



Join NANN in Nashville for the 29th Annual Educational Conference

October 2–5, Nashville Convention Center and Renaissance Nashville Hotel

This year's conference, focusing on innovations in neonatal care, will be NANN's best meeting yet. Valuable educational sessions will be presented, and NANN again will offer the popular "Skills Lab: Lifesaving Neonatal Management" and "Pharmacology: Back to the Basics" preconference workshops.

The conference will begin with a keynote address by Sue Hall, MD, Stormont-Vail Healthcare, Topeka, KS, who will discuss "Helping Babies and Parents Bond in the NICU: The Critical Role of the Neonatal Nurse," and will conclude with "The Magic of Making a Difference" a closing keynote address by Barbara Bartlein, MSW RN CSP, Milwaukee, WI.

Featured General Sessions

General Session II—"Advocacy in Action"

Kathryn Malin, MSN RN APRN NNP-BC, Children's Hospital of Wisconsin, Milwaukee, WI; Suzanne Staebler, DNP APRN NNP-BC, Pediatric, Nashville, TN

This interactive, hour-long session will generate interest in the advocacy and policy issues that are essential to neonatal care. An in-depth review of NANN's 2013–2014 advocacy agenda and the purpose and function of

the Health Policy and Advocacy Committee will be given. Attendees will have an opportunity to ask questions.

General Session III—"Trauma-Informed Care: A New Paradigm for the NICU"

Mary Coughlin, MS RN NNP, Caring Essentials Collaborative, Boston, MA

This session will help you understand the developmental requisites for successful human transformation from neonate to adult, which is crucial knowledge for the neonatal clinician. The age-specific needs of the premature and hospitalized infant are disease-independent and reflect human developmental essentials. Developmental biology and research on epigenetic influences, coupled with growing literature in the field of developmental psychology, present neonatal clinicians with a rich body of knowledge aimed at transforming caring interactions and promoting optimal growth and development.

Continuing Nursing Education Opportunities

Earn up to 26.5 continuing nursing education contact hours by attending two preconference events, four general sessions, satellite symposia, poster viewings, interprofessional sessions, and more!



NANNP Faculty Summit

Moderator: Suzanne Staebler, DNP APRN NNP-BC, Pediatric, Nashville, TN

Mary Lou Rusin, EdN RN ANEF, National League for Nursing Accreditation Commission, Atlanta, GA; Sheila Smith, PhD RN ANP-BC, Commission on Collegiate Nursing Education, Johnson City, TN

The Faculty Summit will host representatives from the National League for Nursing Accreditation Commission (NLNAC) and the Commission on Collegiate Nursing Education (CCNE) to discuss upcoming changes in accreditation standards and their impact on curriculum development and revision for advanced practice registered nurse (APRN) programs. This discussion also will include standards and outcomes as related to distance APRN education. The summit will conclude with an open forum for faculty to provide feedback related to the revision of the neonatal nurse practitioner education standards, which is under way.

All APRN faculties (NPs or CNSs) are welcome.

Register Now! Register before August 30 to save \$100! Visit www.nannconference.org to register.



from NANN's President

Creating a Culture of Caring

Cheryl A. Carlson, PhD APRN NNP-BC

One of the reasons people go into a healthcare profession is to take care of others. There is a desire to be part of a healthcare team that provides quality care for both the patient and the family. With the focus on patient- and family-centered health care, the active participation of patients deciding not only their healthcare plan but also where they will receive care is becoming a driver in this new healthcare arena. With patient-centered health care, the focus will be on patients' satisfaction, and reimbursement of healthcare facilities will be based not only on outcomes but also on patient satisfaction scores.

The public has recognized the importance of nurses in their healthcare experience for years and so must employers. In this new era of health care, we must believe in ourselves and take responsibility for our practice and our profession. Healthcare organizations will be responsible for ensuring that all healthcare professionals maintain competency and participate in continuing education to provide quality care to patients. In addition, they will have to invest in their employees, knowing that employee satisfaction and engagement are directly linked to the critical mission and values of their facility as well as to improved patient satisfaction.

