

FANNP NEWS



INSIDE: IMPROVING CAREGIVER SUPPORT • USE OF THE EOS CALCULATOR • LEGISLATIVE UPDATE • EDUCATIONAL OFFERINGS • CONFERENCE PHOTOS AND UPDATE • SCHOLARSHIP RECIPIENTS • BRING IT ON • LETTER FROM THE PRESIDENT • POCKET NOTEBOOK • BRAG BOARD AND MORE...

The Publication of the Florida Association of Neonatal Nurse Practitioners



FANNP Celebrates Scholarship Recipients

Historically, over the past 20 years FANNP has awarded 107 scholarships totaling \$82,500. At the end of the year a percentage of the money in the FANNP general operating budget is placed in the scholarship fund and scholarships are awarded at annual FANNP conference.

I encourage all those pursuing a degree in neonatal health care to become FANNP members and apply. Scholarship monies can be used for tuition, books or any expenses incurred while in school. Please spread the word. If you know a student, encourage them to apply, the money is there to benefit FANNP members.

The scholarship applicants 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 all of us to read.

FANNP thanks the Scholarship Committee members: Paula Timoney, Terri Marin, Michele Beaulieu, Sheryl Montrowl, and Anecia Carter

SEE "SCHOLARSHIP" on page 3

Improving Caregiver Support during Therapeutic Hypothermia

Submitted by Rebecca Koerner, MSN, RN, CPNP-PC

Background

Hypoxic ischemic encephalopathy (HIE), a condition that results from a lack of oxygen or blood to the brain, affects approximately 1.5-2.5 infants per 1000 births a year (Allen & Brandon, 2011). Therapeutic hypothermia (TH) has shown to be beneficial for improving long term outcomes in these infants. Implementing family centered care (FCC) is becoming the gold standard in newborn intensive care units (NICU). FCC has shown to decrease length of stay, time spent on respiratory support, increase breastfeeding time and weight, and improve parent and staff satisfaction (Cooper et al., 2007; He et al., 2018; & Ortenstrand et al., 2010). It is critical to evaluate caregiver support during TH to better implement FCC in the NICU.

Parents with children who have perinatal asphyxia are more likely to experience post-traumatic stress disorder (PTSD) (Horsch et al., 2017). In addition, these parents are at a higher risk for post-partum depression than parents who do not have an infant with HIE (Laudi & Peeples, 2019). Parents that are stressed or depressed are less likely to bond with their infant which in turn impacts their infants' long-term developmental outcomes. Paulson, Dauber, and Leiferman (2006) found that parents who reported depressive

symptoms are less likely to engage in developmentally enriching activities such as reading to their infant. Also, parents with increased stress resulted in negative correlations with the infant's language development and emotional symptoms at four years of age (Woodward et al., 2014). Infants with HIE are already in a vulnerable position for alterations in their long-term developmental outcomes. It is imperative that parents are supported to best care for their infant. The purpose of this article is to examine the experiences and needs of these parents and how to better support them during TH.

Parent Experiences During and Immediately After Delivery

Parents of children with HIE do not expect admission to the NICU following delivery as these infants are usually born late pre-term or full-term. Parents report the delivery room going from a normal birth to "an urgent and chaotic delivery" (Lemmon et al., 2016b), and "being thrown into chaos" (Heringhaus, Blom, & Wigert, 2013). For some parents, they viewed the process of going from a healthy infant's birth to the possibility of death as "surreal" (Craig, Gerwin, Bainter, Evans, & James, 2018b). Mothers reported the loss of a normal birth experience, loss

SEE "CAREGIVER SUPPORT" on page 4

Letter from the President

Hello FANNP Members!

Happy belated NNP week! I hope this newsletter finds you making this holiday season memorable. As the Board of Directors and Conference Planning Committee are recovering from planning and hosting FANNP's epic 30th anniversary celebration, I want to thank you all sincerely for attending the Symposium and supporting the organization. For two consecutive years, we've found ourselves blessed with over 400 attendees, and we are beginning discussions about the extremely bright future of FANNP. We are so thankful for your recruitment efforts and desire to help us grow. We are thrilled to see so many of you posting on Facebook regarding your board exam successes. This is truly the heartbeat of why we do what we do... preparing new NNPs so you're well poised to pass the board exam and continuing to provide meaningful content that is valuable in practice, regardless of whether you are a novice or seasoned NNP.

A great number of you attended the Annual Business Meeting over brunch. We had a great time of reviewing the numerous aspects of the organization in terms of how we fervently strive to live out our mission statement each day. If you enjoyed the Annual Business Meeting

and/or are interested in learning more about the innerworkings of FANNP, please plan to attend one of our online board meetings, which occur approximately two to three times throughout the year online via Zoom. Our next meeting is scheduled for January 15, 2019 at 1400 EST. Our board meetings are also a great opportunity for students to log clinical hours for leadership and/or professional development! We will be posting the web/call-in information on the FANNP website soon (see About Us-->Info for Members pages). If you would like to refresh your



memory regarding other membership details and benefits, you can find that on the website as well.

As my term as President of FANNP is coming to a close, I'd like to thank you all for your mentorship and support. This has been an incredible leadership journey that has led to numerous opportunities for personal and professional growth; it will be etched in my memory for years to come. The volunteers that run this organization including the Board of Directors and Conference Planning Committee (among others) invest countless hours in making FANNP successful, and their passion is

inspiring. The organization will be in excellent hands as Gayla Kaye-Steed transitions into the role of President in January. Gayla has been part of the organization for over 14 years. She has recently been serving as the Social Media Chair and has done a phenomenal job in that area, as well as mentoring her successor, Blair DeRossett. Gayla embodies the mission and philosophy of the organization, has a passion for this organization and will be a valuable asset as your next President!

