

FANNP NEWS



HIGHLIGHTED: THE FUTURE OF NNP EDUCATION • A SAFE HAVEN FOR NEWBORNS

PLUS: POCKET NOTEBOOK • LEGISLATIVE UPDATE • EDUCATIONAL OFFERINGS • BRING IT ON • PENELOPE'S POSE • LETTER FROM THE PRESIDENT

The Publication of the Florida Association of Neonatal Nurse Practitioners



FANNP's 19th National Neonatal Nurse Practitioner Symposium:

**Clinical Update and Review
Oct. 14–18, 2008**

Clearwater Beach, FL

Marylee Kraus, MSN, ARNP, NNP-BC

For those of you who couldn't attend this year, we had another great conference! The speakers were top notch, the weather was great, and the Luau was big fun! Back by popular demand was our Mock Trial, and the professor and students from the Campbell University School of Law out did them selves for a wonderful and very realistic case presentation. I think many of our "players" were in a situation they hope to never be in real life, but hopefully all came out better prepared if they ever were to be.

We enjoyed a return appearance by Marion Kay as keynote speaker, who left us uplifted and positive. Track A attendees were updated



Conference Snapshots: (left) The Roundtable Discussion (above) FANNP's Conference Planning Committee.

on nutrition and prebiotics, vent management, new pharmacology issues, and our old nemesis NEC and other infections. We also enjoyed Journal Club and Case Presentations. Track B attendees enjoyed all of the nuts and bolts needed to begin our practice from many of our favorite and proven speakers and wrapped up with Test Taking Tips to get through the dreaded exams!

The Roundtable was back and sponsored by Ross again this year, along with great discussions allowed us to meet and network with old friends and new. Also, other chances to network and just have fun were the Welcome Reception sponsored by FANNP and the Luau sponsored

in part by Ovation with a return performance by our favorite DJ, Ron.

Special thanks go out to all the conference planning team members who work hard all year behind the scenes to make the conference a success. Without the hard work and dedication our conference planning team this conference would not be possible- so thanks again.

Next year is going to be **very** special as it will be the 20th **Anniversary** of FANNP. We have many surprises and fun activities planned for this special occasion and hope to see you all there. So make plans, invite friends and see us next October for another great conference!

Letter from the President

What an incredible 2008 FANNP Symposium — we had one of the largest attendance yet, the speakers were outstanding, the networking opportunities were packed, and you could not have asked for better weather to enjoy during the breaks. FANNP would like to thank each and every one of you for choosing this conference to attend, as we understand there are others you could have chosen. The planning committee will continue to listen to your feedback on what you want to see as we start planning next year's conference. One of the attendants who was a student approached me and said that even though they came due to faculty's strong recommendation to attend, it was the best experience — they got a couple of job possibilities to explore, they made some new friends and found out they were in the same boat as many other students — juggling work, family, friends, studying, and clinicals with concerns of would they pass NCC certification and where were they going to work? This has always been one of the strong goals of this conference — to offer networking experiences while providing a comprehensive review for those approaching NCC certification and we will continue to strengthen this as needed.



Bridget Cross, President of TxANNP; Lee Shirland, President CANNP; Robin Bissinger, Chair, NANNP and Jacqui Hoffman, President FANNP

FANNP also acknowledges the need to continue to represent the needs of the Neonatal Nurse Practitioner from a professional practice stance. We have sent letters to Senators, Governors, and other legislative bodies; we have joined efforts with other National organizations in addressing the American Medical Association and the Council for the Advancement of Comprehensive Care in letters opposing several proposed amendments/proposals that would have impacted the acute care NNP as well as our other APN colleagues; and we are forming strong associations with the other state NNP groups and the National Association of Neonatal Nurse Practitioners (NANNP). Several of FANNP members attended the faculty summit held at the NANN conference in Ft. Lauderdale this past September (see the article submitted in the newsletter for an update). It was very exciting as President of FANNP to be able to sit in one room with Robin Bissinger (Chair, NANNP), Bridget Cross (President of TxANNP), and Lee Shirland (President CANNP) and hear the passion in protecting our professional practice. There is so much that each of these state organizations can gain through working in collaboration with NANNP, just as NANNP can gain from collaborating with the state organizations — as we all join forces, it makes the voices of NNPs even louder. FANNP budgets money each year to support various professional organizations and at the annual BOD meeting we are excited to be able to support NANNP with a donation for “seed” money for lobbying/advocacy on the behalf of NNPs. In addition we would like to continue to support our state advanced practice efforts through FNP. Please let myself or any of the other Board members know of issues or concerns that may impact our practice; we encourage all of you to help us identify potential barriers to be removed so that we provide the best care for the smallest of patients.

Hope you had a great Nurse Practitioner Week. Have a safe and happy holiday season. May peace, joy and goodwill be with you and your family and friends as we approach the New Year. — *Jacqui Hoffman, MSN, ARNP, BC-NNP*

THE FLORIDA ASSOCIATION OF NEONATAL NURSE PRACTITIONERS

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FANNP Awards Nine Scholarships in 2008

Karen Theobald, ARNP

FANNP remains committed to promoting education for NNPs and is proud to be able to award scholarships to nurses and NNPs continuing their educational pursuits in the field of neonatal health care.

