



NANN: Where Resources Abound for the Neonatal Nurse

Lori Williams Black, DNP RN RNC-NIC NNP-BC CCRN; Tami Wallace, DNP RN NNP-BC

NANN remains extremely productive when it comes to offering programs, products, and services to the neonatal nursing community. Whether you seek to improve your ability to advocate for the profession, enhance your clinical knowledge and competence, develop your leadership skills, or engage in research, NANN is the place for you. No single *NANN Central* can adequately cover the dozens of educational resources available to you. We wish to highlight a few of the most popular and highly rated resources.

Annual Educational Conference

More than 900 neonatal professionals attended NANN's 28th Annual Educational Conference in October, and most have already claimed their continuing nursing education (CNE) contact hours (up to 28.5) and completed their evaluations. The Program Planning Committee for the 29th Annual Educational Conference met in December and considered session scores, faculty ratings, and attendee comments, in which a vast majority of attendees stated they would recommend this conference to their peers.

Please know that the planning committee and staff never rest when it comes to providing you the best possible educational and meeting experience. We hope you will continue to attend this premier event, provide us your feedback, and get involved as a moderator, speaker, or poster presenter.

CNE Now!

With five releases to date offered for free to NANN members, *CNE Now!* is the fastest growing NANN activity. *CNE Now!* has been downloaded more than 2,500 times and rates highest among NANN's online CNE activities, with an overall user rating of 4.73 out of 5. *CNE Now!* offers highly clinical content in a practical and interactive format, and users have achieved an average pass rate of 90%. The *CNE Now!* Work Group is always looking for new authors. Suggested topics and information on how to submit your work can be found on the NANN website under Education.

Developmental Care Specialist Designation

The Developmental Care Work Group recently completed a comprehensive review and question analysis of the 100-question test for the Developmental Care *Specialist* designation, which recognizes those who are experts in the science and application of developmental care. The *Specialist* designation is tied closely to the evidence-based *Developmental Care of Newborns and Infants: A Guide for Health Professionals*, second edition, and the *Developmental Care CNE Learning Modules*. Both members and nonmembers with this interest are encouraged to pursue recognition.

If you have already received the *Specialist* designation and are up for renewal, you can now renew at www.nann.org/dcsd.

Research Summit

Now in its eighth year, the Research Summit offers a truly unique opportunity for those new to research to network with other beginners, present their findings, receive constructive feedback, and be mentored in research development. There are 17 scholarship recipients this year. Watch for upcoming information this summer on how you can apply for a scholarship to attend the 2014 summit.

Neonatal Intensive Care Nursing Certification Review Course

Another extremely successful online activity, eligible for 27 CNE contact hours, is the *Neonatal Intensive Care Nursing Certification Review Course*. This is available to you whether you are seeking National Certification Corporation certification for your RNC-NIC; pursuing the certification for adult, pediatric, and neonatal critical care nurses given by the AACN Certification Corporation; or simply wanting to brush up on your knowledge and skills.

Precepting the Advanced Practice Nurse: From Expert RN to Novice NNP

This downloadable guide is eligible for 4 CNE contact hours and is for both the teacher and learner engaged in precepting neonatal nurse practitioners. It discusses current theories and published evidence on the teaching and learning experience and offers practical examples and tools that will enhance the quality of this relationship and, in turn, the care provided.

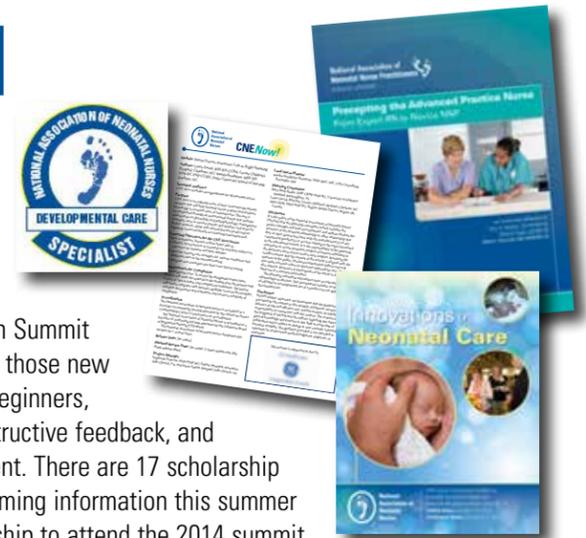
Thank You

NANN is indebted to its volunteers who step up to create these offerings, as well as those who support these through educational grants. Most of these individuals and organizations are acknowledged online. Please go to the Education and About NANN tabs at NANN.org for full access to these and many other CNE and non-CNE activities.

