From the desk of the President/CEO

The Holiday Season is upon us and COINN is busier than ever. Two of our board members Andre Ndayambaje and Sue Prullage participated in the Baby Friendly Hospital Initiative Congress in Geneva in October. See their report later in this bulletin. COINN participated in raising the awareness of the dangers of preterm birth through Tweets and Facebook activities for November 17th World Prematurity Day. Our colleagues from Iran gathered to educate their citizens about this global problem. Pictures of this event are included in this bulletin. COINN continues to conduct train the trainer sessions in Helping Babies Breathe and Essential Newborn Care in Rwanda, Vietnam, and Papua New Guinea. I was honored to participate in The Brazilian Association of Midwives and Obstetric and Neonatal Nurses, Sectional Bahia with the School of Nursing Federal University of Bahia and University Feira de Santana's VI Brazilian Congress of Neonatal Nursing In November in Salvador/Bahia Brazil. What a wonderful occasion to highlight the important work that neonatal nurses play in health care.
Since our last bulletin COINN gained another country-South Korea and its representative Soyoung Yu. Welcome. We are very glad to have you as a part of our growing organization!
The 10th COINN Conference will be held in May, 2019 in Auckland, New Zealand. Plans are already underway to make this a most unique conference.

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COINN committees are beginning their work but we need more members. Julia Petty and Tracy Jones are leading the Education Committee; Deborah Harrison and Kaye Spence are in charge of the Research Network/Committee; and Judy Hitchcock is chairing the Social Media Committee. If you are interested in joining any of these committees please send an email to ceo@coinnurses.org and tell me which committee you are interested in and I will put you in touch with our chairs.

*****************************************
New initiative came out of our meeting in Canada - **ADOPT A NURSE OR A UNIT** program to help those nurses who cannot afford to join COINN. Please go to [Error! Hyperlink reference not valid.](Error! Hyperlink reference not valid.) and give. This way we can raise funds to support nurses or units that want to be part of COINN.

![Support COINN's “Adopt a Neonatal Nurse Program”](image)

Just a reminder COINN's membership dues will remain at $1.00 USD (ONE DOLLAR) for the next year. **So please JOIN!**

Carole Kenner, PhD, RN, FAAN, FNAP, ANEF
President/CEO

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**Updates**

**Baby Friendly Hospital Initiative Congress in Geneva**

**Andre Ndayambaje and Sue Prullage**

Andre Ndayambaje and Sue Prullage COINN board representatives had the privilege of attending the Baby Friendly Hospital Initiative (BFHI) Congress in Geneva, Switzerland in October. Three days of working and networking with
over 140 countries. The sole purpose of the congress was to develop strategies to advance breastfeeding across the world. The current statistic is that 29% of the world population breastfeeds exclusively for 6 months.

Since COINN is an organization we were asked to work with other organizations. The group included: International Lactation Consults (ILCA), International Confederation of Midwives (ICM), Save the Children with Essential Care of the Newborn, past president of International Physician Association (IPA) and representatives of WHO. The purposed action plans are to bring together the over 42 organizations working with families. The plan included holding a congress or conference called, ‘Professional Associations Working together to support countries to achieve SDG goals.’ Specifically, SDG 17 (partnership), 2 and 3 (family infant care and nutrition). Many of these organizations have vested interest in the family at different levels. The panel acknowledged that each organization has a different skill set to bring to the table and working together is better than working apart. Underpinned in everything was the need to increase breastfeeding in neonatal units, health centers, hospitals, homes and conflict situations. At the present time a concepts and proposal is being written and will be presented to the WHO representatives. We need their involvement to call the over 42 organizations to action. The congress or conference will be held in a neutral environment, such as the WHO center in Geneva. Updates to follow.

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South Africa and Workforce

In 2001 Neonatal Nursing was recognized as a specialization in South Africa. Then in 2012 this recognition ended. Thanks to the efforts of our Neonatal Nurses Association of Southern Africa this recognition is under consideration by the Nursing Council. In October it was reported that this recognition was approved when in fact it is still under review. This work is very important and may help define our neonatal nursing workforce.
COINN's research committee is looking at ways to incorporate the issues of workforce and its definition into our research agenda. COINN members in Brazil are exploring the translation of COINN's workforce survey into Portuguese so that it can be launched in country.