Lastly, if you were unable to attend or plan to return to our annual Symposium, please consider planning ahead. In 2019, some attendees registered for flights and the hotel before registering for the conference. I urge you to plan ahead and register for the conference as early as possible so you will be counted among the 2020 attendees; we are excited to see you! Plan to join us for our 31st Annual National Neonatal Nurse Practitioner Symposium: Clinical Update and Review on October 13-17, 2020, at the Sheraton Sand Key Resort in beautiful Clearwater, Florida! Happy Holidays from FANNP!

Sincerely,
Tiffany Gwartney, DNP, APRN, NNP-BC
President, FANNP
President@FANNP.org



Happy
Holidays!

THE FLORIDA ASSOCIATION OF NEONATAL NURSE PRACTITIONERS

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SCHOLARSHIP from page 1



Karen Theobald, Scholarship Chair with Recipient, Colleen Moss

for their time reviewing applications and newsletter article submissions.

The 2019 scholarship awards were announced at the Annual FANNP Business Meeting held during the 30th National NNP Symposium. The recipients for this year are:

Colleen Moss from Franklin Tennessee is completing her DNP at the University of Tennessee, Chattanooga. She has 15 years of NNP experience, is a highly recruited speaker on neonatal care and her expertise is used in the review for neonatal on-line CE courses, articles and textbooks. Colleen's DNP project explored the mentoring needs of new NNP graduates. A member of her DNP committee wrote, "Colleen truly demonstrates what we want our NNP leaders to be: an excellent scholar, a professional dedicated to supporting novice NNPs and an experienced clinician who provides excellent care to neonates and their families."

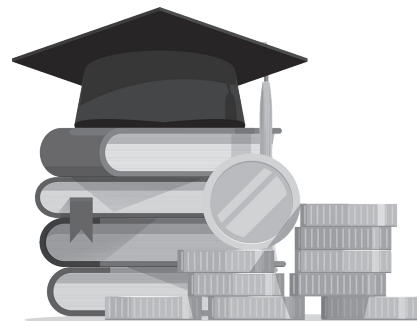
Angela McKee is working on a quality improvement project to evaluate and establish extubation guidelines as part of her DNP education. One of her letters of recommendation described her as "someone always seeking to improve her

knowledge of neonatal care, looking for evidence based care practices, and a great communicator." Angela is from Wisconsin, doing a clinical rotation in Florida and attending Creighton University.

Crystal Barnjum is studying at Vanderbilt University. She has been in the Air Force and has over 12 years of experience. One of her attending neonatologists described her as "exhibiting natural leadership skills, empathetic, diligent and quick thinking under pressure." Crystal is studying for her degree and working in two different NICUs as a single mother from San Antonio Texas.

Please congratulate them all.

If you are interested in applying



for a 2020 scholarship, please see the eligibility guidelines in the newsletter or on the FANNP website and contact scholarships@fannp.org for an application. Applications will be available in January 2020.

Scholarship Application 2020 Eligibility Guidelines

1. Applicants must be FANNP members.
 - a. All voting members, student members and associate members are eligible.
 - b. Priority for scholarship awards is given to voting members, followed by student members and then associate members.
 - c. Priority for scholarship awards is 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 2020 scholarship is September 15, 2019 to September 15, 2020 (i.e. to be eligible for a 2020 scholarship you must have attended classes sometime between September 15, 2019 and September 15, 2020).
 - 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.

CAREGIVER SUPPORT from page 1

of control in the delivery room, a fear of the inability to have more children, and those who had an emergency C-section experienced more grief about the birth process (Lemmon, Donohue, Parkinson, Northington, & Boss, 2016a). After delivery, fathers felt abandoned and both parents reported feeling helpless (Heringhaus et al., 2013). As mentioned earlier, parents of HIE infants are more likely to go through PTSD. Along with PTSD, poor bonding was reported. Decreased bonding was associated with those infants having lower Apgar scores at birth (Horsch et al., 2017). It is imperative clinicians understand the shock and trauma these parents face when their infant is admitted to the NICU and undergoes TH to provide compassionate and empathetic FCC.

Parents reported that the first update about their infant's condition following delivery and the need for therapeutic hypothermia came from obstetricians and anesthesiologists 60% of the time (Lemmon et al., 2016b). This led parents to be confused and distrusting of TH. When infants were being transported to another hospital, some parents felt that signing the consent for transport meant they were consenting for TH (Craig et al., 2018b). The provider speaking with the parent in regards to NICU transport should inform parents this is standard of care and not experimental treatment. Ensuring there is clear communication about TH standards of care, why TH is being done, and up-to-date infant outcome statistics is important to reducing the burden parents feel about "consenting" for TH (Craig et al., 2018b).

