

# FANNP NEWS



INSIDE: LETTER FROM THE PRESIDENT • FOOD FOR THOUGHT • POCKET NOTEBOOK: NEONATAL HIV EXPOSURE • BRAG BOARD • CONFERENCE UPDATE • EDUCATIONAL OPPORTUNITIES • FANNP PRECEPTOR REPOSITORY • BRING IT ON AND MORE...

The Publication of the Florida Association of Neonatal Nurse Practitioners



## CALL FOR NOMINATIONS FANNP Wants You!

This is an election year and positions are open for the FANNP Board of Directors (BOD)! The term of office is January 1, 2025, through December 31, 2026. All positions are a two-year commitment except for President-Elect. Responsibilities include attendance at BOD meetings, participation at the sponsored FANNP Symposium, and participation on established committees.

### *Available positions:*

**President-Elect\*:** Acts as President in their absence as designated, Chairs the Bylaws Committee, progresses to presidency upon completion of one-year term, and continues as Past-President following completion of two-year presidency term (four-year commitment).

**Secretary\*:** Records minutes of all meetings, gives notice of all meetings,

## The Neonatal Nurse Practitioner's Role in State Newborn Screening

*Dafina Ibrani, MSN, ARNP, NNP-BC*

The Newborn Screening is a public health initiative employed by each state to detect rare congenital disorders that can result in severe disability or death if gone undetected and without treatment. The neonatal nurse practitioner (NNP) working in a neonatal intensive care unit (NICU) will routinely order newborn screenings and must have working knowledge of the state's testing requirements and follow-up if results are abnormal. This paper provides a brief history of newborn screening, differences among states and the NNP's role in testing and follow-up.

### **History of the Newborn Screening**

The history of newborn screening began in the 1960s. A New England physician and microbiologist named Dr. Robert Guthrie published a method for detecting phenylketonuria (PKU), a defect in phenylalanine metabolism that results in severe intellectual disability if left untreated. The method was based on using dried blood spots from newborns, collected at birthing centers, and testing for elevated phenylalanine through a bacterial inhibition assay (Powell, 2019). This assay was simple and inexpensive, making it easy to adopt. By the

mid-1960s, almost every state was testing for PKU (National Organization for Rare Diseases [NORD], 2021). In the 1990s, the use of tandem mass spectrometry expanded states' capabilities to test for many more inherited metabolic disorders (Powell, 2019). Huge discrepancies developed between states on how many and which disorders they tested for; in 2002, "some states screened for as few as four conditions, and others as many as 50" (National Institute of Child Health and Development [NICHD], 2017). Therefore, the Federal Health Resources and Services Administration's Maternal and Child Health Bureau asked the American College of Medical Genetics (ACMG) to develop guidelines for newborn screening (NICHD, 2017). In 2003, the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children (ACHDNC) was created to advise the Secretary of Health and Human Services about newborn and childhood screening. The ACHDNC worked closely with ACMG to develop a Recommended Uniform Screening Panel (RUSP), which was accepted by the Secretary of Health and Human Services in May 2010 (Health Resources and Services Administration [HRSA], 2021). The RUSP now lists 35 core conditions and 26 secondary conditions. These conditions are a recommendation; states have full jurisdiction to

# Letter from the President

Hello FANNP members! I am looking forward to seeing you all this year at the FANNP conference scheduled for October 15 – 19, 2024 in beautiful Clearwater, Florida. I am ready for warmer weather! The planning committee is hard at work to schedule speakers with a variety of expertise in neonatal care. We started working on this year's conference right after we wrapped up last year's conference. Whether you are a student interested in a fantastic review before your NCC boards, or a current NNP looking to network while hearing about the latest hot topics, you will find what you need at FANNP's 35th Annual Symposium.

As I begin my term as FANNP's President, I reflect to when I first attended the conference as a student. My involvement in the organization started in 2013, when I attended my first FANNP conference with my mentor. I presented a poster of my first quality improvement project at FANNP's symposium poster session in 2017. It was an honor to receive the Kim



*Jennifer Humphries*

Nolan Spirit award in 2019. In 2020, I became chair of the Poster and Podium committee and joined the planning committee. I received 2 FANNP scholarships for my DNP degree in 2016 & 2017. Through the years, I developed new friendships and collaborated on projects with several NNP mentors. FANNP has been a great influence in my professional career, and I look forward to giving back to the organization.