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Global Engagement Institute (GEI) and COINN: Newborn Care Training for 2017

Opportunities to join medical delegations in Rwanda, Tanzania and Vietnam

Given the tremendous success of our delegations' efforts in collaboration with our partners in the Global Engagement Institute to develop critical clinical capacity in newborn care in 2016, COINN is further expanding its work in 2017. New 18-month training partnerships with local hospitals are currently being launched in Rwanda, Tanzania and Vietnam.

Newborn care professionals and experienced students from around the world are welcome to join our delegations as volunteers, become trainers in the evidence-based Helping Babies Breathe and Essential Care for Every Newborn modules, and teach hand in hand with local colleagues.

Here are the 2017 opportunities:

<table>
<thead>
<tr>
<th>Dates</th>
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<tr>
<td>March 19-26</td>
<td>Vietnam</td>
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<tr>
<td>April 29-May 6</td>
<td>Rwanda</td>
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<td>May 6-13</td>
<td>Tanzania</td>
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<td>July 23-30</td>
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<td>Oct 7-14</td>
<td>Rwanda</td>
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<td>Oct 14-21</td>
<td>Tanzania</td>
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<tr>
<td>Dec 2-9</td>
<td>Vietnam</td>
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</tbody>
</table>
Further opportunities in Brazil will be announced soon.

Interested individuals may now apply for any of the above dates at our new Application System accessible at https://gei-horizons.symplicity.com/index.php?au=&ck= For more information about the programs, please click on the link to our Program Page at http://www.global-engagement.org/volunteer/health/newborn-care/

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Three Common Delays Contributing to Neonatal Deaths in Low Resource Settings: Should We Stay Quiet and Continue Having Neonatal Deaths or Address Them Quickly

Ronad Nachipo Miera, Holy Family College of Nursing, Malawi

Much as we appreciate that Malawi has made remarkable progress in reducing the neonatal deaths, still more has to be done in order to work towards having no child dying because of preventable illnesses or causes. Looking at the health care delivery system in Malawi, many women are delivering at health centres where comprehensive neonatal care is not possible. This put the lives of many
neonates at risk of death because all the neonates born with complications such as birth asphyxia and Respiratory Distress Syndrome will not receive emergency comprehensive care within the recommended time.

In order for neonatal care to be enhanced in a low resource setting, there is a great need of addressing the three common delays that contribute to the poor outcomes during antenatal, labour and delivery and even the postnatal period. These delays are described in the next sections.

The first Delay
This involves the delay on the part of the clients in making decisions to go to the hospital to seek midwifery care. Despite that Malawi and other countries in many low resource settings adopted Focused Antenatal care (FANC) as a means of assisting pregnant women where women are supposed to visit the antenatal care as soon as they know that they are pregnant, very few do so. There are many reasons why women delay and some of them include cultural beliefs, low education levels and wealth quintile as women who attended secondary and tertially education are more likely to attend ANC than their counterparts. This put many lives of women and neonates at increased risk because they miss important health education provided in antenatal clinics on how they are supposed to manage the pregnancy. Secondly, there is also a practice whereby many women report late to the health facility in fear that they will spend more hours in labour before delivery. Early reporting to the hospital leads to early identification of possible complications which can be managed at the right time using the improved resources and the qualified health personnel. It is therefore very important that such delay is addressed by ensuring that the general population is made aware of importance of attending midwifery care throughout the pregnancy, during delivery, and the postpartum period to potentially avoid possible complications which may come both to the neonate and the mother. Since health education on the part of midwifery has been targeting people seeking various services at the hospital, other approaches of
delivering the information have to be explored so as to ensure that majority of the population is made aware. A good example could be including some information in nursing school curricula.

