

FANNP NEWS



HIGHLIGHTED: FANNP ELECTION RESULTS • THE IMPACT OF PERINATAL CARE AND NEONATAL OUTCOMES ON GLOBAL HEALTH

PLUS: POCKET NOTEBOOK • LEGISLATIVE UPDATE • EDUCATIONAL OFFERINGS • BRING IT ON • LETTER FROM THE PRESIDENT • CONFERENCE UPDATE • 2013 KIM NOLAN SPIRIT AWARD RECIPIENT • GRANTS, SCHOLARSHIPS, POSTER AND PODIUM PRESENTATIONS

The Publication of the Florida Association of Neonatal Nurse Practitioners



Paula Timoney, DNP, NNP-BC

PREEMIE Reauthorization Act (S. 252/H.R. 541)

The purpose of the act is to reduce preterm labor and delivery and the risk of pregnancy-related deaths and complications due to pregnancy, and to reduce infant mortality caused by prematurity.

The March of Dimes website provides a summary of key provisions:

- Reauthorizes the Centers for Disease Control and Prevention's (CDC) research and programs on preterm birth to improve and track national data and develop methods to better understand and prevent late preterm births.
- Authorizes the Health Resources and Services Administration (HRSA) to award telemedicine grants and demonstration projects aimed at improving treatment of pregnant women and outcomes for babies born prematurely.
- Authorizes the Secretary's Advisory Committee on Infant Mortality to provide recommendations to the Secretary of the U.S. Department of Health and Human Services regarding reducing infant mortality, preterm birth and improving the health status of pregnant women and infants.

The PREEMIE Reauthorization Act represents a renewed commitment to our nation's efforts to reduce premature birth, which is the leading killer of newborns. The bill will authorize enhanced research, education and intervention activities aimed at improving pregnancy outcomes.

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Please Welcome Your Newly Elected Board of Directors

*Respectively submitted by: Ruth Bartelson, MN, NNP-BC
Past President, Nominations Chair*

This year was a nomination year. We will continue to have future elections electronically, so it is imperative that we have your current email address. Please make sure as you renew your membership that you verify or add your email address every year. Don't forget to add us to your email acceptance list so our email correspondence does not get delivered to your spam basket. We do not share your address with any organizations or neonatal businesses (unless you specified at a conference registration that it can be published in our syllabus). Finally, we limit the number of emails from FANNP to include those related to professional practice, certification issues, or FANNP business issues that require your attention prior to the quarterly newsletter.

We are pleased to announce the following Board of Directors who will take office January 1, 2014:

President – Leslie Parker, PhD, NNP-BC

Leslie Parker will move from President Elect to the office of President. Your newest President has been a member of the NANN Research Committee, an active participant on the FANNP Board of Directors, as well as the Legislative Liaison for FANNP. Her goals for the future of FANNP include increasing involvement on a National level in both nursing and medical organizations, and involvement in changes regarding NP educational standards. She views the future of the NNP profession resting on the shoulders of those new to the profession and subsequently feels that FANNP has a responsibility to educate and mentor new graduates to elevate the NNP profession to new levels of success. Leslie is currently employed by the University of Florida, where she has a dual appointment with the



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Letter from the President

Once again, many congratulations are in order! First, Mary Kraus and Jacqui Hoffman did an incredible job with our 24th Annual NNP Symposium. So many attendees approached me with overwhelming enthusiasm for what they were learning, how well prepared and knowledgeable our speakers were, and organization level of the entire event.

Ruth Bartelson, once again, handled our Exhibitor Hall with style and grace. Thanks for the hard work from the conference Planning Committee team and BOD members! Job well done!!

Secondly, I would like to congratulate Jacqui Hoffman for receiving the esteemed Kim Nolan Spirit Award. Jacqui has been a long-time dedicated and loyal FANNP member, our Past-President and former Conference Chair. Her commitment and extensive labor towards the success of FANNP demonstrates her “can-do attitude” and ability to be a major role-model for all NNPs. Congratulations,



Jacqui!

Thirdly, I would like to congratulate Ashley Darcy-Mahoney for receiving the 2013 President’s Award. Ashley dove into her position on the BOD and voluntarily assumed the demanding role of Secretary. Her technology savvy has brought FANNP into the 21st century! Congratulations, Ashley!

Lastly, I want to congratulate our newly elected Board of Directors, and extend a gracious welcome. I look forward to working together over the next two years, maintaining FANNP’s high level of integrity, and striving for opportunities to continue our growth and sustainability. This ‘letter from the President’ marks my last few days as President and my transition to the position of Past-President. I would like to thank each and every one of you for making my job easy, inspiring and fulfilling. This is the greatest group of APRNs in the country — validated by tremendous loyalty, excellence and professionalism. I have been so blessed to have been chosen to lead so many other excellent leaders.