I would like to thank Colleen Moss, our Past-President, for her leadership during my journey. Colleen has been a

great mentor and I hope to lead by her example. Another mentor I would like to thank is Mary Beth Bodin. She is the mentor that invited me to the conference all those years ago. Her compassion for FANNP continues to support and promote advanced neonatal practice. I know I speak for all of her past students when I say that her dedication and leadership is admirable.

All our Board of Directors and committee chairs are volunteers. I would like to encourage you to become involved in the FANNP organization. There are many volunteers who work countless hours "behind the scenes" to create this newsletter and plan our excellent symposium. If you are interested in learning more about opportunities to serve, please contact me or anyone on the board.

I encourage you all to invite a NNP student or NNP that has never attended our conference. I am certain they will discover that we are dedicated in providing excellent patient care and practice.

Our conference is a great way

to refresh your practice and network within our NNP community. FANNP encourages life-long learning, builds pathways to connect with colleagues and engage with new members. I hope to see you in Florida this October!

*Jennifer Humphries, DNP,  
APRN, NNP-BC  
President, FANNP  
Jhumphriesdnp@gmail.com*

## FANNP Preceptor Repository

As part of FANNP's commitment to supporting NNP students, we recently launched a new preceptor repository as an additional resource for members to connect students with potential volunteer preceptors throughout the country. As the repository grows, we hope to make it easier for students to complete their many clinical training hours, as well as create potential opportunities for employment after graduation. Please consider volunteering as a NNP preceptor or connecting with our growing database of preceptors as a student by scanning the QR code!



### THE FLORIDA ASSOCIATION OF NEONATAL NURSE PRACTITIONERS

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## NOMINATE from page 1

keeps bylaws and membership records, sends email blasts and Chairs the Communication Committee.

**Treasurer\*:** Has charge and full knowledge of all Association funds, renders statement of financial condition of the Association for all meetings, and Chairs the Finance Committee.

**Member-At-Large\* (4):** Serves on committees as assigned.

\*Please see website for a complete description of position.

To be eligible to run for a position as a Member-At-Large (MAL), the NNP must be a voting or retired member in good standing with the association for a minimum of one year and without lapse in membership for more than 6 months immediately preceding the election. To be eligible to run for an officer position, the NNP must be a member in good standing of the association for a minimum of 2 years immediately preceding the election. Officer candidates will have served on the BOD or have served as an active member on the FANNP's committees for a minimum of 2 years. Student members and associate members are ineligible to run for office.

Please consider running for a position! We need your assistance to continue the important work of the FANNP!

Nominations are due by July 15, 2024. Send them to [nominations@fannp.org](mailto:nominations@fannp.org). Ballots will be emailed to active members for voting by October 1, 2024. The voting window will be announced in the Fall edition of the FANNP newsletter. The voting window will close on Tuesday of the conference. The newly elected candidates will be announced at the FANNP Symposium Annual Member Brunch.

*Thank you,  
Colleen Reilly Moss, DNP, APRN, NNP-BC  
Past-President, Nominations Committee Chair*



## Make your plans now and request time off to attend!

**FANNP's 35th NATIONAL NEONATAL NURSE PRACTITIONER SYMPOSIUM: CLINICAL UPDATE AND REVIEW 2024**  
**October 15 – 19, 2024**  
**Sheraton Sand Key Resort, Clearwater Beach, Florida**

Celebrate 35 years of neonatal education excellence with us. FANNP Leadership and the Conference Planning Committee have been hard at work to bring you an exciting conference for 2024 with an Advanced Track, Review Track, and multiple options for attendance:

- Limited on-site attendance.
- Live-stream virtual content for those unable to travel or wishing to stream from home.
- After conference "On-Demand" Library to view sessions for review or CEU credits.
- Whether you are on-site or live-streaming, you will be able to access the on-demand feature after the conference is over to access the content you didn't attend during the live event, with the possibility of almost double the CEU's!

Jacqui Hoffman, Colleen Moss, and Jessica Jones are arranging an excellent panel of speakers and topics of interest to experienced advanced practice providers and students. A few teasers include a NRP update and an Escape Room along with a comprehensive neonatal review for certification exams.

Harry Vanus has been in contact with sponsors and exhibitors who will bring us new products and employment opportunities.

