

FANNP NEWS



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The Publication of the Florida Association of Neonatal Nurse Practitioners

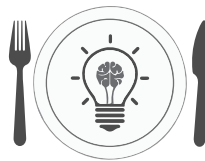
Food for Thought

“Just in Time” Training Initiative in the NICU

By Stephen Stoeber, DNP, NNP-BC
Morgan Stanley Children’s Hospital at
New York Presbyterian

As many of us experienced NICU nurses and nurse practitioners know, one of the most critical components of a well-executed high-risk delivery is ensuring the proper skilled personnel and equipment are available. As part of the Neonatal Resuscitation Provider certification course, the American Academy of Pediatrics places high value on NICU teams being prepared for high risk and complicated deliveries in order to maximize outcomes and reduce the risk of complications. As a result of these guidelines, NICU teams in all parts of the country routinely gather for informal planning discussions that include role designation, skill assessment, and reviewing the series of potential events expected during delivery.

Some of the things that must be ensured in terms of skills include the ability to successfully intubate, placement



Improving Safe Sleep in Preparation for Discharge in the Neonatal Intensive Care Unit and Well-Baby Nursery

Meredith Mueller, BSN, RNC-NIC
Rush University and UNC REX Women’s Center

Problem: Babies are at a high risk of sudden unexpected infant death (SUID), so modeling safe sleep parameters prior to discharge is recommended for newborns and preterm infants. The national benchmark of deaths due to SUID is 84 deaths per 100,000 live births, but in North Carolina, the SUID rate is 113.6 deaths per 100,000 live births (“Sudden Unexpected Infant Death”, 2021).

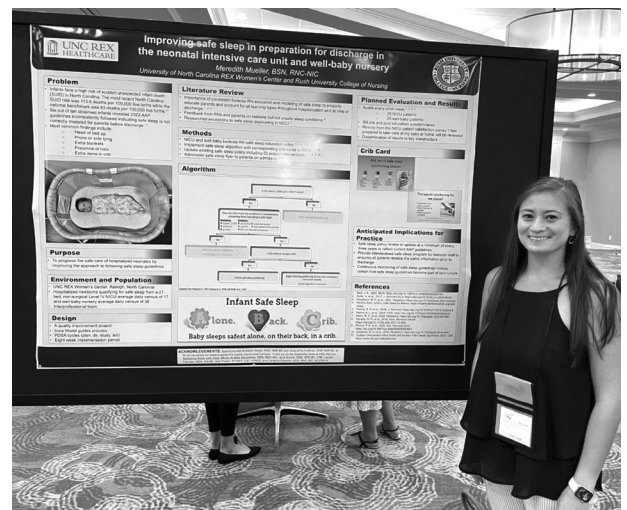
An average of six out of ten observed infants in a women’s hospital in North Carolina revealed head of bed up, infants in prone or side lying position merely days before going home, more than one blanket, developmental positioners, wipes, Desitin cream, bulb suction, and a hat in the crib indicating safe sleep is not correctly demonstrated to parents before discharge.

Purpose: This quality improvement project is aimed at the safe care of hospitalized neonates by improving the approach to following safe sleep guidelines.

Population: Infants observed come from a 21-bed, level IV NICU with an average daily census of 17 and a well-baby nursery with an average daily census of 38.

Design: This quality improvement project will incorporate plan, do, study, act cycles after each method of implementation and the Iowa Model framework to guide the process.

Methods: The hospital’s safe sleep policy will be updated to reflect current 2022 AAP guidelines. Bedside RNs are to view a presentation describing the newest



Letter from the President

Hello FANNP members! Who is excited for spring and warmer weather? As you dream about warmer weather, keep in mind the FANNP conference scheduled for October 10 – 14, 2023 in beautiful Clearwater, Florida. The conference planning committee is delighted with the speakers who have confirmed their topics. Whether you are a student interested in a fantastic review before your NCC boards, or a current NNP looking to make new friends while hearing about the latest hot topics, you will find what you need at FANNP's 34th Annual Symposium.

FANNP has several opportunities for our members to assist you in achieving your professional goals. I would like to personally encourage all our members to become involved in the FANNP organization. There are many volunteers who work countless hours "behind the scenes" to create this newsletter, plan our excellent symposium, and review grant

and scholarship applications. If you are interested in learning more about opportunities to serve, please contact me or anyone in the grey box found at the bottom of this page.

Please consider becoming more active in FANNP. We are a volunteer organization run by NNPs for NNPs to support and promote advanced neonatal nursing practice! You are welcome to join us at our next Board of Directors virtual meeting on April 19th, 2023, at 1500 EST. Reach out to any of the FANNP leadership team to join our virtual meeting. Also, connect with us on social media – Facebook, Instagram, Twitter, and now – thanks to Patrick McRae – LinkedIn!