*Terri Marin, PhD, NNP-BC
President, FANNP*

2014 President Award Recipient: Ashley Darcy-Mahoney

Congratulations to Dr. Ashley Darcy-Mahoney for receiving the 2014 President’s Award. This award formally recognizes the hard work and willingness of an FANNP Board of Director member who takes an active role in maintaining, enhancing and fostering the day-to-day operations of the organization, while upholding and promoting the mission and philosophy of FANNP. The criteria for this award are outlined in the acronym:

P.R.A.I.S.E.

P: Professionalism

R: Responsible

A: Accountable

I: Innovative

S: Supportive

E: Exceptional Effort

Dr. Darcy consistently meets and exceeds all criteria. She was first elected to the FANNP BOD in 2011 as a Member-at-Large and immediately began to strategically implement her innovative ideas. Dr. Darcy was the only BOD member to volunteer to fulfill the vacated office of Secretary, and has since worked diligently on converting all membership and communication information from paper to computer format. This was no easy task, and she continues to organize, improve and explore methods to reduce our organization costs and improve member communication. In addition, Dr. Darcy has chaired the Research Committee since 2011. In this endeavor, she organized our 1st Research Poster/Podium session in 2012, which was so successful we continued the tradition this year with even more participation. Dr. Darcy’s spirit of loyalty, dedication and innovation are highly inspirational. ***Thanks for all you do for FANNP, Ashley and congratulations on this well-deserved award!***

THE FLORIDA ASSOCIATION OF NEONATAL NURSE PRACTITIONERS

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The Impact of Perinatal Care and Neonatal Outcomes on Global Health

*Teresa Ashley, RN, NNPS
University of Alabama, School of Nursing*

Abstract

Neonatal and maternal death continues to be a leading cause of global mortality. Preterm birth accounts for the vast majority of neonatal death. Efforts have been made to attempt to decrease these numbers by increasing access to healthcare and proper nutrition, providing education, and helping with family planning strategies. By implementing health care programs that promote prenatal health, providing resources and care packages that assist with compliance, and developing a partnership between the patient and health care worker, a lasting influence will shadow the entire community. Maternal and neonatal outcomes must be improved in order to improve and promote global health. Although the local, state, and federal governments are certainly at the forefront of these efforts, this requires a collaborative effort among global governments, private and corporate donor agencies, research and medical academics, and civil rights organizations. Nursing is a vital part of the process in areas of clinical support, education, research, and policy change.

The Impact of Perinatal Care and Neonatal Outcomes on Global Health

Description

As part of the Global Health Initiative (GHI) begun in 2009 by the United



States government, eight goals were identified (Lawn, Kerber, Enweronu-Laryea, & Cousens, 2010). One of the goals addressed by GHI is saving the lives of mothers and children.

Although neonatal death was decreasing in the 1990's, there has been a recent decline in this trend (Darmstadt, 2010). It is estimated that 3.6 million die during the neonatal period (Lawn, Kerber, Enweronu-Laryea, & Cousens, 2010). This includes infants who die from preterm birth, infection, asphyxia, malnutrition, and hypothermia, and stillbirths. The areas of the world that suffer the greatest impact are those in rural areas distant from health facilities, those who have the greatest populations who fall into the lower socioeconomic and uneducated groups, and those in underdeveloped countries. In addition to neonatal deaths, maternal deaths are very high during the intra-partum period in these groups (Lawn, Kerber, Enweronu-Laryea, & Cousens, 2010).

Although many programs are in place to help increase the chance of survival for these very vulnerable populations, the opportunity for marked improvement still exists. The tools must be in place to ensure delivery of the care to those in need, and a means to evaluate the effectiveness must be available and accurate (Lawn, Kerber, Enweronu-Laryea, & Cousens, 2010). Without

these, it is impossible to determine whether more assistance must be provided, or whether the existing programs should be revised to meet the needs of the patient population.

Pros and Cons

As part of the GHI, 63 billion dollars was designated to achieve the goals that had been set (Alcorn, 2012). Not everyone agreed on the way it should be implemented, funded, and overseen. As with any new program, economic and financial burdens quickly become apparent. The funds allotted to GHI were to come from new revenue that was difficult to find during national economic decline (Alcorn, 2012). The issues of which department would have control over the funds, and how the programs would be implemented were also problematic. Getting national and local agencies in the areas of need to agree to collaborate is another challenge due to arguments over funding priorities. Unfortunately, many of the international communities in need are led by corrupt governments that are uninterested in the health of their citizens, especially women and children. When the funding is left for these governments to disperse, it never reaches those it is intended to help.