**Second Delay**

This involves delayed arrival at the facility where specialised care may be accessed. The distance between health centres and referral hospitals where specialised neonatal care can be accessed is also a contributing factor towards increased neonatal deaths. It is a clear indication that most lives of newborn babies are lost either at a health centre, in transit to the referral hospital or on arrival at the referral facility. In most countries in low resource settings including Malawi, referral facilities where specialised neonatal care is provided are very far from health centres. Insecurity to travel at night, the distance coupled with transportation problems, poor road conditions, and poor communication between the facilities are linked to their contribution towards neonatal deaths. To address this delay, there is a need to decentralise the specialised neonatal care delivery points by ensuring that most health facilities which are closer to the people in rural areas have the basic equipment and trained health personnel who will be able to provide the quality care at the right time. There is also a great need for governments and other stakeholders to work together to address some of the problems identified as leading to this delay.

**The Third Delay**

This delay involves failure of women in accessing adequate care, due to a lack of staff or unfriendly staff, supplies, or electricity. Insufficiently skilled staff may mean that the woman may not get the care that is needed or when provided, results in complications. In many countries in low resource settings there is a lack of qualified staff to provide specialized neonatal care. Such being the case some neonates born with complications fail to receive quality and emergency care as soon as possible. This leave many neonates die within the golden
minute. Unfriendliness of staff coupled with bad attitudes also contributes towards delayed neonatal care. There are other nurses who waste time blaming women for reporting late due to the above explained delays. It is therefore very important that all nurses and midwives working in maternal and neonatal departments should have skills required to resuscitate neonates during critical periods. Inadequate supplies and frequent power failure is also a major factor contributing to neonatal deaths in low resource settings. Sometimes, health care workers may have required skills to manage neonates but if the facility has no resources, nurses fail to provide the required care. As leaders in the field, there is a great need that all these factors have to be looked into and where possible, where there are chances of adopting some facilities with an aim of abating it from such situations we need to assist each other.

**Conclusion**

As a great neonatal nursing community in the world, we have a most important role in front of us ranging from increasing public awareness on the need for pregnant women to report early to health facilities while incorporating different cultures in our provision of care to possible networking so as to uplift facilities in low resource settings to have the minimum required resources necessary to manage neonates with complications. There is a great need not to have bad attitudes toward patients reporting late to our facilities. We have to recognize that each behavior portrayed by our patients has a basis. Therefore, neonatal nurses should explore why the women report late before judging them. Neonatal nurses can assist with educating communities about the dangers associated with a delay in reporting to healthcare facilities. The ultimate outcome will be healthier babies and families.

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**World Prematurity Day-November 17 in Iran**
Jila Mirlashari

Many activities took place in Iran to increase the awareness of the dangers of preterm birth. Here are just a few photos of these events.

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Latest News from Our Japanese Neonatal Colleagues

Drs. Miki Konishi, Kazuyo Uehara & Wakako Eklund

The Japanese Academy of Neonatal Nursing (JANN) has recently voted to join COINN as a member organization. The official partnership will begin in 2017 fiscal year.

Although this is the first time that any Nursing Organizations from the Far East has joined COINN officially, grassroots collaboration with individual members of COINN in countries such as Japan is not new. One of Belfast COINN conference participants from Japan, Dr. Miki Konishi, PhD RN has since worked closely with the Japanese Academy members to raise awareness for global collaboration since 2013. Dr. Kazuyo Uehara who partnered with Drs. Kenner and Boykova during her doctoral work also provided valuable input on global partnership to the Japanese leaders.

The COINN Vancouver 2016 conference united neonatal nurses from nearly 20 countries including more than twenty Japanese participants. Most were first time to attend COINN conference. The president and long-term board members of JANN were among them as well as others who represented both academia and nursing professionals from clinical settings.

Those who experienced COINN 2016 In Vancouver, Canada returned to Japan with a clear understanding of what COINN meant to them and also renewed zeal and commitment to propel Japanese neonatal nursing community forward. Dr. Konishi quickly prepared a manuscript to publish COINN report in the *Japanese Journal of Neonatal Care*, and she and other participants made great efforts to inform other members of the value and mission of COINN.
Their collaboration culminated in two very informative and exciting posters presented during the recent annual neonatal conference in Osaka, Japan. The posters presented not only the mission of COINN, but also reported the participants’ experiences in Vancouver. One of the posters also dedicated a segment to highlight the next COINN conference in New Zealand in 2019. Highly informative COINN posters drew steady interest from poster session attendees.