Each year on Dec. 31, at least 10% of the available monies in the FANNP general operating budget are put in a scholarship fund.

FANNP has awarded scholarships of \$500 – \$1000 per qualified applicant to 44 deserving candidates; totaling approximately \$38,000 in college scholarships during the past eleven years.

FANNP members from across the country including Florida, Alabama, Hawaii, North Carolina, Mississippi, Maryland, California, Tennessee, South Carolina, Iowa, Indiana and Arizona have been scholarship recipients. This year we also added Georgia and Virginia to our growing list of members who received scholarships.

The 2008 scholarship recipients were announced at this year's conference and include:

Marcy Hopper who is a PNP attending the University of Alabama at Birmingham to become an NNP. She has been an NICU nurse for over 20 years and a clinical manager for the past 10 years. She currently lives in Boca Raton, Florida

See "Scholar" on page 4

The Future of NNP Education

Pamela Laferriere, MSN, ARNP, NNP-BC

Hot topics come and go. One topic at the top of the hot list is NNP and advanced practice nursing education. There is a buzz about the profession: Doctorate of Nursing Practice (DNP), entry level for advanced practice, mandatory, the date 2015, the National Association of Neonatal Nurses (NANN), the National Association of Neonatal Nurse Practitioners (NANNP), the American Association of Colleges of Nursing (AACN), and the National Organization of Nurse Practitioner Faculties (NONPF), and the Florida Association of Neonatal Nurse Practitioners (FANNP). What is the connection between these entities? How changes to NNP and advanced practice nursing education might impact the profession and advanced practice nursing programs?

Much of this story began in October, 2006, when *The Essentials of Doctoral Education for Advanced Nursing Practice* was published by the AACN. This document describes expected competencies of DNP program graduates including specific program recommendations about curriculum content, clinical practicum hours, and program lengths (AACN, 2006; NANNP, 2008). The NONPF released a response to the Essentials document, a *Statement on the Practice Doctorate in Nursing: Response to Recommendation on Clinical Hours and Degree Title*, arguing that specialty organizations should dictate standards for DNP programs (NANNP, 2008; NONPF, 2006). Furthermore, in February, 2008, the National Task Force (NTF) on Quality Nurse Practitioner Education published an updated report to *Criteria for Evaluation of Nurse Practitioner Programs* in which it is argued that increasing minimum clinical hours for NP preparation is not evidence based (NANNP, 2008; NONPF, 2008). NANNP published a position statement that concludes "the development of the DNP as one option for neonatal nurse practitioner education, but cannot support the DNP for entry into advanced neonatal practice" (NANN, n.d.).

On September 23, 2008, the first inaugural NANNP faculty summit was held at the NANN conference in Fort Lauderdale, Florida.

The focus of discussion will be revision of the current Education Standards for Neonatal Nurse Practitioner Programs with emphasis on ongoing quality of neonatal nurse practitioner education. In view of the movement toward doctoral level preparation, additional considerations will be addressed to sustain our commitment to quality across NNP educational programs (NANNP, 2008, p. 2).

NNP faculty from across the nation were present and participated in the discussion. What this attendee took away from the meeting is that as NNPs and NNP educators, we must be involved in the national movement currently pressing for the DNP as a requirement for entry level to advanced practice nursing. Role transition for the NNP was a topic of discussion at the round table dinner at the FANNP 19th national neonatal nurse practitioner symposium. Dialogue was exchanged regarding the positive and negative aspects of such a movement for change within NNP education. Members of FANNP and the FANNP board of directors are participants in NANNP, the faculty summit, and other organizations

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EDUCATION *continued from page 3*

and entities investigating best paths for NNP education.

NANNP is calling for volunteers to participate on the task force for revision of NNP Education Standards (NANNP, 2008, November). This is an excellent opportunity to be involved in finding the solution to the questions first stated regarding the hot topic of NNP education. Please review the qualifications for task force membership and if eligible, please consider volunteering for this worthy effort.

American Association of Colleges of Nursing. (2006). *The essentials of doctoral education for advanced nursing practice*. Retrieved November 10, 2008, from <http://www.aacn.nche.edu/DNP/pdf/Essentials.pdf>

National Association of Neonatal Nurse Practitioners. (n.d.). *The National Association of Neonatal Nurse Practitioners (NANNP) position statement on the doctor of nursing practice (DNP) degree*. Retrieved November 10, 2008, from <http://www.nann.org/pdf/positionstatementfinal.pdf>

National Association of Neonatal Nurse Practitioners. (2008, November). *Call for task force volunteers*. Retrieved November 12, 2008, from http://www.nann.org/nannp/education_task.html

National Association of Neonatal Nurse Practitioners. (2008). *Facts about neonatal nurse practitioners and the doctor of nursing practice (DNP)*. Retrieved November 10, 2008, from <http://www.nann.org/pdf/dnpfacts.pdf>

National Organization of Nurse Practitioner Faculties. (2008). *Criteria for evaluation of nurse practitioner programs*. Retrieved November 13, 2008, from <http://www.nonpf.org/nonpf2005/ntfcriteriawebversion0208.pdf>

National Organization of Nurse Practitioner Faculties Board of Directors. (2006). *Statement on the practice doctorate in nursing: Response to recommendation on clinical hours and degree title*. Retrieved November 13, 2008, from <http://www.nonpf.org/nonpf2005/practicedoctorateresourcecenter/boardstatementOct2006.pdf>



SCHOLAR *continued from page 3*

and is completing her clinical experience in Tallahassee, Florida.