Because a great majority of women reside in rural communities such as those in sub-Saharan Africa, many births occur outside of any medical facility (Mwangome, Holding, Sangola, & Bomu, 2012). This prevents the mother and child from having proper access to personnel who are trained in emergency situations and resuscitation. Still other

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mothers fail to gain access to the health care programs available due to distance and lack of transportation, lack of awareness of the importance of prenatal care and skilled delivery, fear of medical personnel, and lack of family support (Mwangome, Holding, Sangola, & Bomu, 2012). These are just a few of the barriers which hinder the process of global health initiatives related to neonatal mortality. In addition, since it is difficult to gain an accurate number of home deliveries with poor outcomes, any research remains skewed due to unattainable data.

Although the trend toward decreasing neonatal death has slowed, it still shows a decline, indicating there are factors and programs in place that are proving to be effective. For instance, based on the World Health Organization's recommendation, treatments for malaria have been added to antenatal packages being offered (Chico & Chandramohan, 2011).

By providing more clinics to rural areas, more women are willing to participate in their care and the care of their babies. During these clinic encounters, medical personnel are able to focus on the prenatal health for the mother and baby, but they also have the advantage of screening the women for other health issues such as diabetes, hypertension, malnutrition, cardiac disease, and community acquired diseases (Bhutta, Lassi, Blanc, & Donnay, 2010). Many of these programs offer antenatal packages to encourage proper prenatal care, promote breastfeeding, and encourage birth spacing as a part of family planning. Many women have access to prenatal ultrasounds that can determine risk factors requiring them to deliver at a medical facility. They are also given vitamin supplements, nutritional supplements, and antihypertensive therapy as needed. In this way, underserved communities begin to receive the holistic care they are lacking.



Position and Supporting Statements

The impact of improving global health outcomes for women and children in developing countries is an enormous benefit to all nations of the world. While an obvious humanitarian obligation exists to care for those in need, the benefit to the rest of society may seem obscure. Many of these remote communities have little or no access to healthcare except for humanitarian clinics. During these visits, there are opportunities to provide immunizations, treat for communicable infections, and educate citizens on the importance of clean air and good health hygiene (Bhutta, Lassi, Blanc, & Donnay, 2010). These are all common areas that affect every nation's health. By improving the health of global communities, the health of the world ultimately improves.

The evidence shows that women who take advantage of antenatal care when offered, have better maternal and neonatal outcomes (Stephenson & Elfstrom, 2012). These women are also more likely to deliver in a hospital, therefore avoiding any negative outcomes from high risk factors. When women become more involved with their health decision making ability, they become more independent in seeking care for

themselves and their children (Stephenson & Elfstrom, 2012). They build a trust with health care providers, and promote health care for others within their own communities.

Resolution

Although much work has been done to bring healthcare to women and their newborns in developing countries, infant mortality remains a significant problem. The most effective resolution is to build on the programs that have shown positive results. While the United States contributes millions to the

problem of global health, the rest of the international community must become involved in order to see massive change (Wickramasuriya & Castillo, 2012). Other funding sources should also be investigated. Foundations such as March of Dimes should be explored as financial support opportunities.

It is also important to continue to focus on prenatal care, immunization, nutrition, clean water, and breastfeeding. The WHO feels that exclusive breastfeeding for the first six months of life could prevent 1.5 million child deaths each year (Wickramasuriya & Castillo, 2012). This should certainly be a major focus in the rural clinics. And finally, continuing to find ways to change public policy and increase global awareness of the issue are important in developing programs that lead to improved overall health of the world.

Implications for Master's Prepared Nurses

Although in the United States, advanced practice nurses (APN) serve as mentors and role models for staff nurses, the APN is virtually non-existent in most underdeveloped countries (Kenner & Boykova, 2012). In fact,

even the neonatal nurses who desire more education have no programs available to them. Some countries such as Japan and India have partnered with American universities to develop nursing education programs of their own. The APN could be a vital part of decreasing maternal and neonatal mortality in rural and remote areas by providing both clinical skills to the patient, and education to attending nurses.

Master's prepared nurses also must be involved in the research and statistical aspect of providing prenatal and neonatal care in underdeveloped countries. In this way, accurate information can be provided when attempting to change policies, and influence changes needed to provide evidence-based care (Kenner & Boykova, 2012). The master's prepared nurse can be a leader in the collaborative effort needed to result in better outcomes for mothers and babies.

