

FANNP NEWS



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The Publication of the Florida Association of Neonatal Nurse Practitioners

FANNP Conference Update

Greetings Everyone! It's almost time for another great conference at the beautiful Sheraton Sand Key Resort in Clearwater Beach, Florida, October 18-22, 2016. Many past favorites will be back for the Review Track B, along with a few new faces, and as usual our Track A planners have outdone themselves to bring you the latest and greatest information to help us care for our precious little ones. We have a wonderful Keynote Speaker, Molly McCarthy, Chief Nursing Strategist for Microsoft, who will talk to us about Technology in Nursing.

And as usual, there are many opportunities at the conference to connect with old friends, meet new ones, network, and..... oh yes, have FUN!

Join us for a poolside Welcome Reception Tuesday evening, the annual Beach Party on Wednesday evening, and



Poster Session and cocktails Thursday evening. Details and registration can be found at www.FANNP.org.

Hope to see you all there!

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



HALLOWEEN BEACH PARTY!

Please join the FANNP members for the annual Beach Party! This year's theme is "Halloween," so bring your costume and let's have some fun! There will be a costume contest for originality, as well as a pumpkin-decorating contest (great for teams!). At registration, those that would like to participate in the pumpkin-decorating contest will be given a pumpkin and decorating items of choice. Pumpkins will be displayed for judging by conference attendees, and the winners will be announced at the Beach Party.

There will be a delicious buffet with dessert and drinks. Cocktails will be available for purchase.

Back by popular demand, DJ Rob will join us for fun, laughter, and lots of dancing. You're sure to make a lifetime of memories dancing with friends under the stars! Be sure to register for the beach party with your conference application, or purchase your ticket at the registration desk. See you there!



Letter from the President

Hello and welcome to our new FANNP members, as well as returning friends and colleagues who support our outstanding group of NNPs! We are so excited to have each and every one of you in our organization. The time of year has come for our annual FANNP conference in beautiful Clearwater Beach, FL. We are thrilled and honored to host another fantastic week of lectures and presentations that are sure to meet the unique needs of each of our members.



The FANNP leadership team and board are looking forward to seeing both new faces and loyal friends, networking, and fostering relationships

both personally and professionally. As a member of FANNP since 1992, I find myself cherishing this week at conference as a time to reconnect with friends as well as develop my skills and experience as a Neonatal Nurse Practitioner. I look forward to seeing you in October and throughout 2017!

As a member of FANNP, you have the privilege and responsibility to elect your FANNP board. This is an election year and positions are open for the Board of Directors for FANNP! The term of office is January 1, 2017 through December

31, 2019. All positions are a two-year commitment except for President-Elect. Responsibilities include attendance at Board of Director Meetings, participation at FANNP sponsored Symposium, and participation on established committees. Ballots will be emailed to active members for voting by October 1, 2016. The newly elected candidates will be announced at the NNP Symposium Annual Member Brunch.

I would also like to take this opportunity to remind all members that our organization has two programs available to you that recognize outstanding NNPs. The Kim Nolan Spirit Award recognizes an NNP with a "can-do attitude," who exudes the positivity and assurance required to help others make it through the challenging life of the NICU. The FANNP Scholarship program offers funds to support continuing education opportunities throughout your career. The criteria required and application processes for both awards are simply stated and easily accessible on the FANNP website. Please utilize the funds available to you, as our organization strives to provide support for your individual endeavors and advancement of your professional career. We want to help you succeed!

I hope you enjoy this edition of the newsletter, and I look forward to seeing you at the 27th Annual FANNP conference.

*Diana Morgan-Fuchs NNP-BC
President, FANNP*



Brag Board

Congratulations to our very own Leslie Parker, PhD, ARNP who was elected as a fellow of the American Academy of Nursing! She will be honored at their annual meeting in October.