Current students are encouraged to apply for FANNP scholarships. If you are attending or have attended classes between September 2022 and September 2023, you are eligible to apply for a scholarship award. The call for poster abstracts is also found in this newsletter. Presenting



Colleen Reilly Moss

a poster is an excellent way to share your scholarly work and network with your NNP colleagues. Research grant funds are available to support our NNP colleagues any time throughout the year. Please read additional details in this newsletter along with our website, www.fannp.org.

We are united in our commitment to excellence and support one another's health and well-being. Let us encourage one another to take

time for self-care and renew our passion for our neonatal population. Our conference is a great way to refresh your practice and build connections within our NNP community. Please join me in committing to NNP excellence through self-care, connecting with colleagues and engaging in life-long learning. I hope to see you in Florida this October!

*Colleen Reilly Moss, DNP,
APRN, NNP-BC
President, FANNP
colleen.moss@vanderbilt.edu*

FANNP Has Established the Robert "Bob" Rogers Poster Session Grant Fund

In February FANNP lost a good friend and supporter.

Jacqui Hoffman's husband Bob Rogers was an honorary social host and greeter at FANNP Conferences. He attended our social gatherings and loved to meet student NNPs from all over the country to hear their stories. Bob would tell them jokes and offer words of encouragement.

At the time of his death, Bob honored FANNP and requested in lieu of flowers, contributions be made to FANNP to support students attending the FANNP Conferences. FANNP has established a grant fund in his name to support NNP students presenting at or attending the Poster Session at our annual conference.

Please consider contributing to this fund using the link found on the FANNP website.

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Safe Sleep from page 1

AAP guidelines for safe sleep and how they will be implemented in the NICU and mother-baby unit. Additionally, the safe sleep algorithm will be described and implemented at the bedside in the NICU with accompanying crib cards to visually inform staff which infants qualify for safe sleep according to the algorithm. Also, safe sleep flyers created by Safe Sleep North Carolina will be distributed to parents on both units.

Results: Every other week crib audits on a random sample of 25 infants in the NICU and 25 infants in the mother-baby unit will be collected. Additionally, bedside nurses will be administered an optional pre and post educational presentation questionnaire. Furthermore, the results from the patient satisfaction survey ‘I feel prepared to take care of my baby at home’ will be reviewed.

Limitations: Resources for families that speak a language other than English have not been considered for these interventions with the exception of a flyer offered in Spanish. Therefore, families whose primary language is something other than English will be excluded due to the time frame of this project.

Implications for Practice: The use of the described methods is intended to be continued and the safe sleep policy will be updated at a minimum of every three years to reflect all current guidelines and the safe sleep algorithm. Collaboration will occur beyond this project with Safe Sleep North Carolina to develop education in the hospital setting. Additionally, bedside RNs will receive a safe sleep module in their annual competencies to increase comfort in the education of this topic to parents and to ensure education is up to date with the most current guidelines.

Results of QI Project:

■ Safe Sleep Crib Audits

- Prior to the start of this project, 7% (1 of 15) in NICU, 13% (2 of 16) in well-baby, 10% (3 of 31) babies overall demonstrated all components of safe sleep
- In September 2022 (weeks 3-7), 34% (16 of 47) in NICU, 17% (9 of 52) in well-baby, 25% (25 of 99) babies overall demonstrated all components safe sleep
- In October 2022 (week 8), 53% (8 of 15) in NICU, 56% (10 of 18) in well-baby, 55% (18 of 33) babies overall demonstrated all components safe sleep

■ Educational Questionnaires

- Of women’s center bedside staff (n=209), 42% completed the 15 question pre-education questionnaire and 19% completed the post-education questionnaire
- 73% of participating staff scored 80% or higher on post-education questionnaire (improvement from 22% on pre-education questionnaire results)
- 93% of participating staff scored 70% or higher on post-education questionnaire (improvement from 39% on pre-education questionnaire results)

■ Patient Satisfaction Survey- ‘I feel prepared to take care of my baby at home.’

- Top-box score from Jan. 2022-July 2022 (pre-implementation) 57.14%
- Top-box score from August 2022-December 2022 (through implementation and post-implementation) 73.68%

Implications for Practice: The described methods are to be continued while the safe sleep policy has been updated to reflect all current guidelines and the safe sleep algorithm with crib card in the NICU. Collaboration will occur beyond this project with Safe Sleep North Carolina to develop education in the hospital setting. Additionally, bedside RNs are receiving a safe sleep component in their annual competencies to increase comfort in the education of this topic to parents and to ensure education is up to date with the most current guidelines.