During the general assembly at the end of the conference, JANN favorably voted to become the newest neonatal organization to join COINN. Drs. Miki Konishi and Kazuyo Uehara will serve as the Japanese representatives to COINN.

Dr. Wakako Eklund who attended this conference and networked with many members reports the presence of strong passion and united vision for the future among the neonatal nursing community in Japan. Our next COINN conference in 2019 New Zealand is uniquely positioned to allow relatively easy access for the Asian participants. We look forward to the Japanese Neonatal Academy’s future leadership in raising awareness regarding COINN among their Japanese membership and also their Asian Neighbors.

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COINN has recently joined the March of Dimes in a proposal to the new administration, Million Babies: Preventing One Million Cases of Infant Mortality, Preterm Birth, and Other Adverse Birth Outcomes. Million Babies would coordinate the work of U.S. federal agencies, health care providers, public health agencies, nonprofit organizations, and the private sector to achieve its ambitious goals over ten years with measurable outcomes reportable in the first four years of the program. Million Babies will act as a facilitator across new and existing government and partner efforts that share the common aim of ensuring healthy pregnancies and healthy infants throughout the United States.

Million Babies will work to achieve these improved outcomes by committing to specific interventions, with a special focus on reducing disparities in health and improving health equity for all women, children and families. It will include utilizing tools such as community outreach, patient engagement, quality improvement initiatives, improved data collection, and facilitated information sharing among researchers, public health, health care providers and systems, and other stakeholders across the nation. The proposal is meant to provide a solid, actionable framework for this initiative while also allowing some flexibility for the incoming Administration to further refine it.
The Preemie Corner

by Deb Discenza

SUPPORT ORGANIZATION

With a mission to raise awareness of premature birth in Europe and Africa, Premature Baby & Family, based in Belgium, has a strong focus on supporting families across various regions with a particular interest in helping African families.

Established: April 2015

Outreach: Belgium, Europe, and Africa

Web: Facebook - PBF Premature Baby Fund Programs: In Belgium - supporting families of preterm infants nationwide. In Europe, collaborating with the European Federation for the Care of Newborn Infants (EFCNI) to address topics in regards to preterm birth and newborn and maternal health. In Africa, providing maternal health education along with supplies and equipment.

Professional Tip:

Looking for a solid support resource for your families? Like many NICUs and SCBU's (Special Care Baby Units), you should consider recommending the free and privacy-focused Preemie Inspire group on www.Inspire.com at https://preemie.inspire.com to your families. Moderated by PreemieWorld’s Deb Discenza, this group boasts over 31,000 parents of preemies worldwide and has active discussion rooms such as “In the NICU/PICU”; “Fathers of Preemies” “Preemies with CP” and “Preemies with Feeding Issues” and “At Home, Years 1-5” and At Home, Years 6-12” and more.

ABOUT DEB DISCENZA:

Deb Discenza is the mother of a former 30-weeker girl now 13 years old and healthy! Deb is the co-author of the critically-acclaimed book The Preemie Parent’s Survival Guide to the NICU available at www.PreemieWorld.com

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European Foundation for the Care of Newborn Infants (EFCNI)

The European Foundation for the Care of Newborn Infants (EFCNI) is the first pan-European organisation and network to represent the interests of preterm and newborn infants and their families. It gathers together parents, healthcare experts from different disciplines such as nurses, and scientists with the common goal of improving the long-term health of preterm and newborn children. EFCNI's vision is to ensure the best start in life for every baby. With their activities, the foundation wants to reduce preterm birth rates, ensure the best possible treatment, care and support, and to improve the long-term health of preterm infants and newborns with illnesses. To achieve these aims, EFCNI is focusing on the following three areas:
- Preconception and maternal care
- Treatment and care
- Continuing care