Gayla Kaye-Steed and Christa Smith promise fun times at the Beach Party.

Diane Mc Nerney has been busy shopping for prizes and gifts.

Jennifer Humphries and Terri Marin are ready to accept abstracts for the Poster Session. They encourage everyone to share their unit's clinical excellence and consider presenting a poster.

With all this the conference continues to be an educational bargain! FANNP is NOT increasing registration fees. With reduced registration fees for FANNP members and full-time students, we have had the same low fees since 2021.

Stay tuned, we anticipate the conference brochure and registration will be available in mid-late June. To add your name to our conference registration notification list, please visit the FANNP website ([www.FANNP.org](http://www.FANNP.org)) or scan the QR Code directly to access the FANNP Home Page.



## SCREENING from page 1

determine what conditions they test for in their newborn screening. Currently, all state newborn screenings test for 31 of the 35 core conditions on the RUSP (NORD, 2021). The core conditions in the RUSP include metabolic disorders, endocrine disorders, hemoglobin disorders and other disorders, including critical congenital heart disease and hearing loss (HRSA, 2022a). Just as with Guthrie's PKU test, states continue to use the dry blood spots method to collect blood from newborns to be tested for a variety of life-altering diseases.

### Differences Among States

Although the RUSP has established a standardized list of disorders, states still vary widely in how many disorders they screen for, as well as how many newborn screens they perform on newborns. The Health Resources and Services Administration (HRSA) lists how many and which conditions are screened in each state. States test for as few as 28 (Hawaii) and up to 75 (Connecticut) (HRSA, 2022b). Some states also highly recommend a second newborn screen be performed on all newborns around two weeks of life. By law, the first newborn screening is required for all infants born in Washington State (RCW 70.83.020) (Washington State Department of Health [WSDOH], 2019). WSDOH strongly recommends that a second newborn screen is collected on every newborn between 7 and 14 days of life. This is to optimize detection of certain disorders, including cystic fibrosis, homocystinuria and congenital hypothyroidism (WSDOH, 2019). However, Tennessee only requires one newborn screening between 24 and 48 hours of life for all infants, unless special circumstances are met like the infant received a blood transfusion before screening or was on TPN during screening (Tennessee Department of Health [TDOH], 2017).

Interestingly, Tennessee reports the metabolic screening, critical congenital heart disease (CCHD) screening, and newborn hearing screen all on the same Newborn Screening Collection Form that

is sent to the state laboratory (TDOH, 2017). However, Washington only requires the metabolic screening dry blood spots be sent to the state laboratory. Newborn hearing screening is not mandated in Washington state but is currently done in all birthing hospitals (WSDOH, 2019). They use a revised Newborn Screening collection card to report hearing screen results. Although CCHD screening is mandated in Washington state, it is not reported on the Newborn Screening collection card; the Health Care Provider Manual for the Newborn Screening Program makes no mention of CCHD screening (WSDOH, 2019).

### The NNP's Responsibilities with the Newborn Screening

As evidenced above, many states have differing requirements for their state newborn screening program. The NNP must be familiar with and adhere to their state requirements. In the following discussion, Washington state will be used as an example for the NNP's responsibilities with the newborn screening.

The NNP is responsible for ensuring that all infants in the NICU have the newborn screen ordered and collected in a timely manner. Their process may differ for each patient depending on whether the patient is a direct admit, admit from postpartum or transfer-in. For the direct or late admit, the newborn screen should be an order in the initial order set and the collection status should be easily accessible in the electronic medical record. If the patient was transferred from another hospital, the NNP may have to contact the other hospital to check if a newborn screen was collected. In Washington state, the facility of birth is legally responsible for collecting the initial newborn screen (WSDOH, 2019). The NNP can receive additional information from bedside nurses and collaborate with the health-care team during patient rounds to make sure the newborn screens are completed in a timely manner and that the team is following the guidelines for special circumstances.

After initial screens are ordered, the NNP may be required to order further

testing. For the metabolic screening, the NNP's next steps will be dependent on the disorder and the classification of results. In the state of Washington, in non-urgent situations, the NNP will receive results via mail; in more urgent situations, the Newborn Screening Disorder Follow-up team will call the NNP with results and next steps (WSDOH, 2019). For some disorders, such as Congenital Hypothyroidism, the follow-up team may recommend starting treatment immediately (WSDOH, 2020). WSDOH also provides a document that explains tests for the disorders, classification of results and follow-up actions (WSDOH, 2020). However, generally, the NNP will take direction directly from the follow-up team for how to proceed. It is important for the NNP to know that if a patient is symptomatic for a disorder, "immediate diagnostic referral should supersede follow-up responses" (WSDOH, 2020, p.2). Furthermore, the NNP can contact the state laboratory directly to expedite results if they have not received them yet but highly suspect a disorder.