Summary and Conclusion

Neonatal mortality remains one of the greatest health concerns facing global humanity. Despite the United States efforts leading the world in aid and programs aimed at providing adequate health care to vulnerable populations, only minimal results have been achieved. Due to lack of easy access to healthcare and limited resources, prenatal and neonatal care is seriously lacking in effectiveness. Mothers and children in underdeveloped countries continue to die from disease, sepsis, preterm birth, malnutrition, and unsanitary conditions. Obstacles still exist in the delivery of care in such forms as corrupt governments, lack of transportation and support, and cultural resistance. The masters prepared nurse has an obligation to help raise public awareness of the problem, participate in policy change and education needed, and research problems and outcomes to influence future programs.

Global health affects every nation in the world. The health of underdeveloped countries as well as urban areas has an

impact on one another. If the health of the world's women and children can be markedly improved, the global health of all humanity will surely follow.

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College of Nursing, and the College of Medicine. She has been involved with the education of NNPs since 1993 through precepting NNP students, functioning as the Track Coordinator, and teaching in the NNP program. She is dedicated to the advancement of NNPs by providing a solid educational foundation for the newest members of the profession.

Leslie also functions as an NNP in the NICU at Shands, at the University of Florida. She received her PhD from the Medical University of South Carolina in 2010. She is currently involved in research concerning neonatal nutrition and increasing delivery of breast milk to VLBW infants. She publishes regularly in neonatal journals and presents both Nationally and Internationally.

Past President –

Terri Marin, PhD, NNP-BC

Terri Marin will transition from her current position as President to the Past President office. Your Past President has been an FANNP member for 11 years. In addition to being on the FANNP conference Planning and Research Committees, Terri was appointed to the NANN Research Committee in 2012.



After completing her PhD in 2012, Terri was employed as an Assistant Professor for Emory University, with a dual appointment to the Schools of Nursing and Medicine. Her research focuses on gastrointestinal perfusion changes related to necrotizing enterocolitis and associated risk factors. She has published her research in both medical and nursing journals, and presents frequently at medical and advanced practice conferences. Terri's goal for FANNP is to increase National and International visibility of the role of the NNP as clinicians, educators and researchers. Her primary interest within this realm is to mentor new and seasoned

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NNPs to attain goals and achieve recognition for their efforts through involvement in professional advanced practice organizations and academic performance.

President Elect – Diana Morgan Fuchs, ARNP, NNP-BC

Your President Elect has been an FANNP member since 1991, following attendance at the conference as a NNP student studying for the NCC board exam. Over the past 20 years, Diana has participated in many different roles within FANNP including Board Member-At Large, Planning Committee, providing legislation updates for the newsletter and managing the FANNP phone line. Her professional experiences include functioning in the following capacities: Neonatal Nurse, Transport Nurse, ARNP (since 1992), and her current role as NNP Coordinator at Winnie Palmer Hospital with Pediatrix Medical Group.



Secretary – Ashley Darcy Mahoney, PhD, NNP-BC

Ashley's area of interest is in Neonatology, infant health, developmental pediatrics and brain injury. Her research focuses on developmental outcomes of high-risk infants. After completing her BSN at Georgetown University, Ashley practiced as a bedside nurse and charge nurse in the NICU at the University of Pennsylvania.



She served on the leadership team and functioned as a site coordinator for a Vermont Oxford Network study. After completing her MSN and PhD, she practiced as an

NNP in her hometown of Miami, at South Dade Neonatology in two Level III NICUs including Baptist Children's Hospital and Miami Children's Hospital.

Treasurer-Sheryl Montrowl, MSN, NNP-BC

Sheryl has served as the FANNP Treasurer since 2008 and is continuing in this position for the upcoming election cycle. She has been instrumental in offering guidance to keep the organization fiscally fit in a difficult economic climate. FANNP is thankful for her past and future dedication as a Board Member. Sheryl received both her BSN and MSN from the University of Florida, and is currently employed as an NNP in the NICU at the University of Florida Health Shands Hospital, in Gainesville.



Members At Large Marylee Kraus MSN, NNP-BC



Mary became an FANNP member after moving to Florida in 1996. She has served as President-Elect, President and Past President, as well as Member-At-Large. She has been active on the annual conference Planning Committee and has been the Chair for the conference for the past few years. She has been an NNP since 1993, and is currently working at Florida Children's Hospital in Orlando.