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*Abstracts for poster and podium presentations are submitted to the FANNP Planning Committee by FANNP members seeking to share their expertise on a topic pertinent to neonatology. This abstract was presented at the 33rd FANNP Conference and submitted to FANNP for use with the author's permission.

Just in Time from page 1

of advanced vascular access, thoracentesis, and chest tube placement. Taking the time to plan as a multidisciplinary team before the baby is even born allows for a smoother team response and less room for delays in care or undesirable patient outcomes.

Here at my quaternary regional facility in metropolitan NYC, the NNPs cover three units: a 55-bed level IV NICU, an 8-bed stepdown unit, and a 17-bed cardiovascular NICU. One of the beneficial side-effects of working during a global pandemic was that early on in 2020, we found ourselves scrambling to implement continuously changing, hot-off-the-press guidelines from the CDC, New York State, and our hospital leadership on how to prepare for attending the deliveries of SARS-CoV-2 positive mothers. As we became increasingly more adept at taking a moment to pause, discuss as a group each member's role, review any updates to the COVID delivery protocol, and plan the sequence of delivery management, we realized that this practice could be extended to other situations faced in the NICU setting.

Armed with this new idea, as the

pandemic was winding down, we began applying it to certain high-risk deliveries, neonatal surgeries, and particularly our babies returning from open-heart surgery to recover during their critical postoperative period in our CVNICU. As with any new initiative, we realized we needed to come up with a creative name and settled on "Just in Time" training as a group.

A typical Just in Time session is typically held at the patient's bedside while they are in the operating room, or in our Transitional Nursery which is located inside our labor and delivery unit. For a typical postoperative cardiac patient, the multidisciplinary team meets at the baby's pod space, which is enclosed by glass sliding doors.

Typically, parents are not present for this discussion, however we allow them to listen in when interested with the caveat that this is more of an academic "what-if" discussion versus an accurate description of their child's expected course. While we initially feared that this inclusion would increase parental anxiety, the opposite proved true when several parents remarked at how they not only found this practice educational but gave them comfort in knowing that the team was

preparing for any issues that may crop up.

The Just in Time discussion group typically consists of an attending neonatologist, neonatal fellow, cardiology attending and fellow, NNPs, nursing, and respiratory therapy. We utilize the glass doors by creating a large-scale diagram of the baby's heart using dry-erase markers, referencing both pre-and-post operative anatomy, physiology, and blood flow oxygenation paths.

The team then discusses what will be addressed during the surgery, and lists the potential complications and expected symptomatology following surgery, such as systemic inflammatory response syndrome, or "post-pump slump," arrhythmias, hypovolemia, and myocardial hypoxemia, etc. Once this is discussed, we move into the expected progression of the patient for the next 24 hours, so that during sign-out later that evening, this can be reinforced with the night shift teams who will be caring for the patients during their most critical period. These topics could include a plan for lab work to monitor electrolyte derangements, transfusion thresholds, and ventilation strategies as the patient's condition changes.

The Just in Time training ends with a

brief discussion of scenarios and clinical findings which would lead the RN to trigger an alert to the NP and medical teams for acute intervention, such as CPR, ECMO, or emergent bedside re-sternotomy and chest opening to relieve intrathoracic pressure and restore cardiac output. Our goal is to complete the entire briefing and discussion in 15 minutes, allowing for questions.

Since implementation of this new initiative, RNs, as well as the NPs and medical team have vocalized how useful they found this briefing in preventing and managing complications, as well as increasing overall knowledge and comfort in caring for these critical patients. We have come to appreciate how this type of structured discussion can be applied to any high-risk scenario within the walls of the NICU, including our nano preemies, acute surgical airways, and complicated deliveries. This initiative also dovetails into our organizational quality and safety goals of reducing central-line associated bloodstream infections, unplanned extubations, and unexpected mortality by reducing the overall panic and rushed care delivery that occurs in unexpected situations.

While this initiative is still in its relative infancy, we are continuing to fine-tune it, as well as promoting increased uptake and adoption of this practice across all the neonatal units and interdisciplinary teams. Our plans for the future include development of a smartphone-based tool to ensure inter-operator reliability and standardization of practice.

Food for Thought is a quarterly addition to the FANNP Newsletter, where we discuss trending topics of importance in the Neonatal Intensive Care setting. We would love to hear what you and your colleagues are discussing currently in your workplace, and greatly value your input. Please feel free to send any "trending topics" that you would like to hear more about to newsletter@fannp.org. In the ever-changing world of neonatology, remaining cognizant of current practices is of vital importance to furthering our education as providers!

