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### The NNA conference 2018



The NNA conference is something which many of us look forward to every year. Last year's took place on 30<sup>th</sup> November 2018 at the Hilton East Midlands Airport Hotel. We have used this venue before and will do so again this year. Being so close to the airport means that it is extremely accessible for those of us far enough away to have to fly to the conference; while its position on the M1 motorway puts it within reach of most of the country. It is also a very pleasant place to spend time and to meet with likeminded people.



This was our largest ever turnout with 110 delegates attending; and was Claire O'Mara's (Lead Nurse / Innovation lead East of England ODN and Chair of the NNA) first conference as Chairperson. I think that everyone would agree that it was a very good day and that she and the organising committee have every reason to be pleased. After opening the conference Claire, in a double act with Karen Mainwaring, (Quality Improvement Lead Nurse: North West Neonatal ODN) shared the work which they have been involved in which explored the variances within

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staffing workforce across ODNs in England. The Toolkit for High Quality Neonatal Services (Department of Health-DH, 2009), the National Institute for Health and Care Excellence quality standards for Specialist Neonatal Care (NICE, 2010) and the British Association of Perinatal Medicine (BAPM, 2010) have all provided guidance as to optimal staffing levels for neonatal units. Although there was variance between figures presented by different sources the take home message was that the number of neonatal nurses needing to be recruited is in the thousands, with the highest vacancy rate being in London. The majority of vacancies are in band 5 and 6 nurses. This work is ongoing and Claire and Karen will publish their results later this year.



Dr Leslie Altimier Co Editor-in Chief of JNN  
Dr Leslie Altimier (Co Editor-in Chief of JNN), gave an interesting

and somewhat surprising account of the differences in both working and recruitment practices in the United States as compared with the UK. Their nurses also train through the universities, sometimes accumulating large personal debts in the process, and have further education and training when they decide to specialise in neonatal care. Although they also experience problems in recruiting neonatal nurses, some of their hospitals have novel approaches. None of us could really envisage UK trusts offering a sports car as an incentive to come and work there; we can but dream.

Katie Oates brought us back to earth with an account of how her own unit (Derriford Hospital where she is a senior sister on the neonatal Intensive Care unit) deals with recruitment and retention. There are no extravagant presents offered, but some very good ideas on how to value and support staff were discussed.

Moving from management to clinical concerns, we heard from Marc Harder who is the National Bereavement Care Pathway Programme (NBCP) Lead for Sands (Stillbirth and Neonatal Death Charity) and Dr Lydia Bowden, a neonatal consultant in the Pennine Trust and their NBCP lead. Thirty-two sites have piloted the NBCP over the past year. Along with its partner charities, the Royal Colleges, NNA and parent groups, Sands have had an important leadership role in taking the pathway from inception to implementation. This important programme for change amongst professionals has been established in order to provide greater and more consistent care for bereaved parents and families across the five pregnancy and baby loss experiences of miscarriage, TOPFA (termination of pregnancy for foetal anomaly), stillbirth, neonatal death and SUDI (sudden unexpected infant death).

In this workshop Marc and Lydia Bowden, lead for the Pennine Acute Trust (a Wave 2 NBCP pilot site) in Oldham, talked through the successes and challenges of implementing the NBCP thus far, the impact for parents and professionals, and look at how we plan to roll the pathway out more widely across the UK.