Tara Rosado, currently enrolled at the University of Florida, is completing her MSN as an NNP. She lives in Lakeland, Florida and is working in the NICU at Lakeland Regional Medical Center.

Terri Marin is from Peach Tree City, Georgia. She is working full time on a PhD in Nursing from Emory University. She has been an active member of FANNP and is our Conference Party Player. After completing her degree Terri plans to join the faculty of a School of Nursing.

Diane McNerney is an active member of the FANNP Conference Planning Committee and is currently attending University of South Florida in the DNP program. We can thank her for procuring all of the fabulous prizes given out during the conference. She lives in Palm Harbor, Florida.

Amy Box is enrolled at the University of Alabama at Birmingham. She is from Lynchburg, Virginia and hopes to become more involved in research and clinical education.

Paula Timoney is from St. Petersburg, Florida. She is a founding member of FANNP, has served FANNP in many roles, started this conference for NNPs and is currently pursuing a DNP at Case Western Reserve University.

Louise Bowen is also attending Case Western Reserve University. She is from Largo, Florida and is the Neonatal Pediatric Transport Director at All Children's

Hospital.

Enrolled at Nova Southeastern University, **Lorna Forchin** has been a member of FANNP for greater than ten years. She is involved in NICU nursing education, leadership and discharge planning. Lorna lives in Cape Coral, Florida.

Jessica Johnson is completing her doctoral studies at the University of South Florida, College of Public Health. She from Loxahatchee, Florida and is currently focused on researching neuro-developmental outcomes in low birth weight infants.

Are you or is someone you know eligible for a FANNP scholarship?

FANNP members who attend an educational program leading to a degree related to the health care field between September 15, 2008 and September 15, 2009 will eligible for a 2009 scholarship.

The FANNP Board of Directors will select the scholarship recipients based upon the qualifications and the applicant's level of practice and educational and professional goals. The number and dollar amounts of the annual scholarships will be determined by the FANNP BOD based upon the amount of monies available in the scholarship fund, the number of applicants, and each applicant's qualifications as listed above. To request a scholarship application, e-mail KT@fannp.org or contact Karen Theobald by mail at FANNP, PO Box 14572, St. Petersburg, Florida 33733-4572.

Congratulations to Cheryl Robinson, Our 2008 Kim Nolan Spirit Award Recipient

FANNP is proud to announce Cheryl Robinson as the 2008 recipient of the Kim Nolan Spirit Award (KNSA). Cheryl is a Clinical Assistant Professor at the University Of South Alabama College Of Nursing and is Track Coordinator for the Neonatal Nurse Practitioner (NNP) Program. She has extensive experience in on-line education and developed and launched the entire NNP Program delivered entirely online. Cheryl received her BSN from Capstone College of Nursing in 1985, and her Master's Degree from the University of Colorado Health Sciences Center in 1994. Cheryl completed post-master's preparation as a NNP at USA in 1995 and recently completed her doctoral degree in nursing at Louisiana State University Health Sciences Center. Cheryl is an active member in the National Association of Neonatal Nurses, the National Association of Neonatal Nurse Practitioners, the Academy of Neonatal Nurses, the National Association of Nurse Practitioner Faculties, and the Zeta Gamma Chapter of Sigma Theta Tau International. Cheryl comes from a nursing family. In 2007, Cheryl's mother was inducted into the Alabama

Nursing Hall of Fame.

Cheryl has a real can-do attitude, despite facing the adversity of losing her home to Hurricane Katrina, Cheryl still continued her professional obligations to her students at the University as well as traveling to Florida to present at the FANNP conference.

Cheryl is the Coordinator of the NNP Program at USA and even though she is a one-man-band at times, her students never notice, because she always gives just a little more. Cheryl promotes excellence in education for NPs without making it unattainable.

She is also an excellent role model for NNP's, she is politically active and advocates for the health of women, infants & children. She represents NNP's, nurses, advanced practice, and nursing education.

Cheryl's strong faith has helped her as she and her husband literally lived in a small trailer on their property as their new home had to be in parts rebuilt due to the risk of mold from the flooding following Hurricane Katrina. Not once has she complained, but instead has been thankful.

Over the years, Cheryl has always been a strong promoter of FANNP's



Cheryl Robinson receives the 2008 Kim Nolan Spirit Award at FANNP's October Conference.

missions and encourages her students to attend the conference every year because she believes the review track helps the students prepare for NCC Certification. She also has frequently presented at the FANNP conference. As you can see, Cheryl shares many of the attributes that made Kim so special to everyone at FANNP that is why Cheryl is our 2008 KNSA recipient — Congratulations to Cheryl!