Leslie is a Clinical Associate Professor at the University of Florida School of Nursing and a board-certified Neonatal Nurse Practitioner. She has had a joint practice in the UF Health Shands Neonatal Intensive Care Unit since 1990. Her research is NIH-funded and involves nutritional support of the premature infant with an emphasis on breastfeeding in the NICU. Leslie is also one of our beloved FANNP Past Presidents.

The criteria for Fellow selection are rigorous. The Fellow must demonstrate evidence of significant contributions to nursing and healthcare, and must be sponsored by two current Academy Fellows. Selection is based on the extent the nominee's nursing career has influenced health policies and the health and well being of all. The Academy honors individuals who have made outstanding contributions to nursing through research, practice, and scholarly work.

Please join us as we recognize Leslie for her tireless work and significant contribution to improve the lives of our tiniest patients. We are so proud of you, Leslie!!



THE FLORIDA ASSOCIATION OF NEONATAL NURSE PRACTITIONERS

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Food For Thought: Benefits of Donor Breast Milk

Submitted by: Tina Steele and Karen Puopolo

Breast milk feeding is the optimal form of nutrition for all infants. Research demonstrating the benefits of human milk mount daily: breast milk confers protection from respiratory and gastrointestinal infections during infancy, and decreases risk of infant death from SIDS. The benefits of breast milk feeding extend into childhood with decreased risks of developing food allergies and obesity.

Breast milk feeding is also the optimal form of nutrition for infants born prematurely. For the tiniest infants, breast milk can be literally lifesaving by conferring protection from both bloodstream infections and from necrotizing enterocolitis, a potentially devastating intestinal complication of prematurity.

Providing breast milk to premature infants can be challenging. Many mothers of premature infants are sick in the postpartum period from the same complications that led to their premature infants' birth. Recovery from emergent surgeries, severe blood loss, and medical conditions such as pre-eclampsia and uterine infections can make it difficult for women to initiate and/or maintain an adequate milk supply for their infants. In addition, mothers with chronic medical conditions may require medications that make their milk unsafe for their infants. For all these reasons, pasteurized, banked donor human milk can provide an important alternative to premature formulas. The AAP states that donor milk is considered a "suitable feeding alternative for infants whose mothers are unable or unwilling to provide their own milk" (AAP Policy Statement, "Breastfeeding and the Use of Human Milk," *Pediatrics* 2005: Volume 115 No. 2, 496-506.)

A growing number of hospitals now provide parents of preterm infants with the option of supplementing their babies' feedings with donor breast milk. One example, Brigham and Women's Hospital (BWH) in Boston, MA, cares for nearly 200 very-low birth weight (VLBW, birth weight less than 1500 grams) per year. In January 2010, the BWH NICU started a Banked Donor Milk Program to provide human milk to VLBW infants if their mothers were unable to provide adequate milk to meet their full nutritional needs. The Banked Donor Milk is provided by the Mothers'



Milk Bank of New England (MMBNE). MMBNE follows the Human Milk Banking Association of North America's (HMBANA) guidelines for milk banking practices. With their parents' consent, approximately 65 infants have received Donor Milk since initiation of this program. Many mothers have expressed their gratitude for this feeding option when they are struggling with their own milk supply. "Having a baby in the NICU is such a stressful time. This has given me one less thing to stress over when my supply was low," stated one NICU mother. The BWH program supplements mother's own milk to provide exclusive full human milk feeding for all VLBW infants as they transition from intravenous nutrition to milk feeding. The program also ensures that the tiniest, highest-risk infants are exclusively fed human milk until they weigh more than 1000 g.

The BWH NICU and many researchers across the country are closely following the medical outcomes of infants fed Donor Milk compared to those who receive premature formulas to determine the full benefits of human milk feeding.

To learn more about Donor Milk programs, please visit the Human Milk Banking Association website at www.hmbana.org.

