FANNP NEWS

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INSIDE: AMBIGUOUS GENITALIA IN NEONATES • PEER SUPPORT GROUPS • LEGISLATIVE UPDATE • EDUCATIONAL OFFERINGS • CONFERENCE PHOTOS AND UPDATE • BRING IT ON • LETTER FROM THE PRESIDENT • POCKET NOTEBOOK • BRAG BOARD AND MORE...

The Publication of the Florida Association of Neonatal Nurse Practitioners

Submitted by Ally Kayton, MS, APRN, NNP-BC and Paula Timoney, DNP, APRN, NNP-BC

FEDERAL LEGISLATION

On January 21, 2021, President Biden released a National Strategy for the COVID-19 Response and Pandemic Preparedness. This plan includes a number of important provisions including:

- Increasing federal government support for state, local and territorial vaccination efforts by improving communication and providing financial and logistical support. This includes establishing federally supported vaccination sites and providing additional assistance to states through the Federal Emergency Management Agency (FEMA) and the National Guard with 100% federal cost sharing through September 30, 2021.
- Allowing qualified professionals to administer vaccines and encouraging states to leverage their flexibility by expanding

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Ambiguous Genitalia in Neonates

Sekinah Ajiboye, BSN, RNC-NIC

Ambiguous Genitalia

Ambiguous Genitalia itself is not a disease; rather it is a phenotypic manifestation of certain underlying disorders. Most of the disorders that cause ambiguous genitalia are characterized as Disorders of Sex Development (DSD) (Davies & Cheetham, 2017). DSDs are a result of problems with sex determination and differentiation (Davies & Cheetham, 2017). Sex determination is the formation of ovaries and testes, while sex differentiation is the development of internal and external genitalia (Davies & Cheetham, 2017). The purpose of this article is to describe the embryologic development of internal and external genitalia, describe normal and ambiguous genitalia, provide a differential diagnosis of ambiguous genitalia, discuss management of infants with ambiguous genitalia, and review long term outcomes.

Gonadal and Internal Genitalia Development

The development of gonads begins with the appearance of the urogenital ridge which divides into the nephrogenic cord and the gonadal ridge during week 5 of embryologic development (Moore et al., 2020). The gonadal ridge forms

SEE "AMBIGUOUS" on page 4

Letter from the President

I hope this letter finds everyone safe and well. The pandemic has surely affected each of us personally by this time. However, there seems to be light at the end of this long, dark tunnel. With the vaccine making its way into the arms of the population, we can begin to plan our lives again. Having said this, we are starting to plan our next FANNP conference October 12-16, 2021. Although it is still early in the year, it is our sincere hope to be able to hold the conference in-person, in beautiful Clearwater Beach. Nonetheless, we will be keeping a close eye on the dynamic of the Covid pandemic. FANNP sent a Survey Monkey email to check the pulse of our member's willingness to travel and attend an in-person conference later in the year. Thank you to all who responded.

In 2020, we offered the conference virtually and it was a great success! However, we missed our home away from home in Clearwater, Fl. We miss our friends and colleagues along with the camaraderie and networking opportunities that a virtual conference cannot provide. To this end, we have discussed the possibility of a hybrid conference in order to follow social distancing guidelines and still reach all of our members and students. We will be making decisions in the next few months and will update our website (FANNP.org) as well as all social media. Stay tuned!

Don't forget, FANNP is taking applications for Poster and Podium Presentations for the upcoming conference. The deadline for these submissions is July 15, 2021. For further information, check our website at FANNP.org. Also, remember that there is scholarship money available to RNs and NNPs furthering their neonatal education from September 2020 to September 2021. We also have research grant funds available. We accept grant applications throughout the year. You can find more information on the website.

I would also like to encourage any of our members to become involved in the FANNP organization. We are all volunteers and have a passion for FANNP and what it stands for. If you share this passion or just want to find out more about us, you are invited to attend our Board of Directors meetings. Our next meeting is scheduled for May 26, 2021 at 1500 ET. If you are interested in attending this Zoom meeting please email memberinfo@fannp.org to obtain details on how to join.