In addition to ordering follow-up tests, the NNP may be required to communicate with families of an infant who has screened positive and guide the family through next steps. If an infant has abnormal screening results and requires diagnostic testing based on the follow-up team's recommendation, Washington state law requires "that health care providers notify the Newborn Screening Program of the date they communicate the need for diagnostic testing to the parent(s) or guardian(s)" (WSDOH, 2019, p. 10). In communicating with parents about an abnormal screening result, the NNP should take care in explaining what a screening test is versus a diagnostic test and how they differ. If diagnostic testing confirms the presence of a disorder, the NNP may have to provide basic information about the disorder to the family and continue guiding them through next steps. The NNP will likely refer the family to a specialist that is well versed in the disorder; for example, an infant with a metabolic disorder would be referred to a

metabolic specialist. Just as with any other infant in the NICU, collaboration will continue amongst the healthcare team to provide the infant and family with appropriate resources for the infant's care in the hospital. The NNP should be supportive during this difficult situation and provide as much information and guidance as the family needs. Upon discharge from the NICU, the NNP would ensure all follow-up referrals and appointments have been made so that the family is set to continue receiving care for their infant outside the hospital.

This paper has provided a brief history of newborn screening, differences amongst states and the role an NNP has in testing and follow-up. Specifically, the NNP should be well-versed in the components of the newborn screen in the state where the NNP practices. Additionally, the NNP should understand their role in ordering and tracking screenings, receiving and interpreting results, following-up on unsatisfactory or abnormal results and communicating with families. By having a strong understanding of state newborn screening, an NNP will be well-prepared to handle cases they come across in the NICU.

### References

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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.



## FANNP Is Giving Away Money!

Please spread the word to colleagues and students ... FANNP has money to give away! FANNP wants to help RNs or NNPs pursue advanced degrees in neonatal health care. Encourage those you work with or mentor to take advantage of these funds. Scholarship monies can be used for tuition, books or any expenses incurred while in school.

FANNP maintains a scholarship fund to support the continuing education of members and the next generation of NNPs. Educational scholarships of \$1000 - \$2000 are awarded annually in October.

**Apply for a Scholarship.** Don't leave education money on the table.

**FMI:** Contact [scholarships@fannp.org](mailto:scholarships@fannp.org) for scholarship application and eligibility guidelines.



## FANNP Scholarship Application 2024 Eligibility Guidelines

- Applicants must be FANNP members.
  - All voting members, student members and associate members are eligible.
  - Priority for scholarship awards will be given to voting members, followed by student members and then associate members.
  - Priority for scholarship awards will be based on length of membership and service to FANNP.
- Applicants must be a licensed RN, APRN, NNP or equivalent.
  - Preference will be given to currently licensed NNPs working towards an advanced NNP degree.
- Applicants must attend an educational program leading to a degree related to the health care field during the application period.
  - To be eligible for a 2024 Scholarship you must have attended classes sometime between Sept. 15, 2023 and Sept. 15, 2024).
  - An applicant may receive a maximum of two scholarship awards for each degree sought.
- Applicants will provide a short article, case study, practice pointer, evidenced-based practice update or literature review to be published in the FANNP Newsletter.
 

**Contact [scholarships@fannp.org](mailto:scholarships@fannp.org) for an application.**

# Food for Thought

Submitted by Michele Savin, DNP, APRN, NNP-BC, CNE, FAWHONN and Desi Newberry, DNP, NNP-BC, CHSE

## Neonatal Nurse Practitioner Practice: Educational Updates and Challenges

There are many organizations that provide input into the education and practice of neonatal nurse practitioners (NNPs) and nurse practitioners in general. These organizations play a role in setting education standards, accrediting schools of nursing, certifying NPs and regulating NP practice (See Table 1 for a summary of these organizations). There have been many changes to NP education and practice recently. A discussion of all recent changes is beyond the scope of this article; for a more in-depth discussion of these changes please see the recent article by Savin & Newberry.<sup>1</sup>

Different agencies have different ideas about what nurse practitioners need in education and practice to meet the requirements of their roles. The minimum number of precepted clinical hours in an NP program is one such topic where variation exists. (See Table 2). This is a hot topic for NNP students, faculty, and preceptors. The purpose of this article is to discuss the minimum precepted clinical hours required for NNP educational programs in the United States and to explain the reasons for variation.