NANN continually seeks volunteers and encourages you to contact the Educational Leadership Team below if you're interested in volunteering your time and expertise.

NANN Educational Leadership Team

Sandy Sundquist Beaman, Education Provider Committee Chair and Lead Nurse Planner, cnsconsultingneo@gmail.com
Pam Spivey, NANN Board Liaison, psspivey@texaschildrens.org
Susan Meier, NANN Council Liaison, susanmeier@comcast.net
Steve Biddle, Director of Education, sbiddle@nann.org
Kristi AR Conley, Education Manager, kconley@nann.org



from NANN's President

Are You Certified? The Importance of Maintenance of Certification

Cheryl A. Carlson, PhD APRN NNP-BC

The cost and impact of medical errors cuts across all areas of our professional and personal lives. The patient must contend with not only personal losses from possible short- and long-term physical and psychological disabilities, but also the financial costs related to loss of income and associated ongoing healthcare costs. There is also a cost to healthcare professionals when errors occur, leading to moral distress and frustration from being unable to provide quality patient care at all times. In the 1999 Institute of Medicine (IOM) report, "To Err is Human: Building a Safer Health System," the IOM issued a call to healthcare organizations and professionals to address healthcare errors and provide mechanisms to ensure a safe environment for all patients and their families. One of the specific recommendations in this report was to

challenge healthcare professionals to set and enforce standards and minimal performance levels through licensure, certification, and accreditation (IOM, 1999).

In 2010, the IOM's report, "The Future of Nursing: Leading Change, Advancing Health," was released. This document focused on the future of health care and the critical role that nurses will have in the delivery of healthcare services. One important recommendation was that healthcare organizations, schools, and accrediting organizations ensure that nurses practice to the full scope of their license and have opportunities to participate in lifelong learning to gain the competencies needed to provide quality patient care (IOM, 2010).

As a result of these recommendations from the IOM reports and other recognized healthcare consumer

groups, healthcare organizations began to look at the processes of certification and ongoing competency maintenance. Medical competence is defined by *Merriam-Webster* as "the quality or state of being functionally adequate" (Competence, n.d.). These recommendations apply to all healthcare professionals, and each profession along with its professional associations will need to address these questions of certification and competency maintenance.

As neonatal nurses, we are offered certification either through the National Certification Corporation (NCC) or through the American Association of Critical-Care Nurses (AACN) Certification Corporation. For neonatal advanced practice nurses (APRNs), NCC offers

continued on page 2

Find us at



Stay Connected

Post this issue of *NANN Central* in your NICU or pass it along to a colleague.



Healthcare Changes Will Usher in Transitional Period

Suzanne Staebler, DNP APRN NNP-BC



It's a new year—a natural period of transition we all experience. 2013 will bring a series of transitions within our healthcare system as pieces of the Affordable Care Act begin to be implemented and funded. As providers in this system, we will be called not only to navigate the transitions but also to lead others through the process. Remember, we are all leaders by virtue of our education and advanced practice role. To lead in these times, we must develop personal resilience to change and transition and not resist. We can no longer dig our heels in and refuse to move forward. It does not serve our patients, it does not serve our colleagues, and it certainly does not serve our profession and role well. We must be the example for others to follow, rather than the reason they choose not to move forward.

As I have recently experienced my own personal and professional transitions, the work of William Bridges resounds in my mind. Change, change theory, and change agent are buzzwords we hear consistently at work or school. But Bridges describes the stages

of *transition*, not change. Change is something that happens to people; transition is internal—what happens in people's minds as they experience change (Bridges, 1999).

He helps us reframe our thinking as leaders. The stages Bridges describes are:

Ending, Losing, and Letting Go: This is the stage when we all experience an array of emotions (fear, anger, sadness, loss, etc.), but these emotions help us to accept that something is ending so we can begin to embrace the new concept.