Congratulations to each of you who have passed the NCC Boards! Please continue to share your successes on our Facebook (FANNP) and Instagram (FANNPorg) pages! We love seeing these stories and are proud of each of you!

Everyone stay safe, wear your masks, and get the vaccine when available to you so we can beat this thing and get back to a sense of normalcy. FANNP is here for you. We are just a click away!

Gayla Kaye-Steed, NNP-BC, APRN
President, FANNP

Food for Thought

Peer Support Groups

By Jill Lionberger RNC, NNP-BC

Due to the high level of stress and burnout in the medical field, many institutions are looking into programs such as peer support programs to help combat stressors and improve job satisfaction and retention. Complications of stressors come from many different areas: burnout, moral distress, second victim and trauma informed care. There are many common overlap of symptoms people exhibit from these different areas: fear, hopelessness, guilt, sleeplessness, cynicism, anxiety, PTSD, or suicide ideation. Having a peer support program can complement traditional employee assistance programs to provide clinicians a safe environment that promotes healing (2018).

Why "peer support"? Who better than the people you work with to empathize with the types of stressors you face and with the emotions that go along with them. Shapiro and Galowitz argue creating a peer support program is one-way forward, away from a culture of invulnerability, isolation, and shame and toward a culture that truly values a sense of shared organizational responsibility for clinician well being and patient safety (2016).

What does a peer support program look like? It's designed for people who have experienced traumatic events, stress, or burnout related to their working environment. It can identify people who may be at risk for mental or emotional distress and pairs them with a peer supporter. It utilizes timely 1:1 listening sessions by trained peer supporters. The individuals can reflect and support each other after stressful events or with chronic stress. Also, safety screening is done to see if further services are needed (2020).

What is a peer supporter and what type of training do they receive? A "peer supporter" is a colleague who has experienced a similar situation and can empathize with the emotions and stress faced in our professional setting. The training involves completing online training modules and one virtual in-person training session. There is usually a commitment requirement to be a peer supporter. An example of this could be requiring peer supporter to be available for a time frame of one year, having on-going communication with team leaders, and sometimes being "on call" for peer support sessions.

What a peer support (PS) process looks like at my organization: self or peer referral, PS leadership matches NNP with PS person based on experience and NNP preference, PS contacts person within 24 hours of notification, support session is scheduled, > 1 support sessions may occur, and follow-up at ~1 week and post-surveys at intervals sent to the whole group. Our program was developed by two of our neonatal nurse practitioners: Jennifer Nieman MSN, APRN, NNP-BC and Nicole Hutcheson MSN, APRN, NNP-BC, CPNP-PC. I want to thank them for their hard work and dedication to us.

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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 work place, 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!

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the indifferent gonads which is the primordia of ovaries and testes (Moore et al., 2020).

Testis Determining Factor (TDF) which is coded by the Sex-determining Region on the Y chromosome (SRY) gene, causes testicular development and its absence causes ovarian development (Moore et al., 2020). Testosterone and androstenedione induce the development of testes and Anti-Mullerian Hormone (AMH) inhibits development of female genitalia (Moore et al., 2020). The mesonephric ducts develop into male internal genitalia and the paramesonephric ducts develop into female internal genitalia (Moore et al., 2020).

Development of External Genitalia

The genital tubercle develops during the 4th week of gestation and elongates to form a phallus- the primordia of the clitoris and penis (Moore et al., 2020). External genitalia look similar in males and females until week 12 of gestation (Moore et al., 2020). In the presence of testosterone, the phallus differentiates to form a penis, the urethral folds become the spongy urethra, and the labioscrotal swellings fuse to form the scrotum (Moore et al., 2020). In the absence of testosterone, the phallus becomes the clitoris, the urogenital folds become the labia minora, and the labioscrotal folds become the labia majora (Moore et al., 2020).