Next we heard from Dr Inga Warren who needs little introduction to a neonatal nursing audience. Inga is a Fellow of the Royal College of Occupational Therapists and holds an honorary doctorate in nursing. She is a senior NIDCAP trainer and an honorary senior research associate at University College London; as well as acting as a consultant to BLISS. This busy lady explained how in recent years we have grown to appreciate the importance of Infant and Family Centred Developmental Care (IFCDC: this has been adopted as an umbrella term by the EFCNI for their about to be published standards) on the Neonatal Unit. It is longer excusable to say there is no evidence. But in spite of this there is still confusion about what we mean when we talk about Family Centred or Family Integrated or Developmental Care. Too often this means parent centred care without the voice of the baby being heard. One of the reasons why it has been difficult to change practice is the lack of education. Policies will not change unless policy makers understand the need; strong leadership makes a huge difference but all too often leaders pay lip service to IFCDC because they do not understand the principles or how to translate theory into practice; and although everyone talks about evidence based practice the variations that you will find between countries and between units within the same country, or even within the same network, show how habits and myths often prevail, another reason for needing more education. In this talk I will outline the main principles that underpin effective IFCDC and describe an educational pathway for translating theory into best practise. Inga was kind enough to extend her presentation to cover as our parent representative was unable to attend due to illness in the family. Inga published an article in JNN this year which gives a lot more information on her presentation (Warren et al, 2019)



George Brooks Neonatal Nurse Consultant at Northumbria Specialist Emergency Care Hospital

Our next speaker was George Brooks, a Neonatal Nurse Consultant at Northumbria Specialist Emergency Care Hospital. George charmed and amused this audience with an account of his own experience as a premature baby. Within George's self-effacing and highly entertaining account of his and his parent's journey through maternity and neonatal services was woven a cautionary tale of midwives who did not listen to a mother who told them that she was in labour and a subsequent emergency delivery. Born at 30 weeks' gestation; George's experience in the neonatal were positive, and his account tells of caring neonatal nurses providing extremely high standard care with so much less technology than is available to us today. Personally I loved the story of the neighbour sending his father off each evening with a bottle of expressed breast milk in his pocket to be "boiled up" for the baby, an anecdote oozing generosity and compassion. We then fast-forwarded through a diagnosis of Cerebral Palsy at 18 months to George's current practice. At this point the tone changed. George is now the neonatal lead professional in the most northern trust in England. He is also a midwife. His passion at work is optimal cord clamping. He is proud to be able to say they have practiced delayed cord clamping for nearly 10 years and have seen rates of resuscitation at birth drop by nearly 70%. George presented the evidence underpinning this practice.



Colm Darby Advanced Neonatal Nurse Practitioner, Craigavon Hospital and NNA's Neonatal Nurse of the Year 2017

Colm Darby is an Advanced Neonatal Nurse Practitioner, and was awarded the NNA's Neonatal Nurse of the Year award in 2017. Colm presented a quality improvement project which he carried out since receiving the award. Northern Ireland has traditionally had low breast feeding rates. With the removal of formula milks from the post-natal units there is potential for term babies suffering transient hypoglycaemia to be admitted to the neonatal unit. Using a deceptively simple intervention – the use of a 40% glucose gel Colm has been able to support mothers in establishing breast feeding while reducing inappropriate admissions to NICU. We are hoping to publish a fuller account of his results soon.

After an enjoyable and stimulating day, sharing good food and networking, as well as listening to the presentations, the only task left was to announce the winners. First Rachel Thrumble from Barnsley Hospital NHS Foundation Trust was awarded the poster prize which is for her very informative and well presented poster on neonatal thermoregulation. The poster competition is a great way to showcase the really great way to showcase the wonderful work going on around the country and I would urge as many people as possible to send in an abstracts for their poster this year.

Finally we announced the NNA's Neonatal Nurse of the Year 2018. The award went to Matthew Cray, recognising his work in supporting fathers on the neonatal unit. We look forward to hearing more from him about his work at this year's conference on 22<sup>nd</sup> of November 2019, at

the the Hilton East Midlands Airport Hotel. Details of how to nominate a candidate for NNA's Neonatal Nurse of the Year 2019 and how to attend the conference are included in this issue. As we said in our last editorial conferences always invigorate us. It is not simply the new knowledge we acquire, but the company of likeminded people and the passion for the care of neonates and their families which inspire us to be the best versions of ourselves. I look forward to seeing you in East Midlands in November.

## References

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## Further Reading

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