Reference:

<https://www2.aap.org/sections/perinatal/DonorMilk.html>

Florida Legislative Session Update *Fall 2016*

Florida Legislative Session is now adjourned for 2016. We have had a lot to cover during the last several months. Below is a brief overview of this past Legislative Session:

“The 2016 session of the Florida Legislature was one of the best and most eventful in recent memory for the nursing profession, with passage of bills such as the Nurse Licensure Compact and the Advanced Registered Nurse Practitioner (ARNP) prescribing, renamed the Barbara Lumpkin Prescribing Act in honor of longtime FNA lobbyist Barbara Lumpkin.

“The bill’s passage was a watershed moment for the nursing profession as well as for the FNA, which had advocated for the measure for more than two decades. The FNA produced buttons signifying the bill’s passage, making Florida the 50th state to allow its nurse practitioners to prescribe controlled substances. The bill sponsor, Rep. Cary Pigman, was wearing the button on the House floor when House members approved the bill on final passage.

“The amount of teamwork that went into lobbying this effort was extraordinary. FNA worked on this legislation with the Florida Association of Nurse Practitioners, Florida Nurse Practitioners Network, Florida Association of Physician Assistants, and the Florida Hospital Association. Many groups such as AARP, Florida TaxWatch, Florida Chamber of Commerce, and the Florida Action Coalition for nursing also advocated for the bill. Even the Florida Medical Association supported it.” - Alisa LaPolt, FNA Lobbyist



CEU Updates

A new continuing education requirement for licensure renewal became effective on August 1, 2016, for Advanced Registered Nurse Practitioners (ARNP) certified under S. 464.012, F.S. All ARNPs must now complete at least three (3) hours of continuing education on

the safe and effective prescription of controlled substances for each biennial renewal.

Providers approved by the following organizations can offer the required course to ARNPs:

- Statewide Professional Association of Physicians in this state accredited to provide educational activities designated for the American Medical Association Physicians Recognition Award Category 1 credit
- American Nurses Credentialing Center
- American Association of Nurse Anesthetists
- American Association of Nurse Practitioners

Election Updates

The Presidential Election is proving to be quite interesting. The 2016 United States elections will be held on Tuesday, November 8, 2016.

During this election year, the President and Vice President of the United States will be elected. In addition, elections will be held for all 435 voting-member seats in the United States House of Representatives (as well as all 6 non-voting delegate seats) and 34 of the 100 seats in the United States Senate. Twelve state governorships, two territorial governorships, and numerous other state and local elections will also be contested.

You can register to vote at any time.

The deadline to register to vote for an upcoming election is 29 days before the election.

Important Dates:

2016 Election Dates

A General Election is held in November of every even-numbered year. The Primary Election for nominating party nominees for the General Election is held 10 weeks before the General Election. Additionally, a Presidential Preference Primary Election is held in Presidential Election years. Special elections may be called at any time during the year. **The General Election date is November 8, 2016**

2016 Voter Registration Deadline

You can register to vote at any time. The deadline to register to vote for an upcoming election is 29 days before the election. The registration deadlines for the 2016 General Election: October 11, 2016

2016 Vote-by-Mail Ballot ‘Send’ Deadline

For absent stateside and overseas uniformed service members and overseas civilians (also known as UOCAVA voters), the deadline for election officials to send ballots is 45 days before an election... General Election: September 24, 2016

For domestic voters the deadline for election officials to send ballots is between 35 and 28 days (7-day window) before an election: October 4 – 11, 2016

2016 Early Voting Period

The early voting period consists of a minimum mandatory period of 8 days. It starts on the 10th day and ends on the 3rd day before Election Day: General Election: October 29 – November 5, 2016

In addition, each county Supervisor of Elections may at his or her own discretion offer additional days of early voting on any or all days during the 15th through 11th day and the last Sunday before Election Day.