Communication during Therapeutic Hypothermia

Transparent and consistent information, empathetic delivery of this information, and duration of time spent were important to parents during and after TH (Craig, Gerwin, Bainter, Evans, & James, 2018a). Mothers that were not transferred to the same hospital reported that most of their information came from their obstetrician as opposed to the infant's medical team (Lemmon et al., 2016b). Furthermore, 75% of parents felt communication mostly happened with nurses as opposed to physicians and nurse practitioners. While some had primary nurses, which parents found beneficial in terms of communication consistency, there was not a primary physician (Craig et al., 2018b; Lemmon et al., 2016b). With the success of the primary nursing on parent satisfaction, it should be considered for nurse practitioners to also take on this role, during the time of TH. When discussing TH initially, due to the overwhelming complexity of the information being provided, parents requested that providers use "lay language" and discuss the "big picture" (Lemmon et al., 2016b). Parents are not as concerned about details but their impact on the infant's overall well-being and prognosis. When providing a potential prognosis for these infants, providers must examine their own beliefs in regards to quality of life and assess what the parents define quality of life as (Rasmussen, Bell, & Racine, 2016).

For many caregivers, the most stressful part of their stay in NICU is the alteration of the parental role (Woodward et al., 2014). Parents felt sadness about the separation between them and their baby during TH which led to difficult bonding (Heringhaus et al., 2013; Nassef, Blennow & Jirwe, 2012). Lemmon et al. (2016a) also reported a disrupted bonding experience. Families conveyed appreciation for nurses and health care providers that incorporated them into care of the infant. Nurses struggle with how to help parents when the infant appears cold during TH and cannot be held (Craig et al., 2017). There are also inconsistencies with how the parents could touch or participate in care with the infant and it varies among nurses (Craig et al., 2018b). Establishing and educating nurses on appropriate protocols of family care involvement are necessary to ameliorate these discrepancies. Some hospitals are permitting some

Bonding during Therapeutic Hypothermia

infants to be held during TH and it has been found to have no adverse events, such as equipment malfunction or bradycardia, desaturations, or hypotension in infants (Craig, Deerwester, Fox, Jacobs, and Evans, 2019). In addition, 100% of mothers felt parents would benefit from holding and nurses strongly agreed 75% or agreed 25% of the time that holding during TH was safe (Craig et al., 2019).

Life After Infant Re-Warming and Discharge

Parents felt most dissatisfied with care after discharge. This is due to the lack of communication and information from health care providers (Heringhaus et al., 2013). Creating a transition of care by having a family meeting with current providers, caregivers, and future outpatient providers could aid in increasing satisfaction. Reviewing the infant's course of illness, discussing future treatment plans, and allowing time for parents to ask questions would be essential to smoothing the transition. To help with these questions, Lemmon et al., (2018) created a "Question Prompt List" in which parents could use in preparation for questions before meeting with providers about the infant's outcomes. Parents reported repeated losses and longitudinal grief during and after TH (Lemmon et al., 2016a). Not only do these parents experience trauma at the time of birth and during their NICU stay, but also have psychological sequela after discharge. Parents reported grief in regards to their earlier way of life and that they would never experience parenthood comparable to others (Lemmon et al., 2016a). After re-warming, many parents feel the MRI results provide clear results of the impact TH had on their child and view it as prognostic (Craig et al., 2018a). Rasmussen and colleagues found that providers often present the MRI as more predictive than it should be (2016). It is crucial to be transparent and direct about the potential sequelae and outcomes associated with HIE interventions.

Simply providing written materials during TH was confusing for parents (Lemmon et al., 2016b). Providers need

to discuss what those materials mean and allow time for them to ask questions. When the information was discussed with the parents, they felt less confused (Lemmon et al., 2016b). Craig et al. (2018) created a booklet* that can help parents from the start of TH to discharge and follow-up care. However, the effectiveness of this booklet has not been studied, but is reported as helpful. There are issues with initial information delivery. Ensuring first responders to the infant understand HIE and TH is crucial to decreasing confusion and mistrust (Lemmon et al., 2016b). Many mothers felt left out of communication when unable to be at the bedside. Allowing mothers to be on speaker phone or face-time during rounds would be beneficial in bridging the gap (Lemmon et al., 2016b). In a study regarding nurses' attitudes toward TH, it was found that nurses feel there needs to be more education to providers and parents about TH (Craig et al., 2017). Nurse practitioners play a key role in educating nurses about the process of TH given their experience and continued education.

Conclusion

Supporting caregivers of infants with HIE during TH is imperative to providing best outcomes and high-quality care. Further research is needed to evaluate different interventions such as resource books, family meetings, and other forms of communication and their impact on parent satisfaction, mental well-being, and infant outcomes. Allen and Kelley (2016) found that despite the traumatic situations these families are going through, they are still willing to participate in research that may be considered sensitive. Parents appreciated the opportunity to use the study interviews as a way to express their emotions and reflect on the situation they were in. It is important to keep this mind as providers, that despite what they are going through, to maintain open communication and allow parents to express themselves. These parents are in a vulnerable state and need proper support, resources, and understandable, efficient communication from health care provid-

ers to help themselves during this time and potentially improve outcomes for their infant.

*This booklet can be obtained by contacting craiga@mmc.org

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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.

Meet Jennifer Humphries, 2019 Kim Nolan Spirit Award Recipient

Article submitted by Paula Timoney

The 2019 recipient of the Kim Nolan Spirit Award is Jennifer Humphries, neonatal nurse practitioner at DCH Health System in Tuscaloosa, Alabama. Jen has been involved in neonatal care over 20 years and recently completed her doctor of nursing practice degree at University of Alabama at Birmingham.

Jen has been active in FANNP having been a poster presenter and a scholarship recipient. She recently accepted the challenge of coordinating the poster and podium presenters for the 2020 FANNP Annual Symposium.

