program and will promote sustained changes in practice that contribute to improved outcomes for preterm infants and their families.

NNCA is in a healthy financial situation and in a position to use funds to support member development.
Initial enquiries have been made with the Sydney NIDCAP team who are open to entering into a contract with NNCA to secure places for New Zealand nurses across the scheduled FINE Level 1 programs in 2023. The numbers to be funded are yet to be determined, and will be reviewed yearly.

Alignment with NNCA and NZNO aims and objectives

This proposal addresses NNCA aims and objectives in the following ways:

- Funds are intended to advance professional nursing so that neonatal nursing and our communities in general will benefit
- Funds will support a group of nurses rather than individuals
- Intended to raise the standard of professional nursing
- Enable new knowledge or expertise to be shared and/or widely applied
- Funding will be applied to members of NNCA
- Enable delivery of training in Aotearoa/NZ by experts from overseas

Maranga Mai! Statement:
The Maranga Mai! Campaign is based on a simple charter of:

- Te Tiriti actualised within and across the health system
- More nurses across the health sector
- Pay and conditions that meet nurses' value and expectations
- More people training to be nurses
- More Māori and Pasifika nurses.

We believe this proposal contributes to the goals outlined NZNO's Maranga Mai! Campaign by supporting member engagement in NZNO, supporting professional education and contributing to workforce development, and enacting our obligations under Te Tiriti o Waitangi to work toward equitable outcomes for Māori.

The FINE Program

The FINE Level 1 program is an educational pathway in family-centred neurodevelopmental care that is suitable for all disciplines in any neonatal centre. FINE Level 1 focuses on raising awareness of the theory and evidence that supports neurodevelopmentally supportive care.

The training is delivered over 1½ days by certified professionals and consists of short lectures and interactive workshops. In response to COVID-19 the training has successfully moved to a virtual platform offering greater accessibility for those unable to travel to Sydney for face-to-face courses. The training centre in Westmead NICU, Sydney has been delivering Newborn Individualised Developmental Care Assessment Program (NIDCAP) training since 1998 and is the only centre in Australasia accredited by the International NIPCAP Federation. The FINE Level 1 program is the foundation component that aims to support nurses to improve the experiences of neonates and their families through the provision of structured neurodevelopmental care, education and support. The FINE Level 1 program provides a basis for neonatal nurse participants to strengthen their own knowledge and skills in relation to neurodevelopmental care. The program incorporates aspects of refection and self-evaluation to provide participants with skills to support and extend both their own practice and the practice of colleagues within their units.

Across NICUs in New Zealand there has been a discernible change in the nursing workforce with many units facing the loss of experienced nurses to retirement, other specialities or overseas. This has created challenges in supporting the development of practice for those new to neonatal nursing, particularly in the area of neurodevelopmental family-centred care. There are many skilled Nurse Educators within NICUs and SCBUs in New Zealand who teach confidently and expertly across technical and physiological aspects of neonatal care, and this knowledge base is well supported within units. However, there are no accredited NIDCAP trainers in New Zealand and relatively few nurses who have completed the FINE Level 1 and Level 2 programs, meaning there is little support for this important aspect of infant and family care. Many units have developed and implemented the Family Integrated Care (FiCare) model of care in response to findings of a large international multi-centre trial [1] which embraces the family within the NICU or SCBU environment and provides parent-focused supports. Providing staff with neurodevelopmental training will complement the FiCare model of care and build the capacity and capability of families to recognise and respond effectively to their infant's needs.

Overview of Family and Infant Neurodevelopmental Care

Individualised neurodevelopmental care was first developed in 1984 by Dr. Heidelise Als [2], and is the only comprehensive, family-centred, evidence-based approach to newborn developmental care.

We were fortunate to have Heidelise Als as a keynote speaker at the Council of International Neonatal Nurses (COINN) Conference in Auckland in 2019, and along with trainers from the Westmead Centre there was a strong focus on the learning needs of nurses in relation to neurodevelopmental care. Infant neurodevelopmental care focuses on adapting the NICU environment and caregiver responses to the unique neurodevelopmental strengths and goals of each newborn. These adaptations encompass the physical environment and its components, as well as the care and treatment provided for the infant and their family.

