



Reflecting on International Neonatal Nursing Day

It's a fact: every day of the year there is a worthy cause to recognise and celebrate; prematurity and the neonatal environment are given fair exposure towards the last few months of the year. In the US; the consequences of premature birth are recognised in September with Neonatal Intensive Care Awareness month and then again in November with National Premie Month.



On 17 November, World Prematurity Day raises global awareness of the consequences of prematurity and has gained momentum over the years with the lighting up of iconic buildings around the world in purple. With one in ten babies born prematurely, the far reaching consequences of premature birth benefit from the annual promotion. Indirectly, neonatal nurses participate in World Prematurity Day and share in the positive promotion, with support groups acknowledging the tremendous role neonatal nurses play in the life of the premature infant its family.



This year will be different because this year COINN has declared

AUGUST 15 2017

INTERNATIONAL NEONATAL NURSES DAY



All around the world in neonatal intensive care units and special care nurseries, neonatal transfer team nurses, research nurses, neonatal nurse practitioners, in fact ALL neonatal nurses in every country will be recognised for the tremendous role they play in caring for the most fragile babies and families.

It is a day to not just pat ourselves on the back and celebrate with a delicious well deserved spread of morning tea, afternoon tea or night duty treats, although that would be much appreciated in the midst of a hectic stressful shift; it's a day to consider the role that we all play in the delivery of care and provision of the neonatal service; not just in our own neonatal setting, but within our own region, within our country and as part of the delivery of neonatal care globally. There are neonatal nurses in every country providing the best care they can with the resources that they have, to support for infants that are facing enormous challenges to their start in life.

Whilst neonatal nurses follow established neonatal policies and protocols, that have been under pinned by rigorous and robust research into practice and adopted by their health providers to deliver standardised care; it is also the ability to anticipate and respond to the

infant's cues that elevates their practice by adding immeasurable value to their care. It takes experiential practice to hone those skills, to practise confidently and calmly; to provide not just parental reassurance but to mentor graduate nurses into the specialty practice, too.

The fragile infant is dependent on the skills of the clinicians, technology, the management of nutritional needs, medication and the careful balancing of optimal conditions for measured growth and positive outcome. It is the Neonatal nurse that documents and records the technical data and interventions but most importantly also integrates the family into the care of the infant. It is the neonatal nurse who encourages and supports them, who moves the parents from being fearful to assuming their rightful place as participants in care, a position that has only become widely recognised in more recent years. We can all identify with the experience of encouraging a stressed and nervous mum to nurse baby skin-to-skin and witness the relief and delight as they both settle into being together again.

The practise of nursing premature babies skin to skin is a universal measure for improving infant outcomes in all countries, irrespective of the neonatal nursing care resources available. The benefits of skin to skin through Kangaroo care are far reaching and widely recognised as the most significant intervention for positive benefits to the baby and mother. The International Network in Kangaroo Mother Care, holds conferences bi-annually and Kangaroo Care Awareness day to raise awareness in the greater community, but it's the neonatal nurses who are teaching parents these benefits and, most importantly, are responsible for encouraging parents to participate in Kangaroo care and assist in gaining their confidence with handling their baby.



Family integrated care, (FIC) has come a long way since first presented at the Belfast International Neonatal Conference in 2012 when Canadian researcher, Professor Shoo K Lee, neonatologist and Paediatrician-in-Chief and Director of the Maternal-Infant Care (MI Care) Research Centre at Mt Sinai Hospital; presented research that showed it is possible to teach parents to care for their own infant under direct supervision and guidance from nurses. The very idea met with huge resistance and hostility from nursing staff, predicting all sorts of negative consequences and ulterior motives for undertaking a trial of the concept, not least the erosion of the nurses' role and to reduce staff numbers. Such was the extent of the scepticism and hostility that only nurses who volunteered to be part of the trial were considered.

The origins for the trial came from experiences in Estonia where there was simply a shortage of neonatal nurses to meet demand. They took family focussed care to its logical conclusion and taught the parents how to care for the baby, no matter what gestation. Conclusion and made the family pivotal to the care of the infant. Nursing staff stepped back from the nursing cares and the results were phenomenal. Outcomes were much better, family unity and bonding improved, cross infection dropped, iatrogenic infections

reduced, drug errors were minimal, breast feeding success increased and length of stay reduced. Literally a win, win, win outcome! Win for the baby, win for the parents and win for the hospital. But then, it was argued, that conditions in Estonia were a far cry from our western units and the same principles, could not simply be adopted and implemented.