Since their beginning, EFCNI has been cultivating a close partnership with COINN. The mutual support, exchange of knowledge and trustful cooperation are vital ingredients for the realisation of projects such as World Prematurity Day or the European Standards of Care for Newborn Health: World Prematurity Day was initiated by EFCNI together with partnering European parent organisations in 2008, the founding year of EFCNI. Meanwhile, 17 November has become one of the most important days to raise awareness of the challenges and burdens of preterm birth globally. Five years later in 2013, EFCNI launched the European Standards of Care for Newborn Health project with the goal to develop and implement standards of care for key topics in newborn health. The project is an interdisciplinary collaboration and combines
the knowledge and expertise of experts from obstetrics, neonatology, paediatrics and psychology, parent representatives or industry partners. Many topics dealt with in the project touch the working areas of nurses such as the development of standards in the areas of “nutrition”, “care procedures”, “infant- and family-centred care”, or “education & training”. With Dr. Agnes van den Hoogen, nurse scientist at the University Medical Centre of Utrecht (UMCU) – Wilhelmina Children’s Hospital (WKZ) Utrecht, The Netherlands and Professor Linda Johnston, dean of the Lawrence S Bloomberg Faculty of Nursing at the University of Toronto, Canada, two COINN members are actively involved in the development of standards. EFCNI is proud of having won COINN as supporting organisation for both milestone projects.

Learn more about EFCNI and their milestone projects:
http://www.efcni.org/index.php?id=981

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Research Abstract

Validation and Categorization of the Parental Belief Scale for Hospitalized Preterm Newborns to Brazilian Portuguese

Authors: Eloeth Kalsika Piva, Beatriz Rosana Goncalves de Oliveira Toso, Ariana Rodrigues da Silva Carvalho, Claudia Silveira Viera

Introduction: the newborn vulnerability due to prematurity is an impact factor for neonatal hospitalizations. It involves aspects related to individual, social, interpersonal and family causes. The newborn hospitalization in a Neonatal Intensive Care Unit (NICU) is a significant source of maternal stress, due to factors that interfere in the mother-infant interaction and affect family dynamics, altering the parental role and interfering with the capacity of parental care.

Objective: to do the translation, cultural adaptation, psychometric validation and categorization of the Neonatal Intensive Care Unit: Parental Belief Scale
Methods: This is a methodological study, with quantitative analysis, to validate the NICU: PBS scale. It involves parents of preterm newborns hospitalized at NICU or Intermediate Care Unit (ICU) of a university hospital in the western region of Paraná state, Brazil. For cultural adaptation, we used the following sequence: (1) translation of the instrument from the original language into the target language, (2) back translation, (3) analysis of the version synthesized by a committee of judges to compose the final version of the instrument, (4) pre-test (n = 08), (5) review of score weights. Finally, the evaluation of the psychometric properties of reliability through a test / retest (n = 23), and construct validity with clinical validation (n = 76). The sociodemographic variables of parents and PTNB were analyzed, searching for associations with NICU: PBS scores.

Results: The content validity evaluation performed by the judges' committee found an adequate agreement rate for the translation consensus of 90% and also Kappa equals to 0.71, indicating substantial agreement. The pre-test evidenced the understanding of 87.5% of parents. The test / retest obtained an Intraclass Correlation Coefficient (ICC) of 0.98 and Cronbach's alpha of 0.92, revealing excellent instrument stability and high internal consistency. In order to construct validity, a confirmatory and an exploratory factorial analysis were performed. The Kaiser Meyer-Olkin (KMO) test was 0.86, indicating a good sample fit. The model E, evidenced by the exploratory factorial analyses, with 15 items and 56% of variance explanation, was the one to obtain the best adjustment and supports the factorial structure with three factors: trust in parental role, parent and child interaction, and parental knowledge in the NICU. From the classification of the total scores obtained, the subjects were divided into three groups: a) group of subjects with "Sufficient capacity for care" (scores between 90 and 72), 35 parents; b) group of subjects with "moderate capacity of
care" (scores between 71 to 54), 50 parents; and c) group with "moderate insufficiency of care" (scores between 53 and 36), 14 parents. The category "Insufficiency of the capacity of care" (scores between 35 and 18), which did not obtain scored individuals. In the evaluation of the sociodemographic variables, we found an association between the age of the parents' and newborns’ groups, added by the PTNB (c2, p = 0.027) and the family income (KW, p = 0.012).