There is increasing evidence that early life stress is harmful to the developing central nervous system and brain [3]. An infant's brain is growing faster than at any other time in life, and their brain can be impacted by stress and environmental exposure in the NICU with immediate and longer-term consequences. By understanding that every caregiving experience matters, neurodevelopmental care training can help nurses and parents to create an experience that is less stressful and more supportive for the infant. There have been dramatic advances in technology that support the survival rate of infants born prematurely, with a progressive lowering of the periviable gestational age. New Zealand has adopted a consensus statement through the national Newborn Clinical Network that recommends the provision of intensive care support in tertiary neonatal units for babies born from 23 weeks' gestation. Outcome data for Australasia suggests that approximately half of infants born at less than 28 weeks' gestation will have some degree of cognitive, emotional or behavioural delay detected at school age [4]. Outcome data is collected by the Australian and New Zealand Neonatal Network (ANZNN), and over time it has become apparent that with a decrease in mortality and an increased survival rate, factors relating to morbidity may not be limited to gestational age and birth weight alone but also the contribution of the intensive care environment and parental attachment.

Māori health impact

Across Aotearoa/New Zealand there are variations in access to perinatal and neonatal care, and infant outcomes experienced by Māori. These disparities are the result of barriers at a national, local and individual level across systems and processes within perinatal and neonatal care provision [5].

The New Zealand Nurses Organisation (NZNO) Constitution (2018) describes the ideals of a bicultural partnership as that of reciprocity and mutual benefit. Nurses in New Zealand have an obligation to act reasonably, honourably, and in good faith in the provision of care for all. In the delivery of equitable healthcare there is a need for, and emphasis on recognition, respect, accountability, compromise, and balancing of interests. These principles are reflected in evidence of the outcomes of FINE training in the UK where staff report their practice had improved in relation to influencing the wellbeing of infants through the engagement of family in a way that is determined by parents and/or caregivers, and supported opportunities for closeness and attachment, and improved parental self-confidence. Evidence also suggests there is confidence in FINE as a way to achieve goals that are common to all neonatal services, namely equitable access to care that is shaped by the family to enhance the well-being and safety of infants as well as parental engagement in care [6].

The training centre in Westmead, Sydney has undertaken preliminary research (unpublished) comparing three FINE 1 cohorts and found an increase of >1.0 point on a Likert scale for confidence in staff in the application of neurodevelopmental care in the clinical setting following FINE training, and suggests that programs like FINE can help raise awareness of the evidence base that supports consistency of the application of care principles in the clinical setting.

There is yet to be any evidence from within Aotearoa/New Zealand regarding the impact of FINE training for our population, however there is an emerging body of evidence indicating a need to deliver neonatal care in way that honours bicultural practice and meets the needs of Māori [7, 8]. A recent longitudinal Māori preterm study examined the experience of whānau from a qualitative perspective during their stay in NICU7. There is great potential to improve outcomes and experiences for all ethnicity groups within the NICU using tools such as FINE in the care pathway. In Dunedin's NICU, an evaluation of the FiCare model of care introduced in 2017 explored both staff and family experiences, and highlighted positive outcomes of Māori experiences of care, parental confidence and the impact on health literacy [9]. Further work is needed to understand the impact of FINE training and the FiCare model of care in the New Zealand context. The FINE training includes an evaluation by participants and it would be useful to contribute to the format of the evaluation to capture the impact relating to nurses' experiences with Māori whānau.

Funding sought

There is a lack of neurodevelopmentally trained nurses in New Zealand. This presents a challenge for nurses to experience role-modelled practice and understand the potential benefits of neurodevelopmentally supportive care practices within NICUs and SCBUs in New Zealand. Access to FINE training is currently constrained by the cost of individuals travelling to Sydney. We have the opportunity to bring the FINE program to New Zealand and deliver the program in a cost-effective way and within the New Zealand context. NICUs in NZ recognise that having staff education and training that is appropriate to the neonatal population and consistent across the country is an important aspect of developing the neonatal nursing workforce [10].

The aim is to deliver the FINE Level 1 program to a number of neonatal nurses each year with a wide geographical spread with the intention that eventually there will be adequate numbers of neonatal nurses with FINE training within New Zealand to ensure sustainability of ongoing neurodevelopmental care delivery. This approach to FINE training is achievable with adequate funding support for the initial Level 1 program and will promote sustained changes in practice that contribute to improved outcomes for preterm infants and their families.