Jen is active in her State Nurses Association, currently serving as President-Elect for her District and is on the Legislative Committee at the State Level. She recently helped develop and administer a CE Day for the NICU nurses at her employer hospital and is known locally for being the one to go to if you have questions.

Despite adversity in her life, Jen has maintained a “can-do” attitude while continuing to expand her family to include nephews and nieces in addition to her biological children. She and her husband are very active in the community and in their church.

Overall, Jen is very giving of herself, her time and her knowledge. She embodies the characteristics that made Kim so



Jennifer Humphries

special to so many people in her career & community, which makes Jen an excellent recipient of the Kim Nolan Spirit Award.

CONGRATULATIONS JEN!

As recipient of the KNSA, Jen will receive:

- Complimentary conference registration and accommodations for this or next year's NNP Symposium in October;
- One year waiver of FANNP dues;

- Recognition in the newsletter and on the website;
- A certificate suitable for framing;
- A Lladro statue, “Angel with child”

In addition, The 2018 KNSA recipient, Carolyn Kelly, NNP at Johns Hopkins All Children's Hospital in St. Petersburg, FL was unable to attend last year's conference. She was recognized with her award at this year's conference. Congratulations, Carolyn!

The Kim Nolan Spirit Award



Kim Nolan

In memory and honor of Kim Nolan

Do you know a special NNP? 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. To read more about Kim visit www.fannp.org, and nominate someone today at award@fannp.org! Nominations due July 1, 2020.

POSTER & PODIUM PRESENTATION CALL FOR SUBMISSIONS

SUBMISSION DEADLINE: June 15, 2020

FANNP is seeking abstracts for posters and podium presentations for the annual FANNP's National Neonatal Nurse Practitioner Symposium in October 2020. The planning committee invites submissions by members and non-members and participation is open to health professionals whose specialty has a focus on the Neonatal Population (this includes but is not limited to NNPs, RNs, Clinical Nurse Specialists, & Neonatologists). We invite colleagues to share their expertise in one of the following categories:

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

MORE INFORMATION IS AVAILABLE NOW AT FANNP.ORG



Jennifer Humphries



2019 Conference Wrap-up



2019 SPONSORS

The FANNP would like to thank our sponsors and exhibitors for their support during this year's conference. Your generosity is much appreciated!

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Wake Forest Baptist Health Brenner Children's Hospital

Brag Board

I wanted to take a moment to thank our 2019 Conference Planning Committee for putting in such hard work to give us all one of the most amazing conferences to date! There is a lot that goes on behind the scenes to make this conference run smoothly, from speaker selection, exhibitor and sponsor set-up, beach party planning, and the day-to-day running of the conference...this team is the best! Thank you for putting in your time and energy to help make this conference extraordinary for both experienced and student/novice NNPs!

FANNP Conference Planning Committee:

Marylee Kraus, *Conference Chair*
Jacqui Hoffman, *Speaker Co-Chair*
Harry Vannus, *Exhibits and Sponsor Coordinator*
Michelle Beaulieu
Ruth Bartelson
Cori Raiken

Mary Beth Bodin
Colleen Reilly Moss
Diana Morgan-Fuchs
Karen Theobald
Paula Timoney
Diane McNerney
Sheryl Montrowl

Additionally, a huge "way to go!" to Dr. Paula Timoney for donation of her honorarium to the FANNP Scholarship Fund. Thank you so much for your many contributions to FANNP!

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.

2019 Conference Wrap-up



Infant-Driven Feeding: A Cue-Based Developmental Approach

Amanda Tucker, MSN, RN, NNP student
Valerie Montiel, DNP, APRN, NNP-BC
University of Cincinnati
The Christ Hospital

Infant-Driven Feeding™ Program (IDF)

- Established and validated system for infant feeding.
- Spice one used to identify feeding readiness, caregiver techniques and quality of feeding.
- Integrated in EPIC for easy documentation and visibility.
- Enables caregiver consistency through an objective approach.

Readiness Score	Description
1	Alert or fussy prior to care, rooting and/or hands to mouth behavior; awakes at or before scheduled feeding time, good muscle tone.
2	Alert once handled, some rooting or take pacifier, adequate tone.
3	Briefly alert with care, no hunger behavior; adequate tone.
4	Sleeping throughout care, no hunger cues, no change in tone.
5	Significant change in HR, RR, O2, WOB outside safe parameters.

Score	Description
1	Nipples with strong coordinated suck, swallow, breathe (SSB) throughout feed.
2	Nipples with strong coordinated SSB but fatigues with progression.
3	Difficulty coordinating SSB despite consistent suck.
4	Nipples with weak and/or inconsistent SSB.
5	Unable to coordinate SSB pattern. Significant change in HR, RR, O2, WOB, outside safe parameters.

Caregiver Technique Scale

Category	Options
A	External Facing
B	Modified Side-Lying
C	Chin Support
D	Chest Support
E	Cran Distraction
F	Prevent Burping

New Policy

- Established criteria for evaluating feeding readiness to guide decision to attempt or defer oral feeding.
- Infant feeding strategy.
- Quality scale to document and evaluate trends in infant feeding quality.
- Caregiver technique scale to document and evaluate techniques utilized for each feeding attempt.
- Provide parental education on positioning, technique, cues and signs behaviors.