Although nurses provide amazing patient- and family-centered care, there should be a focus on the working environment and how we interact with or care for each other and the interdisciplinary members of the healthcare team. To take care of others, we must take

care of ourselves and the environment we work in. If the healthcare team—physicians, nurses, respiratory therapists, pharmacists, dieticians, and housekeeping staff—works together and cares about each other, that empathy will transfer to the patient and family. Healthcare teams must value the knowledge and expertise of others and demonstrate respect for the decisions of the team. At the end of the day, it is all about perception, and a high-functioning team promotes the perception of quality care.

The terms *lateral violence* and *bullying* have been used to describe behaviors of verbal or nonverbal aggression in the workplace. Lateral violence in the workplace can take many forms, including but not limited to gossiping, withholding information, and ostracism, and these behaviors may extend outside of the working environment (Dellasega, 2009). The American Nurses Association (ANA) has recognized this as a problem for nurses. The ANA 2012 House of Delegates passed a resolution to promote the development of workplace violence prevention programs requiring the commitment of management and employees (ANA, 2012). In addition, the ANA has developed continuing education modules and materials aimed at addressing inappropriate behaviors and improving the work environment.

Recognizing that the team or unit environment can be improved is the beginning of the process. The power of kindness and adherence to the "golden rule"—treating

others as you want to be treated—is an important first step to changing workplace hostility. Open communication and recognition of the problem are key. This can be done within a team, a nursing care unit, or an entire healthcare facility. Building upon the hospital's stated missions and values, management and team members can reach an agreement on behavioral expectations. Several tools can be used to start the process. One such tool is available in the book *Patients Come Second: Leading Change by Changing the Way You Lead*. The authors focus on employee engagement as a way to improve patient satisfaction. As a result of their work, the authors demonstrate improved outcomes in patient satisfaction and employee engagement.

Another approach is to have all team members, including management, take a team skills assessment requiring each individual to assess their skills in interacting with individuals within their team on issues such as attitude; involvement in team activities; sharing of knowledge; approachability; and professionalism in language, attitude, and dress. This can be a way to determine what good team behavior would look like. It also can include items such as the type of assignments given to nurses floated to the unit, whether the nurse is assigned a resource person for the shift, and also how individuals are treated upon entering the unit. Asking questions about how we currently do things often leads to an understanding of what needs improvement.

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Stay Connected

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



New Barriers Impact Education of APRNs

Suzanne Staebler, DNP APRN NNP-BC

There has been much talk about the barriers imposed at the state levels and their effect on APRN scope of practice and ability to practice. This has been a focus of the LACE Task Force as they work to implement the Consensus Model for APRN Regulation across the United States. Now, a new barrier is affecting APRNs—this time in the area of education. This barrier impacts institutions of higher learning and their ability to offer distance-learning options to students.

In fall 2010, the U. S. Department of Education (DOE) announced its “program integrity” regulations related to higher education. Many colleges and organizations of higher education hotly contested these proposed regulations. On March 11, 2011, a U. S. House Subcommittee on Higher Education and Workforce Training held a hearing focused exclusively on the new federal definition of credit hours and state authorization regulations from the DOE. The state authorization regulation creates new and significant hurdles for students pursuing higher education through distance learning opportunities. The regulation forces institutions to determine applicable state requirements related to distance education programs, and due to student mobility, most institutions will need to become authorized in all 50 states. This regulation was due to take effect on July 1, 2013, until the DOE announced late last year that they would not enforce the distance education rules. Unfortunately, many states had already changed their authorization requirements based on the DOE regulations. This has made it more difficult and expensive for institutions to obtain permission to operate across state lines. Many institutions and programs of study have stopped enrolling students from states with “significant” requirements.

So, what does all this really mean? Fifteen states, classified as “red states,” regulate graduate educa-

tion, imposing significant regulations and restricting opportunities for students to attend distance education programs. Many academic programs are no longer accepting applicants from these so-called red states. Several other states, classified as “orange states,” have ambiguous regulations.

As an APRN student or potential student, you may not be able to find a program in your desired area of study that offers distance education if you live in one of the red states. If there is not a program of study in your area, you may have to relocate to pursue your education. For APRN programs with a distance education component, the screening process for potential students has become significantly more complicated. Universities and colleges will need to continually monitor state requirements, and student acceptance and enrollment into programs may be affected.