Plan for implementation

1. Feedback sought from NNCA members (December 2022 – January 2023)
2. Stocktake of those who have completed FINE 1 and FINE 2 across NZ units (early 2023)
3. Explore contract options with Westmead for 20 places for NZ nurses

- across scheduled courses alongside Australian participants, OR
- a one-off course specifically for NZ nurses, OR
- a combination of NZ-specific courses and NZ participants in scheduled courses

4. Approval from the ANZNN Annual General Meeting for use of funding to support FINE 1 training, with a yearly review to determine ongoing support

Feedback is welcome from NNCA members.
Please send your feedback to **juliet.manning@southerndhb.govt.nz**

References

1. Cruz M, et al. Effectiveness of Family Integrated Care in neonatal intensive care units on infant and parent outcomes: a multicentre, multinational, cluster-randomised controlled trial The lancet child and adolescent health, 2018, 2(4), 245-254 | added to CENTRAL: 30 April 2018 | 2018 Issue 4
2. Als H. Toward a synactive theory of development: Promise for the assessment of infant individuality. Inf Mental Health J. 1982;3:229–43.
3. Bolton, J., Molet, A.I. and Tallie Z. B. Curr Opin Behav Sci. 2017 Apr; 14: 133–139. New insights into early-life stress and behavioral outcomes
4. Chow, S.S.W., Creighton, P., Chambers, G.M., Lui, K. 2019 Report of the Australian and New Zealand Neonatal Network 2017. Sydney: ANZNN.
5. PMMRC. 2018. Twelfth Annual Report of the Perinatal and Maternal Mortality Review Committee: Reporting Mortality 2016. Wellington: Health Quality & Safety Commission
6. Warren I et al (2019) Evaluation of the Family and Infant Neurodevelopmental Education (FINE) programme in the UK Journal of Neonatal Nursing, 25 (2): 93-98).
7. Adcock A, Cram F, Lawton B, Edmonds L. He Tamariki Kokoti Tau: Māori Whānau Experiences in Neonatal Intensive Care UnitsVolume55, Issue S1Supplement: Abstracts of the 23rd Annual Congress of the Perinatal Society of Australia and New Zealand (PSANZ), 17–20 March 2019, Gold Coast Convention and Exhibition Centre, Broadbeach, QLD, Australia
8. Filoche S, Cram F, Beard A, Sim D, Geller S, Edmonds L, Robson B, Lawton B. He Tamariki Kokoti Tau - Tackling Preterm: a data-linkage methodology to explore the clinical care pathway in preterm deliveries.
9. Parai, C. MPubHth candidate, University of Otago, 2019
10. NNCA Position Statement on neonatal workforce and education requirements to meet core competencies: September 2015: Version 2:

Member Contribution – Postgraduate study

Amy Copland, RN, SCBU, Nelson

My name is Amy Copland, and I am a registered nurse working in the Special Care Baby Unit (SCBU) at Nelson Hospital. In the second half of 2021 I completed the Advanced Assessment and Diagnostic Reasoning postgraduate paper through Auckland University of Technology. This was my first postgraduate paper and although starting back into study after almost 4 years was a little daunting, it was time to get stuck in and expand my nursing skill set.

The communication and support offered by the AUT team was very helpful. I found all the info and dates needed online. If I struggled to work anything out the IT support team was always happy to help guide me to the answers. The paper's learning content was well organized both for online access during distance learning sections and face to face classroom learning. The main tutor presented learning content clearly and had some amazing personal stories that related to the teaching he presented in his sessions.
I found this paper was a good course to expand both paediatric and neonatal assessment knowledge and skills. Covering a broad range of assessment skills including neurovascular, cardiac, respiratory, and musculoskeletal to name a few. The written assignment allowed me to research and investigate a case study relevant to SCBU. Which gave me a supported learning opportunity to expand my knowledge around a complex patient.

Halfway through the paper the whole country went into our second covid lockdown. This made the delivery of the second half of the course online, but AUT were prepared and seamlessly ran the program into plan B for online video submissions and written assessments. I felt well directed through this transition, which shows how well the paper is organized.

