

Presenting the  
**NEW ZEALAND NEONATAL SYMPOSIUM 2021\***

**SPEAKERS AND ABSTRACTS**

**Key Note Speaker**

**Dr Mahdis Azarmandi**

*Senior Lecturer, Educational and Leadership Studies, University of Canterbury*

Mahdis teaches on politics of education, diversity and inclusion and on social leadership. Her research expertise is in the area of racism and anti-racism. Her work looks at structural inequality and social justice movements in Aotearoa and Spain. She has published on the politics of memorialization and colonial amnesia. Her research interests are: anti-racism, critical race and whiteness studies, memorialization and decolonization.



**Mapping the Aotearoa, New Zealand equity landscape**

*This session is focused on mapping the equity landscape in Aotearoa, New Zealand. We will discuss different definitions and approaches to equality and equity in relation to systemic advantage/ disadvantage, historical context and the challenges they pose for equity in practice. These different ideas and approaches discussed will set the stage for discussions about what equity in neonatal care could look like in Aotearoa New Zealand.*

**Speakers**

**Deborah Davenport**

*Associate Charge Nurse, Neonatal Intensive Care Unit, Wellington Hospital*

**Access to donor breast milk: Another health inequity?**

*A 26/ 40 was born just before lockdown in March 2020, to a mother that was acutely unwell with stage 3 cervical cancer, requiring lifesaving chemo therapy.*

*This Māori whānau already experienced health inequities from ethnicity, rurality and financial pressure. Additionally, they now faced chronic illness of a loved one, a new born who would require three months in intensive care, specialist allied health input on discharge, and a donor milk requirement till 34 weeks gestation (as a protectant against NEC). This was due to the chemo-therapy not being suitable for breast feeding mothers.*

*This presentation will describe their lockdown experience in NICU, the related misguided fiscal prudence (total false economy) and how it directly impacted the lives of one whānau irrevocably.*



\*More information on the Symposium can be found on:

[https://www.nzno.org.nz/groups/colleges\\_sections/colleges/neonatal\\_nurses\\_college/conferences\\_events](https://www.nzno.org.nz/groups/colleges_sections/colleges/neonatal_nurses_college/conferences_events)

## Danielle Atkins

*Occupational Therapist, Hawkes Bay*

Danielle has worked in neuropsychiatric as an Occupational Therapist across age groups and settings in the UK and New Zealand. She currently holds the Central Region Expert Visiting Neurodevelopmental Therapist (VNT) role. Danielle has a keen passion for working with infants/ children and their whānau/ families. She is a certificated trainer in the Neonatal Behavioural Assessment Scale (NBAS), the Newborn Behavioural Observation (NBO), and a NZBA Bobath/ NDT Tutor. Danielle teaches both nationally and internationally.



### **Whakawhanaunga/ Relationships: The ‘active ingredient’ in Child Development**

*Maternal separation and socio-emotional neglect alter brain structures responsible for processing stress and threat, and has been linked to neurodevelopmental and later neuropsychiatric disorders in adulthood. However, brain plasticity or the way the brain experiences development can be leveraged to improve outcomes.*

*This presentation will focus on the integration of a relationship-based, trauma-informed approach to the developmental follow up of preterm and high-risk infants and their families in the neonatal nursery and community. Attending to, and building the capabilities of parents/ carers and health professionals who care for and support infants, to provide responsive, positive, warm and sensitive parenting and therapeutic relationships can nurture the development of resilience; associated with better developmental outcomes.*

## Dr. Aria Graham

*Ngāti Kahungunu, Ngāti Pōrou and Samoan*

## Dr. Andi Crawford

*Pākehā of Czech, Prussian, Scottish, Irish, Swiss, English descent*

### **Māori and Pākehā working together in child and maternal wellbeing on the marae.**

*Dr Aria Graham and Dr Andi Crawford work together on a shared vision to ‘get upstream’ and enable mothers and their babies to have better wellbeing outcomes. We will talk about this partnership in regard to PhD, Postdoc, practice, and purposeful service.*

*Dr Aria Graham is from and grew up on Waipatu marae. She shared her whakaaro, concept, and intent with her whānau and marae at Waipatu who have been in full support. Thus, Mamia is located at Waipatu Marae.*

