

2016 Advocacy Highlights



National
Association of
Neonatal
Nurses

National Association of
Neonatal Nurse Practitioners
A division of NANN

Perinatal Depression

Up to 85% of women will experience some type of mood disturbance in the perinatal period. Currently, 400,000 infants are born to mothers who are depressed. For most women the mood disturbance is mild and will ease over time. However, the evidence shows that 10%–15% of women will experience a more serious anxiety and depression that is persistent and disabling. More concerning, 0.1%–0.2% of women will experience postpartum psychosis.

Perinatal/postpartum depression is a significant mental health problem and a public health concern. It is associated with negative outcomes for women, children, and their families. It often is disregarded as “postpartum blues” and seen as an issue that women can control; however, it is a true clinical depression and should be treated as such. Perinatal/postpartum depression is believed to be caused by the interplay of stress, hormonal shifts, and a disruption in brain chemistry. Often, it goes unrecognized and women frequently do not report it. This is why it is critical for obstetricians, pediatricians, advanced practice registered nurses, and other healthcare providers to have a timely and appropriate universal screening tool to target this issue. However, screening is not enough, so NANN is supporting new legislation for screening and behavioral therapy, pharmacotherapy, and other treatment modalities. H.B. 3235 and a matching Senate bill, S. 2311, were introduced by Representative Katherine Clark (D-MA-5) and Senator Dean Heller (R-NV) respectively to provide funding for screening, appropriate training, and relevant resources to healthcare providers. The legislation also may include funding to establish follow-up treatment, a public awareness campaign, startup costs, and community links and resources. To help support NANN and this legislation, you can answer calls to action sent by NANN when needed and practice advocacy by asking elected officials to support this legislation. To learn more, visit NANN’s advocacy page for updates.

Zika Virus Funding

The Zika virus has been prominently featured in the news since early 2016 when the Centers for Disease Control and Prevention (CDC) first linked it to a microcephaly in infants born to mothers infected with the virus during pregnancy. The CDC has since discovered a Zika connection to other birth defects and recently named the constellation of defects Congenital Zika Syndrome. This constellation of defects includes microcephaly, intracranial calcifications or other brain anomalies, eye anomalies, and hearing loss among others. The CDC also linked an increase in cases of Guillain-Barre syndrome to the Zika virus. Initial cases of Zika in the United States were diagnosed in individuals who had traveled to other countries. However, the first Zika case acquired in the United States was diagnosed in Florida in July. Currently, there are >1,000 pregnant women with laboratory evidence of possible Zika virus infection in the United States and U.S. territories.



Funding has been proposed to help efforts in controlling or eradicating the mosquito population, develop a vaccine to protect against Zika infection, and aid families who are caring for affected children. The House and Senate attempted to pass legislation with funding for Zika in June 2016. Unfortunately, the House and Senate had differences of opinion on the legislation, so it could not be sent to the president for signature. As of this writing, negotiations on Zika funding continue.

Neonatal Abstinence: A National Problem

Neonatal abstinence syndrome (NAS) has increased dramatically in the United States. NAS exposure can result from maternal prescription opioid use, nonmedical opioid use, or medication-assisted treatment. The number of infants displaying symptoms of drug withdrawal after birth increased approximately five-fold nationwide from 2000 to 2012.

Data on long-term developmental outcomes related to opioid exposure during pregnancy and NAS are limited. We do know that in the short term, NAS infants may have more complicated and longer initial hospital stays than other newborns. They may display neurologic symptoms, gastrointestinal symptoms, have respiratory complications, feeding difficulty, seizures, and low birth-weight, which all result in an increased length of stay, higher hospital costs, and variable neonatal treatment approaches.

There has been success in taking steps to prevent and manage NAS on a national level. November 25, 2015, President Obama signed the Protecting Our Infants Act of 2015 into law. The new law will help identify evidence-based approaches to care for these babies and their mothers to standardize intervention. It requires the Department of Health and Human Services to study and develop recommendations for preventing and treating prenatal opioid use disorders and NAS. In addition, the CDC will continue to assist states in improving the availability and quality of data collection related to NAS and encourage public health measures aimed at decreasing its prevalence.