My main recommendation for anyone thinking of completing this paper is to have senior colleagues or medical team staff in your ward lined up to support you to grow and expand your skills learnt in the paper. The paper doesn't go into great depth on all assessment skills and relies on previous experience and workplace support to be the foundation of the learning. Having support to practice skills and discus ideas would give you more opportunity to consolidate skills.

Member contribution – Development of a health promotion strategy for NICU maternal mental health (paper completed as part of the requirements of Postgraduate Certificate in Public Health)

Jenna Chisholm RN, NICU, Dunedin

Introduction

Through a previous community analysis as part of a PG Cert Public Health it became evident that there is very limited research surrounding Postnatal Depression (PND) in a New Zealand context compared to worldwide. In a recent 2021 report for maternal mental health services stocktake by the Ministry of Health, data showed an estimated 12-18 percent of New Zealand mothers will develop depression and anxiety during the perinatal period. The figures appeared to be higher in some other population groups that included Māori, Pacific and Asian peoples (MOH, 2021).

One of the health promotion gaps that this paper explores is that of the impact of social media on maternal mental health. Social media is known for social comparison, however there seems to be a lack of research of this from a parenting context. The aim of this paper is to apply evidence of this issue and identify associations between social comparison on social media with maternal mental health. This paper will help to be able to describe a health promotion resource that may be considered to address this as a contributing factor of the bigger health issue that is maternal mental health, and in turn promote improved health outcomes for this issue within the New Zealand context.

Maternal Mental Health and the impact of social media

PND is a health condition that includes physical, emotional and psychological symptoms, and sudden changes in health can be experienced by women during the postpartum period (Postnatal Depression in New Zealand: Findings From the 2015 New, 2018). PND is a significant health issue that not only impacts the health of the mother but also her interaction and relationship with her newborn, and in turn the infant's growth and development. PND is most prevalent in the first 3 months post-partum.

There is however, an increasing trend being observed after this 3 month period until 12 months post-partum (Mohammad Redzuan et al., 2020). It is evident that this is a critical period of time that can carry serious consequence to the mother and the wellbeing and relationship of her newborn baby. Thus, this is a period where health promotion, support and education around the issue could prove to be beneficial.

Maternal mental health is important in the New Zealand context as it is one of the underlying foundations of strong whānau, communities and the nation. The stages of pregnancy and early parenthood is a time where great changes, and in most cases, big challenges for parents and whānau can occur. For children the first 1,000 days, from conception to two years of age, are the most critical for growth, development and well-being, and this is significantly influence by their caregivers' own well-being (MOH, 2021). For Tamariki and pēpi to be safe and nurtured, parents, and mothers in the case of this paper, need to be supported alongside their child's growth and development and have access to supports when they need them the most (MOH, 2021).

With the rise of social media, the internet has become a busy place for people to share, scroll and communicate. Looking at a breakdown of what happens on the internet every 60 seconds it can be found that 695,000 Instagram Stories are shared, 1.4 million people scroll Facebook, and 500 hours of content are uploaded to YouTube, just to name a few (Davie, 2021). For some, social media is a livelihood providing an income for those such as social media 'influencers'. These are public figures who share insight into their lives and can start to shape public perceptions and unrealistic standards (Germic, 2021). A recent article states "Social media influencers (SMI) represent a new type of independent third-party endorser who shapes audience attitudes through blogs, tweets, and the use of other social media" (Freburg et al., 2011, p.90).

Blogging and social media use can be a form of connection for mothers and has seen the creation of the term "mommy blog", a form of social media that extends to mothers and the wider parenting community. A popular mommy blog can experience around 50,000 daily visits from users (Lopez, 2009). Many of these blogs will be mothers sharing their own motherhood/pregnancy experiences. With the source being available for other mothers, this may lead to a concern among health professionals, as many parents may be looking towards online sources for different parenting ideas and tips, which can lead to many falling victim to misinformation or social comparison.

With many posts on social media idealising parenthood and the experience of being a new mother, the problem arises when those posts don't show the realities and challenges of parenting. This may lead to social comparison to these idealised posts from other mothers. Studies have shown this can have negative and extreme effects on the portrayal of physical appearances postnatally and negatively impact mental well-being. (Kirkpatrick and Sunkyoung, 2022).

