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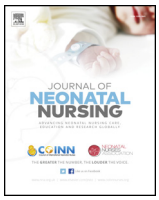

Editorial

Welcome to our first edition of 2019

Welcome to our first edition of 2019, and a Happy New Year to everyone. We start with Andréane Lavalléea and her Quebec based team's narrative overview of the literature on the latest findings regarding the effectiveness of six developmental care interventions used in the neonatal unit. This is a thoughtful and thought provoking review, nicely summarising a huge body of literature. We look forward to Part 2 of this piece of work which explores the implications for practice and further research identified by this review.

Next we have two letters to the editor. The first comes from Sacha Mosterd and an American multidisciplinary team who came together for a quality improvement project. The problem which they highlight is a common one; encountered by many professionals who must communicate complicated information to upset parents who are worried about their new born child, and sometimes to the staff looking after them. This team needed the parents to understand their child's congenital heart defects so that they could make decisions about and give informed consent to treatment. The innovation was a three dimensional anatomical heart model used to explain normal structure and function. Its use was positively evaluated by parents and I can personally see a place for it in explaining complex cardiac lesions to junior staff and to students.

The second comes from Stacy Blythe in Australia, and addresses another problem encountered in many neonatal units. Stacy explores the dichotomy whereby infants exposed to substances while in utero are known to benefit from interventions, including kangaroo care, which promote a close parent/child relationship; these are very often infants whose parents are least able to provide these interventions. Although “volunteer cuddlers” can provide some positive impact, as the long term carer is often not identified until close to the discharge date, a relationship between baby and carer is not well established before discharge. I completely support Stacy in her ambition to start a professional debate on this issue, and would like to hear the opinions of others on the matter.

Fangqi Guoa and colleagues describe how they introduced cardiac screening, using oxygen saturation monitors, for infants born in rural China. They used before and after testing to assess the knowledge of obstetric personnel, showing that a one day training course equipped them with enough knowledge to carry out the screening and that, as a result, over 90% of infants were screened for cardiac anomalies. We believe that this approach to neonatal cardiac screening is universal in the USA, but in spite of mounting evidence on its efficacy (Ewer, 2014), adoption is slow and intermittent in the UK (Mikrou et al., 2017).

Miriam-Hilda Okpalekea and her colleagues in Nigeria carried out a randomised controlled trial comparing the use of two antimicrobial agents (7.1% chlorhexidine gel and methylated-spirit) in preventing umbilical cord infection. Their sample was relatively small, and they were not able to demonstrate a difference in the two agents. What was really interesting in this article was the level of confounding with 19% of one group and 9% of the other known to have used other methods/substances to clean the umbilical stump. This is a lovely illustration of the worldwide power of the grandparent, and indeed the extended which family in general, and accepted cultural norms, influence the care of a child, which is worth considering in many situations (Karmacharya et al., 2017).

Mily Ramos and her team explored the number of painful and stressful procedures experienced by babies on the neonatal units of two Brazilian hospitals compared with the relative lack of both pharmacological and non-pharmacological interventions they received to treat pain and stress. This is an ongoing theme in our journal, with the same scenario reported worldwide. It is depressing to keep reporting such a depressing picture from neonatal units in diverse settings. Rather than stopping printing articles which report what is becoming very old news we wish to encourage neonatal nurses to continue investigating pain and its treatment on their units with a view to continuing to advocate for the babies and to collect a body of evidence which underpins an improvement in our practice.

We would all like to make end of life case as good as it can possibly be. Renea Beckstrand and her American team investigated Neonatal Nurses' suggestions for improving end of life care. Rena and her team had asked similar questions of emergency department (ED) nurses (Beckstrand et al., 2012) and found some similar themes. In both cases there was a need for privacy, for a place where very sick individuals (adults of infants) and their families could be cared for in privacy and with respect. Both sets of nurses saw the need for open and honest communication between professionals and the individuals and families. The Neonatal Nurses specifically saw a need to end futile treatment quickly. Where the ED nurses talked about knowing the patient's wishes and having their views on resuscitation and/or continued treatment well documented and available, this is not possible with neonates, and we rely on their families to take part in very difficult decisions. The nurses seem to be asking that, where a positive outcome is unlikely, parents are approached earlier and decisions expedited. In view of some very high profile cases where the parents of sick neonates disagreed with the professionals' assessment that treatment was futile this is a very interesting piece of work. It is reassuring to see the similarities in the views of these two groups of nurses on such difficult and emotive issues.

Mahboobeh Namnabatia and colleagues conducted a clinical trial in Iran comparing the stress levels of parents whose babies were treated for neonatal jaundice at home versus those whose babies were treated in hospital. Where the baby was treated at home the parental stress levels were significantly less. This underpins all our beliefs on family centred care and gives more weight to the argument that parents need to feel like full partners in their child's care.

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We end this edition in Australia and with continuing nurse education. Preethi Kosanama and her colleagues asked whether Neonatal Nurses preferred simulation based continuing education to take place on the unit of at another site. Opinions were divided, onsite training felt more realistic while off site training had fewer distractions. The take home message was that this form of training is acceptable to nurses and is a very efficient ay of updating skills.

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