Brag Board



Dr. Terri Marin has been selected as a Distinguished Fellow of the National Academies of Practice (NAP) in Nursing. Class of 2023 Fellows will be recognized at an induction ceremony taking place in Washington, D.C. in March. This is a very high honor that recognizes Dr. Marin's leadership in her profession! Dr. Marin has also been promoted to Associate Professor and awarded Tenure at Augusta University. Congratulations Dr. Marin!

Dr. Amy Jnah, one of our regular speakers at the FANNP Conference has two articles in the January/February (vol. 42) edition of the Neonatal Network Journal, including the editorial "Moral Distress in Neonatal Intensive Care Environments". It is a wonderful editorial and well worth the read. Dr. Jnah concludes with the following statement:

"I hope you can harness the power of teamwork within your NICU. We can accomplish the extraordinary when teamwork is grounded in the provision of trust, support, and encouragement!"

Thank you Dr. Jnah for your contributions in the field of Neonatal Intensive Care!

Carolyn Kelly, APRN was the Kim Nolan Spirit Award recipient in 2018. She will be speaking at the 34th FANNP Symposium on the Intestinal Rehabilitation Program at Johns Hopkins All Children's Hospital in St Petersburg, FL. Carolyn is the recipient of the APP of the Quarter Award. She was nominated

by her colleague who wrote: "Carolyn continuously demonstrates excellence in the Intestinal Rehabilitation Program. She puts her heart into the care she provides to all of our patients. Regardless of the day, when patient families or primary teams reach out to Carolyn, she is there to help guide and educate. She does it all with such happiness and grace. Carolyn is a loving, supportive patient advocate who goes above and beyond. She deserves to be recognized for the outstanding care she provides."

From all of us at FANNP, congratulations to Carolyn!

Congratulations to Dr. Leslie Parker for her publication in the February edition (vol. 23) of *Advances in Neonatal Care* titled "Nonpharmacologic Factors Affecting Milk Production in Pump-Dependent Mothers of Critically Ill Infants". Dr. Parker, along with her colleagues reviewed evidence-based articles on expression factors that may affect mother's own milk production in pump-dependent mothers of critically ill NICU infants. Further multidisciplinary studies are needed to fully understand the complexity of pump dependency and expression factors affecting milk production. Thank you for your dedication to this field, Dr. Parker!

Do you have a colleague, mentor, or student that you'd like to recognize for the Brag Board section of the newsletter? Or maybe you're the one doing some amazing work in the neonatal realm! Brag about it! Please email newsletter@fannp.org to share these accomplishments.





Submitted by Paula Timoney, DNP, APRN, NNP-BC

Florida Legislation

Florida Coalition of Advanced Practice Nurses (FCAPN) Quarterly Meeting was held on January 14, 2023. Legislative focus remains on autonomous practice for all APRNs who provide primary care, including Psychiatric-Mental Health Nurse Practitioners and Certified Nurse Midwives. A lobbyist in attendance suggests focusing on behavioral health to advance autonomous/independent practice initiative.

FCAPN Advocacy Webinars will be held March 16, 23, & 30, 2023. FCAPN Team-building Retreat/Meeting will be held in Tampa April 14-15, 2023.

Call to Action:

The Florida Nurse Practitioners (FNPN) has been notified by our lobbyist, Allison Carvajal, that HB 583 (Title Bill) sponsored by Representative Massulo and its companion bill SB230 sponsored by Senator Gayle Harrell has been set to move through the Senate for a vote. This bill is an outright attack on our APRN profession and will prevent anyone other than physicians from using the "Doctor" title, which we worked hard to earn. This includes those with a PhD, EdD, DNP, physical therapists, Audiologists, SLPs,

chiropractors, to name a few.

It is important that all NPs and their colleagues and families reach out to the members of the Health Policy Committee and the Healthcare Regulation Subcommittee. We need **everyone** to contact FL legislators. Please **call first** and then **send an email**. You may use the template that can be found on the FANNP Facebook page to send to your Florida Senators and Representatives. You can also find links for email addresses of your representative on this template as well.

Thank you and let's let our voices be heard!

Federal Legislation

Improving Care and Access to Nurses (ICAN) Act was filed in the U.S. House and Senate. This act could potentially reform Centers for Medicare and Medicaid Services (CMS) regulations governing APRN practice. The act if passed, would remove barriers to care and increase access to services provided by advanced practice registered nurses (APRNs) under the Medicare and Medicaid programs. This act is supported by more than 160 local, state, and national organizations.