## Who says what about necessary hours?

In 2021, The American Association of Colleges of Nursing (AACN) released The Essentials: Core Competencies for Professional Nursing Education, an updated framework for nursing education.<sup>2</sup> AACN recommends a minimum of 500 precepted clinical hours to meet the advanced Essentials outlined in this document.

The National Task Force (NTF) is made up of educators and NPs representing support organizations, regulating, accrediting, and certifying bodies, including The National Organization of Nurse Practitioner Facul-

ties (NONPF), The National Association of Neonatal Nurse Practitioners (NANNP) and The National Certification Corporation (NCC), among others. In 2022, the NTF, in their revised document, Standards for Quality Nurse Practitioner Education 6th edition, introduced an increase in the minimum number of clinical hours from 500 to 750 for all NP programs.<sup>3</sup>

NANNP recently revised the Curriculum Guidelines and Education Competencies for Neonatal Nurse Practitioner Programs in 2023.<sup>4</sup> These guidelines call for 600 clinical hours in level III-IV NICUs and an additional 150 hours to be completed in

any neonatal specialty area in order to align with the NTF guidelines. The new NNP curriculum guidelines were drafted by a taskforce of NNP educators with feedback from full professors and Deans. The goal was to meet demand from agencies to better prepare new graduates for practice while accommodating all AACN and NTF educational requirements while also being sensitive to the practice constraints of practicing NNPs and Colleges and Schools of Nursing.

Currently, the NCC clinical hour requirements remain 600.5 The Commission on Collegiate Nursing Education (CCNE) published proposed updates in late 2023 which do not require adherence to the NTF and NANNP increase in hours, rather indicate in elements IIC-E that accredited programs must demonstrate that they incorporate relevant professional standards and guidelines.<sup>6</sup> The other

Table 1. Organizations Involved in NNP Education and Practice

EDUCATION STANDARDS		
AACN	The American Association of Colleges of Nursing	<a href="http://www.aacnnursing.org">www.aacnnursing.org</a>
NONPF	The National Organization of Nurse Practitioner Faculties	<a href="http://www.nonpf.org">www.nonpf.org</a>
NTF	The National Task Force	<a href="https://www.nonpf.org/page/NTFStandards">https://www.nonpf.org/page/NTFStandards</a>
NANN	The National Association of Neonatal Nurses	<a href="http://www.NANN.org">www.NANN.org</a>
ACCREDITATION		
CCNE	The Commission on Collegiate Nursing Education	<a href="https://www.aacnnursing.org/ccne-accreditation">https://www.aacnnursing.org/ccne-accreditation</a>
ACEN	The Accreditation Commission for Education in Nursing	<a href="https://www.acenursing.org">https://www.acenursing.org</a>
NLN CNEA	The National League for Nursing Commission for Nursing Education Accreditation	<a href="https://cnea.nln.org">https://cnea.nln.org</a>
CERTIFICATION		
NCC	National Certification Corporation	<a href="https://www.nccwebsite.org">https://www.nccwebsite.org</a>
REGULATION		
NCSBN	The National Council of State Boards of Nursing	<a href="https://www.ncsbn.org">https://www.ncsbn.org</a>

Table 2. Precepted Clinical Rotation Hour Minimum Requirements

Hour requirements	Educational Course	Agency
500 (practice hours)	Advanced Level Nursing Education II	AACN
600 (direct patient care hours)	NNP	NCC
750 (direct patient care hours)	MSN or DNP	NTF Criterion III H; NANNP
1000 (post baccalaureate hours)	DNP (old)	AACN DNP essentials
1000+ (practice and direct hours)	Advanced Level + NP Competency	AACN + NTF

two accreditation bodies, The Accreditation Commission for Education in Nursing (ACEN) and The National League for Nursing Commission for Nursing Education Accreditation (NLN CNEA) are also not enforcing increased clinical hours for programmatic accrediting at this time.