The Neutral Zone: In this stage, people affected by change are often confused, impatient, and uncertain (sound familiar?). But this is the stage where great creativity, innovation, and renewal are experienced as we encourage ourselves and others to do things differently and think differently.

The New Beginning: This is a time of high energy and acceptance. We see “wins” for our efforts and openness to moving forward and continuing.

It is important to realize that although all people go through these stages at their own pace, we—as

leaders—must guide them to keep moving forward, despite resistance or entrenchment. As an organization, NANNP recognized several challenges facing the neonatal population and the advanced practice roles (nurse practitioner and clinical nurse specialist). The NANNP Council developed a 2013 work plan that enables NANNP to begin to address these challenges to secure the future of the neonatal advanced practice nurse roles. Our priorities include revising the *NNP Education Standards* and the *NNP Competencies and Orientation Toolkit* and working with our colleagues at the American Academy of Pediatrics to revise their Neonatal APRN statement. Many NANNP members have volunteered their time and expertise to develop these important projects. The council is grateful for their commitment to serve their colleagues and profession. NANNP's goal is to have draft revisions ready for members' comments no later than the end of the year.

Thank you for your continued membership, involvement, and support of the NANNP mission. 

Reference

Bridges, W. (1991). *Managing transitions: Making the most of change*. Cambridge, MA: De Capo Press.

Nominations for NANN and NANNP Awards Due May 1

With NANN's online Awards Program, it couldn't be easier to nominate an admirable colleague. Each year, NANN and NANNP recognize deserving individuals for their dedication to neonatal nursing and their extraordinary contributions to the neonatal nursing field. Nominations are due **May 1, 2013**.

The **Robyn Main Excellence in Clinical Practice Award** recognizes and encourages excellence in those neonatal nurses responsible for providing direct patient care. Nominees should be NANN members, provide direct patient care as a staff nurse, and demonstrate consistent excellence in care involving difficult or unique patient, family, or staff situations.

The **NNP Excellence Award** honors outstanding contributions by a neonatal nurse practitioner (NNP) to the field of neonatal nursing through exemplary practice, leadership, service, and education. Nominees must be NANNP members who are actively practicing as an NNP and must demonstrate excellence in the practice and art of advanced neonatal nursing.

The **Leadership Award** recognizes a neonatal nurse who exhibits superior leadership skills. Nominees should be NANN members, exhibit superior leadership qualities in a neonatal nursing role, and demonstrate consistent excellence in practice.

The **Navigator Award** recognizes a NANN member who consistently demonstrates the power of mentoring as a force for decreasing turnover rates, fostering camaraderie, and contributing to the positive growth and development of new nurses in the specialty

of neonatal nursing. Nominees should be NANN members, perform in a mentoring role (e.g., as an NNP, clinical nurse specialist, nurse manager, educator, or preceptor for a staff nurse), and demonstrate consistent excellence in practice.

The **Chapter of the Year Award** acknowledges the accomplishments and contributions of chapters. Applicants must be chartered NANN chapters in good standing. Chapters submit information in five areas: chapter communications, community service, educational offerings, fundraising efforts, and membership recruitment and retention. Chapter of the Year applicants will be also be considered for Individual Project Awards in each of these areas. Chapters may also submit applications in one or more of these areas to be eligible for an Individual Project Award.

NANN and NANNP members encompass innumerable gifted and devoted experts who put their knowledge and enthusiasm to work every day. Our members deserve accolades for the important work they do for their patients and families. Be sure to recognize your colleagues for their talent and dedication to neonatal nursing. Applications may be accessed on the NANN website at www.nann.org/awards. 

Career Central

NANN's Career Central provides current information on the neonatal nursing profession and could be your starting point for an exciting new career. Check out the latest job postings on the Career Central page at NANN.org/jobs.

from NANN's President *continued from page 1*

certification for neonatal nurse practitioners, and AACN has a certification exam for clinical nurse specialists. In the past, maintenance of certification was earned by obtaining general contact hours in the specialty area, but this did not necessarily address individual areas of knowledge deficits.

