From the desk of the CEO

Good day to all.

As I sit to write this message, another bombing has occurred in Turkey. Our thoughts are with our Turkish colleagues. In these scary times, it is important that organizations such as ours remember how we value differences and encourage respectful dialog on difficult issues. We also stand ready to unite globally to provide care to the best of our ability in even the most difficult time.

COINN is getting ready for our conference in Vancouver! What an exciting time! Come to our COINN2016 Conference, August 14-17 in Vancouver, Canada. Our Canadian national organization is busy making sure we have the best meeting ever! More information can be found later in this bulletin.

The Annual General Membership meeting will be held at the Canada Conference. For more details please go to the website COINN2016 Conference. At that time the new board members will be announced. If you are interested in joining the board nominations are open until July 15th. For nomination forms please contact us at info@coinnurses.org.

Neonatal nursing is at the forefront of policy discussions with clear recognition of the importance we bring to healthcare. COINN continues to work with the International Neonatal Consortium (INC) to bring the nursing voice to neonatal research.

There is much work to be done to bring visibility to our contribution to health care reform and universal health care. Yet, there are still many parts of the world where there is no opportunity for nurses to gain specialized training in neonatal care nor to have governmental recognition for this most important specialty. COINN works to change this situation.

Just a reminder from now until our August conference, COINN membership dues are just ONE DOLLAR (USD). Join!!!!

Carole Kenner, PhD, RN, FAAN
CEO, COINN

COINN Mission Statement

To promote excellence in neonatal nursing and health outcomes for the infants and families we serve and act as an international leader in the development and revision of professional standards of neonatal nursing.
The 9th Council of International Neonatal Nurses Conference (COINN2016) is approaching quickly! COINN 2016, proudly hosted by the Canadian Association of Neonatal Nurses (CANN) in collaboration with the Council of International Neonatal Nurses (COINN) will take place at the Westin Bayshore hotel in Vancouver, British Columbia, Canada from August 14 to 17, 2016. This 3½-day Conference will bring together neonatal nurses from around the world for an opportunity to explore critical issues, emerging trends and innovations, to share global wisdom and to foster new partnerships.

Join hundreds of neonatal colleagues from around the world! We have delegates coming from Australia, Brazil, Canada, China, Denmark, England, Finland, Ghana, Iran, Ireland, Japan, Netherlands, New Zealand, Scotland, South Africa, Timor Leste, Vietnam and the United States. This is the ONE event you should join!

Conference features include:

**Engaging speakers for General Sessions:**
- Trauma Informed Care – Mary Coughlin
- Nurturing the Premature Infant and the Family during Early Feedings – Dr. Erin Sundseth Ross
- Pain Management – Dr. Marsha Campbell-You
- Exclusive Human Milk Diet for Very-low-birthweight Newborns – Dr. Alan Lucas
- Ethics in the NICU – Dr. Connie Williams
- Respiratory Stabilization at Birth & Current Research – Dr. Georg Schmöller
- Brain Development in the Newborn: The Importance of the Everyday – Dr. Steven Miller
- Nursing-led Strategies to Enhance the Partnership between Parents and Their Baby’s Care Team – Dr. Linda Franck

**Powerful Panel Discussions** on: Global Challenges for Newborn Health Post 2015 & Pain Management Strategies

**Opening & Closing Sessions** focusing on: the Global Strategy on Human Resources for Health and Global Nursing as ONE

**Intriguing Pre-conference Workshops** to kick start the conference: International Volunteer Opportunities - Developing Clinical Capacity and Improving Newborn Outcomes; Research Networking: Networking Research and Care of the Extremely Low Gestational Age Newborn (ELGAN)

**Interesting Morning Symposiums** offered courtesy of our Global partners - Prolacta and Abbvie

Over 150 poster board and concurrent sessions

An Exhibit Hall featuring the latest in neonatal-related industry products and services

An exciting Social Program including a Welcome Reception and Celebration Dinner

Optional activities allowing the opportunity to explore Vancouver

For registration, hotel and program information, visit the Conference website at COINN2016.neonatalcann.ca

Registration rates include: attendance at all general, concurrent and poster board sessions, morning symposiums, access to the exhibit hall, the Welcome Reception (Sunday, August 14), refreshment breaks on Monday, Tuesday and Wednesday (August 15, 16 and 17), lunch on Monday and Tuesday (August 15 and 16) and the Celebration Dinner (Tuesday, August 16).