However, there is hope. In April the Commission on the Regulation of Postsecondary Distance Education (the Commission) reported on the recommendations for implementation of the State Authorization Reciprocity Agreement (SARA). The Presidents’ Forum and the Council of State Governments, in collaboration with the Commission and the four regional higher education compacts, were involved in the development of the agreement. SARA is a new interstate reciprocity system

that will streamline regulations significantly and allow universities and colleges to more easily offer online courses across the country. Through SARA, higher education institutions will be freed from the costly, inefficient, and inconsistent regulations and laws in different states that make it difficult to offer online courses to students who reside outside of an institution’s home state.

The plan also sets in place consumer protections to safeguard students (State Higher Education Executive Officers Association, 2013). The Commission is hoping to establish a National Coordinating Board by July 2013. This board will be responsible for implementing SARA membership (for institutions) and regional compacts (the Midwestern Higher Education Compact [MHEC], New England Board of Higher Education [NEBHE], Southern Regional Education Board [SREB] and Western Interstate Commission for Higher Education [WICHE]). Watch for the Fall issue of *NANN Central* to read more on this topic.

Reference

State Higher Education Executive Officers Association. (2013). Final report of the distance education commission: Advancing access through regulatory reform. Retrieved from www.shceo.org/resources/publications/final-report-distance-education-commission-advancing-access-through

Definitions

- **distance education** or **distance learning**: delivery of education and instruction to students who are not physically present in a classroom setting
- **hybrid education** or **blended education**: distance education that requires a physical “on-site” presence for any reason (e.g., exams, clinicals)
- **online education** or **online learning**: a type of distance learning where students and instructors interact via the Internet. There are two types of online education:
 - **Synchronous learning** is when the instructor and students have direct, simultaneous contact, such as in chat forum for a discussion or a lecture at scheduled time via webinar.
 - **Asynchronous learning** is when the student and instructor do not meet at any time or space.

A New Look for NANN Chapters

NANN chapters are going through a rebranding process and have traded in their old logos for new logos created by the NANN National Office. The new logos further distinguish NANN chapters from competing organizations, bring uniformity to the chapters, and help neonatal nurses who may not be familiar with NANN chapters to identify them as part of NANN.

As NANN looks to grow national and chapter membership, having a strong, uniform, and polished identity both nationally and regionally is critical.

Congratulations to all of the chapters for their excellent work updating their websites, social media outlets, newsletters, and marketing materials to reflect this new branding.

For more information about NANN’s regional chapters, visit www.nann.org/chapters.



from NANN’s President *continued from page 1*

Recognizing the current culture of the unit or team also can lead to discussions on ways to improve the working environment for all team members. This may include how staff input is accepted, how problems are handled, and whether people feel free to ask questions and express opinions. This includes the welcoming of new staff and ensuring the contributions of all members of the healthcare team are recognized.

Once the process has started, an agreement on what are considered acceptable and unacceptable behaviors is adopted. This may include things such as not talking about others or gossiping, and talking with an employee who is not exhibiting the agreed-upon behaviors. Issues should not go unresolved or be continually discussed. Communicating and dealing with any issues within a short timeframe of the occurrence (e.g., 24–72 hours) with the individuals involved will allow for resolution and create a healthy environment for all team members. An agreement on zero tolerance for any inappropriate behavior and on the stated consequences for violation of this agreement is important in making this process work. This agreement should be made by both management and staff.

It takes courage and passion to lead change. As nurses, we are on the front line for the patient and

family and are a vital part of the healthcare team. We can be ferocious when it comes to advocating for patients but often fail to advocate for ourselves. Nurses have earned equal and full respect from every provider on the healthcare team and as a part of that professional team, we need to stop accepting the status quo and take on the challenge of changing our work environment into a caring, healthy place. An environment that is caring and provides the necessary tools allows people to do their very best to provide quality care to patients and families. This is vital for success. When a true culture of caring exists, the healthcare team and the healthcare environment are at their best and the full focus is on the patients and their families.

References

American Nurses Association, House of Delegates. (2012). *Workplace violence* (Resolution). Retrieved from American Nurses Association website: www.nursingworld.org/MainMenu-Categories/WorkplaceSafety/Healthy-Nurse/bullyingworkplaceviolence

Dellasega, C. A. (2009). Bullying among nurses. *American Journal of Nursing*, 109(1), 52–58.

Spiegelman, P., & Berrett, B. (2013). *Patients come second: Leading change by changing the way you lead*. Austin, TX: An Inc. Original.

