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# The Council of International Neonatal Nurses’ Position Statement on Neonatal Nursing Education

COINN believes that the survival and long term outcomes for high risk and/or sick newborns depend on the provision of skilled nursing care.

COINN supports the provision of neonatal nursing education that is resourced, evidence-based, focused on developing skills and a theoretical basis for practice, and delivered by appropriately qualified educators and clinicians.

COINN recognizes that different models of education must be available that take into account local capacity and requirements.

## **Background**

The 2014 Lancet ‘Every Newborn’ Series highlights that the time of birth is the highest risk period of death for newborns, with more than 5.5 million stillbirths or neonatal deaths occurring every year<sup>1</sup>. The three main causes of neonatal death globally are infection, intrapartum conditions and complications due to preterm birth; problems which are largely preventable<sup>6</sup>. A rapid response by a skilled neonatal nurse is needed to resuscitate newborns, and to provide ongoing nursing care for preterm, small for gestational age, low birth weight and sick newborns, to prevent long-term consequences requiring costly treatment and diminish their capacity to work<sup>2</sup>. To recognize, identify, and manage these newborns, nurses must have specialized training and education at a community, unit or institutional level.

For over thirty years countries such as the United States, the United Kingdom, Australia, Canada, and New Zealand have recognized that neonatal nurses require specialty training either in the neonatal unit or at an academic institution resulting in a neonatal diploma or master’s degree. The result in many countries has been recruitment and retention of nurses in the specialty as well as improved neonatal outcomes<sup>3,4</sup>.

Neonatal care should be provided by skilled health care workers and professionals as a first line defense in health care as this is more cost effective than emergency, critical, or long-term care<sup>5</sup>. For instance, direct health care costs for a community-based treatment or intensive care is cheaper than long term treatment costs. This is because if treatment is delayed these newborns may die, or often require more sophisticated treatment and care which places an additional financial burden on a country.

## **Key principles:**

1. COINN is committed to the promotion of positive health outcomes for neonates, reducing mortality and morbidity, and creating a global community of well-educated, specialized nurses working together towards this goal.
2. COINN supports the Every Newborn Action Plan<sup>6</sup>, in particular Goal 1: Ending preventable newborn deaths by increasing the coverage of skilled care at birth in health facilities, and improving the quality of newborn care by training health care workers in specific skills of caring for sick or small newborns.
3. COINN supports the Millennium Development Goals (MDGs) especially #4 to reduce the

mortality rate of children less than five years of age and the Every Newborn post development goals<sup>6</sup>.

4. COINN recognizes that there are differences in training and education around the world for nurses providing neonatal care, and asserts that neonatal nurses should receive formal preparation in programs of sufficient length and scope to facilitate evidence-based neonatal nursing practice.
5. COINN believes that training should be progressive, supporting retention of nurses within the field by providing a clear career pathway.
6. COINN believes that specialized, better educated nurses will be able to utilize, conduct and collaborate in research that will ultimately lead to better neonatal outcomes on national and global levels.
7. COINN supports the development of a set of competencies for neonatal nurses which provide the basis for the outcomes of the education.
8. COINN is committed to work with professional national and international organizations to support increased training and education of neonatal nurses.

### **Summary statement:**

Although differences exist within local and national organizations as to what constitutes basic, essential, and advanced care of the newborn, COINN believes that neonatal nurses need skills to resuscitate newborns, and to care for preterm, small for gestational age, low birth weight, sick and critically ill newborns. COINN acknowledges that, in some countries, the ability to educate neonatal nurses is hampered by limited resources - personnel, financial, and equipment. However COINN believes that in order to reduce newborn mortality and morbidity, neonatal nursing education is essential. Support and assistance for neonatal nursing training is required from health professionals, hospital management, academic institutions and regional and national governments in all countries. COINN is committed to facilitating the education of neonatal nurses worldwide.

### References:

1. Lawn JE, Blencowe H, Oza S, You D, Lee ACC, Waiswa P, Lalli M, qar Bhutta Z, Barros AJD, Christian P, Mathers C & Cousens SN 2014, 'Every Newborn 2: Every Newborn: progress, priorities, and potential beyond survival', *The Lancet*, Vol. 384, Iss. 9938, pp. 189-205.
2. Darmstadt GL, Kinney MV, Chopra M, Cousens S, Kak L, Paul VK, Martines J, qar Bhutta Z & Lawn JE 2014, 'Every Newborn 1: Who has been caring for the baby?', *The Lancet*, Vol. 384, Iss. 9938, pp. 174 – 188.
3. Hamilton KE, Redshaw ME, & Tarnow-Mordi, W 2007, 'Nurse staffing in relation to risk-adjusted mortality in neonatal care'. *Archives of Disease in Childhood Fetal and Neonatal Edition*, 92(2), F99-F103.
4. Premji SS, Spence K & Kenner C 2013, 'Call for Neonatal Nursing Specialization in Developing Countries', *Maternal Child Nursing*, Vol. 38, Iss. 6, pp. 336-342.
5. Mangham-Jefferies L, Pitt C, Cousens S, Mills A & Schellenberg J 2014, 'Cost-effectiveness of strategies to improve utilization and provision of maternal and newborn health care in low-income and lower-middle-income countries: a systematic review', *BMC Pregnancy and Childbirth*, Vol. 14:243.  
<http://www.biomedcentral.com/1471-2393/14/243>
6. World Health Organization, 2014, 'Every Newborn: an action plan to end preventable deaths'.  
[http://www.who.int/maternal\\_child\\_adolescent/topics/newborn/enap\\_consultation/en/](http://www.who.int/maternal_child_adolescent/topics/newborn/enap_consultation/en/)  
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