In keeping with the Conference theme ONE – One Passion, One Vision, One World, the Conference Planning Committee invites you to join the “One Selfie Movement”. Help create an international selfie mural and let the neonatal nursing world know that this is ONE Conference they won’t want to miss!

TO SHOW YOUR EXCITEMENT ABOUT COINN2016! Send your “ONE” selfie to Twitter @COINN2016 or email to info@neonatalcann.ca. No names will be shared – only your enthusiasm!

Submitted by Karen Lasby, President—Elect of CANN
Neonatal intensive care units (NICUs) and related clinical applications started in 1950-1960’s in Turkey. In the beginning, there were few NICUs in major hospitals of the country, however, now there are many more found in clinical centers and they have more responsibilities. The technological improvements led to an increase in the number of NICU units and as a result of that neonatal nursing care was recognized for its importance in neonatal outcomes. Today, we as NICU nurses, adopted principles of individualized developmental care and offer high quality nursing.

The idea of having a Neonatal Nurses Association established came after a proposal of a neonatology specialist who aimed to decrease neonatal mortality rate in our country. After that, the association officially founded under the leadership of the NICU specialist nurse, Nevin Alsar, on the 4th of April, 2005, in Ankara. Since then, the association has aimed to improve the effectiveness of NICU nursing care and health-related parameters of neonates and their families. Additionally, our association became a one voice for the NICU specialty nurses all over the country.

In Turkey, nurses can work as a neonatal nurse when they graduate from a 4 years bachelor-degree nursing education program. Turkish nurses also can attend the neonatal nursing certification program of the Turkish Health Ministry to improve their knowledge; this is an initial step to become a specialist nurse. Additionally, neonatal nursing Master’s degree programs train more NICU specialty nurses. At this point, our association conducts educational activities for the nurses; since 2013 we organize monthly online courses and regional meetings which are attended by many nurses from all over the country. In order to provide guidance for neonatal nurses, we also organize some sessions during the National Neonatology Congress and publish scientific articles related to neonatal nursing care.

The Ministry of Health statistics indicate that there are approximately 5000-6000 neonatal nurses in Turkey. Since we aim at having all the neonatal nurses as members of our association, currently we reached 1000 members. We made our initial step to make our voice to reach the world and we became a member of Council of International Neonatal Nurses, Inc. (COINN) that makes our voice global.

An example from Turkey
The biggest NICU bed capacity is in the Zekai Tahir Burak Hospital. There are 100 beds (third level care) and 30 beds (second level care), totally 130 NICU beds and 13 mother-baby adaptation beds. The high tech ventilators and incubators are used in this center. They offer evidence-based and high quality nursing care with their 160 registered nurses. Even though the number of specialist neonatal nurses is less than the needs, the rate of neonatal mortality is better than many other countries because of self-sacrificing work of Turkish nurses. Additionally, we believe that working as a team in the clinics has an important role to make life of neonates better.

Submitted by Fadik Cokelek, Secretary of the Neonatal Nursing Association of Turkey
The experiences in the development of educational program for families of preterm or high-risk infants have been concerned with the ability to take care of the baby at home. The nursing team does the preparation of those parents for the discharge.

During the educational activities with the family, the nursing team has faced different problems, specifically, the lack of instructional and teaching materials that help to prepare the mother to take care of her preterm infant at home. Often, the caregiving has been taught in a mechanic and customary way, where the mother is the passive receiver of information. So, new strategies and work tools should be developed as an interactive tool, based on the dialogue and the mothers’ experiences. One of the strategies created was an educational game involving the peculiarities about preterm care. This game provided instruments for the educational practice in the Neonatal Intensive Care Unit (NICU). The subjects covered in that game were: family relationship; feeding; hygiene; routine care, and special care.