Health promotion activities to address this

According to the World Health Organisation, health promotion is the process of enabling people to gain control over, and improve, their health. Health promotion move beyond the individual and towards a large range of environmental and social interventions and supports. Health promotion is a core support in primary health, that supports communities, individuals and governments to address health issues (WHO, 2018). In relation to the Well Child/Tamariki Ora Quality improvement framework, this is incorporated within programme aims to support and promote healthy development of children and their whānau from birth to five years of age (MOH, 2013b).

When thinking about the best way to address and promote this health issue, it's important to note the great resources that are already being delivered into the community for maternal mental health for the mothers of New Zealand. However there is an evident lack of resources and education around the implications social media has on maternal mental health and unrealistic portrayals of motherhood that can be easily accessed by media platforms.

Within the Well Child nursing context, there are many mothers that express feelings of comparison and decline in mental well-being after being on social media, and in particular Facebook groups, with other mothers, especially when it comes different parenting styles, tips and tricks, e.g. co-sleeping, first foods, breastfeeding vs bottle feeding and more.

There is a need for resources that can educate mothers about the emotions they may be feeling from the impact of social media, with facts and information contributing to PND and links to Helplines. A useful resource could be a poster/flyer which enables one-to-one communication with mothers, between them and their health professional, highlighting the importance surrounding this issue and allowing a time in their postnatal experience to discuss this issue so there is more awareness and less isolation among new and expecting mothers in New Zealand.

The resource developed is a flyer/poster that can be given and/or shown to mothers to educate about social media issues. On the front of the poster are various pictures emanating from a mobile phone of some common social comparisons mothers may be exposed to when scrolling on their mobile devices. At the bottom of the resource are various New Zealand helplines that are available to mothers in New Zealand who may look at this resource and want to seek further help. On the back are some facts and information around the topic of social media and mental well being, along with signs and symptoms of PND for mothers to look out for.

Next steps - evaluate the effectiveness of this strategy

To be able to measure change, a stocktake of maternal mental health services provided in New Zealand would be the first step. The Perinatal and Maternal Mortality Review Committee (PMMRC) and the National Maternity Monitoring Group (NMMG) were two groups that had recommended that the Ministry of Health find a network that surrounds maternal and infant mental health. This Network was recommended to undertake stocktake of the maternal mental health services that were available for pregnant and postpartum women in New Zealand (MOH, 2021). The Maternal Mental Health Service Provision in New Zealand stocktake is the Ministry's response to these recommendations. This stocktake includes all DHBs in the country to undertake an online survey asking questions around what mental health services each DHB provides for mothers in the pregnancy and postpartum period, and from this data collected, allowed for evidence of gaps and opportunities that was missing in this area of health promotion (MOH, 2021).

Through this stocktake, if this health resource was to be implemented and distributed to DHBs and primary health services to promote to mothers during the pregnancy and postpartum period, there would be reviews and data collection through surveys as mentioned above that would monitor the effectiveness and distribution of the resource.

Another means of how to measure change, would be that of data collection in the community and an inpatient setting such as NICU (Neonatal Intensive Care Unit). Through these settings, the aim is to support and promote healthy development of pēpi with the WCTO service being a universal programme providing services to all, and providing additional supports where required, following the WCTO schedule of 13 core visits from birth to 5 years of age (MOH, 2013). During these core visits, this resource could be introduced during discussion of maternal mental well-being. If during this discussion a mother was to disclose feelings surrounding the topic of social media and their mental well-being, the health practitioner could provide additional supports and information around the implications of social media. This could include a follow-up visit at their next core check to evaluate the effectiveness of the resource and information given to the mother prior, and their understanding of the topic. The time frame of this evaluation would be that of the first year of core visits, which as shown in study's mentioned before, the first 12 months postpartum to be the most critical time for maternal mental health.

An evaluation form would be provided to mothers at the 9-12 month WCTO core check, of those who were exposed to resource surrounding this topic, and a survey would be conducted for those who consented, to determine the effectiveness mothers themselves felt from this resource in the most prime stage of their postpartum journey.