**Discussion:** The validated scale for Brazilian Portuguese presented adequate indicators of validity and cultural adaptation, reliability and evidence of construct adequacy in three factors for application to the Brazilian population. Also, the original instrument obtained excellent stability, with correlation values between 0.84 and 0.92 for the test / retest. However, the confirmatory factorial analyses did not show adjustment to the original model. Furthermore, the exploratory analyses with 56% of variance found a factorial structure with three factors, indexes of adequate adjustments and similar to the one found in the original study. The care provided by parents to their children is influenced by the environment, the culture in which the family is included, the composition of families, beliefs, social context and working circumstances. Parents who have more unrealistic beliefs, higher expectations about their roles and the development of their children may present higher degrees of stress. So, due to these expectations about newborn care, they demonstrate less confidence to develop the parents’ role. However, parents who have more realistic parental beliefs are more confident about their role and this protects them against stress.

**Conclusion:** The study provides evidence that the NICU: PBS is psychometrically reliable and suitable to be used with parents of premature newborns hospitalized. It is expected that the validation and application of the PBS make it possible to predict the parents' beliefs about their care capacity, as well as allowing the health team to plan the care and appropriate intervention to improve competencies from parents’ care.

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We would like to invite you to take part in a study on peer support (parent-to-parent) in a neonatal context/setting. Please read this information before you decide if you would like to take part, and contact us (details provided below) if you would like any further information.

**Aim/Purpose of study:**
We are conducting an international study into neonatal peer support services/programmes. We aim to find out how peer supporters are identified, recruited, trained and supported in their role, as well as what works and does not work for peer support provision. The definition of peer support (for the purposes of this study) is as follows:

**Peer support definition** = All of the criteria in point one AND any of the criteria in point two.

<table>
<thead>
<tr>
<th>1) Peer supporters (parent supporters/parent counsellors/parent mentors/parent veterans) are parents:</th>
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<tr>
<td>• who have had a sick/premature baby that was cared for in a neonatal unit</td>
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<td>• who provide support to parents who are experiencing high risk pregnancies and/or whose infants are currently being cared for on the neonatal unit or have been discharged</td>
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<tr>
<td>• who provide support to parents (which could include giving information, practical, emotional and/or social types of support)</td>
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<tr>
<td>• who offer support via face to face, telephone/text or social media</td>
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<tr>
<td>• who offer one-to-one or group based support in hospital or community settings</td>
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<tr>
<td>• who have received 'some' training/guidance to provide support to other parents</td>
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<tr>
<td>• who may provide support on a voluntary or paid basis</td>
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AND

2) The peer support service/programme is organised/coordinated/provided by any of the following:

- National/local services or organisations (such as parenting, breastfeeding or voluntary organisations)
- Hospital staff
- Other health and social-care professionals

The findings will be used to make recommendations into how we can improve processes to recruit, support and deliver peer support services/programmes.

What am I being asked to do?
If your service/role meets the definition of peer support, we would invite you to take part in one or both of the following:

- An online questionnaire, which should take no more than 20 minutes. Please note that there are two different questionnaires:
  - one for managers/coordinators/trainers of peer support services (https://uclan.onlinesurveys.ac.uk/survey-for-managerscoordinatorstrainers-of-neonatal-peer)
  - one for peer supporters (https://uclan.onlinesurveys.ac.uk/survey-for-neonatal-peer-supporters-2).
  Please note we will also send up to two reminders to encourage you to complete the questionnaire.

- An audio-recorded interview (telephone or face to face) to discuss your questionnaire responses in more depth. Please note that we plan to speak to 20 individuals who provide/offer different models of peer support, so even if you would like to be interviewed (by answering a question in the questionnaire) this may not be possible. The interview will
take about 30 minutes to complete. **Please note that all interviews will be undertaken in English.**

**Will my data be kept confidential?**

The online questionnaire is fully secure, the responses from the questionnaire and the interviews will be saved on password protected/encrypted computer files at our University. In the questionnaire we ask for the name of your peer support service/programme, but this is only to record how many responses we have received from the same service. If you agree to take part in an interview, we will ask you to record your name and contact details (i.e. email) in the questionnaire so we can arrange a meeting. All personal information will be removed from the questionnaire responses. We will not share any of your personal information outside of the research team.