In this context, the educational material about orientation for preterm mothers was developed with the participation of all the stakeholders evolved in the preterm care, in other words, the mother and nursing professionals. The material preparation was guided by Freire’s theory, named Problematizing Pedagogy. The participants chose an educational handout, containing questions and answers, which were followed by pictures. This material helped the mother’s potential development and stimulated the nursing team to work in a dynamic way. The issues presented in the handout were targeted for the daily practice that implied simple care such as breastfeeding, bath, family relationship, sun bath, medicine administration, regurgitation and vomiting, sleep, choking, cold, crying, infections, changing diapers, clothes, the follow up care needs, health risks, support services, and home visits.

The handout is free and available on the website of the GPECCA (research group at School of Nursing in Ribeirao Preto - USP) and the Virtual library of the Health Ministry: http://www2.eerp.usp.br/site/grupos/gpecca/objetos/LivroPrematuro2012.pdf and http://bvsms.saude.gov.br/bvs/publicacoes/cuidados_bebe_prematuro_3ed.pdf

A printed handout is available too. In 2016, the 4th edition is available online and the 3rd reprinted version, with free distribution for its entire 13 years of existence. It has been distributed to about 15 thousand parents and relatives of preterm infants, health professionals, public and private education and assistance institutions, non-governmental organization, professors, and students of undergraduate courses of the health care all over Brazil.

The handout was expanded with each edition, based on scientific evidence from studies that used the handout as a research intervention, as well as suggestions from the users, specifically, the parents of preterm infants. The material has been used in health services, extension programs, and research studies around the country. One of those examples is a randomized clinical trial that employed the handout as a pedagogical resource for supporting educational practice in the intervention group. The practical session is aimed to empower the mother through health education in order to prepare her to take care of her preterm after the NICU discharge. The activities were developed through the simulation of the daily care (bath, changing diapers, risky situations, breastfeeding, giving medicines), in a skilled laboratory at the university hospital. As soon as the mothers finished the simulation with dolls, they applied those caretaking skills with their babies in the NICU, while supported by the nurses of the unit and the researchers. After six months of this educational practice used during the hospitalization and when the mother and the baby returned for follow up service, their level of stress was measured by the Parental Stress Index (Abidin, 2012). Mothers from the intervention group had their level of stress reduced 2.68 times when compared to their level of stress during the hospitalization (measured by the PSS:NICU; Miles, Funk & Carlson, 1993) and to the control group.

Finally, we can assert that the use of the validated strategies to empower the mothers of preterm infants, such as the educational handout, contributed to the positive nursing care. This tool might empower the mothers and strengthen their self-confidence and self-efficacy for the baby’s care, thus contributing to the development of a healthy parental role.

Submitted by Claudia Silveira Viera, COINN representative of Brazil

References:

Mother was simulating the preterm care in the skilled laboratory, followed by the research professor in the University hospital in South of Brazil. Randomized Clinical Trial registered in the REBEC: #RBR-zy2zh. Authors: Bago, BM, VIERA CS. Educative activities and level of stress of the preterm mothers after NICU discharge. 2016. Cascavel, Parana, Brazil.
Twenty years ago, I started The S.T.A.B.L.E. Program by combining my business background with a pragmatic neonatal education idea that I had developed while offering outreach education in rural Colorado. Little did I know that 20 years later the program would be taught as a mainstay evidence-based neonatal post-resuscitation curriculum throughout the United States and 30 countries. In addition, S.T.A.B.L.E. has been taught in 46 resource-limited countries; donated program materials for these teaching trips exceeds a retail value of $300,000 U.S. dollars (see Table 1). When I teach the ‘train the trainer courses’ to prepare neonatal experts as S.T.A.B.L.E. Instructors, I always remind the nurses in attendance that “You never know where your good work may go. If you have a good idea and there is a need, then those two combined with your ingenuity, dedication and hard work can help the neonatal caregiver community in ways you never imagined – like S.T.A.B.L.E. does.”