The same can be implemented within a NICU setting, however without the 12 month time period that the WCTO service can provide. In a similar context as the WCTO plan, this could include having an education session with NICU mums such as one on one, or in a group setting, or with their outreach nurse during follow-up home visits after discharge from the unit. This could be followed with an evaluation form for parents to provide feedback that may help improve this resource further. By doing this, there would be maternal feedback from different important time periods of the postnatal journey.

Conclusion

Through this paper and literature research, it became evident that with the growing use of social media and mothers who use internet platforms for parenting information, those exposed have a decline in their own belief of their parenting skills, along with the implications on maternal mental health. There is the potential for future research to further investigate the impacts of social media on parenting and mental well-being. The often unrealistic representation of parenting can easily mislead new mothers into believing this is what motherhood is meant to be like, and in turn leads to isolation of their own emotions and doubts into their own parenting. For example, Instagram and the system of likes and engagement shown on posts has shown to have an impact on a the viewers own self perception of their physical body (Tiggemann et al., 2018).

Finally this paper and the findings of the research involved, help support the benefits of a more supportive approach to motherhood and maternal well-being in the social media culture that exists today. More understanding of modern society and the evolving world of social media and the impact this has on mothers, can lead to further examination and research into the implications of social media. This would ensure understanding of all aspects of maternal well-being and motherhood can be understood, and all areas that may impact a mother's well-being are explored, and supported.

References

Abetz, J., & Moore, J. (2018). “Welcome to the mommy wars, ladies”: Making sense of the ideology of combative mothering in mommy blogs. Communication, Culture & Critique, 11(2), 265-281. https://doi.org/10.1093/ccc/tcy008

Abidin, C. (2017). #familygoals: Family influencers, calibrated amateurism, and justifying young digital labor. Social Media + Society, 3(2), 205630511770719. https://doi.org/10.1177/2056305117707191

Cramer, E. M., Song, H., & Drent, A. M. (2016). Social comparison on facebook: Motivation, affective consequences, self-esteem, and facebook fatigue. Computers in Human Behavior, 64, 739-746. https://doi.org/10.1016/j.chb.2016.07.049

Davie, O. (2021, August 6). Look at what happens on the internet every 60 seconds. Hypebot. Retrieved October 2, 2022, from https://www.hypebot.com/hypebot/2021/08/look-at-what-happens-on-the-internet-every-60-seconds.html#:%7E:text=Every%2060%20seconds%20%E2%80%93%20500%20hours,60%20seconds%20%E2%80%93%20200%2C000%20people%20tweet

Freberg, K., Graham, K., McGaughey, K., & Freberg, L. A. (2011). Who are the social media influencers? A study of public perceptions of personality. Public Relations Review, 37(1), 90-92. https://doi.org/10.1016/j.pubrev.2010.11.001

Germic, E. R., Eckert, S., & Vultee, F. (2021). The impact of instagram mommy blogger content on the perceived self-efficacy of mothers. Social Media + Society, 7(3), 205630512110416. https://doi.org/10.1177/20563051211041649

Kirkpatrick, C. E., & Lee, S. (2022). Comparisons to picture-perfect motherhood: How Instagram’s idealized portrayals of motherhood affect new mothers' well-being. Computers in Human Behavior, 137https://doi.org/10.1016/j.chb.2022.107417

Lopez, L. K. (2009). The radical act of 'mommy blogging': Redefining motherhood through the blogosphere. New Media & Society, 11(5), 729-747. https://doi.org/10.1177/1461444809105349

Ministry of Health. (2021). Maternal Mental Health Service Provision in New Zealand: Stocktake of district health board services. Wellington: Ministry of Health. https://www.health.govt.nz/system/files/documents/publications/maternal_mental_health_service_provision_in_new_zealand-19_nov.pdf

Mohammad Redzuan, S. A., Suntharalingam, P., Palaniyappan, T., Ganasan, V., Megat Abu Bakar, P. N., Kaur, P., Marmuji, L. Z., Ambigapathy, S., Paranthaman, V., & Chew, B. H. (2020, June). Prevalence and risk factors of postpartum depression, general depressive symptoms, anxiety and stress (PODSAS) among mothers during their 4-week postnatal follow-up in five public health clinics in Perak: A study protocol for a cross-sectional study. BMJ Open, 10(6), e034458. https://doi.org/10.1136/bmjopen-2019-034458

New Zealand. Ministry of Health. (2013a). Well Child Tamariki Ora Programme Practitioner Handbook. Wellington. https://www.health.govt.nz/publication/well-child-tamariki-ora-programme-practitioner-handbook- 2013

New Zealand. Ministry of Health. (2013b). The well child / tamariki ora quality improvement framework. Ministry of Health.