We will use the findings of this study in reports, publications and presentations but no personal information will be used and no-one will be able to be identified. We would also like to keep the information you give us after the study has finished. Your information might be used for any of the following: teaching; further research/evaluation; presentations and publications; sharing with other people doing similar studies. No-one will be able to identify you from the information we keep. If you would like to receive a summary of the findings, please email and let us know.

**Who has approved the study?**

This study has received ethics approval from the Science, Technology, Engineering, Medicine and Health ethics sub-committee at the University of Central Lancashire (project no: 509)

**Do I have to take part?**

Please note that it is up to you if you want to take part or not. You do not need to answer all of the questions (on the questionnaire or during the interview). If you have provided your name/contact details on the questionnaire, you can
remove your data from the study up until the end of data collection (June, 2017).

**Are there any benefits or risk to taking part?**
The information you give us will help to provide a better understanding of how we can recruit, train and support peer supporters. We do not feel there are any risks to you taking part in this study, but if you have any issues, we encourage you to seek support from your organisation or suitable available services (e.g. counselling services, health services, complaints departments, manager, etc).

**For information about the study:** If you have any questions or want more information about this study, please contact Dr Gill Thomson on GThomson@uclan.ac.uk; +44 (0) 1772 894578 or Marie Clare Balaam on MBalaam@uclan.ac.uk +44 (0)1772 89 3885. *Correspondence address:* Dr Gill Thomson, Senior Research Fellow, Brook Building, University of Central Lancashire, Preston, Lancashire, PR1 2HE, United Kingdom.

**Contact if you are concerned about your rights as a participant:** If you have any concerns or complaints about this study please contact the University Officer for Ethics at 01772 892735/UCLan at OfficerForEthics@uclan.ac.uk.

**Funding:** This project has been funded by a British Academy/Leverhulme small grants award.

**Many thanks for reading this information sheet – if you would like to take part, please click on one of the following links to take you direct to the questionnaire:**

**Questionnaire for managers/coordinators/trainers** ([https://uclan.onlinesurveys.ac.uk/survey-for-managerscoordinatorstrainers-of-neonatal-peer](https://uclan.onlinesurveys.ac.uk/survey-for-managerscoordinatorstrainers-of-neonatal-peer))

**Questionnaire for peer supporters** ([https://uclan.onlinesurveys.ac.uk/survey-for-neonatal-peer-supporters-2](https://uclan.onlinesurveys.ac.uk/survey-for-neonatal-peer-supporters-2))

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Social Media Study

Janet Green, RN, PhD

My name is Dr. Janet Green and I am a nursing academic and a Doctor of Education student at the University of Technology Sydney. I am researching “the positives, perils and pitfalls of social media (Facebook) for nurses”. The purpose of this research/online survey is to find out how registered (professional) caregivers worldwide (nurses, midwives, enrolled nurses, LPN, VPN) use Facebook, and ascertain their experiences with using this social networking platform. I hope to be able to use this data to help undergraduate nurses navigate the complexities of social media (Facebook use) and prevent unprofessional behaviour.

This study has ethics approval from the University of Technology Sydney UTS HREC REF NO. 2014000030

Could you please fill out the survey in the attached link. I am not seeking to access your Facebook site or private information.

You are most welcome to forward the link to your professional nursing/midwifery friends and contacts who use Facebook.

http://www.surveygizmo.com/s3/2502175/39663da26b86

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Upcoming Conference

The 3rd International Neonatology Association Conference 7-9 July 2017 in Lyon, France

Save the Date

The Conference Scientific Committee is planning cutting edge sessions and workshops on clinically relevant topics like neonatal transition, birth asphyxia and brain protection, congenital malformations, newer diagnostic tools for infections and genetic defects, nutritional management of the high risk neonate, and cutting edge approaches to respiratory management. We are once again inviting distinguished speakers from around the world, representing the very best in the field of Neonatal-Perinatal medicine. Additionally, we will have presentations, both oral and poster, from colleagues representing all missions in the field giving you an opportunity to interact with leading clinicians, educators and researchers in Neonatology. For more information go to: http://2017.worldneonatology.com/?utm_source=Newsletters&utm_medium=email&utm_campaign=NewsletterSep22

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Reports and Articles


Maternal Health Task Force Quarterly http://us1.campaign-archive2.com/?u=12f07785d047d1f4eb7414fb2&id=0e21810d02&e=[UNIQID]

Bronchodilators for the Prevention and Treatment of Chronic Lung Disease in Preterm Infant. Cochrane database of Systematic


Resources

BSweet2Babies Neonatal Pain Videos
Denise Harrison, PhD, RN
Nurse researcher Dr. Denise Harrison has new videos in multiple languages available to help you ease neonatal pain. These are listed on COINN's website under resources and useful links.