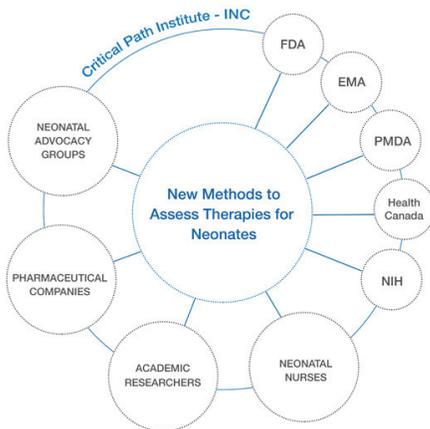
Or could they? Twenty families from a cross section of demographic back grounds and infant conditions were enrolled in the study with the whole family being admitted to the neonatal unit. Roles were redefined with the nurse's responsibility being to teach the parents to care for the baby. The parents worked together collaboratively to provide a framework to assist them with the cares and meet the legal concerns. Their ability to identify requirements to safely and confidently meet the needs of their baby was impressive and complete. They were without doubt the best advocates for their babies in all areas of concern, from nursing management to litigation. The study demonstrated that parents could look after their baby with the appropriate guidance and training and neonatal nurses, with their experience, were the best teachers of Neonatal Care.

Since that initial pilot trial, there have been further studies integrating trials from participating neonatal units in several countries including Canada, Australia and New Zealand, developing a family integrated model of care (FIC). It is a far cry from the days when parents, family and friends could only look through the nursery windows to observe the nurse providing all the cares. Family now works in partnership with the neonatal team to support the baby.

Neonatal nurses are unsurpassed at multi-tasking and dealing with the unexpected admission or emergency. Whilst a typical neonatal nursing shift involves the usual implementing of neonatal standards of care, reading baby's cues, supporting and educating parents and families, we are often participating in research studies, too, dovetailing specific research criteria into our current practice.

Without advances in technology that have been positively meteoric and have not just influenced the management of caring for fragile babies but also provided greater understanding of physiological factors; phenomenal research that changes delivery of care effecting outcomes would not be so profound. "Genomics for Neonates", a recent presentation from Sir John Burns at the 2017 Annual International Neonatal Conference, illustrated this impressively. Who would have thought that in a few short years, unravelling DNA in order to diagnose conditions, has gone from taking costly weeks, if not months to confirm; to now being at point of health care delivery, particularly for diagnosing pharmacogenetics susceptibility? Cheap disposable cassettes are capable of automated DNA extraction, amplification and analysis in less than 20 minutes! It means that point of care diagnosis in the neonatal unit is an achievable reality. Neonatologists will be able to tailor their care to the specific needs of the individual at a whole new level. This could well be the biggest significant leap in neonatal management since the introduction of surfactant to immature lungs. It will certainly impact on neonatal nursing care.

We just need a big step forward in addressing the negating factors of poverty, cultural and social inadequacies, especially those affected by drug, alcohol and substance abuse. Finding neonatal participants for research studies that have no negative bias will become harder. Fortunately the challenges and opportunities to enhance global drug development for neonates are being addressed through improvements in the clinical trial process titled Medicines for Children Research Network.



The dream is to enrol every neonate into a study protocol; definitions for the most important outcomes will be the same worldwide. Standardised

data collected on all neonates will be shared, harmonised and readily searchable; in essence we will all be singing from the same song sheet with the over-riding body being the International Neonatal Consortium, which had its inception within the Critical Path Institute in 2015 and has Neonatal Nurses represented by NNAN and COINN, which only goes to show how important neonatal nurses are in providing the input for research.

Without doubt the role of the neonatal nurse has changed over the years and continues to do so. We anticipate the care, advocate the care, facilitate the care, research the care, teach the care and deliver the care. It's fitting that on International Neonatal Nurses Day we care about each other, particularly those Neonatal Nurses providing the best care that they can in under resourced countries. The neonatal care that you give to our most fragile infants is appreciated by the whole neonatal team.

From those that have a difficult start, a very big "thank you" from every little heart.

Further reading reference list

COINN

<http://coinnurses.org/>

NANN

nann.org

EFCNI

<http://www.efcni.org/index.php?id=2272&L=1%27%22>

Family integrated care <https://bmcpregnancychildbirth.biomedcentral.com/articles/supplements/volume-13-supplement->

http://journals.lww.com/advancesinneonatalcare/Abstract/2013/04000/Implementing_Family_Integrated_Care_in_the_NICU__A.9.asp

Kangaroo care

<http://tinyurl.com/PledgeKC2017>

Critical Path Institute in 2015

<https://c-path.org/programs/inc/>