Neonatal Nurse Practitioner Opportunity

Children's Hospitals and Clinics of Minnesota is actively seeking NNP's to join our team. The Neonatal Services Program at Children's is the largest high-risk referral center in the Upper Midwest. We provide tertiary and quaternary care through our Level III, II and step-down units with a combined bed capacity of 171 between our Minneapolis and St. Paul campuses. Additionally, Children's provides outreach coverage to surrounding hospitals in the area.

Vital Stats:

- Fourth-largest Neonatal Program in the U.S.
- Recognized for having survival outcomes amongst the best in the world.
- Team of over 20 neonatologists, 60+ neonatal nurse practitioners, and a full spectrum of medical specialists.
- Over 1,900 Neonatal visits per year.
- Provide care through Level III, II, and step-down units within our system.
- Opportunity to provide care autonomously as well as on a team.

Qualifications: Master's degree in Nursing from an accredited NNP program, certification by NCC as a Neonatal Nurse Practitioner, ability to obtain MN RN licensure with APRN registration.

Please contact Ryan Berreth for additional information:
Office: (612) 813-8125/ Cell: (952) 797-6660 Email: Ryan.Berreth@childrensmn.org

Sweet Rewards



NANN 2013 Brighter Tomorrows Story Contest Winner

Shirley Wilson, BSN RN

As a transport nurse, I picked up a baby suspected of having trisomy 18 from an outlying hospital. He was the first child for a young couple, who were in shock that something could be wrong with their baby. The parents were sobbing as I took the baby by the mom's room before I left; they were preparing to be discharged and drive to the neonatal intensive care unit.

Upon examination, it was clear that the baby did in all probability have that diagnosis. I can still see their faces when Dad wheeled Mom in to speak with the neonatologist. As they approached the bedside, Dad could only cry and soon excused himself to regain his composure. Mom sat with tears streaming as she looked over all the anomalies, commenting "Well, he does have funny ears, but so does Dad," "I'm sure we can fix his feet," and so on. This young couple lived with the father's family. Mom did not have any family involved

in her life. As we waited for confirmation, Mom never left the hospital. Day and night, Mom would hold, sing, talk to, and love her baby. After more than a week, Mom and Dad's tension was becoming apparent. They had so many people telling them what to do and offering advice. They needed a night away and alone to comprehend and come to terms with their baby's condition. I contacted a friend who owned a local hotel and he offered a room for the night. I paid for dinner for them and assured them I would take care of their baby. When they returned the following day, they looked refreshed and peaceful. They could not have been more appreciative of the opportunity to have time alone and away for the night.

Confirmation of their baby's prognosis finally came, and we moved to comfort care. The family was moved to a room, with plans for them to stay with the baby until he passed. It was a long 2-week process. I tried to make their stay as comfortable as possible, bringing them little treats and magazines to pass some of the longest days of

their lives. Mom asked if I would be there when the baby passed because she was afraid to be alone. I assured her that I or someone else would be with her when the time came. He passed peacefully in her arms while they both slept one night; I was sitting quietly in the corner.

Two years later, I was shopping out of town when I heard a voice call my name. I turned to see the young couple with a new baby. She gave me a big hug and told me there was not a day that went by that she didn't think of me. After her experience, she returned to school and had just been accepted into a nursing program! Her prayer was to someday make as big of a difference in someone's life as I had made in hers.

Shirley Wilson, BSN RN, is a registered nurse at Rogue Regional Medical Center's NICU, Medford, OR. Read all of the submissions for the Brighter Tomorrows Story Contest on the conference page at www.nannconference.org.