Another piece of legislation, the NAS Healthy Babies Act, was introduced in April 2016. This bipartisan legislation would expand knowledge regarding NAS babies, including the prevalence of NAS in the United States, the number of NAS babies covered by Medicaid, the settings for care for NAS babies, and access to care for NAS babies under state Medicaid programs. The bill also directs the Government Accountability Office to recommend improvements and identify any federal obstacles to care for NAS babies.

The NANN Health Policy and Advocacy Committee will continue to follow national and state legislation to decrease the incidence and improve the care of this vulnerable population of NAS infants.

Climate Change—A Call to Action

Climate change is both a U.S. and global threat to public health.

Infants and pregnant women are considered two of the most vulnerable populations at risk to the health effects caused by climate change. On May 25, NANN participated in a White House meeting organized by the Alliance of Nurses for Healthy Environments and the Climate Action Campaign. The purpose of the meeting was to discuss the role nursing organizations could

serve with the White House Administration on dealing with the health effects of climate change. Sixteen nursing organizations met to discuss how their organizations can address this public health threat through educating their members, conducting research, incorporating climate change into their nursing practice, and participating in policy-making at the local, state, and federal level. The effects of extreme heat, drought, decreased food production, and changes in air and water quality can affect prenatal and infant health outcomes. Look for updates from the NANN Health Policy and Advocacy Committee on actions NANN members can take to address this growing crisis.

Federal Chemical Reform

The Frank R. Lautenberg Chemical Safety for the 21st Century Act—the first major update to the 1976 Toxic Substance Control Act (TSCA)—was signed into law on June 22 by President Obama. This bill moved through the House and Senate with bipartisan support striving to meet the needs of public health, industry, and environmentalists. Exposures to toxic substances pose a threat to newborns and developing fetuses. This much-needed reform to TSCA will offer a new layer of chemical evaluation and scrutiny to assure that the health risks to pregnant women and newborns are considered. Key elements of the bill now direct the EPA to determine a schedule to systematically prioritize and evaluate chemicals; evaluate chemicals purely on the basis of health risk and then take steps to eliminate any unreasonable risks; and provide a consistent source of funding to do the work. Research still falls short in clearly associating chemical exposures and health risks to pregnant women and infants, but improvements in this new reform bill will begin to identify the chemicals of greatest concern. The role of nurses is always to stay informed of health risks to our vulnerable populations and provide patients and their families resources to protect themselves.

The Health Policy and Advocacy Committee (HPAC) in Action

Find NANN's advocacy resources under the Advocacy header on NANN's homepage or at www.nann.org/advocacy/content/advocacy.html.

Involving Members in Advocacy

2016–2017 Advocacy Committee Members: Julie Sundermeier (chair), Stephanie Blake (chair-elect), Tara Boice, Michelle Cherry, Claudia Decker, Thomasine Farrell, Ally Kayton, Vicki Leamy, Myra Rolfes, Elizabeth Welch-Carre, and Sherri Brown. The committee monitors health policy and advocacy issues and communicates with the membership about progress and advocacy opportunities on key issues..

Advocacy Education: NANN's inaugural Virtual Lobby Week was held in March and was structured to help nurses build skills and confidence as advocates for neonates and the profession of neonatal nursing. Virtual Lobby Week sought to demystify advocacy over the course of a week by teaching advocacy fundamentals and applying them to Senate Bill 2041, which also is known as the Promoting Life-Saving Therapies for Neonates Act. You can look forward to Virtual Lobby Week 2017 and follow along with the committee on the NANN website and in the advocacy community on MyNANN.

NANN/NANNP on the Hill

Nurse in Washington Internship (NIWI): NANN sponsors two members annually to attend NIWI. In March 2016, Roxanne Stahl and Barbara Smith attended the program. If you are interested in NANN sponsorship, please visit www.nann.org/about/advocacy.

Looking Ahead: 2017 Advocacy Activities, Issues, and Priorities

- Virtual Lobby Week
- Donor Breast Milk Reimbursement
- Neonatal Abstinence Syndrome
- Antibiotic Stewardship
- Advocacy Webinar
- Climate Change