Description of Normal and Ambiguous Genitalia

The penis in a full-term male infant is 2.5cm-4.5cm in length, while a clitoris in a full term female infant measures 0.2cm-0.85cm (Davies & Cheetham, 2017). Deviation from these ranges should raise concerns about the possibility of ambiguous genitalia. Infants with micropenis, clitoromegaly, cryptorchidism, and hypospadias should be further evaluated (Davies & Cheetham, 2017).Variations in fusion of the labioscrotal folds - unfused labioscrotal folds resembling labia majora in a male infant and fused labioscrotal folds in a female infant resembling a scrotum - are indicative of ambiguous genitalia (Davies & Cheetham, 2017).

Differential Diagnosis for Ambiguous Genitalia

Congenital Adrenal Hyperplasia (CAH): CAH is most commonly caused by a deficiency of an enzyme, 21-hydroxylase, which facilitates the conversion of 17-hydroxyprogesterone into aldosterone and cortisol (Theda, 2020). Lack of this enzyme causes elevated levels of 17-hydroxyprogesterone, which causes adrenal insufficiency (aldosterone and cortisol deficiency) and leads to excess production of testosterone and Dihydrotesterone (DHT) (Theda, 2020). Aldosterone deficiency inhibits sodium and water reabsorption, while cortisone deficiency can lead to hypoglycemia. There are 2 forms of CAH: virilizing form (mild sodium loss) and salt wasting form (excessive loss of sodium) (Theda, 2020). The salt-wasting form of CAH is characterized by hyponatremia, hyperkalemia, hypoglycemia, & hypotension (Bowden et al., 2018). CAH often produces symptoms of ambiguous genitalia in females while males with CAH do not usually have ambiguous genitalia (Davies & Cheetham, 2017).

Maternal androgen exposure and androgen secreting tumors: causes virilization of female fetuses (Moore et al., 2020; Davies & Cheetham, 2017).

X-linked Lissencephaly with Ambiguous Genitalia (XLAG): lissencephaly (lack of brain gyri) and an absent corpus callosum associated with ambiguous genitalia; infants usually present with seizures and the disorder has a poor prognosis with most infants dying before 18 months of age (Minocha et al., 2017).

Campomelic dysplasia: mutation of SOX9 gene causes problems with chondrogenesis and sex differentiation, resulting in musculoskeletal abnormalities associated with ambiguous genitalia (Domenice et al., 2017).

Mixed Gonadal Dysgenesis: causes the presence of both ovarian & testicular cells (ovotestis) within a gonad (Agarwal et al., 2016).

Androgen Insensitivity Syndrome: mutations in the androgen receptor gene that leads to the development of ambiguous genitalia in genotypically male infants (Domenice et al., 2017).

46, XY Disorder of Sex Development (DSD): caused by under-expression of the TDF gene, SRY mutations, and decreased testosterone secretion and sensitivity (Domenice et al., 2017).

Chromosomal aneuploidies: such as 45, XO and 49, XXXXY (Chowdhury et al., 2018).

Management of Infants with Ambiguous Genitalia

Members of the healthcare team caring for infants with ambiguous genitalia should include nursing, neonatology, pediatrics, urology, endocrine, genetics, pediatric surgery, pediatric neurology, and social work. It is important to review maternal medical history for signs of virilization while pregnant (such as excessive body hair and changes in voice), maternal medication use, and a family history of ambiguous genitalia (Davies & Cheetham, 2017). Consanguineous marriage between parents increases the risk of genetic disorders and syndromes which could present as ambiguous genitalia in their offspring (Davies & Cheetham, 2017).

Imaging studies are used to visualize internal genital structures, identify

the infant's sex and assess the presence of other abnormalities (Davies & Cheetham, 2017). Ultrasound (US) and/or Magnetic Resonance Imaging (MRI) of the abdomen and pelvis, Cranial US, and MRI of the brain and spinal cord may be obtained as needed. Laboratory testing should include: Fluorescence in Situ Hybridization (FISH) study, Basic Metabolic Panel, blood glucose levels, hormone levels, including: 17-hydroxyprogesterone, testosterone, dehydroepiandrosterone, AMH, and studies to assess mineralocorticoid deficiency (Davies & Cheetham, 2017). Infants with seizures due to XLAG should be treated with anticonvulsants and infants with campomelic dysplasia should have appropriate skeletal imaging and treatments.

