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Council of International Neonatal Nurses (COINN) News page

Compiled by Julia Petty, COINN UK representative

From the Desk of the COINN President, Carole Kenner

• COINN Update

COINN's 2019 Conference "Enriched Family-Enhanced Care" was held in May, in Auckland, New Zealand. What a wonderful site for our international gathering. A detailed conference report will be provided in the next edition of the journal.

We have been invited by WHO to participate in a technical meeting to develop standards for care of the small and sick newborn. Drs. Karen Walker, Sue Prullage, and Karen New will be representing COINN in this important work.

Thanks to the COINN education committee, the neonatal nursing competencies are almost done. This document will help define and make visible what a neonatal nurse does globally.

2020 is the year of the nurse and we must take full advantage of telling our stories. Telling what we do every day to touch and change lives. Please help COINN learn about what you do by sending stories that we can use on our Facebook page and website. Please send this information to president@coinnurses.org. Thank you.

Carole Kenner, PhD, RN, FAAN, FNAP, ANEF
President/CEO COINN

Global networking in education

• Tracey Jones, Chair of COINN Education Committee, reports on recent developments in both the UK and internationally along with her current work for the COINN Education Committee.

I am fortunate to have had the opportunity during my years as a neonatal educator and Care Quality Commission (CQC) specialist advisor to be able to visit neonatal units all over the country. This has given me the scope to compare neonatal services that are offered and the facilities that are available in the United Kingdom. The National Health Service (NHS) has strived to develop a cohesive service and overcome the postcode lottery for healthcare that has hit the headlines for so many years. Neonatal care in the United Kingdom is in a fortunate position to be increasing in recognition within the NHS Long Term plan alongside formidable support from charities such as Bliss and

the neonatal nursing association. We have national guidance from British Association of Perinatal Medicine (BAPM) and National Institute for Health and Care Excellence (NICE) with specific quality measures within the neonatal setting. Strategies are in place to benchmark services and place standards and quality assurance on the care that is on offer to families in the UK.

The structured organisation of neonatal operational delivery networks across the UK has increased the ethos of working together and sharing information. There are currently various national work-streams under way such as the review of the Royal College of Nursing

competencies for neonatal nursing and the BAPM working group developing a career work-stream for advanced neonatal nurse practitioners. There has been recognition of the workforce challenges facing neonatal services within the Neonatal critical care review with the offer of financial support for continued professional education of neonatal nurses specifically to increase the number of nurses qualified in neonatal speciality.

As part of the Council of International Neonatal Nurses (COINN) and chair of the education committee I took the opportunity in May this year to visit neonatal units in New Zealand. The COINN education committee brings together like minded educators from around the world to support and influence education. Part of recent work has been to support the development of International neonatal nurse competencies and develop a learning platform for neonatal nurses aimed at developing countries. The collaboration of the education committee to complete this work has highlighted a common passion for the quality care of the neonatal population as well as demonstrating the huge discourse in services that are offered around the world. Having the privilege of observing neonatal provision outside of the UK is an opportunity to start a comparative diary.

I invite neonatal nurses who have had the opportunity and been exposed to neonatal care in other parts of the world to contact me to help develop a portfolio of experience. This could be utilised to provide support for nurses wishing to embark on this experience. If you work or have visited neonatal services outside of the UK please get in touch.

Tracey.M.Jones@manchester.ac.uk

Tracey will share her experiences within the next edition of the Journal of Neonatal Nursing and put forward the potential of this being a feature that will be of interest for neonatal nurses.

There will also be full feedback from the COINN 2019 conference held in Auckland, New Zealand in the next edition.

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- **WHO and UNICEF. (2018). *Survive and Thrive: Transforming Care for every small and sick newborn.* https://www.unicef.org/every-child-alive/Survive-and-Thrive_KEY_FINDINGS_FINAL.pdf**

Carole Kenner

Nearly 30 million sick and premature newborns in dire need of treatment every year. Global coalition calls for better care and stronger legislation to save babies on the brink of death

Nearly 30 million babies are born too soon, too small or become sick every year and need specialized care to survive, according to a new report by a global coalition that includes UNICEF and the World Health Organization (WHO).

“When it comes to babies and their mothers, the right care at the right time in the right place can make all the difference,” said Omar Abdi, UNICEF Deputy Executive Director. “Yet millions of small and sick babies and women are dying every year because they simply do not receive the quality care that is their right and our collective responsibility.”