For more information, visit www.aprnadvocacy.com.



FANNP's National Neonatal Nurse Practitioner Symposium: Clinical Update and Review, 2023

POSTER & PODIUM PRESENTATION CALL FOR SUBMISSIONS

SUBMISSION DEADLINE:
June 20, 2023

FANNP is seeking abstracts for posters and podium presentations for the annual FANNP's National Neonatal Nurse Practitioner Symposium October 10-14, 2023. The planning committee invites submissions by members and non-members and participation is open to health professionals whose specialty has a focus on the Neonatal Population (this includes but is not limited to NNPs, RNs, Clinical Nurse Specialists, & Neonatologists).

Those accepted will have the opportunity to participate in a Podium and Poster Presentation Workshop. The workshop discusses the necessary elements for abstract development, the process for virtual poster development, how to prepare a virtual poster PowerPoint presentation and how to create an effective podium presentation. Consider sharing your knowledge and experience with others. Additionally, a Poster Presentation looks great on your resume and can make you shine brighter at your next performance review.

We invite colleagues to share their expertise in one of the following categories:

- Original Research
- Innovations in Practice or Education
- Patient Safety
- Quality Improvement and Benchmarking Initiatives
- Case Studies

MORE INFORMATION IS AVAILABLE NOW AT FANNP.ORG

Pocket Notebook

Submitted by Sekinah Ajiboye, CRNP, NNP-BC

Hydrops Fetalis

Definition: Hydrops fetalis is the presence of extracellular fluid in at least two fetal compartments, such as: the skin, pleural space, pericardial space, or peritoneum. There is usually polyhydramnios and placentomegaly also present with the pregnancy (Eichenwald et al., 2017).

Etiology: There are two main etiologies: Immune and Nonimmune hydrops. In immune hydrops fetalis, maternal antibodies are produced against fetal red blood cells in Rh isoimmunization; the number of immune hydrops cases has decreased with Rh immune globulin (Rhogam). In nonimmune hydrops, there are numerous causes, including: cardiac (structural malformations, arrhythmias), lymphatic disorders, chromosomal anomalies, fetal anemia, infections (parvovirus, cytomegalovirus), thoracic tumors, twin-to-twin transfusion syndrome, urinary tract malformations, and gastrointestinal causes (GI obstructions). About 18% of nonimmune hydrops occur without a known cause (Eichenwald et al., 2017).

Assessment and Evaluation:

- Prenatally: fetal echocardiogram is obtained to assess cardiac function, measurement of the peak velocity of the Middle Cerebral Artery. In depth evaluation of maternal history is necessary to evaluate maternal exposure to infections or any previous still birth deliveries (Eichenwald et al., 2017).

Treatment and Management:

- Delivery room management: anticipate extensive resuscitation – drainage of extracellular fluid collections (placement of chest tubes and/or peritoneal drains), endotracheal intubation, umbilical line placement
- Fluid, electrolytes, and nutrition: restrict total fluid intake, closely monitor urine output as well as output from drainage collections and consider replacing if there are signs of intravascular repletion, closely monitor electrolytes, monitor and treat acidosis
- Cardiovascular: echocardiogram to assess cardiac function and the presence of pericardial effusions, treat hypotension (might require pressors)
- Respiratory: closely monitor respiratory status and needs, treat pulmonary hypertension if present
- Infectious Diseases: send viral studies to rule out viral infections
- Hematologic: closely monitor and treat anemia
- Lymphatics: an MR lymphangiogram might be needed to evaluate the lymphatic system, feeds with high content of medium chain triglycerides and small amounts of long chain triglyceride oils (Monogen, Enfaport), supplementation with vitamins ABDEK
- Subspecialty consultations: hematology, cardiology, infectious disease

Reference

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FANNP Committee Highlights

As FANNP members, you are already an integral part of what makes us the best organization for rising and seasoned NNPs, and we welcome you in becoming even more involved on one (or more!) of our various committees. If you were able to attend the conference in October, you hopefully had a chance to sign up to lend your expertise in a particular area. If you were unable to attend (or attended virtually), never fear...you can still sign up! Over the next few newsletter editions, we will be highlighting these committees, and we'd love you to join us! Feel free to email committee chairs for further information.



COMMUNICATIONS/MEMBERSHIP COMMITTEE

Committee Chair	Anecia Carter	memberinfo@fannp.org
Newsletter Co-Editor	Christa Smith/Barbara Reyna	newsletter@fannp.org
Social Media	Patrick McRae	memberinfo@fannp.org

Description: Chaired by FANNP Secretary and responsible for maintaining list of FANNP members, sending renewals, and recording minutes of BOD meetings.