Jacqueline "Jacqui" Hoffman, DNP, NNP-BC

Jacqui joined FANNP as an NNP student. She was so inspired by the FANNP Board and members who offered a wealth of knowledge that she decided to become the Conference Chair soon

after graduating. She has remained on the conference Planning Committee and enjoys assuring quality content for the seasoned NNP, as well as the student NNP studying for their certification exam. She has served as a Member-At-Large, President-Elect, President, and Past President. She had an active role in the original council for the National Association of Neonatal Nurse Practitioners (NANNP). She has been an NNP since 2001, and is currently working with the Tampa Bay Pediatrix Medical Group. She completed her DNP in 2010 at the University of Alabama, Birmingham (UAB). She has been the NNP Program Coordinator and Clinical Faculty at UAB for the past 5 years. More recently, she has joined the University of Florida, Gainesville as the NNP Track Coordinator and Adjunct Clinical Assistant Professor, in the College of Nursing.



Anecia Carter ARNP, NNP-BC

Anecia been practicing as an NNP for 11 years in a level 3 NICU. She has functioned in the capacities of STABLE instructor, preceptor, research participant and instructor for BSN students at DeSales University. During the Summer of 2013, she was one of the medical providers for PALS Camp for children with Down's Syndrome. Anecia earned her FNP degree, which has allowed her to work in a pediatric office for 8 years. Her greatest joy is having the unique opportunity to evaluate her NICU graduates at the pediatric practice. Anecia has been a loyal member of FANNP since 2003 and has attended each conference since. She is extremely excited for the opportunity to become actively involved in FANNP as it has extended National



support and guidance to the NNP profession and FANNP members through conference activities. As a dedicated and loyal member of FANNP, Anecia feels motivated by the organization and its members to volunteer her time to continue to sustain the growth and proprietary on a national level.

Paula M. Timoney, DNP, ARNP, NNP-BC

Dr. Timoney has extensive experience in NNP education and practice. After 25+ years as the Director of a large advanced practice provider group at a tertiary children's hospital in Florida, Dr. Timoney assumed the responsibilities as Director of the NNP program at Stony Brook University, in Long Island, New York. What started

as an onsite NNP program in 1993, and transitioned to a distance learning program, Stony Brook's NNP program is one of the oldest and largest distance education programs. Dr.

Timoney has been faculty in the Stony Brook NNP program since 1997.

The Southeastern representative to the NANNP Council since 2009, Dr. Timoney is Co-chair of the task force developed to revise the NANN Education Standards and Curriculum Guidelines for NNP programs. She was also the co-author of the NNP Workforce Survey Report, published in 2012. Dr. Timoney has also served on the NANN Nominations Committee and currently represents the NANNP Council of the NANN Conference Planning Committee.

Dr. Timoney was a founding member of FANNP in 1989. She has served FANNP in many capacities, including Vice President, President, Newsletter Editor, and Conference Planning Committee Member. She is anxious to return to the FANNP Board of Directors after fulfilling her National organization duties in October 2013.



Meet the 2013 Kim Nolan Spirit Award Recipient

Jacqui Hoffman, DNP, NNP-BC is the recipient of the 2013 Kim Nolan Spirit Award. Jacqui has been a long-time member of FANNP, serving both on the Board of Directors and currently as the Speaker Coordinator for the Annual NNP Symposium. The letter to nominate Jacqui sums up her qualifications very well:

“It is with much appreciation for this nominee’s dedication to neonatal nursing, her continued positive attitude, and her outgoing spirit that I present Jacqui for the Kim Nolan Spirit Award. This nominee has always demonstrated a “can-do” attitude in all aspects of her work and family life. I have known her for over 7 years and am always impressed with her energy and enthusiasm for her work and for advancing neonatal nursing education. The first time I met her, she was speaking at a national meeting. I thought, “What an amazing person!” I wanted to be like her. She has, in fact, been an important mentor to me as I have grown in my career from a hospital-based NNP to a NNP Track Coordinator, in a well-respected University. She speaks with ease and makes the subject she is speaking upon very appealing to the audience. I have since had the opportunity to hear her presentations at numerous regional and national meetings. Her presentations are always eagerly anticipated and very well received. I have also had the opportunity to work closely with her as faculty in a NNP Program. Her management and coordination skills are unprecedented and her leadership



skills impeccable. I cannot think of a better way to honor Kim Nolan than to have the award represented by this nominee.”

Jacqui received her DNP from the University of Alabama at Birmingham in 2010. She attended SUNY Stony Brook

for her master’s degree where she received the Overall Excellence in Perinatal/Neonatal Nursing Award. Jacqui also attended Hillsborough Community College, University of South Florida and University of Tampa for her undergraduate nursing degrees.