Now Available Neonatal Nursing: Scope and Standards of Practice, 2nd edition

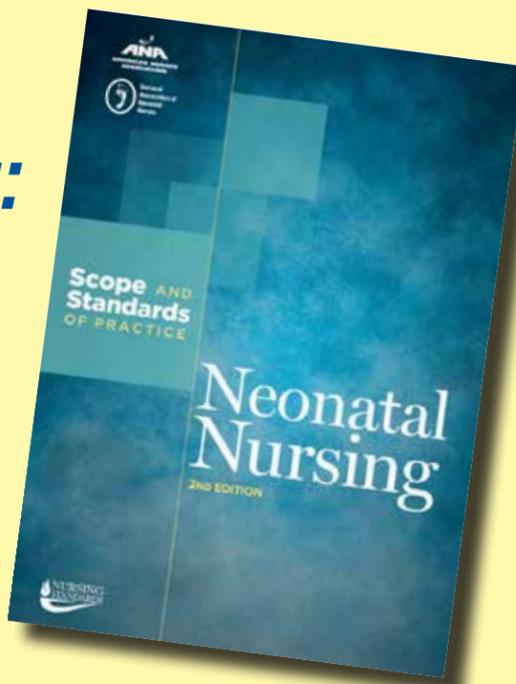
NANN and the American Nurses Association have updated and expanded the first edition of *Neonatal Nursing: Scope and Standards of Practice*. This new second edition provides a concise guide to contemporary neonatal nursing practice at all levels and settings.

Scope and Standards expands on the who, what, where, when, why, and how of neonatal nursing practice. The book discusses the 16 neonatal practice standards and offers a specific set of competencies that serve as evidence of minimal compliance with each standard. *Scope and Standards* provides a comprehensive background for understanding and addressing the standards of neonatal nursing practice, which include

- assumptions
- characteristics
- environments and settings
- education and training requirements
- key issues and trends
- ethical and conceptual bases.

Scope and Standards is ideal for neonatal nursing practitioners, educators, students, healthcare providers, researchers, and policy makers.

Purchase today at www.nannstore.org.



Help NANN Achieve 7,777

You can make a difference for your colleagues and enhance the number and quality of professional resources available to neonatal nurses by helping us increase NANN's membership.

NANN's 2013 membership goal is to reach 7,777 members. We need your help to do this!

With more members and resources, you win, your colleagues win, and neonates and their families win.

Three Ways You Can Help

1. Refer a colleague who is not yet a member to the NANN office (contact jliston@nann.org).
2. Gather a group to join. (Group discounts of up to 20% are available for new members.)
3. Encourage your colleagues to renew their NANN memberships.

Group Membership Discount Information

NANN, along with its division, the National Association of Neonatal Nurse Practitioners (NANNP), is offering discounts for groups of three or more new members. The more individuals who join as a group, the greater the discount becomes. 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.

Group membership applications must be submitted together via fax (866.927.5321), e-mail (info@nann.org); or mail, ATTN: Jacky Liston, NANN National Office, 8735 W. Higgins Road, Suite 300, Chicago, IL, 60631.

Referring Member Incentive

If you are the referring member for a group of new members, you will receive the same discount as the group (up to 20%) on your next NANN membership renewal. To be recognized as the recruiter and receive a discount on your membership renewal, please be sure your name or business card is included with the group's membership applications.

For information about the benefits of NANN membership, visit www.nann.org/nicu. There, an individual can join online or download a printable application.

Call for Abstracts: Now Open

30th Annual Educational Conference

The National Association of Neonatal Nurses Conference Program Planning Committee would like to invite you to submit an abstract to present at the 30th Annual Educational Conference September 10–13, 2014, in Phoenix, AZ.

Submit your abstract today! The abstract submission deadline is Monday, November 4, 2013, at 7 am CST. Learn more at www.nannconference.org.

9th Annual NANN Research Summit

Want to be a part of the 9th Annual NANN Research Summit? Are you doing research in your neonatal intensive care unit (NICU)? Are you making a practice change in your NICU and evaluating the results? Have you considered submitting the results of your project to the NANN Research Summit Abstract Review Committee?

Join us for the next Research Summit in Scottsdale, AZ, April 1–3, 2014. Submit a research project or evidence-based practice change project or proposal that you have implemented or are planning to implement and evaluate by next spring. Each spring, selected individuals attend the summit for free to present their research or practice change outcomes and discuss the process and results with other researchers from around the country and the world. This is your chance—start now with the new online application submission process! Abstracts are due October 15, 2013.

This program is made possible through an educational grant from Mead Johnson Nutrition.



Advocacy Update

Update on Nursing Workforce Development

Cindi Acree, DNP CNP



For more than 40 years the nursing community has come together to lobby Congress for funding for Title VIII of the Public Health Service Act. NANN's Nurse in Washington Internship (NIWI) representatives actively participate in this lobbying each year. The Title VIII funding provides for the development and strengthening of the nursing workforce through nine programs providing grants, traineeships, and loans.