To nominate someone for the KNSA for 2009, go to the website FANNP.org and download an application, or write to Paula Timoney, c/o FANNP, PO BOX 14572, St. Petersburg, Florida 33733-4572.

Thank You 2008 Conference Sponsors!

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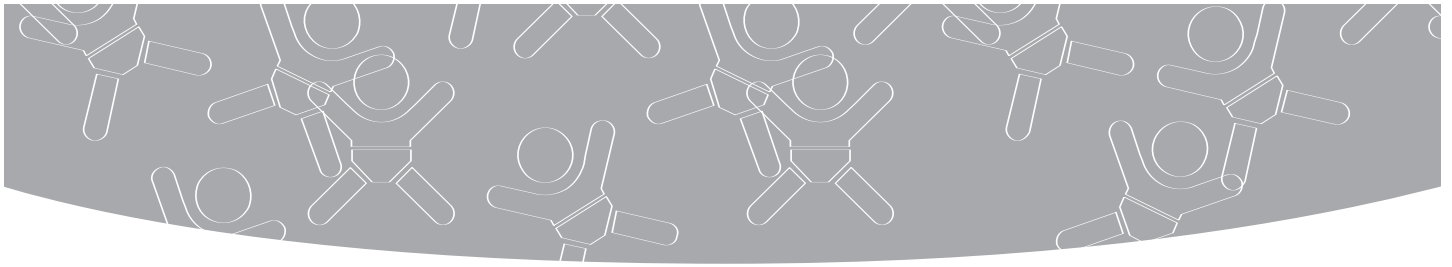
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FANNP would like to apologize to Pediatrix Medical Group for leaving their ad out of the Conference Syllabus. Please see their ad on page 6. We thank Pediatrix again for their generous support of our conference!



Pediatrix Medical Group, the nation's largest provider of maternal-fetal, neonatal and pediatric subspecialty services, remains committed to caring for high-risk pregnant women and the most fragile members of our community: premature or critically ill newborns and children. For more than 25 years, our growth has been guided by our most valuable asset – our clinicians – and a simple principle: *Take great care of the patient.*TM

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A Safe Haven for Newborns

Amendment to Florida's Safe Haven Protection Law

Diane McNerney MS, NNP-BC, ARNP

Beginning in 1999, Safe Haven Protection laws have been instituted in most states in an effort to protect abandoned infants from injury and death. The laws vary from state to state, yet all focus on safe haven drop off sites, the responsibilities of the caregivers, and shielding parents or caregivers from prosecution. The state of Florida has passed an amendment to the safe haven law in efforts to ensure infant safety, reinforcing the anonymity of the surrendering parent and redefining responsibilities of the stakeholders who accept an abandoned infant and extending the age at which an infant may be surrendered under the law. The initial opening of the policy window on safe haven for abandoned infants began in 1999, when national spotlight was focused on a problem that deserves the attention of all those who are concerned for the well being of the most vulnerable in our society, newborn babies. Everyday countless women around the world face the reality of an unwanted pregnancy. A small number of these women hide or deny the fact that they are pregnant. They have not confided in family or friends, and have not reached out to any of the number of crisis pregnancy or adoption services that are available to them. These women carry their babies to term, give birth in "secret", and then out of fear, shame, confusion, desperation, or sometimes selfishness, they abandon their newborn baby in some out of the way place — leaving their child to die — hoping that no one will ever know whose child it was.

Unfortunately, very few people across the nation are aware that this heart-wrenching scenario is occurring more and more. Most states did not keep statistics specific to this problem. Until recently, the issue of newborn abandonment has gone virtually unnoticed.

However, since Texas state Representative Geanie W. Morrison, R-Victoria, passed the country's first Baby Moses legislation, 47 states and Puerto Rico enacted similar laws to address this tragic problem. As of February 2008, only Alaska,

Nebraska and Washington, D.C., have no safe-haven laws.

It is unfortunate, but it may never be known exactly how many newborns are abandoned every year. A statistic that is often quoted is a 1998 study in which 108 newborns were reported abandoned, and of those, 33 died. This number significantly under represents the severity and scope of the problem. To combat the senseless loss of life, safe haven laws provide a responsible alternative to newborn abandonment so that potentially two lives can be saved. Not only does legislation prevent a newborn from being abandoned in a dangerous place, it can also protect a mother who was in a desperate situation.

As with any effort there are critics of the safe haven laws. Bastard Nation, an organization established to oppose confidential adoption, has argued that the newborn will be forced to grow up without any knowledge of their medical history or biological parents. In response, project members and supporters of the Baby Moses law argue that it is better to have a baby safely delivered to a safe haven drop off sites with no medical history, than a baby found in a trash can with no medical history.

The second most prevalent argument is that these types of laws promote irresponsibility. However, supporters of the Baby Moses laws argue that, rape and incest aside, the irresponsible act has already taken place when a mother becomes pregnant and cannot take care of her child. Safe haven protection anticipates that by providing a viable option to newborn abandonment, the second decision that a mother makes will be a responsible one that in effect saves two lives.