For many years Jacqui has been involved in neonatal education at both the unit level and university programs. Currently Jacqui is the NNP Track Coordinator and Clinical Assistant Professor at the University of Florida, College of Nursing. Her clinical practice is in Tampa under the Pediatrix Medical Group.

In addition to FANNP, Jacqui was a founding member of the National Association of Neonatal Nurse Practitioners. She has served on several task forces and committees of NANN. Jacqui’s volunteer activities include the March of Dimes, Sigma Theta Tau, and All Children’s Hospital in St. Petersburg.

As the KNSA recipient, Jacqui receives full registration and accommodations at the annual NNP Symposium, a Lladro figurine, a framed certification, complimentary one year membership to FANNP, and national recognition at the conference as well as in the FANNP newsletter.

Congratulations Jacqui on such a prestigious award!!!

To nominate someone you know today for the 2014 Kim Nolan Spirit Award, see http://www.fannp.org/pages/spirit_award.html

FANNP'S RESEARCH GRANT PROGRAM

PURPOSE: The objective of the grant program is to encourage Neonatal Nurse Practitioners and Neonatal Nurse Practitioner Students to develop and carry out research projects in the area of neonatal care. The grant offered is to help defray research expenses. Research in the role of the Neonatal Nurse Practitioner is encouraged.

RESEARCH FUNDING: Each year FANNP sets aside funds for the support of research projects.

1. 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.
2. Each grant allocation will be determined by the amount of funding requested, the total number of grants awarded, and the amount of funds available during the grant period.
3. The grant application period is rolling — there is no deadline for grant submission. Grants will be awarded within six (6) weeks following submission, based on the Research committee and BOD decision. Grant recipients will be announced each year at the FANNP Annual Business Meeting.

4. Grant funds not awarded in any given grant period will be added to the next year's pool of funds.
5. Recipients of grant monies will agree to having study abstract published in the FANNP newsletter, and are encouraged to present their work at future FANNP conferences.
6. Grant recipients should acknowledge FANNP as a funding source in all publications and presentations related to and generated by the funded project.

All applicants must be members in good standing of FANNP. The Board of Directors of FANNP and members of the Research Committee are not eligible for research grant awards.

Applicants must be the principal investigator of the project. Novice researchers as well as those with extensive research experience are encouraged to apply.

Grant information and applications are available now on our website, fannp.org.

Send completed applications to: Research Committee, grants@fannp.org

POSTER & PODIUM PRESENTATION *Call for Submissions*

FANNP is seeking abstracts for posters and podium presentations for the annual FANNP National Neonatal Nurse Practitioner Symposium on October 14th-18th, 2014. The planning committee invites submissions from members as well as non-members. 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). 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

PODIUM & POSTER PRESENTATION PEER REVIEW PROCESS

A panel of experts will choose the four best-developed abstracts for a podium presentation. These will be selected on the basis of overall quality, originality and appropriateness to NNP practice. Preference will be given to research with complete data available. Podium presentations are 10 minutes with 3 minutes for questions. *Podium presenters will receive a \$75 honorarium. All other conference expenses are the responsibility of the podium or poster presenter.

POSTER PRESENTATION

Abstracts not chosen for podium presentation will be considered for poster presentation. Detailed instructions for the poster presentation will be provided to the primary author at the time of the notification of abstract acceptance.

SUBMISSION DEADLINE: June 1st, 2014

NOTIFICATION OF ACCEPTANCE: July 1st, 2014.

Download information and a submission form at fannp.org. If you have any questions, please email grants@fannp.org

POCKET NOTEBOOK

Diane Mc Nerney DNP, NNP-BC

Blood Abnormalities Thrombocytopenia

1. Definition- The reference range for thrombocytopenia is a platelet count $>150,000/\text{ul}$, and as low as $100,000/\text{ul}$, in absence of clinical disease. The life span of platelets is typically 7-10 days and slightly lower in low birth weight infants.