In response to the IOM's recommendations, a study was conducted by the NCC to evaluate individual strengths and weaknesses related to knowledge competencies for specialty certification maintenance (Byrd, Burns, & Grossklags, 2013). The study population of women's healthcare nurse practitioners ($N = 1,200$) completed a 100-item test consisting of content in each of the areas specific to their practice. The reliability of the use of self-assessment alone as a measure of competency has been questioned in the literature for many years. This large study demonstrated that it is difficult to self-assess one's own learning needs. Results of this pilot, information in the literature related to the effectiveness of self-assessment, and the need to meet advanced practice consensus models demand that we provide employers and the public with a valid measure of assurance regarding the ongoing competencies of providers.

It was mandated that a procedure be put into place for recertification that ensured continued knowledge competence in the certification specialty that is consistent with the current educational curriculum, national standards of practice, and current practice. NCC initiated a continuing competency initiative that is designed to demonstrate maintenance of knowledge competence over time to meet the new national initiatives. These mandated changes have transitioned the certification maintenance process to a new specialty assessment tool in the form of a 125-question test that will reflect strengths in knowledge in the core competency areas of physical assessment, physiology and pathophysiology, general management, pharmacology, and professional practice (Byrd et al., 2013). There is no pass/fail, and the information is used to develop a learning plan for the individual that will focus on the core competency areas that need to be addressed. The learner will then need to obtain educational contact hours in these identified areas.

This is a first step in the process of certification maintenance and competency. Being certified in your specialty area is one way you can answer the question being asked by healthcare organizations, patients, and

families: “Are you competent?” Although certification is required for all APRNs, registered nurses currently make a choice in demonstrating their knowledge competencies to the patients and families for whom they care. As professionals, we need to lead this process of certification forward. I encourage each of you to become certified in your specialty area and if you are, I applaud you and encourage you to continue your professional growth. 

References

- Byrd, F. H., Burns, B., & Grossklags, B. L. (2013). An empirical evaluation of the adequacy of self-assessed knowledge competency in a certified population of women's health care nurse practitioners. *Journal of Nursing Education and Practice*, 3(6), 11–20.
- Competence. (n.d.). Merriam-Webster's online dictionary (11th ed.). Retrieved from www.merriam-webster.com/dictionary/competency
- Institute of Medicine. (1999). *To err is human: Building a safer health system*. Available from <http://books.nap.edu/catalog/9728.html>
- Institute of Medicine. (2010). *The future of nursing: Leading change, advancing health*. Retrieved from www.nap.edu/catalog/12956.html

Focus on Small Grant Award Recipients

Joan Renard Smith, MSN NNP-BC, and Ruth Lucas, PhD RNC

The Small Grants Mentee/Mentor Program is now accepting applications from NANN members who have an interest in furthering their research interests or initiating their own research study or evidence-based practice (EBP) project. The program connects those who have little or no research background with experienced researchers to enhance their skills and promote the success of the research study or EBP project. In 2012, the Small Grants Mentee/Mentor Program awarded grants to Joan Renard Smith, MSN NNP-BC, and Ruth Lucas, PhD RNC.

Joan's award provided support for her research project, "Impact of a Novel Relaxation Method of Touch on Neonatal Neurobehavioral Development Among Very Preterm Infants." The study will focus on the cumulative effect of the M Technique® on infant neurodevelopment in hospitalized very preterm infants.

"Findings from this study will build upon the science of touch for very preterm infants and provide a potentially cost-effective strategy aimed at optimizing



Joan Renard Smith,
MSN NNP-BC



Ruth Lucas,
PhD RNC

the infant's sensory experience, potentially improving infant neurodevelopment," Smith said. She hopes the study data will help researchers to identify an early, cost-effective intervention that will maximize the neurodevelopment outcomes of children who suffer neurologic disabilities.

The award also offers opportunities for collaboration with respected leaders in the field. "By participating in the Small Grants Program I was able to collaborate with and work closely with Dr. Jackie McGrath as my mentor,"

Smith said. "I am extremely grateful for her guidance, expertise, and support."

With her Small Grant Award, Lucas is conducting research on how late preterm infants transition to breastfeeding the month following discharge. "Breastfeeding after discharge is dependent on how mothers and infants are supported while hospitalized and if mothers are able to access and utilize resources after discharge. As a result of this study and other ongoing pilot work, I have a desire to complete the requirements for lactation consultant certification."