In 2001, S.T.A.B.L.E. implemented a roster program to track how many students completed a S.T.A.B.L.E. Learner course and when course renewal was due. Through April 2016, that number exceeds 420,000 students! First time Learner course students number 328,044 and Renewing students 94,585. More than 25 different disciplines participate in S.T.A.B.L.E. courses (see Table 2).

Table 1. S.T.A.B.L.E. Program Implementation Worldwide

| Countries with S.T.A.B.L.E. Program implementation and actively teaching and registered Instructors | Australia, Bahamas, Bermuda, Canada, China, Egypt, El Salvador, Georgia, Germany, Hong Kong, Indonesia, Ireland, Israel, Japan, Lebanon, Lithuania, Malaysia, Mexico, New Zealand, Northern Ireland, Peru, Philippines, Qatar, Romania, Saudi Arabia, Sweden, Thailand, Turkey, United Arab Emirates, United Kingdom, USA, Vietnam |
| Locations with U.S. Military S.T.A.B.L.E. Instructors | Cuba, Germany, Guam, Italy, Japan, Spain, USA |
| Donations of S.T.A.B.L.E. materials for humanitarian educational efforts: $307,969.20 | Items donated: Learner Manuals, Instructor manuals, Learner Course slide sets, Spanish edition learner manuals, Spanish edition learner course slide sets, Quick reference bedside card sets, Blood gas interpretation chart nomograms, Physical exam/gestational age assessment slide sets, Cardiac module manuals, Cardiac module slide sets |
| Countries where Donations made and S.T.A.B.L.E. Program humanitarian education offered | Afghanistan (Farsi translation), American Samoa, Argentina, Armenia, Bahamas, Belarus, Bolivia, Cambodia, China, Democratic Republic of Congo, Dominican Republic, Ecuador, Ethiopia, Faroe Islands, Ghana, Guatemala, Guyana, Haiti, Trinidad, Honduras, India, Indonesia, Israel, Japan, Kenya, Kiribati, Kosovo, Latvia, Lithuania, Malaysia, Mexico, Nepal, Nicaragua, Nigeria, Palestine, Panama, Philippines, Qatar, South Africa, Romania, Russia, Rwanda, Tanzania, Thailand, Uganda, Vietnam |

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A nation’s infant mortality rate (IMR) correlates directly to the quality and accessibility of health care available to pregnant women and infants in that nation. Globally, it is estimated that 2.7 million infants die each year during the neonatal period – through 27 completed days of life. A similar number are stillborn. Seventy-five percent of these deaths occur in the first week of life, thus it is imperative that we all appreciate that the first week of life is an extremely crucial period for newborn survival. National and global objectives including those in Healthy People 2020, and the new 2016 World Health Organization’s Sustainable Development Goals aim to reduce neonatal and infant mortality. Such reductions can be achieved in part by improving the post-resuscitation care of all neonates. National and global objectives including those in Healthy People 2020, and the new 2016 World Health Organization’s Sustainable Development Goals aim to reduce neonatal and infant mortality. Such reductions can be achieved in part by improving the post-resuscitation care of all neonates.

The S.T.A.B.L.E. mnemonic stands for the six assessment and care modules in the program: Sugar and Safe care, Temperature, Airway, Blood pressure, Lab work, and Emotional support. A seventh module, Quality Improvement stresses the professional responsibility of improving and evaluating care provided to sick and preterm infants. Intended for any member of the perinatal healthcare team in any birth setting; S.T.A.B.L.E. education focuses on situations and problems commonly encountered while providing post-resuscitation care. The course is presented in an 8 to 9-hour didactic format, with supporting course materials including a PowerPoint presentation and student and instructor manuals. S.T.A.B.L.E. is taught by experts in neonatal nursing or medicine, which provides the important benefit of neonatal expertise for accurately explaining the program guidelines.