### Why do hours differ?

Nursing education is changing to focus on competency-based education. However, we do not currently have the evaluation methods or the evidence to support pure competency without

some minimum clinical hour standard.

NONPF is moving toward making the DNP the entry level requirement for NPs and publishing new NP core and specialty competencies that mirror the AACN Essentials. NNP educators will need to specify how we meet these requirements and what it looks like to be an NNP. NANN is involved in the NONPF work group to identify this. Your voice matters- when they are published for comment take the time to read and offer feedback. This is just one way you can make your voice heard

and participate in the growth of your profession.

### References

1. Savin MK, Newberry DM. Education standards, accreditation, certification, and regulation of nurse practitioner practice. *J Am Assoc Nurse Pract.* Published online May 3, 2023. doi:10.1097/JXX.0000000000000873
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3. NONPF. *Standards for Quality Nurse Practitioner Education, 6th Edition; A Report of the National Task Force on Quality Nurse Practitioner Education.*; 2022.

4. NANNP. Curriculum Guidelines and Education Competencies for Neonatal Nurse Practitioner Programs.; 2023.
5. NCC. Program Directors. <https://www.nccwebsite.org/faculty-students-state-boards-volunteers>
6. CCNE. Standards for Accreditation of Baccalaureate and Graduate Nursing Programs. Published 2023. <https://www.aacnursing.org/Portals/0/PDFs/CCNE/Tracked-2018-Standards.pdf>

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



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

The Kim Nolan Spirit Award is given annually to a NNP who exemplifies Kim's exuberance and "can-do" attitude in service to profession, community, and/or family. This award is a very prestigious honor! To read more about Kim visit [www.fannp.org](http://www.fannp.org). The deadline for nominations is July 15, 2024. The winner is announced each year at the FANNP Annual Conference.

## Calling for Research Proposals... FANNP Grants Available

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

For more information, please email Terri Marin, Research Chair at [grants@fannp.org](mailto:grants@fannp.org) or visit [www.fannp.org](http://www.fannp.org).



# Brag Board



Huge congratulations to **Dr. Paula Timoney** for being named **Distinguished Practitioner Fellow for the National Academies of Practice!** Distinguished

practitioners and scholars are elected by their peers from multiple health professions to join the only inter-professional group of healthcare

practitioners and scholars dedicated to supporting affordable, accessible, coordinated quality healthcare for all. Nominees are judged by distinguished peers to have made enduring contributions to their profession over a minimum of ten years of practice. Selected Fellows are designated by using the credentials of FNAP. Dr. Timoney will be inducted on March 16, 2024 during the NAP national conference held in Jacksonville, FL. Congratulations Paula!



**Dr. Leslie Parker** was the recipient of the Sigma Theta Tau International Honor Society

**Audrey Hepburn Award** for Contributions to the Health and Welfare of Children. This award recognizes a nurse who has made outstanding



contributions with the purpose of advancing child health. Dr. Parker has worked tirelessly to further clinical understanding of routine gastric residual evaluation and has displayed an unwavering dedication to her research endeavors. She is currently the Interim Associate Dean for Research at the University of Florida College of Nursing. Congratulations to Dr. Parker!

Congratulations also to **Dr. Colleen Moss** who has been named **Top Reviewer for 2023** by the Journal of Perinatal and Neonatal Nursing (JPNN)! This award recognizes Colleen's extraordinary contribution to the journal as a peer-reviewer, and her consistent work in providing multiple, high-quality manuscript reviews. Well-done Dr. Moss!



*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](mailto:newsletter@fannp.org) to share these accomplishments.*



## EDUCATIONAL OFFERINGS

### NANT 14

#### National Association of Neonatal Therapists

April 12-13, 2024

Miramar Beach, FL

Annual Conference - National Association of Neonatal Therapists

### Neonatal Touch & Massage Certification

#### Creative Therapy Consultants

March 8 & 9 – virtual

May 3 & 4 - virtual

May 18 & 19, Tacoma, WA

[https://www.](https://www.neonatalcertification.com/certification/locations/)

[neonatalcertification.com/certification/locations/](https://www.neonatalcertification.com/certification/locations/)

### 2024 Neonatal/Fetal Conference

May 14-16, 2024

Nationwide Children's Hospital

Conference Center

Columbus, Ohio

Virtual and in person

2024 Neonatal/

Fetal Conference

([nationwidechildrens.org](http://nationwidechildrens.org))