Future Plans

- After successful establishment in the SCN, expansion of the educational program to include perinatal staff.

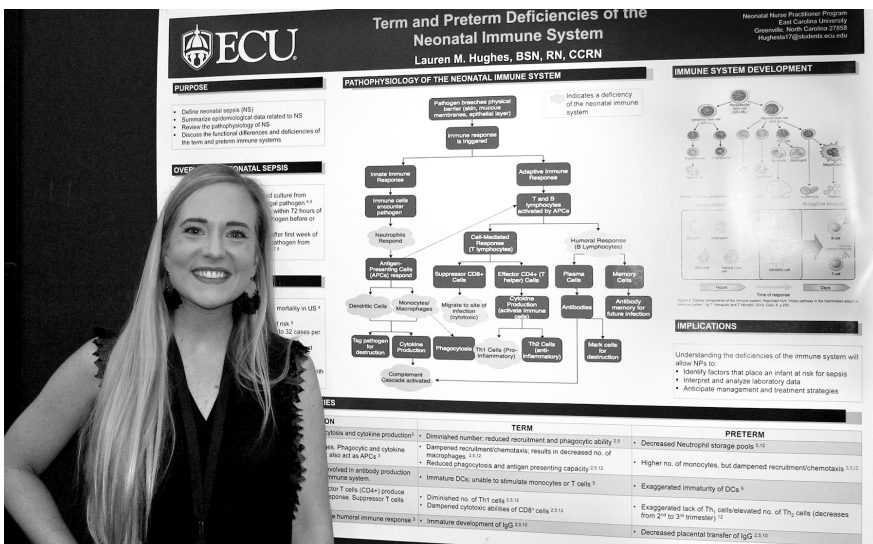
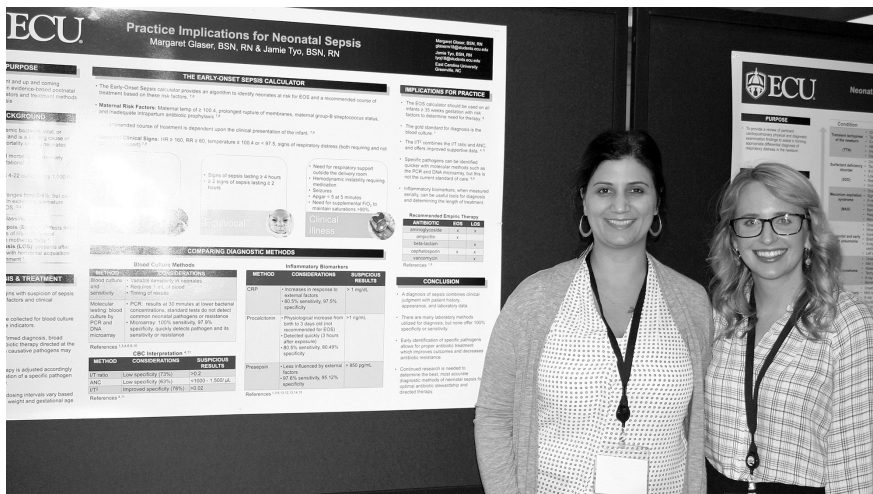


Conference Update

Another successful conference is in the books! I hope all of you that were there had as much fun as we did! The reviews are still coming in and they are looking good. You should have received your notice that the recordings are up and ready, and we have heard from several successful candidates that passed their boards! Always good to hear!

As you can guess, we are already looking forward to next year's conference, so please be sure to **SAVE THE DATE!** The 31st FANNP Neonatal Nurse Practitioner Symposium: Clinical Update and Review will be held October 13-17, 2020 at the Sheraton Sand Key so stay tuned! Thank you all for making this conference such a huge success!

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



*2019 Conference
Wrap-up*



Submitted by Ally Kayton, MSN, APRN, NNP-BC

As we celebrated Nurse Practitioner Week November 10 – 16, 2019, Governor Ron DeSantis sent a greeting to all the Nurse Practitioners within the State of Florida and the country with this letter:

NURSE PRACTITIONER WEEK IN FLORIDA

WHEREAS, Florida is committed to empowering its residents to reach their full potential and lead healthy lives; and

WHEREAS, nurse practitioners in Florida are trusted and highly skilled health care providers for patients in our state; and

WHEREAS, among other things, nurse practitioners are responsible for treating acute and chronic conditions, prescribing medication, counseling, educating patients on disease prevention and managing patients overall care; and

WHEREAS, there are more than 270,000 licensed nurse practitioners in the United States and 35,000 in Florida, providing high-quality, cost-effective, patient-centered, personalized health care to all ages; and

WHEREAS, Nurse Practitioners Week is an opportunity to recognize the significant role that nurse practitioners play in our healthcare system and the impact they make on the well-being of our families and communities.

NOW, THEREFORE, I, Ron DeSantis, Governor of the State of Florida, do hereby extend greetings and best wishes to all observing November 10-16, 2019, as Nurse Practitioner Week in Florida.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed at Tallahassee, the Capital, this 8th day of November, in the year two thousand nineteen.

Florida Legislation Update

Florida Senate Bill 518 – Act related to cardiac screening for newborns is being revised to include birth centers to perform postpartum evaluation and follow-up care required by birth centers to include a cardiac screening of the newborn; amending s.395.1053, F.S. requiring hospitals that provide birthing services to provide a postpartum evaluation that includes cardiovascular screening of each newborn.