Lucas credited her NANN membership with contributing to her professional development. "My NANN membership and the NANN community board allow me to stay grounded in important clinical issues at the bedside and to network with other clinicians."

The deadline to apply for a 2013 Small Grants Award is **Monday, June 3, 2013**. To submit an application, please visit www.nann.org/education/content/research.html.

Choose Your Leadership: 2013 Election Nominations Are Now Open!

Nominations are now being accepted for the NANN Board of Directors and the NANNP Council. To nominate yourself or a colleague, please visit NANN.org by **April 10, 2013**.

Available Positions

Four positions on the NANN Board of Directors will be open in 2013: **President-Elect**, **Staff Nurse Director-at-Large**, and two **Director-at-Large** positions. Four district seats on the NANNP Council will be open in 2013: **District 3** (IL, IN, IA, MI, MN, OH, WI), **District 5** (AZ, CO, MT, NM, NV, WY), **District 6** (AK, CA, HI, ID, OR, UT, WA), and **District 7** (AL, AR, FL, GA, LA, MS).

It's Up to You

The core purpose of both NANN and NANNP is to support the professional needs of neonatal nurses throughout their careers. Electing the best leaders for the association allows us to fulfill that purpose. Please do your part by nominating and casting votes in the NANN and NANNP elections.

New! Group Membership Discounts Now Available

NANN offers group and unit discounts to make joining NANN even more affordable and cost effective for neonatal nurses. Group memberships are available for new groups of three or more and must be submitted together via fax at 866.927.5321, e-mail at info@nann.org, or mail to NANN National Office, 4700 W. Lake Avenue, Glenview, IL 60025. The more individuals who join as a group, the greater the discount becomes. Please share this information with your colleagues, spread the word, and help recruit a group to join!

If you refer the group, you will receive the same discount on your next NANN membership renewal. Group discount rates are as follows:

- Groups of 3–9: **8% discount**—Each individual membership is \$105.50.
- Groups of 10–19: **10% discount**—Each individual membership is \$103.50.
- Groups of 20 or more: **20% discount**—Each individual membership is \$92.

Visit NANNmembership.org for more information.

Brighter Tomorrows Story Contest Now Open

Enter the Brighter Tomorrows Story Contest for a chance to win complimentary registration for NANN's 29th Annual Educational Conference, to be held in Nashville, TN, October 2–5, 2013.

Stories should be relevant to neonatal nursing practice and relate a baby's or family's progress or describe the professional development of a neonatal nurse. The maximum length for stories is 500 words (stories that exceed the maximum length will not be considered); photos may accompany stories if the appropriate permission has been granted and a signed release form is submitted with the entry. To print a release form and read stories submitted in previous years, please visit NANNconference.org. To enter, please send your story and release form via e-mail to info@nann.org. All entries must be received by **Monday, May 13, 2013**.

By submitting a story, you give NANN permission to reproduce it in the association's print and electronic media. The winning entry will be chosen in late May 2013, and its author will be notified immediately thereafter. The winning story will be printed in *NANN Central* and posted on NANN's website.



Marianne Cesarotti, BSN RNC-NIC IBCLC, won the 2012 Brighter Tomorrows Story Contest for her essay, "From Parent to NICU Nurse." The essay was about the 97-day journey she spent in the NICU alongside her 940-gram newborn baby girl, Isabel, that inspired her to become a neonatal nurse.

Please join us for a free CE/CME webcast!

Human Milk Fortifiers: Practices and Evidence in Preterm Infants

This webcast addresses optimal nutritional guidelines for preterm infants, safety guidelines for supplements used in the NICU, current evidence for human milk fortifiers (HMFs), and practical issues associated with integrating HMFs into clinical practice.

This activity has been approved for AMA PRA credit. CE credit is also available for nurse practitioners, nurses, and registered dietitians.

For full CE/CME information and to go to the activity:

www.PediatricNutritionCE.org/moya

Sponsored by
 ANNENBERG CENTER
FOR HEALTH SCIENCES
AT EISENHOWER

Funded through an educational grant from Mead Johnson Nutrition.