### GOLD Neonatal Online Conference

June 6-August 30, 2024

GOLD Neonatal Online

Conference | Neonatal Nurse &

NICU Staff Conference

### AANP Conference

June 25-30, 2024

Nashville, TN

[https://www.aanp.org/](https://www.aanp.org/events/2024-aanp-national-conference)

[events/2024-aanp-national-conference](https://www.aanp.org/events/2024-aanp-national-conference)

### The 35th FANNP Neonatal Nurse Practitioner Symposium: Clinical Update and Review

October 15-19, 2024

Sheraton Sand Key

Clearwater Beach, FL

[www.fannp.org](http://www.fannp.org)





**FANNP's National Neonatal Nurse  
Practitioner Symposium:  
Clinical Update and Review, 2024**

**POSTER & PODIUM  
PRESENTATION  
CALL FOR SUBMISSIONS**

**SUBMISSION DEADLINE  
June 20, 2024**

FANNP is seeking abstracts for poster and podium presentations for the annual FANNP's National Neonatal Nurse Practitioner Symposium on October 15th-19th, 2024. The Planning 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).

Those accepted will have the opportunity to participate in an online Podium and Poster Presentation Workshop. The workshop discusses the necessary elements for abstract development, the process for virtual poster development, how to prepare a virtual poster PowerPoint presentation and how to create an effective podium presentation. Consider sharing your knowledge and experience with others.

Through our Robert "Bob" Rogers grant fund, we will be awarding 1st, 2nd, and 3rd place winners to primary authors that meet criteria. Each poster presenter will be judged on presentation, professionalism, engagement and poster appearance. In order to be eligible for the award, the presenter must be a NNP student.

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

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

**MORE INFORMATION IS  
AVAILABLE NOW AT FANNP.ORG**

## **Pocket Notebook**

*Submitted by Sekinah Ajiboye, CRNP, NNP-BC*

### **Neonatal HIV Exposure**

#### **Definition**

Neonatal HIV exposure occurs through vertical transmission, during pregnancy or childbirth, in mothers with HIV to their infant or through breastfeeding. The probability of HIV transmission without anti-retro viral therapy (ART) is 25% through vertical transmission and 12-14% through lactation - with ART the probability goes down to less than 1% (Abbas et al., 2022). Preterm infants have a higher risk of acquiring HIV due to their immature immune system (Abbas et al., 2022).

#### **Signs and symptoms**

Recurrent bacterial infections, diarrhea, hepatitis, lymphadenopathy, hepatosplenomegaly, oral yeast infections, developmental delays (Abbas et al., 2022).

#### **Differential diagnosis**

TORCH infections, malnutrition, lymphadenopathy, anemia, malabsorption syndrome, neutropenia, or other immunodeficiencies (Abbas et al., 2022).

#### **Evaluation**

- Tests: RNA qualitative assay, RNA quantitative assay, or DNA PCR assay
- Exclusion of HIV diagnosis: 2 negative tests: 1 negative test at 1 month, and another negative test before 6 months, no clinical evidence of HIV, no laboratory results indicative of HIV (Abbas et al., 2022).

#### **Treatment and Management**

- Anti-retroviral therapy should be started within 6 hours of life
- Zidovudine is the medication of choice for prophylaxis in an exposed neonate. Side effects include leukopenia and anemia (Abbas et al., 2022).
- In infants with confirmed HIV, therapy is tailored in conjunction with an infectious disease specialist and may be combination therapy.

#### **Reference**

Abbas, M., Bakhtyar, A., Bazzi, R. (2022). Neonatal HIV. Pubmed: StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK565879/>

## FANNP on Social Media

Hey everyone,

Our social media platforms in 2023 grew very well and I want to thank everyone for posting, liking and following our pages. The success of 2024 depends a lot on the continued support you all give, and I would love to keep it going. So here are some things you can expect from Social media in 2024. We will be posting nominations for board of directors for FANNP and I will try to interview all the candidates. So please start thinking about running for a position and check the requirements to run. Not sure if you can run, please post any questions you may have, and I will get them answered. Social media will be continuing to promote our preceptor repository list, so encourage all your students and experienced NNP's to join. We will of course be posting all information regarding the 2024 conference as well as questions regarding neonatology you may have (have a practice question? Post it), newly passed board members and so much more. So please keep hitting that like button and encourage NNP's, students and CNS to join our pages on LinkedIn, Insta and Facebook.