The Florida Senate indefinitely postponed and withdrew from consideration [House Bill 821](#) and companion bill [Senate Bill 972](#). The legislation, as passed by the House of Representatives, would have recognized advanced practice registered nurse (APRN) signatures on forms related to patient care and would have retired the supervisory protocol requirement for select APRNs who meet specific requirements, including 2,000 hours in practice under a protocol agreement. The bill took on language in a prior hearing that added changes for physician assistant (PA) practice requirements and made conforming changes to several Florida statutes.

Other bills of note, as stated per Doreen Cassarino, DNP, APRN, FNP-BC, BC-ADM, FAANP, FNAP from Florida Nurse Practitioner Network (FNPN):

HB 831 Electronic Prescribing (Mariano)-PASSED Effective Date 1/1/2020

The law requires prescribers to generate and transmit all prescriptions electronically by 2021 unless electronic prescribing is unavailable due to a temporary electrical or technological failure. In such instances, written prescriptions may be used.

HB 451 Nonopioid Alternatives (Plakon)-PASSED Effective Date 7/1/2019

HB 451 requires the Department of Health to create and publish on its website an educational pamphlet regarding the use of non-opioid alternatives to treat pain. Health care providers, except in the provision of emergency care, must inform patients of non-opioid alternatives for the treatment of pain before providing anesthesia or prescribing, ordering, dispensing or administering an opioid drug and document the non-opioid alternatives considered in the patient's record.

CS/CS/HB 23 Telehealth (Yarborough) PASSED Effective Date 7/1/19

Creates section 456.47, Florida Statutes, establishing standards of practice for telehealth providers, registration of out-of-state providers, venue requirements and exemptions.

Federal Legislation

On September 30, 2019, the Centers for Medicare & Medicaid Services (CMS) published the [Omnibus Burden Reduction Final Rule](#). This rule aims to reduce unnecessary burdens for America's health care providers by allowing them to focus on their patients. It does so by removing Medicare regulations identified as unnecessary, obsolete, or excessively burdensome on hospitals and other health care providers.

In the Final Rule, CMS finalizes a proposal to revise the Medicare Conditions of Participation (CoPs) for nursing services. It will remove the term "bedside" from the requirement that states, "there must be supervisory and staff personnel for each department or nursing unit to ensure, when needed, the immediate availability of a registered nurse for bedside care of any patient."

On October 31, 2019, the Senate HELP (Health, Education, Labor, and Pensions) Committee unanimously advanced Title VIII - Nursing Workforce Reauthorization Act. This is an incredible accomplishment and an objective that many nursing organizations have been waiting for. Please support this bill by writing to your Senators and requesting their support.

It is also important to continue to use the AANP Advocacy Center to send letters to your members of Congress urging them to co-sponsor legislation that will remove federal barriers, including bills to:

- Authorize NPs to Order and Supervise Cardiac and Pulmonary Rehabilitation Starting in 2020.

- Authorize NPs to Certify Their Patients' Eligibility for Home Health Services.

- Support Improved Medicare Patient Access to Needed Diabetic Shoes.

- Authorize NP Patient Inclusion in Shared Savings ACOs.

News from Capitol Hill

In the Senate, committee meetings and hearings are scheduled on nominations for the Federal Energy Regulatory Commission and Deputy Secretary of the Interior. Hearings are scheduled to take place on Homeland Security, Aging, Veterans' Affairs, the Environment and Public Works and Indian Affairs.

Appropriations Deadline

President Trump signed a short-term spending bill to keep the government open through late December, staving off a shutdown. The stopgap measure passed both Senate and House in the midst of public impeachment hearings.

Without this legislation, government funding would have expired, forcing multiple agencies to close down operations and send federal workers home. The stopgap bill extends government funding through Dec. 20, 2019.

MACPAC Medication-assisted Treatment Presentation

At its October 31, 2019, meeting, the Medicaid and CHIP Payment and Access Commission (MACPAC) presented its findings on the impact of authorizing NPs and PAs to obtain a waiver to prescribe medication-assisted treatment (MAT) in the Comprehensive Addiction and Recovery Act (CARA). The presentation highlighted that this authorization in CARA increased access to treatment for patients in need of MAT. This increase in access was most pronounced in the Medicaid population, and nurse practitioners (NPs) and physician assistants (PAs) made up a higher proportion of rural waived providers. The presentation also noted that the increase in access was greatest in full practice authority states. This data shows that authorizing NPs to prescribe MATs is crucial to combat the opioid epidemic, but state barriers to practice lead to inequality in access to this important treatment.

American Nurses Association Updates

The American Nurses Association (ANA) launched its [new and improved #NursesVote website](#) this week. This new resource for ANA members and nurse-advocates everywhere builds on our work last fall, when thousands of nurses engaged with ANA's [#NursesVote Action Center](#) to ensure they had all the information they needed to cast their vote and make their voices heard.

Additionally, #NursesVote is your go-to resource for information on the candidates as their campaigns progress, ANA's nursing priorities, and how best to engage with and support the candidate of your choice. ANA encourages all nurse-advocates to become well informed voters and help ensure every presidential candidate considers advancing the nursing profession to be one of their core priorities.