Effects of Delayed Cord Clamping

Cheryl Riley, DNP MSN RN NNP-BC, NNP Faculty SIG and member of NANN Research Committee



The optimal timing of cord clamping has been controversial since the early 1800s. *Early cord clamping* refers to clamping the umbilical cord within 30 seconds of birth. *Delayed cord clamping* refers to clamping the umbilical cord at more than 30 seconds and up to 5 minutes or when the umbilical blood stops pulsating through the umbilical vessels (Cook, 2007). Delayed cord clamping is referred to as placental transfusion. Delayed cord clamping was a common practice in the United States until the 1980s. This change in

practice may have been due to trends of increased analgesic use in mothers and active management of the third stage of labor. Managing the third stage of labor usually included the administration of oxytocin at delivery. There was concern that the infant would receive a large infusion of blood that resulted from contractions produced by the oxytocin the mother received (Cook, 2007; World Health Organization, 1997). In 1995, the American College of Obstetricians and Gynecologists supported early cord clamping and released a policy statement stating that early cord clamping should be the standard of care. Then in 2002, they changed their position and stated that there was not enough evidence to support early cord clamping (American College of Obstetricians and Gynecologists, 2002).

Today, the result of delayed cord clamping is well-described in both term and preterm infants (Fanaroff, Carlo, Donovan, McDonald, & Poole, 2011). The effects include increased hematocrit, blood volume, and iron. Iron deficiency and iron deficiency anemia are major health problems in children worldwide and affect approximately a quarter of all preschool-aged children (Andersson, Hellstrom-Westas, Andersson, & Domellöf, 2011). Iron is essential in many aspects of brain development including, "myelination, dendritogenesis, neurotransmitter function, and neuronal and glial energy metabolism. A deficiency of iron is associated with long-lasting cognitive and behavior deficits" (Andersson et al., 2011, p. 1). The volume of circulation blood in the placenta and the umbilical veins is approximately 25%–40% of the infant's total blood volume (Cook, 2007). Early cord clamping prevents this blood from entering the infant's circulation. The delay in cord clamping is reported to increase the total blood volume in the infant by 30% and provides approximately 40 mg of iron (De Paco, Florido, Garrido, Prados, & Navarrete, 2011).

Andersson and colleagues (2011) demonstrated in a randomized controlled trial with 400 term infants randomized into either the early group, which were clamped at less than or equal to 10 seconds, or the delayed group, which were clamped at more than 180 seconds, that a delay in cord clamping resulted in improved ferritin levels and reduced the incidence of iron deficiency at 4 months of age. There was no increase in respiratory distress or hyperbilirubinemia requiring phototherapy. In addition, meta-analyses by McDonald and Middleton (2008) and Hutton and Hassan (2007) showed the same clinical benefits and recommended a change in practice to delayed cord clamping.

In preterm infants, delayed cord clamping is associated with a lower incidence of respiratory distress syndrome and necrotizing enterocolitis, increased blood volume and hematocrit, better circulatory stability, and decreased incidence of intraventricular hemorrhage (IVH) for all grades and late-onset sepsis (Rabe, Diaz-Rossello, Duley, & Dowswell, 2012; Rabe, Reynolds, & Diaz-Rosello, 2004). In a systematic review by Rabe, Reynolds, and Diaz-Rosello (2004), seven trials were included with preterm

infants at 24–33 weeks gestation. The results of their review showed infants with delayed cord clamping between 30 and 120 seconds had better outcomes when compared to those who had early cord clamping within 30 seconds. There was an association with decreased IVH and decreased need for blood transfusions. There was wide variation between these studies in relation to the position the infant was held, 10 cm below the vagina versus on the mother's abdomen, and the time frames in which the cords were clamped. Despite these variations, delayed cord clamping was associated with a decreased relative risk of IVH, need for transfusions, anemia, and hypotension.

Evidence shows a benefit to delayed cord clamping in both term and preterm infants. Additional research is warranted to determine the optimum placement of the infant after birth and the length of time to delay clamping the cord. 