- a. Newsletter - Editor is responsible for corresponding with FANNP members, Board of Directors, and scholarship award winners to obtain various components of the quarterly newsletter. Implements spelling, grammatical and APA format editing to components of the newsletter, corresponds with printer to organize articles, communicates with advertisers regarding ad placement and renewal, and maintains an advertising index for paid and/or expiring ads. Other responsibilities include presenting a year-end report at the FANNP Annual Membership Business Meeting, attending BOD meetings, maintaining newsletter archives, and communicating with printer to maintain current website links and information.

Committee members must be a member of FANNP, have a basic understanding of APA formatting, Microsoft Word, and grammar/spelling skills, and should possess excellent communication skills.

Current openings: 2-3 members to write a brief quarterly column on a regular basis (can alternate, so not committed to writing each quarter) or edit short articles.

- b. Social Media - Responsible for all FANNP social media including Facebook, Instagram, Linked In, and Twitter. Posts updates throughout the year regarding FANNP business, news, and accolades. Majority of posts occur during the conference, i.e., pictures, announcements, and updates.

Current openings: 1-2 members.

RESEARCH COMMITTEE

Committee Chair	Terri Marin	grants@fannp.org
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Description: Responsible for reviewing and scoring abstracts for podium and poster submissions for our annual conference, and then convene to determine final decisions for conference presentations. Grant applications are reviewed and scored by members appointed by the Committee Chair, and final funding decisions are submitted to the Board of Directors for approval. Additional activities include developing and presenting educational modules related to scholarship and research activities. Under the direction of the poster presentation coordinator, all Committee members are highly encouraged to assist with session set-up if attending the annual conference, and actively participate in the poster session.

Committee Members consist of Chair, Poster and Podium Coordinator, and Members.

EDUCATIONAL OFFERINGS

Check with individual conferences for changes in dates, cancellations, or virtual status

ANN 2023 Spring Advanced Practice Neonatal Nurses Conference

April 26-29, 2023
Hilton Hawaiian Village
Honolulu, Hawaii
<https://www.academyonline.org/page/APConference>

2023 Neonatal & Fetal Conference: The Womb & Beyond

Nationwide Children's
Columbus, OH
May 17-19, 2023
<https://www.nationwidechildrens.org/for-medical-professionals/education-and-training/professional-education/conference-schedule/2023/05/2023-neonatal-and-fetal-conference>

2023 AANP National Conference

June 20-25, 2023
New Orleans, LA
<https://www.aanp.org/events/2023-aanp-national-conference>

ANN National Neonatal & Advanced Practice Neonatal Nurses Conference

10th Annual Symposium for Nurse Leaders
September 6-9, 2023
Horseshoe Hotel (formerly Bally's)
Las Vegas, NV
conferenceinfo@academyofneonatalnursing.org

NANN 39th Annual Conference

Sept. 26-28, 2023
Anaheim, CA
www.nann.org

The 34th FANNP Neonatal Nurse Practitioner Symposium: Clinical Update and Review

October 10-14, 2023
Sheraton Sand Key
Clearwater Beach, FL
www.fannp.org



Miami Neonatology Conference

November, 2023
Miami, FL

MUSC Neonatal Pharmacology Conference

November 13-15, 2023
Francis Marion Hotel
Charleston, SC
<https://medicine.musc.edu/education/cme/current/live-conferences>

Conference Update

Hey everyone! We made it through the holidays, and I don't know about you, but I'm sure looking forward to summer! As always, the Conference Planning Committee has been working on October's conference and the brochure will be out soon, both in the mail and on the website. Jacqui Hoffman and Colleen Moss along with other committee members have lined up a phenomenal set of speakers for the Advanced (A Track) and many of our tried-and-true speakers for the Review (B Track)! We will continue to host in-person attendance as well as our virtual platform. This has been a huge success! In-person attendance will be limited.

One change for this year's conference is related to venue. We will still be hosting the conference at the beautiful Sheraton Sand Key; however, they will be performing some renovations which will affect the number of rooms available. We have looked forward and arranged a block of rooms at The Sheraton's sister hotel, The Marriott, conveniently located just across the street. We will send out more information with the brochure and online soon. The room rates will remain the same discounted conference rate as the Sheraton Sand Key.

Here's to a happy spring and summer, and another great conference in the fall!