Also included are sections that detail [the most pressing federal advocacy priorities](#) impacting nursing, as well as a [newly released comprehensive guide](#) for those looking to engage with the various presidential campaigns – either as a volunteer or simply as a concerned citizen and nurse-advocate. From running a voter registration drive to making the most of an upcoming campaign visit in your area, #NursesVote will help you hold candidates accountable and ensure other voters understand why nursing issues are an essential part of the discussions taking place between candidates and the constituents



Use of the EOS Calculator

Submitted by Christa Smith, MSN, APRN, NNP-BC

The EOS Tool is intended for the use of clinicians trained and experienced in the care of newborn infants. Using this tool, the risk of early-onset sepsis can be calculated in an infant born > 34 weeks gestation. The interactive calculator produces the probability of early onset sepsis per 1000 babies by entering values for the specified maternal risk factors along with the infant's clinical presentation.

Information needed for EOS calculation:

1. Incidence of early onset sepsis
2. Gestational age
3. Highest maternal antepartum temperature
4. Rupture of membranes in hours
5. Maternal GBS status
6. Type of intrapartum antibiotics
7. Clinical presentation

Classification of Infant's Clinical Presentation

CLINICAL EXAM	DESCRIPTION
Clinical Illness	<ol style="list-style-type: none"> 1. Persistent need for NCPAP / HFNC / mechanical ventilation (outside of the delivery room) 2. Hemodynamic instability requiring vasoactive drugs 3. Neonatal encephalopathy /Perinatal depression <ul style="list-style-type: none"> • Seizure • Apgar Score @ 5 minutes < 5 4. Need for supplemental O₂ > 2 hours to maintain oxygen saturations > 90% (outside of the delivery room)
Equivocal	<ol style="list-style-type: none"> 1. Persistent physiologic abnormality > 4 hrs <ul style="list-style-type: none"> • Tachycardia (HR > 160) • Tachypnea (RR > 60) • Temperature instability (> 100.4°F or < 97.5°F) • Respiratory distress (grunting, flaring, or retracting) not requiring supplemental O₂ 2. Two or more physiologic abnormalities lasting for > 2 hrs <ul style="list-style-type: none"> • Tachycardia (HR > 160) • Tachypnea (RR > 60) • Temperature instability (> 100.4°F or < 97.5°F) • Respiratory distress (grunting, flaring, or retracting) not requiring supplemental O₂ <p>Note: abnormality can be intermittent</p>
Well Appearing	No persistent physiologic abnormalities

References:

Neonatal early-onset sepsis calculator. (2019). Retrieved from <https://neonatalesepsiscalculator.kaiserpermanente.org/InfectionProbabilityCalculator.aspx>

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@fanpp.org. In the ever-changing world of neonatology, remaining cognizant of current practices is of vital importance to furthering our education as providers!

EDUCATIONAL OFFERINGS

Hot Topics Neonatology Conference

December 8-11, 2019

Gaylord National
National Harbor, MD
www.hottopicsonneonatology.org

Neo Conference

February 19-21, 2020

Manchester Grand Hyatt
San Diego, CA
www.neoconference.com

Spring 2020 National Advanced Practice Neonatal Nurses Conference-Academy of Neonatal Nursing

April 15-18, 2020

Hilton Hawaiian Village
Honolulu, HI
www.academyonline.org

Fall 2020 National Advanced Practice Neonatal Nurses Conference-Academy of Neonatal Nursing

September 9-12, 2020

Bally's Hotel
Las Vegas, NV
www.academyonline.org

NANN 36th Annual Conference

September 23-26, 2020

Ernest N. Morial Convention Center
New Orleans, LA
www.nann.org

The 31st FANNP Neonatal Nurse Practitioners Symposium: Clinical Update and Review

October 13-17, 2020

Sheraton Sand Key Resort
Clearwater Beach, FL
www.fannp.org



POCKET NOTEBOOK

Diane McNerney DNP, NNP-BC

Neonatal Gastric Lactobezoar

1. Definition- A bezoar is a solid mass of undigested material that can accumulate in the gastrointestinal system. They can occur in children or adults. A gastric lactobezoars (GLBs) are the most common form in neonates, consisting of cluster of undigested milk components.

2. Risk Factors- Low birth weight infants with an immature gastrointestinal tract with dehydration who are on high casein, medium chain triglyceride, increased caloric density formulas. Other risk factors include fluid restriction and diuretics while on high-density formulas. GLB has been documented in a term, exclusively breastfed infant as well.

2. Clinical Symptoms- Diagnosis may be challenging as there may be a variety of nonspecific symptoms. Early clinical signs may be abdominal distension, non-bilious or bloody emesis, diarrhea or a palpable mass in left upper quadrant of the abdomen. In rare cases, a GLB can present itself as a gastric obstruction and/or perforation necessitating surgical measures. In some cases respiratory and cardiovascular symptoms may be observed.

2. Diagnostics- Abdominal x-ray, abdominal ultrasound and an upper GI water soluble contrast enema. X-ray may show a normal stomach, bowel, and gas pattern or an intraluminal, mottled gastric mass that is outlined by air.

3. Treatment- The main therapy for uncomplicated GLB consists of bowel rest, parenteral nutrition with or without normal saline gastric lavage and a formula change to a predigested elemental diet to dissolve the GBL. In rare cases where this treatment does not dissolve the GBL and there are complications of obstruction and/or perforation, surgery may be necessary. A conservative approach is likely the safest and most appropriate for a preterm infant with an immature GI tract, while aggressive surgical management is required for perforations and some obstructions regardless of gestational age.