Additional learning resources have been added to the program since 2003: The S.T.A.B.L.E. – Cardiac Module which focuses on the unique challenges presented by structural heart disease. Emphasis is placed on rapid recognition and stabilization of neonates with severe forms of congenital heart disease. The Gestational Age Assessment / Physical Exam module lays the groundwork for understanding how to assign gestational age and accomplish a thorough physical exam. Simulation-based education is becoming increasingly important and prevalent in the healthcare setting. In 2013, a Neonatal Stabilization Scenarios curriculum, based on the S.T.A.B.L.E. Program content was launched. Since then hundreds of interprofessional participants have utilized the scenarios to drill for neonatal stabilization challenges and emergencies.
S.T.A.B.L.E. has been translated into Latvian and Lithuanian (4th edition), Spanish and Romanian (5th edition) and Vietnamese (6th edition). Instructor training has been accomplished in all of these nations with the Vietnamese implementation currently underway through International Relief Teams, San Diego, CA.

The U.S. Navy is in its’ 13th year of instructor training for graduating pediatric residents and expert neonatal nurses, so that S.T.A.B.L.E. may be taught in the military hospitals where Navy pediatricians are based. Air Force and Army physicians and nurses also participate in the Navy instructor training courses.

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<tr>
<th>Total Number of Students, by credential</th>
<th>422,629*</th>
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<tbody>
<tr>
<td>Registered Nurse (includes midwives and advanced practice registered nurses)</td>
<td>354,811</td>
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<tr>
<td>Respiratory Therapist</td>
<td>25,340</td>
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<tr>
<td>Physician</td>
<td>18,041</td>
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<tr>
<td>Pre-hospital Providers</td>
<td>6,821</td>
</tr>
<tr>
<td>Other (includes nursing and medical students, Navy corpsmen, pharmacists, other medical and non-medical workers)</td>
<td>17,616</td>
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Table 2. Students Completing a S.T.A.B.L.E. Learner Course 2001 through April 2016

*New students 328,044; Renewing students 94,585

Anecdotal reports repeatedly indicate neonates are better stabilized and healthcare provider performance is improved following S.T.A.B.L.E. program implementation. Several studies have evaluated S.T.A.B.L.E. Program impact and the results are encouraging. More information regarding published research may be found on the S.T.A.B.L.E. website at www.stableprogram.org

Submitted by Kris Karlsen, Founder of S.T.A.B.L.E.
SUPPORT ORGANIZATION

After having 3 NICU babies herself, Ashley Randolph decided it was time to give back and support other families. Starting in the Sacramento, California region Glo Preemie is a new agency working to provide prayer, support, resources and care packages to all families in the NICU.

Established: 2016
Outreach: Sacramento, CA
Instagram: glopreemies916
Programs: The organization is currently starting up its first set of support group meetings, being held on Wednesdays at Valley Hi Family Resource Center. And they are also starting a beauty and empowerment program for NICU Moms. Contact Ashley for more info: glo-preemies@gmail.com.

Professional Tips:
- Have a mother and/or father crying uncontrollably in the NICU? It could be Postpartum Depression (PPD) or Post-Traumatic Stress Disorder (PTSD). Yes, both parents are at risk for both disorders.
- Mental Health Awareness has a fantastic screening tool that you can supply to your families so that they can become aware of what is happening and seek help. Check it out here: www.mhascreening.org and consider putting a set of flyers in the family waiting room or on a hallway bulletin board.
- Another Tip: Professionals are also at risk for depression. Consider putting up a flyer in the staff break room.

SUPPORT ORGANIZATION

After having a premature baby boy, Rosie Moore saw a need for reliable NICU support. So she formed The Gift of Life to help provide support to families in a variety of ways, understanding that parent’s stress level can directly correlate to depression, anxiety and PTSD and affect the development of their infant.

Established: 2015
Outreach: Orlando, Florida, USA with plans to go national.
Website: www.thegiftoflife27.org
Programs: NICU baskets for the families, Preemie Mentor program, a NICU Care Guide e-book on the website, NICU Visits and more.

Professional Tip:
Looking for a solid support resource for your families? Like many NICUs and SCBUs, 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 27,000 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.

Submitted by 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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