*Mary Kraus, MSN, NNP-BC
FANNP Conference Chair*



FANNP 2023 CONFERENCE

34th National Neonatal Nurse Practitioner Symposium, Clinical Update and Review October 10 – 14, 2023 at the Sheraton Sand Key Resort, Clearwater Beach, Florida “The only review course for NNPs, by NNPs”

Leading nurse practitioners, educators and physicians present an in-depth exam review, plus insights to the latest trends in neonatal care with speakers and participants from throughout the United States and Internationally. FANNP leadership has planned a learning opportunity with multiple options for attendance:

- Limited on-site attendance.
- Virtual content for those unable to travel or wishing to stream from wherever you may be!
- After conference “On-Demand” Library to view sessions for review or CEU credits.
- Offering an Advanced Track and Review Track

Sign up via the “2023 Conference Updates” button on the main page of the website at www.fannp.org to receive conference updates as they are available! (Please adjust your spam filter to allow emails from conference@fannp.org.)

FANNP Scholarships Available – Apply Today!

FANNP maintains a scholarship fund to support the continuing education of members and the next generation of NNPs. Educational scholarships of \$1000 - \$2000 are awarded annually in October. The funds can be used for tuition, books or any expenses incurred while in school.

Please help us to spread the word to colleagues and students. We encourage all RNs or NNPs pursuing a degree in neonatal health care to apply for and utilize this benefit. Contact scholarships@fannp.org for application information.



FANNP Scholarship Application 2023 Eligibility Guidelines

1. Applicants must be FANNP members.
 - a. All voting members, student members and associate members are eligible.
 - b. Priority for scholarship awards will be given to voting members, followed by student members and then associate members.
 - c. Priority for scholarship awards will be based on length of membership and service to FANNP.
2. Applicants must be a licensed RN, ARNP, NNP or equivalent.
 - a. Preference will be given to currently licensed NNPs working towards an advanced NNP degree.
3. Applicants must attend an educational program leading to a degree related to the health care field during the application period.
 - a. The application period for the 2023 Scholarship is September 15, 2022 to September 15, 2023 (i.e. to be eligible for a 2023 Scholarship you must have attended classes sometime between September 15, 2022 and September 15, 2023).
 - b. An applicant may receive a maximum of two scholarship awards for each degree sought.
4. Applicants will provide a short article, case study, practice pointer, evidenced-based practice update or literature review to be published in the FANNP Newsletter.

FANNP on Social Media

We would love to hear from students regarding their experience with FANNP, the conference and passing boards. Please join our Facebook account and post how FANNP has helped you with passing your boards. We will be posting short video segments called “Meet your board member”; these videos will give you insights to some of the current FANNP board members and allow you to put a name with the face for the conference and for networking possibilities.

Also be sure to follow us on Twitter and Instagram @FANNPorg. And this just in... FANNP can now be found on LinkedIn! Follow us at #fannp.

More information on all things FANNP can be found by going to our website at www.fannp.org.

There is so much valuable information here for your practice as an NNP!



2023 FANNP Dates to Remember

FANNP Grant.....	Ongoing
Poster Presentation Abstracts.....	June 20
Kim Nolan Spirit Award.....	July 15
FANNP Scholarship.....	September 15
Conference On-Demand Library.....	September 15
National Neonatal Nurses Week*.....	Sept. 11-17
FANNP Neonatal Nurse Practitioner Symposium: Clinical Update and Review*	Oct. 10-14
Nurse Practitioner Week*.....	Nov. 12-18

*Dates change annually

Newsletter Submission Calendar

Edition	Month	Article Submission Deadline	Publish Date
Spring 2023		02/11/23	03/11/23
Summer 2023		05/13/23	06/10/23
Fall 2023		08/12/23	09/09/23
Winter 2023		11/11/23	12/09/23

In addition to the core components of the newsletter, we would love to hear what you have to say! Please send in anything you would like to see added to the newsletter, whether it is an interesting article, a hot topic in the neonatal world, or even a shout out regarding a fellow FANNP member who is doing awesome things! We want to hear from you! Please submit following the above guidelines to newsletter@fannp.org.

The Kim Nolan Spirit Award... In Memory and Honor of Kim Nolan



Kim Nolan

The Kim Nolan Spirit Award is given annually to a NNP who exemplifies Kim’s exuberance and “can-do” attitude in service to profession, community, and/or family. This award is a very prestigious honor! To read more about Kim visit www.fannp.org. The deadline for nominations is July 15, 2023. The winner is announced each year at the FANNP Annual Conference.

Calling for Research Proposals...

FANNP Grants Available

Each year FANNP sets aside funds for the support of research projects. Applications for funding are reviewed by the Research Committee. The Research Committee makes recommendations to the Board of Directors on proposals received. Members of the Research Committee are appointed by the Board of Directors. The grant application period is rolling—there is no deadline for grant submission. Grants will be awarded within six weeks following submission, based on the Research committee and BOD decision.