What do we know about the incidence of infant abandonment? In the past national and state data on the number of abandoned infants were practically nonexistent. Most states did not keep track of these infants. In response to the limited information on infant abandonment, federal House Resolution 465, introduced and passed in April 2000, recommended that local,

state and federal statistics be kept on the number of infants abandoned in public places. Federal House Resolution 422, also introduced in 2000, sought to establish a Baby Abandonment Task Force to collect information and maintain a database on incidents of child abandonment, including information on demographics, circumstances, outcomes and trends. The legislation was reintroduced in January 2001 as the Baby Abandonment Prevention Act of 2001. Additionally, the Safe Havens Support Act of 2001 proposes using temporary assistance for needy families (TANF) funds to support infant safe haven programs and requires human health services (HHS) to conduct a study to determine the number of infants relinquished, abandoned or found dead and the characteristics and demographics of parents who have abandoned an infant.

Most of the laws designate hospitals, emergency medical services, fire stations and police stations as safe locations. About half of the states will not prosecute parents who safely abandon their newborn. State laws vary on the age of infants who may be relinquished. The ages range from 72 hours old or younger up to 5 days old or younger. The most common ages found in the statutes are 72 hours and 30 days. Some of the issues addressed in statute include anonymity, parental rights public awareness and court procedures.

Infant abandonment is an escalating crisis in the United States. Mothers are keeping their pregnancy a secret, and then disposing of the child after the birth. Abstinence and education programs have been in place for years, and still there are stories about newborns being found in trashcans. Until a program is put into place that is 100% effective, project members believe that there is a responsibility to provide a safety net for the newborns that will unfortunately fall through the cracks of the "Just Say No to Sex" programs. The safe haven protection project supports all efforts to prevent unwanted pregnancies and newborn abandonment.

The Safe Haven Law saves a child's life and protects the mother/father from a lifetime of guilt and criminal prosecution and the hopes and dreams of parents waiting to adopt are fulfilled. Infants

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admitted to the hospital under the safe abandonment law are presumed eligible for Medicaid coverage. Healthcare coverage for these children is covered under the State Children's Health Insurance Program (SCHIP). The State Children's Health Insurance Program (SCHIP) was created, and been widely acclaimed for its success in reducing the number of children without health insurance. The Administration is committed to making sure that poor children have health insurance. At the end of 2007, President Bush signed an extension of the program to cover current enrollment levels through March 2009 so that problematic issues could be fixed in the program prior to further extension.

Since 2000, at least 98 infants have been safely abandoned, in Florida alone, since the safe haven laws have been established to this law. During the same time period, 38 infants are known to have been unsafely abandoned; 14 of those infants lived and 24 died. Locations for the unsafe abandonment's included trash cans, dumpsters, churches, a nursing home, a hotel room, a beach, a vacant lot, the front porch of a private home, a hotel garage, a concrete pile, and a canal.

Many states have passed Safe Haven legislation in response to the tragedy, which causes the death of a newborn. The names of these laws differ from state to state: Safe Haven, Safe Place, Baby Moses Law, Safe Arms for Newborns and Safe Delivery.

Before the states passed Safe Haven laws, about 33 newborns were abandoned in Texas; 33 in Illinois; 10 in Washington State and 7 in Massachusetts. One out of three abandoned newborns did not survive. The best option is for a birth mother to contact a licensed adoption agency, such as adoption services; however, this is not always the case. Safe haven drop off for infants is an option and generally allow the biological parent to remain anonymous and to be shielded from prosecution for abandonment or neglect. In most states custody of the infant who has been placed in a safe haven is transferred to the state child welfare or child protective services department and then placed into foster care.

When faced with an unwanted pregnancy, political and social climate of

race and ethnicity plays a role in a woman's decision-making process and she may feel there are limited options available to her in dealing with the situation. Mental health disorders account for a portion of the incidents in which newborns are disposed of in public places and occasionally mutilated or murdered. Religious and ethnic beliefs can influence a mother's actions and form the model of what is acceptable behavior. If the infant is found in a state of neglect or abuse, the mother may receive a sentence from probation to life in prison. A number of community awareness plans have surfaced in an effort to address various aspects of the problems regarding newborn abandonment.

Additional research is needed to identify which women might be at risk to abandon a newborn and why. Nurses, caring for women every day, are in a unique position to answer these questions and carry out research programs to find further answers. The nurses, who are not a researcher, can support the researchers who are conducting studies and is a consumer of research to improve the come of newborns, families.

The story of abandoned infants is not one of failure. In Florida, the State Health Department was primarily the responsible agency for creating educational materials and training (Baby? Don't panic you are not alone we're here to help, 2000). The Safe Haven Foundation has also produced public service announcements, training videos for safe haven locations, videos for schools, signs, and billboards. Getting the message about the law to pregnant women in crisis is crucial. The public needs to be aware that these laws are in place, so more people will take advantage of it. Respecting the mother's confidentiality is what this law has going for it. When pregnant women are going through a crisis and need help; they do not want their name revealed.