Postnatal Depression in New Zealand: Findings from the 2015 New. (2018, October 9). Te Hiringa Hauora/Health Promotion Agency. Retrieved October 2, 2022, from https://www.hpa.org.nz/research-library/research-publications/%EF%BF%BCpostnatal-depression-in-new-zealand-findings-from-the-2015-new-mothers%E2%80%99-mental-health-survey

Tiggemann, M., Hayden, S., Brown, Z., & Veldhuis, J. (2018). The effect of instagram “likes” on women’s social comparison and body dissatisfaction. Body Image, 26(September), 90-97. https://doi.org/10.1016/j.bodyim.2018.07.002

WHO. (2018, January 24). Retrieved October 2, 2022, from https://www.who.int/westernpacific/about/how-we-work/programmes/health-promotion

Social Media & POSTNATAL DEPRESSION

NATIONAL HELPLINES

1737, Need to talk? – Free call or text 1737 to talk to a trained counsellor
Lifeline – 0800 543 354 or (09) 5222 999
Suicide Crisis Helpline – 0508 828 865
Anxiety New Zealand – 0800 ANXIETY (0800 269 4389)
Healthline – 0800 611 116
Little Shadow for volunteer counsellors that specialise in this area

When making social comparisons online, it can be easy to get the impression that you simply do not measure up as a parent.
You may even sometimes wonder why parenting is so easy for others, when it feels so difficult for yourself.

Recent research has revealed that making social comparisons extends to social networking sites and that this can be related to depression and problems with self-esteem.

It is **important to remember** that most of the parenting information presented online represents primarily the positive aspects of parenting, with many individuals presenting only their very best selves online. Rarely online do we see **the true face of parenting,** where parents express the frustrations, exhaustion, self-doubt, and pressures as well as the joy and excitment that exists in a typical parenting context.

PND IS COMMON, AFFECTING UP TO 1 IN 5 NEW MUMS

What is PND?

Postnatal depression happens after your baby is born, and it:

- involves serious negative emotional changes that last longer than two weeks
- stops you from doing what you need or want to do day-to-day.

Look for the signs

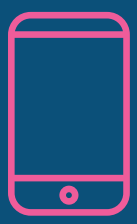
Feeling sad & hopeless

Anxiety

Lack of interest in baby

No energy & inability to sleep

How to seek help?



Contact GP & trained Health Professional

PND Support groups

Counselling

Research update from the On Track Network

OTN Newsletter Edition 70 December 2022.pdf

The C*STEROID Trial

The Aim: Can we safely reduce the risk of breathing problems for newborn babies by giving corticosteroids to their mothers before a planned caesarean section?
C*STEROID is a randomised controlled trial of corticosteroids prior to planned caesarean section at 35 +0 to 39+6 weeks. The trial is designed with sufficient power to assess neonatal respiratory morbidity (benefit) and potential harm (hypoglycaemia) to be able to reliably inform future clinical practice.

More information can be found at The C*STEROID Trial - The University of Auckland including an introduction video for interested potential participants.
NZ Sites include: Northland, Auckland, Waikato, Tauranga, Wellington and Christchurch.
For queries contact our Research Team at csteroid@auckland.ac.nz

Protect Study

Can Pentoxifylline improve long-term outcomes in preterm infants with late-onset sepsis or necrotising enterocolitis? A pragmatic, randomised, placebo-controlled trial
The PROTECT study is a multi-centre, two arm parallel, double blind randomised controlled clinical trial. Approximately 4,560 New Zealand babies are born preterm each year. While survival has improved, survival without disability has not. Late-onset sepsis (LOS) and necrotizing enterocolitis (NEC) are the principal causes of systemic inflammation in preterm infants and contribute significantly to brain injury and long-term disability. While antimicrobial therapy effectively reduces bacterial load, it does not neutralise highly potent bacterial ligands and induced inflammatory mediators.