2. Pathophysiology-

Maternal-

Drug use- heparin, diuretics,
indomethacin, aspirin
Intrauterine hypoxia
History of bleeding episodes
Infection- TORCH, bacterial and viral
Pregnancy induced hypertension, HELLP
Antiplatelet antibodies- ATP, ITP
Disseminated intravascular coagulation

Neonatal Disorders-

Decreased production or congenital
absence of megakaryocytes
TAR syndrome
Fanconi's anemia
Rubella
Congenital leukemia
Trisomies 13, 18, 21
Increased platelet destruction

3. Risk Factors-

Low birth weight
SGA/IUGR
Prematurity
Hypoxia
Infection

4. Clinical Presentation-

Petechiae- with low platelet count
Bleeding- GI, mucosa, puncture sites
Intracranial hemorrhage
Large areas of ecchymosis more likely
related to coagulation disturbances
Hepatosplenomegaly may be associated
with bacteria or viral infection

5. Diagnostics-

Venous platelet count- maternal and newborn
Maternal HPA-1a phenotyping and anti-HPA-1a
alloantibodies
Complete blood count
Type and screen
Coombs test
Coagulation studies
Liver function studies
Torch titers
Bacterial cultures
bone marrow studies

6. Platelet Consumption-

Platelet size is increased
Survival time is decreased
Megakaryocytes in bone marrow is normal or increased
Little or no increase in platelet count after platelet transfusion

7. Platelet Nonproduction-

Platelet size normal
Survival time is normal
Megakaryocytes is normal or increased
Sustained increase in platelet count seen after
transfusion

8. Management-

Treat underlying cause- infection, drugs
Transfuse platelet if signs of active bleeding and/or for
platelet count $<20,000/\text{ul}$, Sick preterm $<50,000/\text{ul}$.
IVIG
Risk of recurrence is $>75\%$ in future pregnancies

References

Murray, N.A., Roberts, A.G., (2007). ABO incompatibility and hemolytic disease of the newborn. *Archives of Diseases in Childhood: Fetal & Neonatal*; March; 92(2): F83-F88.
Wagel, S., Rosenkrantz, T., (2011). Hemolytic disease of the newborn. Retrieved on-line 2/6/2013. emedicine.medscape.com

EDUCATIONAL OFFERINGS

The 27th Annual Gravens Conference On the Physical and Developmental Environment of the High Risk Infant February 5-8, 2014

Sheraton Sand Key Resort
Clearwater Beach, FL
www.cme.hsc.usf.edu

NEO- The Conference for Neonatology Continuous Quality Improvement

February 20-23, 2014

Hilton Bonnet Creek
Orlando, Florida
www.neoconference.com

American Association of Nurse Practitioners

2014 Health Policy Conference
March 30-April 1, 2014
Washington, DC
www.aanp.org

The 25th FANNP Neonatal Nurse Practitioners Symposium: Clinical Update and Review October 14-18, 2014

Sheraton Sand Key Resort
Clearwater Beach, Florida



Conference Update:

We had another great conference this year with great speakers and wonderful weather! It was great to see so many familiar faces and to meet some new ones. In my experience, this conference has been the best way to network with colleagues, see what everyone has been up to and get recharged to go back to our busy careers...of course the beach and sunny Florida weather helps, too!

I hope everyone enjoyed the new change we made with the addition of our interactive poster session. Please send us your ideas regarding new things you would like to experience or see at the conference, as well as how the interactive poster session was helpful to you. And don't forget, we are always looking for speakers, so send us your ideas!

The next conference (yes, we are already working on it!) is scheduled for October 14-18, at the Sheraton Sand Key. It will be a very special conference, as it is our silver anniversary! FANNP has been in existence for 25 years! We have all of you to thank for supporting YOUR organization for NNPs by NNPs! See you there!

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



*For Another Successful Year
2013 FANNP
Conference Sponsors*

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Scholarship Funds Available!

FANNP was founded to support the educational advancement of Neonatal Nurse Practitioners and remains committed to promoting education for NNPs.

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

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

Five scholarships were awarded in 2013 to Teresa Ashley, BSN, NNPS from University of Alabama, Melissa Cole, MSN from East Carolina University, Lorri Logan, BSN, NNPS from University of Alabama, and Tiffany Gwartney, MSN, NNP-BC from Vanderbilt University.

FANNP would like to be able to award more scholarships in 2014, but we can only award scholarships if we receive applications.

Are You or Is Someone You Know Eligible for a 2014 FANNP Scholarship?

FANNP members who attend an educational program leading to a degree related to the health care field between September 15, 2013 and September 15, 2014 are eligible for a 2014 scholarship.

FANNP Scholarship Eligibility Criteria:

1. Scholarship applicants must be FANNP members.
 - All members, student members and associate members are eligible.
 - Priority for scholarship award will be given to members, followed by student members and then associate members.
 - Priority for scholarship award will be based on length of membership and

LEGISLATIVE from page 1

The PREEMIE Reauthorization Act was approved by the Senate on Nov 14, 2013. The next step in the process is for the bill to go to the president for signature.