Safe Haven provides an alternative to a frightened parent or parents, who may do something drastic in a moment of desperation, destroying two lives, hers and her babies. It is now a Florida Law, which allows a mother/ father an alternative to infant abandonment, with your confidentiality protected. As Florida's Safe Haven Protection law celebrates the 100th life saved, let all states advocate for infant safety and initiate Safe Haven Laws.

References

- American Civil Liberties Union. (2003). Safe surrender or infant abandonment legislation. Retrieved June 3, 2008 from, <http://www.aclu.org/womensrights/parenting/13170res20030122.html>
- Atwood, T. C. (2008). Comment: National Council for Adoption's Response to the Texas Safe Haven Study. *Child Maltreatment*, 13(1), 96-97.
- Bastard Nation: The adoptee Rights Organization. (n.d.). Bastard nation. Retrieved July 1, 2008 from, <http://www.bastards.org>
- Bolling, I.M. (2003). National Center for State Courts Adoption Trends in 2003: Infant Abandonment and Safe Haven Legislation. Retrieved May 29, 2008 from, http://www.ncsconline.org/WC/Publications/KIS_Adopt_Trends03Haven.pdf
- Bradley, D. (2003). Perspectives on newborn abandonment. *Pediatric Emergency Care* (2):108-111.
- Center for Medicare & Medicaid services. (n.d.). State Children's Health Insurance. Retrieved June 20, 2008 from, <http://www.cms.hhs.gov/MedicaidGenInfo>
- Cesario, .S.K. (2001). Newborn abandonment. *Would you know what to do? AWHONN Lifelines*, Oct-Nov; 5(5):42-48.
- Cesario, S.K. (2003). Nurses' Attitudes and Knowledge of Their Roles in Newborn Abandonment. *Journal of Perinatal Education*, 12(2):31-40.
- Child welfare information gateway. (2003). Infant safe haven laws, Retrieved June 6, 2008 from, <http://www.childwelfare.gov/systemwide/laws/policies/statutes/safehaven.cfm>
- Child Welfare Project. (2003). Update: Safe haven for abandoned infants. Retrieved June 1, 2008 from, <http://www.ncsl.org/programs/cyf/slr268.htm>
- Florida Department of Health. (2000). Baby? Don't panic you are not alone we're here to help. Retrieved July 10, 2008 from, <http://www.doh.state.fl.us>
- Florida's Healthy Start, 2008. Safe haven for newborns 24 hour confidential hotline, 2008. Retrieved June 7, 2008 from, <http://www.healthystartflorida.org/directory/coalition.asp?CoalitionID=HSSWF>.
- Guttermacher Institute, (2008). State policies in brief Infant abandonment: Retrieved June 6, 2008 from, <http://www.guttermacher.org/pub/spib>
- Relating to Surrendered Newborn Infants/Safe Haven Protection [SPCC], Senate 1704, § CS/SB 1704 (2008).
- Safe Haven Protection for Surrendered Newborn Infant, HB 7007, § PCB HCC 08-13, (2008). The Baby Moses Project, 1999. The baby mooses project: Background and purpose. Retrieved May 29, 2008 from, <http://www.babymosesproject.org>

POCKET NOTEBOOK

Diane McNerney MS, ARNP-BC



Chromosomal Testing in Genetics

Karyotype

- Chromosomes need to be stained in order to see them with a microscope.
- Chromosomes look like strings with light and dark “bands.”
- An actual photograph from one cell of all 46 chromosomes, in their pairs, is called a “karyotype.”
- A normal female karyotype is written 46, XX, and a normal male karyotype is written 46, XY.
- The standard analysis of the chromosomal material evaluates both the number and structure of the chromosomes, with an accuracy of over 99.9 percent.
- Chromosome analyses are usually done from a blood sample (white blood cells), prenatal specimen, skin biopsy, or other tissue sample.

Extended Banding Chromosome Studies

- Extended banding or “high resolution” chromosome studies means that the chromosomes are studied at a higher resolution than the standard chromosome analysis.
- The chromosomes are prepared in such a way that they are a little longer, so that more bands can be seen. This allows you to see smaller pieces of the chromosome, so that you could identify smaller structural chromosome abnormalities not visible on a routine analysis.

FISH (Fluorescence in situ Hybridization)

- Used to determine how many copies of a specific segment of DNA are present in a cell. It is also used to identify structurally-abnormal chromosomes.
- A segment of DNA is chemically modified and labeled so that it will look fluorescent under a special microscope.
- This DNA is called a “probe.” Probes can find matching segments of DNA when added to cells under certain conditions.
- A FISH study does not replace a chromosome study, but is done in addition to a standard chromosome study, depending on the birth defect in question.
- FISH can be used to detect structural chromosome abnormalities that are beyond the resolution of extended banding chromosome studies.
- “Telomere” is a term used to describe the very ends of chromosomes. When FISH is used specifically to look for chromosome abnormalities in this area, it is referred to as “subtelomeric FISH testing.”