References

- American College of Obstetricians and Gynecologists. (2002). Withdrawal of ACOG Educational Bulletin #216. *Obstetrics and Gynecology*, 2(361).
- Andersson, O., Hellstrom-Westas, L., Andersson, D., & Domellöf, M. (2011). Effects of delayed versus early umbilical cord clamping on neonatal outcomes and iron status at 4 months: A randomised controlled trial. *British Journal of Midwifery*, 34(3), d7157.
- Cook, E. L. (2007). Delayed cord clamping or immediate cord clamping?: A literature review. *British Journal of Midwifery*, 15(9), 562–571.
- DePaco, C., Florido, J., Garrido, M., Prados, S., & Navarrete, L. (2011). Umbilical cord blood acid-base and gas analysis after early versus delayed cord clamping in neonates at term. *Archives of Gynecology and Obstetrics*, 283(5), 1011–1014.
- Fanaroff, A., Carlo, W., Donovan, E., McDonald, S., & Poole, W. (2011). Effects of delayed cord clamping in very-low-birth-weight infants. *Journal of Perinatology*, 31, s68–s71.
- Hutton, E. K., & Hassan, E. S. (2007). Late vs early clamping of the umbilical cord in full-term neonates: Systematic review and meta-analysis of controlled trials. *Journal of the American Medical Association*, 297(11), 1241–1252.
- McDonald, S. J., & Middleton, P. (2008). Effect of timing of umbilical cord clamping of term infants on maternal and neonatal outcomes. *Cochrane Database Systematic Review*, 16(2), CD004074.
- Rabe, H., Diaz-Rossello, J. L., Duley, L., & Dowswell, T. (2012). Effect of timing of umbilical cord clamping and other strategies to influence placental transfusion at preterm birth on maternal and infant outcomes. *Cochrane Database Systematic Review*, 8: CD003248.
- Rabe, H., Reynolds, G., & Diaz-Rosello, J. (2004). Early versus delayed umbilical cord clamping in preterm infants. *Cochrane Database Systematic Review*, 18(4), CD003248.
- World Health Organization. (1997). *Care in normal birth: A practical guide*. Geneva, Switzerland: World Health Organization.

Calendar

NANN Small Grants Submissions	March 1–June 3
NANN and NANNP Nominations	March 20–April 10
NANN 8th Annual Research Summit Scottsdale, AZ	April 9–11
NICU Leadership Forum Scottsdale, AZ	April 9–13
PSANZ Annual Congress Adelaide, South Australia	April 14–17
PSANZ Annual Congress Adelaide, South Australia	April 14–17
Carolinas Association of Neonatal Nurse Practitioners Neonatal Symposium Fayetteville/Fort Bragg, NC	April 18–19
Neonatal Advanced Practice Nursing Forum Washington, DC	May 29–June 1
NANN and NANNP Elections	June 1–30
NANN 29th Annual Educational Conference Nashville, TN	October 2–5



PO Box 31756
Chicago, IL 60631

NANN CENTRAL
(ISSN: 1544-3382)

PRSR STD
US Postage
PAID
Glenview, IL
Permit No. 62



**National
Association of
Neonatal
Nurses**

NANN
4700 W. Lake Avenue
Glenview, IL 60025-1485
800.451.3795 • 847.375.3660
Fax 866.927.5321
info@nann.org • NANN.org

NANN Central Content Reviewer: Ann G. Phalen, PhD CRNP NNP-BC

NANN Central™ (ISSN: 1544-3382) is published 3 times per year by the National Association of Neonatal Nurses, 4700 W. Lake Avenue, Glenview, IL 60025, and is distributed to members as a direct benefit of membership. A portion of this membership (\$9) goes toward a subscription to this newsletter. Printed in the U.S.A. POSTMASTER: Send change of address orders to NANN Central™, c/o National Association of Neonatal Nurses, 4700 W. Lake Avenue, Glenview, IL 60025-1485.

© 2013 National Association of Neonatal Nurses. All rights reserved. Reproduction, distribution, or translation without express written permission is strictly prohibited. The statements and opinions expressed in articles and other materials herein are those of the authors or advertisers. NANN, the editors, and the publisher disclaim any responsibility for these materials. Information for authors is available from the NANN National Office. Payment for articles is in the form of complimentary copies only. Trademarks: Trademarked names are used in an editorial fashion to the benefit of the trademark owner, with no intention of infringement of the trademark.