For more information see: <http://www.marchofdimes.com>

Also, the Florida Board of Nursing has recently added a CEU requirement for license renewal.

Beginning with the biennium ending in 2015, each licensee shall complete a two (2) hour course on the laws and rules that govern the practice of nursing in Florida. To receive Board approval, each course must include content on Chapters 456 and 464 of the Florida Statutes and the rules in Title 64B9 of the Florida Administrative Code. Authority 464.013 FS. Law Implemented 464.013 FS. History—New 4-21-13. The Laws & Rules of the Board course can only be offered by a Board of Nursing approved continuing education provider.

For more information please contact Sherri Sutton-Johnson at the Board of Nursing, (850) 245-4444 ext. 3679.



service to FANNP.

2. Scholarship applicants must be a licensed RN, ARNP, NNP or equivalent.

- Preference will be given to currently licensed certificate NNPs working towards a NNP degree.

3. Scholarship applicants must attend an educational program leading to a degree related to the health care field during the application period.

- Preference will be given to those working towards a degree in neonatal health care.
- The application period for the 2014 scholarship is September 15, 2013 to September 15, 2014. (i.e. To be eligible for a 2014 scholarship you must have attended classes sometime between September 15, 2013 and September 15, 2014.)
- An applicant may receive a maximum of two scholarship awards for each degree sought.

Applicants are asked to include a 3-5 page submission for publication in the FANNP newsletter as part of the application process. The submission can be an original article, a paper you submitted for coursework, a case study, best practice clinical update or a literature review.

The completed scholarship application packet must be postmarked by September 15, 2014.

For questions, more information or to obtain an application please contact FANNP via email at: scholarships@fannp.org.

CLASSIFIEDS

Linkous & Associates, LLC
800.738.NNPs (6677)
Info@LinkousRecruiting.com
www.LinkousRecruiting.com

As a family-owned and operated specialty service for the neonatal health care industry, Linkous & Associates has specialized in the recruitment and placement of NNPs nationwide for over 20 years. LinkousRecruiting.com.

Nationwide NNP Recruitment

ENSEARCH is widely regarded as the nation's preferred NNP recruitment firm, offering both Direct Hire as well as Locum Tenens staffing options. Call us to let us explain to you why you should be working with ENSEARCH rather than any other recruitment firm. (888) 667-5627 (NNP JOBS); www.ensearch.com.

Growing South Florida Team Seeks NNPs

Our congenial team of Neonatal specialists is looking for NCC Certified NNPs with Level III experience or new graduates. Work with quality-minded clinicians in some of the finest NICUs in the U.S. Excellent compensation, sign-on bonus, full benefits, professional growth opportunities, and ongoing education and training. Our safe community boasts many excellent neighborhoods, nice homes, great shopping, fine dining and NO SNOW! Call or email Mike Hathaway today! 954-858-1011 or Michael.Hathaway@shcr.com. www.shcr.com

Newsletter Advertising

Acceptance of Advertising

- Classified ads only
- Link 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

- \$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 the PayPal link on the FANNP website

Format

- 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

- March, 2014-ads must be received by February 14, 2014, and paid in full
- June, 2014-ads must be received by May 9, 2014, and paid in full
- September, 2014-ads must be received by August 8, 2014, and paid in full
- December 2014-ads must be received by Nov. 14, 2014, and paid in full.

– FANNP BOD

BRING IT ON ANSWERS

from page 12

1. Answer is B; Interference of the ileum function results in altered transit time of the intestine and can lead to problems with malabsorption.

2. Answer is A; Scalded skin syndrome primarily occurs as a result of a staphylococcal infection. It begins with an acute, painful, generalized erythema, followed by rapidly spreading bullous eruption and intra-epidermal peeling, which closely resembles scalded skin, hence the name.

3. Answer is C; PEEP provides constant pressure to the airway between inspirations. Neonates with RDS will benefit from PEEP because it increases functional residual capacity and stabilizes alveoli, preventing their collapse.



Bring it On...

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

1. The physiologic consequence from surgical resection of the ileum secondary to necrotizing enterocolitis is:
 - A. Gastric hypersecretion
 - B. Rapid intestinal transit time
 - C. Reduction of free bile acids

2. Scalded skin syndrome is primarily a result of:
 - A. Staphylococcus aureus infection
 - B. Hexachlorophene use
 - C. Teratogenic insult

3. Neonates with respiratory distress syndrome benefit from positive end expiratory pressure (PEEP) because it:
 - A. Improves cardiac output
 - B. Maintains ventilation perfusion ratio
 - C. Prevents alveolar collapse

Answers on page 11

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