This year the Obama Administration recommended \$251 million for Title VIII, which was \$20 million more than the budget for fiscal years 2012 and 2013, prior to sequestration funding levels. After the sequestration process it was communicated that Title VIII programs will receive \$217.5 million dollars, a 6.3% decrease from fiscal year 2012 funding. The additional funding that had been requested is urgently needed. Currently, our nation's nursing schools are being forced to make difficult decisions during the admissions process, secondary to fiscal and resource constraints, regarding the increased number of applicants for nursing education programs.

In a survey conducted by the American Association of Colleges of Nursing (AACN), 76,659 qualified applicants were turned away from nursing education programs due to insufficient faculty and resources for the 2012 academic year. The AACN agrees with the Bureau of Labor's employment projections that the registered nurse workforce will be one of the fastest-growing occupations in the next 7 years. The number of practicing nurses is expected to grow from 2.74 million in 2012 to 3.45 million in 2020 as the demand for nurses increases and access to affordable healthcare becomes available for 34 million additional people as a result of the Affordable Care Act.

Despite the challenges and barriers, all visionary nursing leaders from the bedside to the boardroom must continue to recruit and mentor top talent for the nursing profession. The public is counting on us! For more information, visit www.aacn.nche.edu.

Advanced Practice Nursing

In March 2012, the Center for Medicare and Medicaid Services released a call for proposals for innovative projects designed to expand the nation's primary care workforce. The initiative is called the Graduate Nurse Education Demonstration and the primary aim is to provide funding to increase the number of advanced practice registered nurses (APRNs) educated and trained in the necessary knowledge, skills, and abilities to provide primary care, preventive care, transitional care, chronic care management, and other services appropriate for Medicare beneficiaries.

Hospitals partnered with accredited schools of nursing and nonhospital community-based care setting would be reimbursed for providing clinical training to APRN students. The Demonstration Project would include five hospitals. In July 2012, the following organizations were selected to participate: Hospital of the University of Pennsylvania (Philadelphia, PA); Duke University Hospital (Durham, NC); Scottsdale Healthcare Medical Center (Scottsdale, AZ); Rush University Medical Center (Chicago, IL); and Memorial Hermann-Texas Medical Center (Houston, TX).

The National Council of State Boards of Nursing has a recording of the update on the Demonstration Project, which was shared during the APRN Roundtable in April. The recording can be accessed at www.ncsbn.org/3876.htm. For more information, visit <http://innovation.cms.gov/initiatives/gne>.

The outcomes of the Graduate Nurse Education Demonstration will be interesting to follow over the next 4 years. Federal funding for graduate nursing education will play a significant role in increasing the number of educated and trained APRNs in the future.

Cindi Acree, DNP CNP, is a neonatal nurse practitioner at Cincinnati Children's Hospital Medical Center in Cincinnati, OH.

Call for Donations: 2013 Silent Auction Benefiting the March of Dimes

A silent auction will be held at the 29th Annual Educational Conference, October 2–5 in Nashville, TN. Please consider participating by submitting a donation. All proceeds will benefit the March of Dimes by funding research and improving the health of babies by preventing birth defects, premature birth, and infant mortality. Thanks to the generosity of the donors and bidders, more than \$3,000 was raised in 2012. We are aiming to continue that success in 2013.

Examples of appropriate gifts for the silent auction include

- themed gift baskets
- funding for travel to a future NANN conference
- gift certificates for national chain restaurants, hotels, or stores.

The following are guidelines to keep in mind:

- The item must be easily displayed on a table.
- Gift baskets must be wrapped in clear plastic and should include a list of contents.

- All entries must be able to be boxed and shipped to the recipient's home.
- All entries must include a card with the name of the donating person, organization, or company.

Use your imagination to come up with a silent auction item that will entice others to place a bid. If you have questions or would like additional information, please contact Jacky Liston at jliston@nann.org. NANN and the March of Dimes thank you for your support!

Calendar

National Neonatal Nurses Day September 15

NANN 29th Annual Educational Conference
Nashville, TN October 2–5

9th Annual NANN Research Summit
Online abstract submission deadline October 15

NANN 30th Annual Educational Conference
Online abstract submission deadline November 4

Look for chapter meeting dates at www.nann.org.

NANN

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