Chromosomal Microarray Analysis

- A chromosomal microarray analysis (CMA) is a new laboratory test used to detect chromosomal imbalance at a higher resolution than current standard chromosome or FISH techniques.
- This process looks for identification of a change in DNA copy number. These changes in DNA copy number may represent changes seen in the general population which do not cause genetic diseases. However, some changes in copy number may indicate a chromosomal abnormality such as a chromosomal imbalance, loss, or gain.
- Types of chromosomal abnormalities may include small chromosomal rearrangements, small duplications of chromosomal material (trisomy), or small deletion of chromosomal material (monosomy).
- Chromosomal microarray analysis is far better at picking up these abnormalities than other common methods
- The technique does not help with identifying the problem in all children, but there is a five to 12 percent chance that it will identify an abnormality in children with various disabilities where the previous chromosomal testing did not.

References

Baylor College of Medicine (2007, March 30). Chromosomal Microarray Analysis Proves Accurate. ScienceDaily. Retrieved September 10, 2008, from <http://www.sciencedaily.com/releases/2007/03/070329092046.htm>

Toedling, J., Schmeier, S., Heinig, M., Georgi, B., & Roepcke, S. (2005). MACAT—microarray chromosome analysis tool. *Bioinformatics* 21(9):2112-2113.



Legislative Update

Winter, 2008

Leslie Parker, MSN, NNP-BC, RNC

With the election of Senator Barack Obama to the White House, the 2008 presidential election is at long last behind us. Obama was supported by the American Nurses Association in part due to his view of health care as a right and not a privilege. During his years as both an Illinois state senator and as a U.S. Senator, he has shown a commitment to the nursing profession which we hope will continue through his years as president. The nursing profession was also fortunate to see many nursing advocates retain their seats in Congress.

The Florida Coalition of Advanced Practice Nurses recently released a White Paper entitled *Advanced Practice Nurses: Improving Access to Health Care and Containing Costs*. This document is an action plan illustrating how Florida is in the midst of a critical health crisis which could significantly benefit from the full utilization of advanced practice nurses. It discusses barriers to the full utilization

of ARNPs including; 1) the inability to prescribe controlled substances, 2) insurance plans which do not provide direct payment for services provided by ARNPs, 3) the inability of ARNPs to obtain medical staff privileges in many institutions, 4) the strict liability requirements concerning ARNPs, and 5) the need to revise outdated laws governing ARNP practice. The paper also details recommended solutions to the above problems to ensure increased health care for Floridians. The coalition will be meeting with Lt. Governor Jeff Kottkamp and Governor Crist's Health Policy Advisor to discuss the White Paper and how it can be used to improve access to care in Florida.

Continued support of government officials who are advocates for the nursing profession requires that we as nurses and advanced practice nurses become involved in political campaigns through mailings, phone calls and hosting "meet and greets" for those candidates supportive of our profession. Please consider becoming involved in the next campaign effort whether it is at a national, state or even local level. As nurses, we have the numbers to make a difference.

Bring It ON....

Answers (Questions on page 12):

1. Answer is B, congenital rubella has a classic triad of deafness, cataracts, and PDA. Other clinical symptoms include growth deficiency, mental retardation, microcephaly, corneal opacity, chorioretinitis, micro-opthalmia, strabismus, septal defects, peripheral pulmonary stenosis, intima thickening of arteries, decreased platelets, hepatosplenomegaly, jaundice, and osteolytic bone lesions.

2. Answer is B, meconium plug syndrome is described as distal intestinal obstruction in the newborn that is relieved by passage of a grey plug of meconium. Half of these infants eventually are diagnosed with Hirschprung disease.

3. Answer is B, an infant on diuretic therapy should have electrolyte balance monitored because they are at increased risk for hyponatremia, hypokalemia, and metabolic acidosis.

Classified Advertising in this Newsletter will be Available Beginning December, 2008

Acceptance of Advertising

- Professional Classified ads only.
- Link provided on website for direct submission.
- All advertisements are subject to review and approval by the Editor.

Ad Options

May run ad in one newsletter or all year – 4 total newsletters, December, March, June, and September issues.

Cost and General Information

- \$50.00/ad each newsletter or \$150.00 for all 4 newsletters. No cash discounts.
- Payment must be received in full prior to the scheduled close date for the quarterly issue.
- Payments can be made through PayPal on the FANNP website.

Format

- Each ad will be limited to 6 lines/30 characters per line.
- The classified ad section of the newsletter: will be limited to 1 page only with approximately 30 ads per page.
- Ads will be processed on a first come first serve basis.

Closing Dates for Space and Advertising Materials

December, 2008 — ads must be received by November 14, 2008, and paid in full.

March, 2009 — ads must be received by February 13, 2009, and paid in full.

June, 2009 — ads must be received by May 15, 2009, and paid in full.

September, 2009 — ads must be received by August 14, 2009, and paid in full.

– FANNP BOD



Penelope's Pose

The 19th FANNP National Neonatal Nurse Practitioner Symposium Clinical Update and Review has come and gone. The conference was well-attended; in fact, the attendance broke all previous records! The speakers were informative, the attendees energetic, the food fabulous, and the networking awesome.

One of the events hosted every year is the annual FANNP business meeting. When you next attend the symposium, make it a point to sign up for this event. It is free to members, includes an amazing buffet, and it allows one to learn some of the more intricate business aspects of the organization.