Newborn screening can detect elevated levels of 17-hydroxyprogesterone, which indicates 21-hydroxylase deficiency. It is important to closely monitor the infant's vital signs, especially blood pressure, to ensure that the patient does not develop hypovolemia and hypotension as a result of salt wasting. Adrenal insufficiency should be treated promptly and adequately. The recommended treatment is hydrocortisone 10 to 20 mg/m2/day given 3 times daily orally, with an increased dosage for periods of stress; fludrocortisone, a mineralocorticoid, 0.05-0.1 mg daily orally; and sodium supplementation 1-5 mEq/kg/day (Theda, 2020).

Surgical treatment, such as vaginoplasty, gonadectomy, urethroplasty, orchiopexy, or scrotal reconstruction may be required (Agarwal et al., 2016). Hormonal replacement therapy with testosterone, DHT, or estrogen may be used to correct hormonal imbalances (Chowdhury et al., 2018).

Long Term Outcomes

Delayed puberty in adolescence and infertility in adulthood could occur if treatment is delayed or if the condition is undiagnosed (Chowdhury et al., 2018). It is important to recognize the difference between sex (genetically determined at the moment of conception) and gender (personal characteristics and social constructs) (Davies & Cheetham, 2017). Infants with ambiguous genitalia who are diagnosed later in life might be raised as a gender that is different from their sex (gender of rearing) (Davies & Cheetham, 2017). Healthcare providers should support the decision that is made regarding the gender of choice.

Summary

As neonatal healthcare providers, it is important to recognize normal male and female external genitalia, and deviations from what is expected based on the infant's sex and gestational age. When an infant presents with ambiguous genitalia, appropriate evaluation, treatment, and management strategies should be implemented. It is important to recognize and treat potentially life-threatening electrolyte imbalances that could result from CAH and neurological sequelae that could result from XLAG. Parents should be regularly updated on their infant's status, treatment and management strategies, and long-term prognosis.

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**All Feature Articles are submitted to the FANNP Scholarship Committee by FANNP members seeking to further their education. This article was edited by the FANNP in conjunction with the student, and with the student's permission.*

LEGISLATIVE from page 1

scope of practice laws and waiving licensing requirements, as appropriate.

- Providing updated Centers for Disease Control and Prevention (CDC) public health guidance to ensure there is continuity and actionable, evidence-based guidance. The Administration will also launch a national public relations campaign regarding the COVID-19 vaccine. The public health campaign will address vaccine hesitancy, especially in hard-to-reach communities.

The CDC has provided updated clinical considerations for use of mRNA COVID-19 vaccines currently authorized in the U.S. Included are new recommendations on intervals between the first and second doses of the approved vaccines. Also available from the CDC is updated guidance on the interchangeability of vaccine products and further information on vaccination of persons with a history of infection. This guidance is available at www.cdc.gov.

Nurse Practitioner Appointed U.S. Surgeon General

Rear Admiral Susan Orsega, MSN, FNP-BC, FAANP, FAAN, was appointed to the position of Acting U.S. Surgeon General. Orsega, a nurse practitioner (NP) and AANP Fellow, has served as the Director of Commissioned Corps Headquarters (CCHQ) at the Office of the Surgeon General, U.S. Department of Health and Human Services since March 2019. Currently, she directs the personnel, operations, deployment and policy for members of the U.S. Public Health Service Commissioned Corps, as well as development of the Reserve Corps. She is responsible for CCHQ's operations in the COVID-19 deployment of officers.