For more information, please email Terri Marin, Research Chair at grants@fannp.org or visit www.fannp.org.

Bring it On Answers (Questions on page 12)

1. B – Clavicular fracture is the bone most injured during delivery. These occur with the infant in a vertex position with shoulder dystocia or during a breech delivery with the arms extended.
2. C – Short bowel syndrome is the most common type of intestinal failure, and it is the result of resection of large lengths of bowel due to necrotizing enterocolitis or intestinal atresia. Preserving the ileocecal valve improves the prognosis.
3. C – Syndactyly is the congenital webbing of fingers or toes, and it is one of the most common congenital anomalies of the upper extremities.

References

- Abdulhayoglu, E. (2017). Birth trauma. In E.C. Eichenwald, A.R. Hansen, C.R. Martin & A.R. Stark (Eds.), *Cloherly and Stark’s Manual of Neonatal Care* (8th ed.). Wolters Kluwer.
- Federici, S., & De Biagi, L. (2019). Long term outcome of infants with NEC. *Current Pediatric Reviews*, 15, 111-114.
- Tappero, E.P. (2019). Musculoskeletal system assessment. In E.P. Tappero & M.E. Honeyfield (Eds.), *Physical Assessment of the Newborn* (6th ed.). Springer.

Study and Survey of NNP Student Preceptor Practices

Faculty from the University of Virginia (UVA) and Duke University are conducting a study to identify the reasons neonatal nurse practitioners (NNP) precept graduate NNP students in neonatal intensive care units (NICU) and why some choose not to precept (or are unable to precept) NNP students.

More information and survey link is available on FANNP.org

Need CEUs?

Try the FANNP On-Demand Library

FANNP invites you to “attend” the 2022 Annual Conference via the On-Demand Library.

You can view conference sessions and earn CEU credits at your convenience while in your comfy clothes.

You will have the opportunity to:

- Review current concepts, trends, and management practices appropriate for the care of the high-risk neonate.
- Access on-line handouts for download.
- Study and review for certification exams.
- Earn up to 47.5 CEU credits.

Registration for 2022 On-Demand Library is available on the FANNP website until August 15, 2023.

Audio-visual presentations and handouts available until September 15, 2023.



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Sobi, Inc. is an international biopharmaceutical company dedicated to rare diseases, with a focus in immunology, hemophilia, inflammatory, genetic, and metabolic diseases. Respiratory syncytial virus (RSV) is a leading cause of hospitalization in infants aged <1 year. High-risk populations include infants and children who are born prematurely and those with chronic lung disease or congenital heart disease. RSV hospitalizations in preterm infants have been increasing since 2014 and often result in ICU admission and the need for mechanical ventilation.

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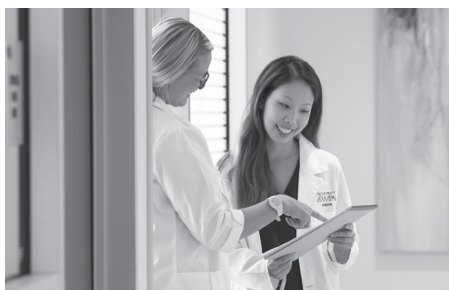
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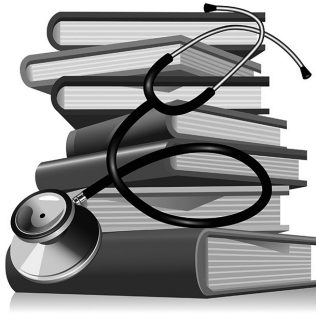
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- Some of the highest survival and lowest complication rates in the world
- Transport care provided for more than 500 neonatal patients each year
- We welcome new NNP graduates
- Sign-on bonus and relocation assistance offered!

To learn more, contact Patricia Washington at patricia.washington@childrensmn.org or visit childrensmn.org/NICU

Children's
MINNESOTA

Bring it on...



**Practice Questions
to Prepare
for the NNP
Certification Exam**

1. A 5 kg infant is born via vaginal delivery complicated by shoulder dystocia. What fracture is this infant most at risk for?
 - a. Skull fracture
 - b. Clavicle fracture
 - c. Radius fracture

2. If the ileocecal valve is removed during bowel resection surgery, a long-term complication is:
 - a. Intestinal atresia
 - b. Necrotizing enterocolitis
 - c. Short bowel syndrome

3. The incomplete separation of fingers or toes is called:
 - a. Camptodactyly
 - b. Clinodactyly
 - c. Syndactyly

Answers on page 10

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