POCKET NOTEBOOK

Diane McNerney DNP, NNP-BC

Prader-Willi Syndrome

1. Definition - Prader-Willi Syndrome (PWS) is a rare genetic disorder in which there is a lack of expression of several genes on the paternally inherited 15th chromosome causing a loss of function by deletion or duplication. The incidence of PWS is between 1 in 10,000 and 1 in 25,000 live births.

2. Signs and Symptoms

Stage One (as neonate)-severe hypotonia and poor feeding are hallmarks of PWS

- | | |
|---|---|
| <input type="checkbox"/> hypotonia | <input type="checkbox"/> hypothalamic dysfunction |
| <input type="checkbox"/> poor feeding | <input type="checkbox"/> narrow forehead |
| <input type="checkbox"/> failure to thrive/poor weight gain | <input type="checkbox"/> almond-shaped eyes |
| <input type="checkbox"/> incomplete sexual development | <input type="checkbox"/> triangular mouth |

Stage Two (childhood to adulthood)

- | | |
|--|---|
| <input type="checkbox"/> chronic feeling of hunger | <input type="checkbox"/> right-sided heart failure |
| <input type="checkbox"/> hyperphagia | <input type="checkbox"/> osteoporosis |
| <input type="checkbox"/> obesity | <input type="checkbox"/> mild to moderate intellectual impairment and learning disabilities |
| <input type="checkbox"/> diabetes | |
| <input type="checkbox"/> sleep apnea | |

3. Genetics - The vast majority of cases of PWS are not inherited, particularly those caused by a deletion in the paternal chromosome 15 or by maternal uniparental disomy. Rather, these genetic changes occur during the formation of reproductive cells or in early embryonic development.

4. Mortality/Morbidity - Complications due to obesity, such as endocrine problems, coronary artery disease, gastric problems and behavioral problems are major contributors to morbidity and mortality in individuals with PWS.

5. Diagnostics-

- Chromosomal or microarray analysis and assessment for methylation patterns in the PWS region
- Fluorescent in situ hybridization (FISH)
- Serum growth factor-1 (IGF-1)
- Imaging Studies- DEXA scanning, scoliosis and hip films secondary to hypothalamic dysfunction, chest radiography secondary to at risk for cor pulmonale
- Assessment of thyroid and adrenal status in patients when clinically warranted
- Measure glycosylated hemoglobin to assess for the development of type 2 diabetes mellitus

6. Medical Care - Patients with Prader-Willi syndrome may require the support of the following specialists:

- Geneticist
- Developmental pediatrician
- Endocrinologist
- Nutritionist for dietary counseling
- Pulmonologist for management of sleep apnea
- Psychiatrist, psychologist, or both for management of behavioral issues
- Physical Therapy for the promotion of gross and fine motor skills

7. Prognosis - There are currently no medications found to effectively modify hyperphagia. Growth hormone therapy in patients with growth hormone deficiency improves lean body mass, corrects osteopenia, does not appear to enhance the development of scoliosis, and anecdotally modulates behavior in some patients. Supplementation of sex steroids does improve secondary sex characteristics but may aggravate behavioral disorders. Patients with PWS syndrome frequently reach adulthood and are able to function in a group home setting, performing vocational work or attending community college classes.

References

McCandless, SE (2011). Committee on Genetics. Clinical report - health supervision for children with Prader-Willi syndrome. *Pediatrics* 2011;127(1):195-204.

Prader Willi Syndrome (2016). ghr.nlm.nih.gov/condition/prader-willi-syndrome?ncid=txtlnkusaolp00000618

BRING IT ON ANSWERS

from page 8

1. Answer A: An essential element of newborn care is the recognition of infants at risk for infection and ongoing assessment to facilitate early identification of signs of infection. Newborn clinical signs can present rapidly in the first 12-24 hours of life.

2. Answer B: As the most common neonatal fracture, a fractured clavicle that is asymptomatic requires no treatment. If symptomatic, immobilization should be performed.

3. Answer C: The tricuspid valve connects the right atrium and the right ventricle. The aortic valve (semilunar) connects the left ventricle and the aorta. The mitral valve (A-V) connects the left atrium and the left ventricle.