"Rear Admiral Orsega is a longtime champion of public health whose visionary leadership has strengthened health care equity and access for our nation," said AANP President Sophia L. Thomas, DNP, APRN, FNP-BC, PPCNP-BC, FNAP, FAANP. "Her experience and training as an NP, combined with her unrivaled expertise in both public health and disaster response, are exactly what our nation needs to navigate our country's current health care challenges."

HR Bill 142

House of Representatives Bill 142 Infant Protection and Baby Switching Prevention Act of 2021 was introduced on January 4, 2021 by Representative Sheila Jackson Lee. It states the following:

"To amend title XVIII of the Social Security Act to require hospitals reimbursed under the Medicare system to establish and implement security procedures to reduce the likelihood of infant patient abduction and baby switching, including procedures for identifying all infant patients in the hospital in a manner that ensures that it will be evident if infants are missing from the hospital."

The bill has been referred to the Committee on Ways and Means, and in addition to the Committees on the Judiciary, and Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

NP Advocacy

Members of the 117th Congress have been sworn in, and have now begun their work on Capitol Hill, and it is extremely important for them to hear from the NPs they represent. Introduce yourself to your Members of Congress and their staff as both an NP and their constituent. A letter can be found on the AANP (American Association of Nurse Practitioners) at www.aanp.org/advocacy, which you can personalize, emphasizing the important role NPs play in the American health care system.

FLORIDA LEGISLATION

2021 Legislative Bills for AUTONOMOUS APRN's Filed

Bills were filed in both chamber for inclusion of all APRNs to hold Autonomous Practice licensure. HB 607 was passed 2020 session but only applied to primary care APRNs, excluding autonomous care by CRNAS and adding more restrictions to some CNMs and specialty CNSs and APRNs. These bills will bring agreement with 23 other states plus DC and Guam who have long ago passed FPA for APRNs. Massachusetts passed their FPA bill last session in line with removing practice restrictions for APRNs. In these days of Covid-19, restrictions to practice and mandatory physician supervision in the form of a written contract or protocol have been proven time and again to be unnecessary for APRNs to practice.

HB 111: Autonomous Practice by an Advanced Practice Registered Nurse introduced by Representative Maggard and Representative McClain; Referred on 1/20/21 to Professions and Public Health Subcommittee; Health and Human Services Committee. No dates set for committee hearing.

SB 424: Autonomous Practice by an Advanced Practice Registered Nurse introduced by Senator Jeff Brandes. This was referred on 1/15/2021 to Health

Policy; Banking and Insurance; Rules. No dates are posted as yet.

SB 698: Reproductive Care. This law imposes additional consent requirements on health care providers who are performing pelvic examinations. It states a health care provider must have the written consent of a patient or their representative before performing a pelvic examination. This new law also applies to students studying to be a health care provider. There are two exceptions to the consent requirements; when the pelvic examination is court ordered, or the pelvic examination is necessary to avert a serious, imminent, and irreversible impairment to a patient's bodily function.

OTHER LEGISLATION OF INTEREST

Assembly Bill 285 in New York was introduced and would create a $1,000 tax credit for preceptor clinicians for each 100 hours of preceptor instructions, not to exceed $3,000 per taxable year. A preceptor clinician includes a physician, PA, special assistant, registered professional nurse, NP, clinical nurse specialist or midwife.

Washington State has introduced Senate Bill 5222, which, if enacted, would require health carriers to reimburse NPs at the same rate as physicians for providing the same services.

Virginia's House Bill 1737 (H.B. 1737), was introduced, which would authorize NPs with more than two years of clinical experience to practice without a written practice agreement. Existing law requires at least five years of clinical experience, however, House Bill 5005 reduced this requirement to two years until the end of the declared public health emergency.

