A new year, new ideas, new challenges.

I hope everyone is well rested having made it through the holidays.

We are busy updating position statements on various issues which we will post on the website in the next month or so.

We are seeking discussion in our forum relating to:
- Support for Fathers of high risk infants
- Post discharge care of high risk infants

The website forum is attached to the COINN website and we hope to have this available for you to comment within the month.

World Prematurity Day - November 17th 2014

Think about what your unit can do to celebrate this year.

No Health without a workforce

Every Newborn: an action plan to end preventable deaths. Get involved in the public consultation open until February 2014.

Please forward stories, conference details, cultural issues or articles of interest before the 10th March with the focus from EUROPE.

February/March

Jacquie Koberstein

COINN Mission Statement

To promote excellence in neonatal nursing and health outcomes for the infants and families we serve and to act as an international leader in the development and revision of professional standards of neonatal nursing.

February/March

EUROPE
Aboriginal maternal and infant care workers: partners in caring for Aboriginal mothers and babies

Harmony with the land and its animals.

The universal sacredness of their environment allows them to live in nature, its significance is as comparable as the Bible is in Christian culture.

Aborigines over 40,000 years ago. The arching culture is "oneness with the planet." Archaeological sites in Australia have identified the presence of Aboriginal History.

A bit of History

- Diaphragm
- Curosurf
- Capillary
- Blood
- Aortic
- Alveoli
- Airway
- Ultrasound
- Temperature
- Shunt
- Oxygen
- Lungs
The year is very fast coming to an end and within the Neonatal Intensive Care Unit (NICU) where I work as a registered nurse, so many challenges and changes were overcome this year.

With much hard work and planning from many professionals including my fellow nursing colleagues and NICU management, we have been privileged to have gained a newly purpose built NICU.

Family friendly and individualised patient care provision was always something we strived for in our everyday practice as nurses - caring and nursing the very fragile babies in NICU and their families. It was difficult and at times almost impossible to provide the privacy and developmental care that each individual baby required in our previous unit, since space and layout was not conducive to this.

The space and purpose built areas (including individualised lighting at each bed space, the soundproofing materials used, the family focus that was incorporated into the design of each bed space and the family friendly spaces created) makes for a wonderful, light, clean, family friendly environment in which us as nurses can work towards better outcomes (clinically and developmentally) for the premature babies we nurse. I for one feel privileged to be able to work within such a wonderful environment and with such a dedicated and supportive team.

The developmental care of the premature baby can be challenging, but not only will the new environment improve on certain aspects of this, new changes are being incorporated very soon into our NICU to improve the knowledge of the nursing staff regarding developmental care. A proposed 'Therapeutic Positioning Guideline' and 'Therapeutic Positioning Parent Leaflet' will be incorporated soon after which education will be given to staff and parents to improve practices and understanding of the vital importance of correct developmental care and the positive effect it has on the neuro-developmental, musculoskeletal and physiological development of these very special babies in our care.

There are so much we as neonatal nurses and clinical leaders do very well, but neonatal care is constantly evolving. Being open to change and learning and incorporating proven beneficial aspects to our care provision is exciting and empowering.

I believe we as nurses should embrace change and always strive for best, evidence based care provision – as we do!

Marlene Du Toit Parks
NICU Registered Nurse
Dunedin Hospital
Australia
East Timor
Fiji
Indonesia
Kiribati
The Marshall Islands
Micronesia
Nauru
New Zealand
UNIFYING NEONATAL NURSES GLOBALLY

Shaken Baby Syndrome (SBS)

- It's the leading cause of traumatic brain injury in children under 2.
- In NZ, 20 babies are diagnosed a year with SBS and many more go undiagnosed.
- 1 in 5 babies will die of SBS.
- 30-60% will sustain moderate to severe injuries which include paralysis, blindness, epilepsy.
- Only 10% will have a good outcome.

A prevention programme is a quick, easy intervention that aims to provide parents of young children with information on how to cope with a crying baby and the dangers of shaking a baby. It consists of training staff members, giving the parents a leaflet and discussing it, and offering to show them a DVD.

When the programme was introduced in the US, it reduced the incidence of SBS by 47%.

http://www.powertoprotect.net.nz

East Timor

Figures published in 2007 by UNICEF had infant mortality rate in Timor-Leste 77 per 1000 births. It had the fastest growing populations in the world with women averaging 6.5 children each. Traditional beliefs include placing rice or other substances in birth canal to “lure the baby out.” They believe that colostrum is bad for the baby and that using water and honey will wash the baby’s stomach and intestines and remove dirty blood. These practices are more prevalent in rural areas where 70% of the country’s people live.


Palau

Papua New Guinea

Samoa

The Solomon Islands

Tonga

Tuvalu
New research out from New Zealand earned Deborah Harris and her team the Young Investigator Award in the Neonatal Update 2013 Symposium at the Imperial College in London in November. Deborah in a joint study with Waikato Hospital and the Auckland Liggins Institute looked at the effectiveness of treating hypoglycaemia in neonates with Dextrose Gel.

An exciting treatment that is cost effective and could be used globally to reduce admissions to neonatal units and keep babies with their mothers.


Global Maternal, Newborn and Child Health – So Near and Yet so Far


A Global view of competency in Neonatal care

http://www.journalofneonatalnursing.com/article/S1355-1841(13)00076-8/fulltext

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Articles of Interest
Preemie Corner

We are excited to share more resources with you this edition:

Support Group Snapshot
Name: Little Giraffe Foundation
Website: www.littlegiraffefoundation.org

Background: With the early birth of their twins, Cheyenne and Evan, and the devastating passing of Cheyenne six weeks later, Mike and Amanda Santoro wanted to help bring comfort to families in the NICU and to fund neonatal medical research efforts.

Programs:
- Holiday program of gifts to NICUs 6x per year;
- NICU support grants;
- Funding of neonatal research initiatives.

Resource:
- Item: NICU Parent’s Bill of Rights
  - By: Preemie Parent Alliance
  www.preemieparentalliance.org

Deb Discenza is the mother of a former 30-weeker girl now 10 years old and healthy! As the Founder and former Publisher of Preemie Magazine, Deb is the co-author of The Preemie Parent’s Survival Guide to the NICU available at www.PreemieWorld.com

COINN Conference
August 2016 — Vancouver, CANADA

Canadian Association of Neonatal Nurses
Unifying neonatal nurses globally