English – https://www.youtube.com/watch?v=HmJGQJ8ayL8&feature=youtu.be
French – https://youtu.be/JIoWcieHbJs
Spanish – http://tinyurl.com/BSweet2newborns-Spanish
Arabic – http://tinyurl.com/BSweet2newborns-Arabic
Mandarin - http://tinyurl.com/BSweet2newborns-Mandarin
German - http://tinyurl.com/BSweet2newborns-German
Inuktut - https://www.youtube.com/watch?v=9TuI0DQ77uag
Support for NICU Families

Drs. Sue Hall, a neonatologist and Michael Hynan, a psychologist

COINN participated in a project led by the National Perinatal Association to gather as many organizations as possible to develop a set of recommendations to support NICU families. From this work a comprehensive resource was created for health professionals and families. Please go to the website for more information.  [http://support4nicuparents.org/](http://support4nicuparents.org/)

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Donate with ease

Amazon Smile

If you purchase items from Amazon, please consider using [smile.amazon.com](http://smile.amazon.com) For every eligible purchase from Amazon Smile, a 0.5% donation will be made to COINN. All you have to do is sign in to Amazon Smile and select COINN as the organization for your donation. This is the same Amazon as the regular amazon site but through this portal charitable donations are made.

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The Preemie Corner

SUPPORT ORGANIZATION

When Kimberly Illions son Cole was diagnosed in utero with Hydrocephalus in 2005, the family volunteered with an organization that ended up not using the donations properly. So they created the [Pediatric Hydrocephalus Foundation, Inc.](http://pediatrichydrocephalusfoundation.org) 

Established: 2009
Outreach: National & Worldwide
Website: www.HydrocephalusKids.org
Goal: The organization is 100% volunteer-run and has zero office space. 100% of the donations goes to education, support and research. They hold an annual free conference in Washington, DC to advocate on Capitol Hill for more funding from NIH and to raise awareness.

Professional Tip:
Looking for a solid support resource for your families? Like many NICUs and SCBU's, you should consider recommending the free and privacy-focused Preemie Inspire group on www.Inspire.com at www.inspire.com/groups/preemie to your families. Moderated by PreemieWorld’s Deb Discenza, this group boasts over 29,000 parents of preemies globally and has active discussion “rooms” such as “In the NICU/PICU”; “Fathers of Preemies” “Preemies with CP” and “Preemies with Feeding Issues” and “At Home, Years 1-5” and At Home, Years 6-12” and more.

ABOUT DEB DISCENZA:
Deb Discenza is the mother of a former 30-weeker girl now 12 years old and healthy! Deb is the co-author of the critically-acclaimed book The Preemie Parent’s Survival Guide to the NICU available at www.PreemieWorld.com

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National Organization Members

Australian College of Neonatal Nurses http://www.acnn.org.au/
Canadian Association of Neonatal Nurses http://www.neonatalcann.ca/
Malama O Na Keiki - Hawaii http://malamaonakeiki.org/
Nederlandse Vereniging voor Kindergeneeskunde-Denmark http://www.nvk.nl/
Neonatolji Hemsireligi Deregi-Turkey http://neonatolojihemsireligi.org.tr/
Scottish Neonatal Nurses Group http://www.snng.org.uk/index.htm
Neonatal Nurses College Aotearoa-New Zealand
http://www.nzno.org.nz/groups,colleges_sections,colleges/neonatal_nurses_coll
ege
Innovation & Research Neonatal Nurses Netherlands
Neonatal Nurses Association-United Kingdom http://www.nna.org.uk/