References
https://www.aanp.org/
https://www.flanp.org/
http://nann.org/

Conference Update

Hello friends! Thank you all for the positive responses for our very first virtual conference last October. There were a few minor glitches at first and many thanks to Paula Timoney and KT Theobald for their behind the scenes support and problem solving! Again, we are faced with the "not so normal". The Conference Planning Committee and FANNP's Board of Directors are looking at the feasibility of having a "hybrid" conference for this year. This would entail an on-site conference, much smaller than we are used to because of social distancing requirements, plus an added opportunity for virtual streaming. Many of you probably received the email survey and I hope you responded. We hope to get a feel for what people want and need because as always, providing the review for our new NNP's and state of the art information for us all is still very much our mission and goal! Stay tuned to see what transpires for our upcoming conference!

Mary Kraus, MSN, NNP-BC
Conference Chair
Florida Association of Neonatal Nurse Practitioners

Brag Board

FANNP would like to say a word of thanks to the many nurses and practitioners, including those who have retired, who have stepped up to help with the Covid Pandemic in various ways. Many nurses and practitioners are volunteering in their hospital and community Covid Vaccine Clinics in order to bring that "shot of hope" to more people! Thank you for your tireless efforts!

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.

FANNP's National Neonatal Nurse Practitioner Symposium: Clinical Update and Review, 2021

POSTER PRESENTATION CALL FOR SUBMISSIONS

SUBMISSION DEADLINE: July 15, 2021

FANNP is seeking abstracts for poster presentations for the annual FANNP's National Neonatal Nurse Practitioner Symposium on October 12th-16th, 2021. The Research Committee invites submissions by members and 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

Please note that a Literature Review on a specific topic will not be accepted for poster or podium presentation.

POSTER PRESENTATION PEER REVIEW PROCESS

Abstracts will be reviewed and scored by a panel of experts. Scoring is based on overall quality, originality and appropriateness to NNP practice. Preference will be given to original research with complete data available.

POSTER PRESENTATION

All abstracts will be considered for poster presentation. Detailed instructions for the poster presentation will be provided to the Primary Author at the time of abstract acceptance.

SUBMISSION REQUIREMENTS

Abstracts must be submitted electronically **in Word Format (no PDFs).** Abstracts should be no longer than 500 words, single spaced, 12-point font, with up to 2 additional bibliography pages. The content should be presented in the form of a structured abstract with format appropriate to category. For example…

Research:

- Purpose
- Background/Significance
- Methods
- Results
- Conclusions
- Discussion
- Major References

Case Study: (Please do not include any identifiable information)

- Introduction
- Case Presentation:
  - History of Present Illness
  - Hospital Course
  - Family History (if indicated)
  - Social History (if indicated)
  - Labs, Images, Studies
- Discussion

A signed conflict of interest statement & CV of primary author (required for CE credits) must be submitted with the abstract. See the attached checklist for complete details. Abstracts that do not follow the submission guidelines will not be reviewed. Abstracts previously presented in other arenas are eligible for submission. FANNP would like to publish accepted abstracts in our Newsletter during the year. You will be asked to give your permission when applying.

CONFERENCE EXPENSES: All presenters chosen for the poster presentation are responsible for conference registration fees, travel and all other expenses.

Application and Checklist may be found at www.fannp.org

EDUCATIONAL OFFERINGS

***Check with individual conferences for changes or cancellations due to Covid-19*

Spring 2021 National Advanced Practice Neonatal Nurses Conference-Academy of Neonatal Nursing
April 14-17, 2021
**Virtual Conference
www.academyonline.org

11th Council of International Neonatal Nurses Conference
June 1-4, 2021
Aalborg, Denmark
www.coinnurses.org

35th International Conference on Neonatology and Perinatology
July 26-27, 2021
London, UK
www.neonatologyinsightconferences.com

21st National Neonatal Nurses Conference–Academy of Neonatal Nursing
September 8-11, 2021
Hyatt Regency
Chicago, IL
www.academyonline.org

NANN 37th Annual Conference
September 15-18, 2021
Denver, CO
www.nann,org

The 32nd FANNP Neonatal Nurse Practitioners Symposium: Clinical Update and Review
October 12-16, 2021
Sheraton Sand Key
Clearwater Beach, FL
www.fannp.org