One of the highlights of the

business meeting is the segment in which scholarships are awarded. This year, nine scholarships were awarded, totaling \$ 8,500. Cumulatively, FANNP has awarded \$ 38,000 to 44 deserving scholarship recipients. For more information about the FANNP scholarships, go to:

www.fannp.org/pages/scholar.html
or
scholarships@fannp.org

Research is one of the fruits of advanced-practice nursing and advanced-practice nursing education. So why is it that no one has ever applied for a FANNP nursing research grant? Perhaps now, that many NNPs are engaging education at the master and doctorate levels, either as students or faculty, a research grant will be

requested and awarded. For more information about the FANNP research grants, go to:

www.fannp.org/pages/research.html
or
conference@fanp.org

It is my hope that many of you will consider furthering your education. FANNP can assist you in this endeavor by: offering an excellent review track at the annual symposium, providing a networking opportunity with other NNPs who have succeeded academically in pursuit of higher degrees, and provision of scholarship monies to qualifying applicants. Furthermore, it is with great anticipation that I await the first applicant and recipient of a FANNP research grant.

Until next time – *Penelope Nerdski*

Educational Offerings

Hot Topics in Neonatology

December 7-9, 2008
Omni Shoreham Hotel
Washington, D.C.
www.hottopics.org

The Conference for Neonatology

February 25, 2009- March 1, 2009
Disney's Yacht and Beach Club Resorts
Lake Buena Vista, Florida
www.neoconference.com

Neonatal Nutrition

March 25, 2009
Las Vegas, NV
Contemporary Forums
www.contemporaryforums.com

9th Annual Neonatal Pharmacology: Clinical Update

March 26-28, 2009
Contemporary Forums
www.contemporaryforums.com

6th National Advanced Practice Nurses Conference

Westin Boston Waterfront
Boston, Massachusetts

April 3-5, 2009
Academy of Neonatal Nurses
www.academyon-line.org

The National Conference of Neonatal Nursing

May 14-16, 2009
Nashville, TN
Contemporary Forums
www.contemporaryforums.com

Perinatal Dilemmas

August 10-13, 2009
Snowmass, CO
Contemporary Forums
www.contemporaryforums.com

9th National Neonatal Nurses Meeting

Hyatt Regency
Phoenix, Arizona
September 14-16, 2009
Academy of Neonatal Nurses
www.academyon-line.org

NANN's 25th Annual Education Conference

The Neonatal Community: Creating the Silver Lining
September 23-26, 2009
Hilton Austin & the Austin Convention Center
Austin, Texas
www.nann.org

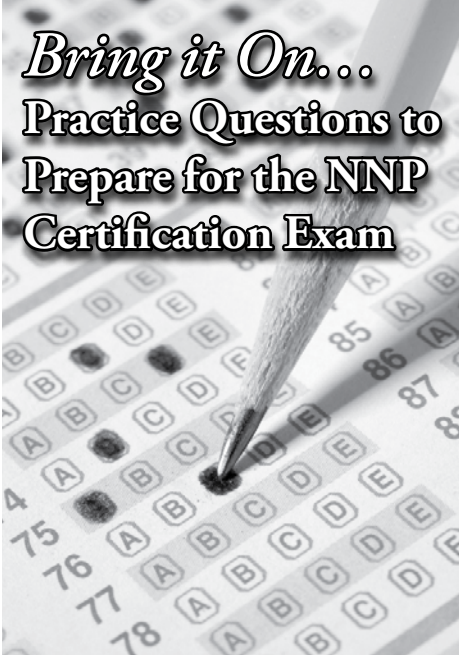
The Fetus & Newborn: State-of-the-Art Care

October 29, 2009
San Francisco, CA
Contemporary Forums
www.contemporaryforums.com

Developmental Interventions in Neonatal Care

November 5-7, 2009
Washington, DC
Contemporary Forums
www.contemporaryforums.com

**FANNP's 20th National
Neonatal Nurse
Practitioner
Symposium:
Clinical Update and Review
Oct. 13-17, 2009
Clearwater Beach, FL**



Bring it On...
Practice Questions to
Prepare for the NNP
Certification Exam

Questions: (see answers on page 10)

1. A pregnant mother has a viral-like illness during the first trimester. The newborn infant has deafness, cataracts, hepatosplenomegaly, microcephaly, and a persistent patent ductus arteriosus. The most likely etiology is:
 - A. Toxoplasmosis
 - B. Rubella
 - C. Cytomegalovirus
2. At 36 hours of age, a full term infant has not passed stools and develops abdominal distension. A contrast enema leads to a grey plug with meconium. Fifty percent of patients with this clinical history will eventually be diagnosed with:
 - A. Intestinal Atresia
 - B. Hirschprung Disease
 - C. Cystic Fibrosis
3. Neonates with bronchopulmonary dysplasia on furosemide (Lasix) therapy should be monitored for:
 - A. Hypercalcemia
 - B. Metabolic alkalosis
 - C. Thrombocytopenia

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Members: Please review minutes from the Annual FANNP Meeting posted on our website, fannp.org

Happy Holidays!