*Thanks for all your support*

*Patrick McRae, FANNP Social Media Chair*



### 2023 Conference Available as On-Demand Library

FANNP invites you to earn CEU credits and "attend" the 2023 Annual Conference through the On-Demand Library. You can view conference sessions and earn CEU credits at your convenience. You will have the opportunity to:

- Review current concepts, trends, and management practices appropriate for the care of the high-risk neonate.
- View audiovisual recordings of the 2023 conference sessions.

- Access on-line handouts for download.
- Study and review for certification exams or maintain certification.
- **Earn up to 48.5 CEU credits.**

Register for the 2023 On-Demand Library until August 15, 2024. Audio-visual presentations and handouts available until September 15, 2024. Registration is available on the FANNP website.

## Bring it On Answers (Questions on page 12)

1. C – Duodenal atresia is a proximal GI tract obstruction. Polyhydramnios occurs because the amniotic fluid swallowed by the fetus is unable to be absorbed by the GI tract.
2. B - Fibrinolysis is the degradation of blood clots. It is regulated by plasminogen activators which converts plasminogen (inactive) to plasmin, which is the main enzyme in fibrinolysis.
3. B - Formation of the nephrons, or nephrogenesis begins during the 2nd month of gestation and is anatomically complete by 35 weeks. Functional immaturity continues throughout infancy.

### References

- Blackburn, S.T. (2018). *Maternal, Fetal, Neonatal Physiology: A Clinical Perspective* (5th ed.). Elsevier.
- Chapin, J.C., Hajjar, K.A. (2015). Fibrinolysis and the control of blood coagulation, *Blood Reviews*, 29(1): 17-24.
- Parker, L.A. (2020). Genitourinary System. In C. Kenner, L.B. Altimier & M.V. BOykova (Eds.), *Comprehensive Neonatal Nursing Care* (6th ed.). Springer.

## 2024 FANNP Dates to Remember

Next Board Meeting by Zoom .....	April 17 @3 pm EST
FANNP Grants .....	Ongoing
Poster Presentation Abstracts .....	June 20
Call for Nominations Deadline .....	July 15
Kim Nolan Spirit Award .....	July 15
World Neonatal Nurses Day .....	August 15
FANNP Scholarship .....	September 15
Conference On-Demand Library .....	September 15
FANNP Neonatal Nurse Practitioner .....	Oct. 15-19
Symposium: Clinical Update and Review*	
Nurse Practitioner Week* .....	Nov. 10-17

*\*Dates change annually*

## Newsletter Submission Calendar

Edition	Month	Article Submission Deadline	Publish Date
Spring 2024		02/10/24	03/09/24
Summer 2024		05/11/24	06/08/24
Fall 2024		08/10/24	09/07/24
Winter 2024		11/09/24	12/07/24

*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](mailto:newsletter@fannp.org).*

## FANNP Has Established the Robert “Bob” Rogers Poster Session Grant Fund

In February 2023 FANNP lost a good friend and supporter.

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

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



Session at our annual conference.

The Bob Rogers Grant Fund will help offset the cost of the poster session for students and will also help fund prizes for top presenters. Our first

Poster Session winners were announced at the 2023 Conference...congratulations!

The leadership of FANNP wants to continue to support and offer mentorship for our students and new presenters. FANNP mentors will review with students abstracts and posters as needed, and a Poster Workshop will be available on demand, entitled “Preparing Your Poster and Podium Presentation”.

Please consider sharing your talents with us and contributing to this fund using the link found on the FANNP website. Bob truly was “larger than life”!



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## See us on the web

Get information about conferences, memberships and more at [FANNP.org](http://FANNP.org).



Connect with FANNP on social media



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

## Bring it on...

1. A perinatal history consistent with a diagnosis of duodenal atresia includes:
  - a. Meconium-stained fluid
  - b. Oligohydramnios
  - c. Polyhydramnios
2. The plasma protein primarily responsible for fibrinolysis is:
  - a. Plasminogen
  - b. Plasmin
  - c. Thrombin
3. Nephrogenesis is complete at \_\_\_\_ weeks gestation.
  - a. 28-30
  - b. 34-36
  - c. 40-42

Answers on page 10

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