Neonatal Pharmacology Conference MUSC
November 8-10, 2021
Francis Marion Hotel
Charleston, SC
www.medicine.musc.edu/education/cme

Vanderbilt University Medical Center 40th Annual Conference: Advances and Controversies in Neonatal Medicine
November 11-12, 2021
Hilton Garden Inn, Nashville, TN
www.pediatrics.vumc.org

Hot Topics in Neonatology
December 5-8, 2021
Gaylord National
National Harbor, MD
www.hottopicsinneonatology.org

FANNP Scholarships Available

All FANNP members pursuing a degree in neonatal health care are encouraged to apply for a 2021 scholarship. If you know someone who might benefit from a FANNP scholarship, please encourage them to become a FANNP member and apply.

FANNP, as an organization dedicated to education, is proud to be able to award scholarships of $1000 - $2000 to nurses and NNPs continuing their educational pursuits in the field of neonatal health care.

Scholarship monies are awarded annually at the October FANNP Symposium and can be used for tuition, books or any expenses incurred while in school.

The scholarship recipients give back and provide a short article, case study, practice pointer, evidenced-based practice update or literature review which is published in the FANNP Newsletter for the membership to read.

Please see the eligibility guidelines in the newsletter and contact scholarships@fannp.org for an application.

Scholarship Application 2021 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 2021 scholarship is September 15, 2020 to September 15, 2021 (i.e. to be eligible for a 2021 scholarship you must have attended classes sometime between September 15, 2020 and September 15, 2021).
   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.

To obtain a scholarship application contact FANNP via email scholarships@fannp.org COMPLETED applications must be postmarked by September 15th each year.

FANNP Dates to Remember

Event/Item	*Date/Deadline of Event/Item*
FANNP Grant	Ongoing
Poster Presentation Abstracts	July 15
Kim Nolan Spirit Award	July 15
FANNP Scholarship	Sept. 15
National Neonatal Nurses Week**	May 6-12, 2021
Annual National Neonatal Nurse Practitioner Symposium: Clinical Update and Review*	Oct. 12-16, 2021
Nurse Practitioner Week*	Nov. 7-13, 2021

**Dates change annually*

***ANA and WHO have again designated 2021 the Year of the Nurse. The month of May will celebrate nurses, not just the historical, Nurses Week.*

FANNP Newsletter Submission Calendar

Edition	Article Submission Deadline	Publish Date
Spring 2021	02/08/21	03/06/21
Summer 2021	05/08/21	06/05/21
Fall 2021	08/07/21	09/05/21
Winter 2021	11/06/21	12/05/21

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.

BRING IT ON ANSWERS from page 12

1. B- Preterm breast milk is significantly higher in sodium, protein, fat, amino acids, and chloride initially. However, these levels decrease over the first few weeks following birth.

2. A- Congenital adrenal hyperplasia (CAH) is an autosomal recessive disorder of the adrenal glands. The adrenals lack enzymes to process cortisol and aldosterone; in approximately 90% of cases of CAH, the missing enzyme is 21-hydroxylase. Accumulated hormone precursors are shunted into androgen production, causing virilization.

3. C- Using the Ballard exam, these findings are consistent with a gestational age of 34 weeks.

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Kim Nolan

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Bring it On...

Practice Questions to Prepare for the NNP Certification Exam

1. What component in preterm breast milk is increased over term breast milk, but may still be inadequate for the nutritional needs of the preterm infant?
   A. Potassium
   B. Sodium
   C. Zinc

2. A common cause of virilization in a female neonate is:
   A. Congenital adrenal hyperplasia
   B. Maternal estrogen therapy
   C. True hermaphroditism

3. A female neonate has the following physical characteristics- vernix covers the body in a thick layer, the areola is raised, the ear is beginning curvature with scant cartilage, creases cover 2/3 of the sole, prominent clitoris. These findings are consistent with a gestational age of:
   A. 30 weeks
   B. 32 weeks
   C. 34 weeks

Answers on page 10

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