*Mamia aims to nurture young Māori women who are mothers and pregnant, who may have complex needs and may be limited in cultural, social, practical, familial, and spiritual support to ground and grow their wellbeing. Mamia has identified and responds to a significant gap in Māori child and maternal wellbeing care and brings a kaupapa Māori-centred cohesion to a fragmented mainstream child, maternal, and women’s health framework.*

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## **Deborah Harris**

*New Zealand's first Nurse Practitioner and clinically focused researcher*



Deborah's doctoral work focuses on the management and treatment of neonatal hypoglycaemia. Her randomised controlled trial – the Sugar Babies Study showed that oral dextrose gel is an effective and safe treatment for neonatal hypoglycaemia. Deborah has since published extensively about care and management of babies at risk of neonatal hypoglycaemia and their later development. More recently her interests have included the normal glucose profiles of health babies during the first week after birth. Deborah's research has changed the treatment for babies and their families world-wide.

### **Research - The Pēpi-splint – reducing skin injury for hospitalised babies**

*Most babies who are admitted to a Newborn Intensive Care Unit require a peripheral intravenous catheter (PIVC) for fluids, medication or nutrition. PIVCs are the most common invasive intervention for medically fragile babies and are secured using splints and adhesive dressings. Removing the adhesive dressing frequently tears the fragile skin causing pain, increasing the risk of infection and scarring. Following an injury to a baby during a splint removal we sought to design a new method of securing drips safely without the need for adhesive dressings on the skin.*

*The Pēpi splint is made from a soft PlatSil® Silicone gel, a product commonly used in prosthetics, and to treat cleft lip scarring in children. Adhesive dressings can easily be applied to the Silicone gel to hold the drip in place and therefore no adhesive tapes are required on the baby's skin. The Pēpi splint is ambidextrous, can be used on both arms and legs, weighs only 45 grams, is durable and can be washed or sterilised if required.*

#### Conclusions

*The Pēpi splint appears to safely secure PIVCs for medically fragile babies while also reducing the amount of adhesive dressings being applied to the skin. These findings provide support for a larger multicentred randomised controlled trial.*

## **Jennifer Spencer**

*Device Technologies*

## **Helen Fletcher**

*To be provided*

### **L.I.S.A / M.I.S.T – surfactant administration with the Vygon Surfcath**

*Respiratory distress syndrome is common in preterm infants and exogenous surfactant administration has been an established practice since the 1980's. The method of administration has evolved over the years with Less Invasive Surfactant Administration (L.I.S.A) and Minimally Invasive Surfactant Therapy (M.I.S.T) administration via a narrow bore, semi-rigid device whilst spontaneously breathing on CPAP being the most recent methods. Early administration of surfactant with the L.I.S.A/ M.I.S.T methods reduces the need for mechanical ventilation in many infants therefore reducing the risk of ventilation-associated complications. The Vygon Surfcath has been specially designed for the L.I.S.A/ M.I.S.T methods with its semi-rigid, bendable design with a soft, curved distal tip which avoids kinking and follows the airways anatomy so easing the passage through the vocal cords and therefore eliminating the use of Magill forceps. The blunt distal tip and 6Fr catheter size minimizes tracheal lesions risk and ensures no obstruction of the airways allowing spontaneous breathing throughout the procedure. The visual centimetric markings indicates the inserted length and ease of checking catheter position. The*

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*Surfcath has a low dead space of just 0.2 mls and its length of 20 cm eases manipulation of the surfactant syringe away from the baby's head.*

### **Nina Lomas**

*Clinical Nurse Educator – Paediatric Services, Hawkes Bay Hospital*

*The specialist NICU workforce is an aging one which poses a problem as there is no alternative to NICU care for babies. This was highlighted in the neonatal review done in 2019. Workforce education and development is a priority in maintaining specialist skills for the NICU workforce.*

*To follow up on the review done, a survey was conducted among the Nurse Educators of the Neonatal Units in the country to identify existing and new challenges. This session is focused on presenting the challenges to workforce development and how it can be addressed.*

### **Jacque Koberstein**

*RCompN - MHSc, Rotorua Hospital, Lakes District DHB*

#### **Are We Equal?**

- *Looking at the differences and challenges parents have in SCBU admissions.*
- *Are the stresses of separation the same?*
- *What can we learn from parents that come from our primary unit and those returning from our tertiary unit?*
- *Are their needs the same and how does it compare to local residents?*
- *Our unit developed a questionnaire/ interview for parents to have their say on what they were feeling at admission and then at discharge.*
- *Is there a difference, and why?*

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