4. Prognosis- As a GBL is a rare clinical finding; the clinician should keep these clinical findings on their differential list of diagnoses. Significant morbidity, including gastric obstruction with possible perforation and metabolic or hemodynamic changes secondary to persistent emesis, has been associated with lactobezoars. Early diagnostics and treatment often results in a favorable outcome.

References

Bos, M., Wijnen, R., & Blaauw, J. (2013). Gastric pneumatosis and rupture caused by lactobezoar. *Pediatric International*, 55 (2013), pp. 757-760

Heinz-Erian, P., Gassner, I., Klein-Franke, A. et al (2012). Gastric lactobezoar—a rare disorder. *Orphanet Journal of Rare Diseases*, vol. 7, article 3, 2012

FANNP Dates to Remember

<i>Event/Item</i>	<i>Date/Deadline of Event/Item</i>
FANNP Grant.....	Ongoing
Poster Presentation Abstracts	June 15
Kim Nolan Spirit Award.....	July 1
FANNP Scholarship	Sept. 15
National Neonatal Nurses Day.....	Sept. 15
Annual National Neonatal Nurse Practitioner Symposium: Clinical Update and Review*.....	Oct. 13-17, 2020
Nurse Practitioner Week*	Nov. 8-15, 2020

**Dates change annually*

FANNP Newsletter Submission Calendar

Edition	Article Submission Deadline	Publish Date
Spring 2020	02/08/20	03/09/20
Summer 2020	05/10/20	06/08/20
Fall 2020	08/09/20	09/07/20
Winter 2020	11/07/20	12/07/20

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.
****Interested in helping with the editing of the newsletter?? Please email the above link!***

Are YOU looking for a way to be involved with FANNP?

FANNP is seeking an organized, enthusiastic and creative individual to assist the current newsletter editor as co-editor. All FANNP Members and NNP students are eligible to inquire! If interested in further details, please contact Christa Smith at newsletter@FANNP.org.

Description:

- Correspond with FANNP board members and scholarship award winners to obtain various components of the newsletter
- Implement minor spelling, grammatical and APA format editing to components of the newsletter as needed
- Correspond with the printer to organize the newsletter
- Communicate with advertisers regarding newsletter ad renewal
- Maintain advertising index for paid and/or expiring ads
- Compose year-end newsletter report regarding highlights and present at the annual business meeting
- Communicate with printer to maintain current FANNP website links and information
- Attend FANNP board member meetings (optional)
- Maintain newsletter archives on flash drive

Eligibility Requirements:

- Must be a member of FANNP
- Must have a basic understanding of APA formatting, Microsoft Word, and grammar/spelling skills
- Must possess excellent communication skills

Compensation:

- FANNP annual conference attendance – FREE!
- Two nights of conference hotel fees (as available per FANNP) – FREE!
- Networking with industry professionals

LEGISLATIVE from page 11

they hope to represent.

American Association of Colleges of Nursing

The U.S. House of Representatives unanimously passed H.R. 728, the Title VIII Nursing Workforce Reauthorization Act of 2019. From the AACN, “This overwhelming support represents an important step towards reauthorizing vital programs that bolster nursing education, prepare the next generation of nurses, and support communities across the country.”

“I constantly see the deep and meaningful impact Title VIII programs have on nursing students, faculty, and our communities” said Dr. Ann Cary, Chair of the AACN Board of Directors. “These programs are vital to ensuring we have a robust and di-

verse nursing pipeline, especially in rural and underserved areas.”

Congressman Dave Joyce (OH-14), Co-Chair of the Congressional Nursing Caucus, states, “With our nation on the verge of a nursing shortage that will leave far too many without the care they need, we must ensure that those interested in pursuing a career in nursing have access to the education and training opportunities necessary to do so. I thank the American Association of Colleges of Nursing for their support in this effort, applaud the House for passing this important legislation and urge the Senate to act quickly so we can get it signed into law as soon as possible.”

In addition, AACN will continue to work in the Senate to advance their version of the bill, S. 1399, introduced by Senators Jeff Merkley (D-OR) and Richard Burr (R-NC).

BRING IT ON ANSWERS

Questions on page 16

1. C - Ultrasound screening of the cartilaginous femoral head and acetabulum has become common, with sensitivity for detection of over 90%.
2. C - Fetal Alcohol Syndrome (FAS) is accompanied by a variety of cardiac lesions such as Ventricular Septal Defect (VSD) with or without subpulmonic and subaortic stenosis, Atrial Septal Defect (ASD), coarctation of the aorta, and Tetralogy of Fallot (TOF).
3. A - Onset of ventilation promotes rapid lowering of pulmonary vascular resistance following birth. An increase in systemic vascular resistance occurs with separation from the low-resistance placental vasculature.



FANNP Online

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Bring it On...



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

1. A positive Ortolani Test will require further evaluation with which of the following diagnostic procedures:
 - A. CT Scan
 - B. MRI
 - C. Ultrasound
2. Maternal alcohol abuse is associated with the following congenital heart defect:
 - A. Pulmonic Stenosis
 - B. Ventricular Septal Defect
 - C. Both A and B
3. Which of the following result in the normal physiologic decrease in pulmonary vascular resistance after birth?
 - A. Initiation of ventilation, improved oxygenation, change in vasomotor balance due to increased concentrations of vasodilator substances
 - B. Placental separation, decrease in systemic vascular resistance, improved oxygenation
 - C. Decrease in left ventricular pressure, closure of the ductus venosus, increased pulmonary venous return

Answers on page 15

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