FANNP 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.

Two scholarships were awarded in 2015 to Joanna McLaughlin and Megan Glemza who are attending the DNP program at The University of Florida.

FANNP would like to be able to award more scholarships in 2016, but we can only award scholarships if we receive applications.

Are you, or is someone you know, eligible for a 2016 FANNP scholarship?

FANNP members who attend an educational program leading to a degree related to the health care field between September 15, 2015 and September 15, 2016 are eligible for a 2016 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 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 2016 scholarship is September 15, 2015 to September 15, 2016. (i.e. To be eligible for a 2016 scholarship you must have attended classes sometime between September 15, 2015 and September 15, 2016.)
- 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, 2016.

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

EDUCATIONAL OFFERINGS

Contemporary Forums

The 32nd Annual The Fetus & Newborn: Improving Outcomes in Perinatal and Neonatal Care

September 28-October 1, 2016

Hilton New Orleans Riverside
New Orleans, LA

www.contemporaryforums.com

The 27th FANNP Neonatal Nurse Practitioners Symposium: Clinical Update and Review

October 18-22, 2016

Sheraton Sand Key Resort
Clearwater Beach, FL

www.fannp.org



National Association of Neonatal Nurses

32nd Annual Education Conference

October 26-29, 2016

Renaissance Palm Springs and Palm Springs Convention Center
Palm Springs, CA

www.nann.org

Hot Topics in Neonatology

December 4-7, 2016

Marriott Marquis
Washington, DC

www.hottopicinneonatology.org

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Join us for the 32nd annual The Fetus & Newborn: Improving Outcomes in Perinatal and Neonatal Care conference in exciting New Orleans September 28-October 1, 2016! Bring your questions and puzzling cases -- our stellar faculty and your fellow clinicians will provide answers, guidance and new perspectives. Perinatal/neonatal medicine is truly a combination of art and science as we work towards best possible outcomes for these fragile patients and their families. A preconference on Neonatal Pharmacology and new this year, submit an abstract for a poster session in the exhibit hall. Visit our website at ContemporaryForums.com for conference details, submit an abstract and to register!

Classified Advertising in the FANNP Newsletter

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 is as Follows

- Ad information and full payment must be received by the 2nd Friday in February to be included in the March newsletter
- Ad information and full payment must be received by the 2nd Friday in May to be included in the June newsletter
- Ad information and full payment must be received by the 2nd Friday in August to be included in the September newsletter
- Ad information and full payment must be received by the 2nd Friday in November to be included in the December newsletter

FANNP BOD

Breaking News...

Check out our new Web Banner at www.fannp.org for the latest information and updates from FANNP!



Bring it On...



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

1. An infant born vaginally at 36 weeks following ROM x 30 hours. Labor and delivery were unremarkable, with Apgar scores of 7 and 8 at 1 and 5 minutes, respectively. At 1 hour of age, the infant is pink with mild acrocyanosis and is noted to be tachypneic with a respiratory rate of 80 per minute. No nasal flaring, grunting, or retractions were noted. Your plan of care at this time includes:
 - A. Initial and on-going assessment to facilitate early identification of infection.
 - B. Immediate gavage feeding.
 - C. Routine care as this infant does not appear to be ill.

2. Asymptomatic patients with clavicular fractures:
 - A. Are likely to have other fractures as well.
 - B. Need no treatment.
 - C. Require immediate evaluation by orthopedic specialist.

3. The cardiac valves consist of two sets of one-way valves: the semilunar valves and the atrioventricular valves. The semilunar valves consist of the pulmonic and aortic valves. The atrioventricular (A-V) valves are the tricuspid and the mitral valves. The valve that connects the right atrium and right ventricle is the:
 - A. Aortic valve.
 - B. Mitral valve.
 - C. Tricuspid valve.

Answers on page 6

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