Primary outcomes: This study will evaluate the effect of treatment with intravenous pentoxifylline versus placebo, in infants born at less than 29 weeks gestation who have LOS or NEC to see if survival and/or disability is improved.

Eligibility Criteria: preterm infants born less than < 6 hours (no later than 12 hours) of culture taken. Infants are treated for 2 days and continued a further 4 days if LOS or NEC is confirmed or treatment is discontinued after 2 days if not present.

Sites: Australia, NZ, Taiwan, Singapore, Canada with Ireland activating soon. Total recruitment required 1,800 participants, currently recruited 883 participants, with 53% in our primary analysis group (i.e. baby with confirmed LOS or NEC).

NHMRC Clinical Trial Centre | Improving Health Outcomes (usyd.edu.au)

NZ sites: Middlemore, Waikato, Wellington and Christchurch

Conferences and Courses

ACNN 2023

Wednesday 6 to Friday 8 September 2023

The Australian College of Neonatal Nurses is pleased to announce our National Conference will be held on Kaurna country in Adelaide, South Australia.

ACNN - National Conference

PSANZ 2023

The Perinatal Society of Australia and New Zealand (PSANZ) is a multidisciplinary society dedicated to improving the health and long term outcomes for mothers and their babies. PSANZ encompasses and strongly encourages research focused on mothers and babies during pregnancy and at birth as well as the health of the newborn as its development continues after birth.

The PSANZ 2023 Congress will take place from the 5th - 8th March at the Melbourne Convention and Exhibition Centre. The theme for the meeting is 'Laneways to Better Perinatal Outcomes'.

HOME - 2023 PSANZ (cvent.com)

COASTN Aeromedical Retrieval Course Information

Aeromedical Retrieval Course: 17 - 21 April 2023
Closing date for applications: 18 January 2023
Location: Auckland University of Technology, South Manukau Campus, Auckland
Course content will include:

- Altered physiology at altitude
- Simulation training
- Flight stressors
- UET (Helicopter Underwater Escape Training)
- Crew resource management

For more information click 2023 COASTN Aeromedical Course information.
To submit an online application click here.

Kia ora koutou

Well here we are at the end of 2022 (thank goodness!) and on the brink of a new year. One of my personal highlights for 2022 was being a part of the NNCA symposium a few weeks ago in Napier, it was great to finally meet so many of you in person after many years of communicating via email and phone. It makes such a difference to put a face to a name, and Jadey and I were made to feel so welcome and a part of the team. I'm really excited to see how we can deepen this relationship even further to benefit every one of us.

In spite of 2022 being a challenging year, the Trust has continued to grow in our support of whānau and units across the country, we just love a good challenge to get us going! Thanks to a number of grants throughout the year we've been able to extend our team out to all six NICUs which means a massive increase in terms of the face-to-face support we're able to offer. We've welcomed Jemma, Shelley, Oliviera and Diane into the team and they've quickly made a huge difference in what we do. In addition to this we've provided $55,000 worth of care packs across the country, which are filled with thoughtful but practical items for use during a neonatal journey and we've plans to make some further additions to these in 2023. With it being such a tough year for a large number of whānau we've provided $30,000 worth of hardship support in the form of nutritious meals, freezers to hold those meals, supermarket vouchers, transport assistance and items for babies. Plus $100,000 spent on whānau-facing equipment in the units - from chairs for kangaroo cuddles, to radio headsets, baby baths and oxygen saturation monitors, the list is ever growing. We're really proud of this work and hope that you too have seen the benefits of it too.

We're going to be treading lightly into 2023 given the predictions of the financial landscape ahead of us, with the aim to keep doing what we're going and if possible, hoping to do even more! To those of you who are having some time off over the festive season, I hope you get the chance to rest and recover after such a demanding year and to those who will be working to care for babies and whānau a huge thanks for sacrificing time with your whānau, it is hugely appreciated.

Here's to safe and healthy Christmas and a fantastic 2023!
Aroha nui
Rachel

Ngā mihi
Rachel Friend
CEO
The Little Miracles Trust

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

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