The report, *Survive and Thrive: Transforming care for every small and sick newborn*, finds that among the newborn babies most at risk of death and disability are those with complications from prematurity, brain injury during childbirth, severe bacterial infection or jaundice, and those with congenital conditions. Additionally, the financial and psychological toll on their families can have detrimental effects on their cognitive, linguistic and emotional development.

“For every mother and baby, a healthy start from pregnancy through childbirth and the first months after birth is essential,” said Dr Soumya Swaminathan, Deputy Director General for Programmes at WHO. “Universal health coverage can ensure that everyone – including newborns – has access to the health services they need, without facing financial hardship. Progress on newborn health care is a win-win situation – it saves lives and is critical for early child development thus impacting on families, society, and future generations.”

Without specialized treatment, many at-risk newborns won’t survive their first month of life, according to the report. In 2017, some 2.5 million newborns died, mostly from preventable causes. Almost two-thirds of babies who die were born premature. And even if they survive, these babies face chronic diseases or developmental delays. In addition, an estimated 1 million small and sick newborns survive with a long-term disability.

With nurturing care, these babies can live without major complications. The report shows that by 2030, in 81 countries, the lives of 2.9 million women, stillborns and newborns can be saved with smarter strategies. For example, if the same health team cares for both mother and baby through labour, birth and beyond, they can identify problems early on. In addition, almost 68 per cent of newborn deaths could be averted in 2030 with simple fixes such as exclusive breastfeeding; skin-to-skin contact between the mother or father and the baby; medicines and essential equipment; and access to clean, well-equipped health facilities staffed by skilled health workers. Other measures like resuscitating a baby who cannot breathe properly, giving the mother an injection to prevent bleeding, or delaying the cutting of the umbilical cord could also save millions.

According to the report, the world will not achieve the global target to achieve health for all unless it transforms care for every newborn. Without rapid progress, some countries will not meet this target for another 11 decades. To save newborns, the report recommends:

- Providing round-the-clock inpatient care for newborns seven days a

week.

- Training nurses to provide hands-on care working in partnership with families.
- Harnessing the power of parents and families by teaching them how to become expert caregivers and care for their babies, which can reduce stress, help babies gain weight and allow their brains to develop properly.
- Providing good quality of care should be a part of country policies, and a lifelong investment for those who are born small or sick.
- Counting and tracking every small and sick newborn allows managers to monitor progress and improve results.
- Allocating the necessary resources, as an additional investment of US\$ 0.20 cents per person can save 2 of every 3 newborns in low- and middle-income countries by 2030.

Almost three decades ago, the Convention on the Rights of the Child guaranteed every newborn the right to the highest standard of health care, and it is time for countries around the world to make sure the legislative, medical, human and financial resources are in place to turn that right into a reality for every child, the report says.

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• **Call for Members of New Neonatal Nurse Practitioner Committee**

Are you an advanced practice nurse, nurse practitioner candidate or an endorsed nurse practitioner specializing in working with neonates? If so, we would like to hear from you.

The Council of International Neonatal Nurses supports the establishment of a Neonatal Nurse Practitioner Committee to gain a better understanding of the global picture of neonatal nurse practitioners from training/ endorsement through to current scope of practice, on-going education and research.

Please send an email to president@coinnurses.org identifying your current position/ title, a brief overview of your scope of practice and country of residence.

Please also indicate if you would be interested in joining the committee board made up of chair / secretary / 2-4 ordinary members. This group will meet every eight weeks (via teleconference or online) to discuss current practice, changes in practice and global similarities or differences to support care given to neonates over the globe as well as to inform the work of the COINN's education, research and social media committees.

Thank you, Amy Forbes-Coe, Chair, Neonatal Nurse Practitioner, Queensland, Australia

• **Journal of Neonatal Nursing invites you to publish...**

“Advancing neonatal nursing care, education and research globally”

The Journal of Neonatal Nursing (JNN) published by Elsevier UK serves both the UK Neonatal Nurses Association (NNA) and COINN. We need to tell our story through this journal. Please consider submitting your articles to the Journal of Neonatal Nursing.

For further information about publishing in the journal and any of the COINN News items, contact Julia Petty, UK; NNA Executive Member / NNA Vice Chair; COINN Board Director: j.petty@herts.ac.uk