



## Learn from leaders. Meet friends. See innovations. Be there.

### 30th Annual Educational Conference | September 10–13 | Phoenix, AZ

NANN's 30th Annual Educational Conference will begin with Dr. Patricia Bondurant, who will discuss "The Future of Neonatal Nursing at the Crossroads of Change." The conference will wrap up with Dr. Cynthia Clark's "Igniting the Power and Passion of Civility in Nursing: Creating Healthy Workplaces."

**Back by popular demand—Mary Coughlin, MS RN NNP!**

#### Friday, September 12

**11 am–12:15 pm**

##### General Session II—Trauma-Informed Care: The Neonatal Nurse's Experience

Caring for traumatized families and their critically ill, hospitalized infants is part of the neonatal nursing experience. Too often we marginalize our feelings and emotional response to these traumatic events. This session will introduce the physiologic and psychoemotional impact of trauma exposure in the NICU. Participants will explore and experience self-care strategies designed to preserve and protect the personhood and professional integrity of the neonatal nurse.

**Speed Networking—New this year!**

#### Wednesday, September 10

**4:30–5:30 pm**

Join your NANN colleagues and make new connections in a fun and painless Speed Networking session. We all know that cultivating a wide range of contacts inside your field can enhance your depth of knowledge and provide a sense of connectedness that is invaluable to career growth and happiness. Come with extra business cards and a sense of adventure!

#### Additional Opportunities

Earn up to 23.5 CNE contact hours by attending three general sessions, paper sessions, poster viewing, interprofessional sessions, and more! Attendees also can obtain 6.25 pharmacology hours.



**Register Now!** Register before August 4 to save \$100! Visit [www.nannconference.org](http://www.nannconference.org) to register.



from NANN's President

## Enabling Nurses to Become National Leaders

Cheryl A. Carlson, PhD APRN NNP-BC

In the current healthcare arena, nurses are in a unique position to take on leadership at local, state, and national levels. The Institute of Medicine report, "The Future of Nursing: Leading Change, Advancing Health," recommends that nurses be enabled to lead change in the evolving healthcare field (Institute of Medicine, 2010). So how do we enable nurses to lead change? Nurses have demonstrated leadership and advocacy in managing and caring for patients and families at the bedside for many years. This leadership and advocacy has not only prepared them to take on state and national issues, but also demonstrated that they can work in collaboration with all members of the healthcare team within the community at the state and national levels in an effort to improve evidence-based patient care and quality outcomes.

Now is the time for nurses to look for opportunities to lead and be heard. Many nurses have moved from bedside leadership to the traditional leadership role in nursing management within the hospital environment. However, there are many opportunities for nurses to be in leadership positions in state and national legislative areas, professional nursing associations, and other healthcare agencies and companies. Nurses do not always appreciate the strong leadership skills they possess. Think about the position of charge nursing,

which is often the first step a nurse takes to move into a leadership role. This responsibility for managing the patient care for the entire nursery—taking into account staffing, patient acuity, and preparedness for admissions or patient care emergencies—helps to develop a sense of authority, demonstrating leadership skills that will continue to develop throughout their careers. This often leads to other nursing management roles, such as being a nurse manager of an entire unit or units, budgeting, and managing FTEs. Others may take on administrative nursing leadership positions, such as lead nurse in the hospital organizational system. There are many resources to support the professional growth and ongoing development of leadership skills for nurses as they grow in their careers (Hassmiller & Truelove, 2014).

Nurses also gain leadership skills by becoming active members of unit task forces or committees. Nurses who show good leadership qualities at this level may decide to expand their professional involvement by leading quality process improvement projects within their individual unit or area of interest. Projects like this often can be used to demonstrate leadership skills and growth for clinical ladders. Clinical ladders will provide additional leadership experiences and opportunities for nurses to share areas of expertise with others by providing ongoing education or publishing results of QI

or evidence-based patient care projects. One simple step, such as joining a committee or committing to something else, may lead to further development in leadership.

This is the time to identify a mentor, usually someone who is one step ahead of where you want to be and who will help guide you on your career path. You may have more than one mentor throughout your career. The person you see as a mentor may not even realize that you see them as such, but a true mentor is someone who recognizes and believes in your abilities even if you don't believe in them at the time. A mentor is a person who can help guide you as you progress in your career and take on leadership opportunities.

If you are already a leader, the next step is to become a mentor. Mentoring our colleagues by providing quality evidence-based patient and family care is leadership at its best. Nursing faculty leaders are vital to continue the growth and further development of the nursing profession. Always keep in mind that a leader is identified not only by what he or she says, but also by his or her actions. In addition, an important leadership skill is the ability to have crucial and sometimes difficult conversations with others to make important changes in patient care, form interpersonal relationships with other members of the healthcare

*continued on page 2*

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Stay Connected

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



## The NNP “Brand”

Suzanne Staebler, DNP APRN NNP-BC

As I sat in a branding retreat, I pondered the question, “What is the brand of neonatal nurse practitioners (NNPs)?” As a collective profession, what is it we project to our colleagues, patients and families, and the public? If I were to randomly sample a group of nurses who routinely work with NNPs, what would they tell me? I believe some would tell me that NNPs project negativity and fatigue due to chronic understaffing. This can translate to complaining about long shifts, mandatory on-calls, or the inability to take earned vacation time. Some nurses would say NNPs project collegiality, support, respect, and autonomy in their role—these are the NNPs who are willing to mentor staff, students, house staff, and each other and who practice not only in the NICU, but also in other locations where their patients benefit from

their expertise (e.g., developmental follow-up clinics, subspecialty clinics, and neonatal home models).

NANNP participated in the 2014 Neonatal APN Forum in Washington, DC, and during this time, NNPs evaluated various factors that impact neonatal practice. One threat to our practice is the decreasing number of nurses entering programs to be prepared as NNPs. Programs are unable to recruit students to fill open slots, or, if they can fill slots, they cannot find NNPs willing to precept students for clinical experiences. These factors leave graduate programs vulnerable to closure. This issue is further complicated by the state reciprocity issues, which began in 2010 (see *NANN Central* article in Fall 2013). As more NNPs enter retirement, this will only widen the gap in the workforce.

As NNPs, we are our own best marketing tool for the NNP profession. Data shows that nurses make

the decision to further their education and choose the NNP role while working at the bedside (60%), while in nursing school (22%), or before college (18%; Freed et al., 2013). Our own representation of the role and profession directly impacts the decision of others to pursue a career as an NNP. So, I ask you to evaluate what “brand” you are projecting, and, if needed, I challenge you to modify it to ensure the longevity of the profession.

### Reference

Freed, G. L., Dunham, K. M., Martyn, K., Nantais-Smith, L., Moran, L. M., & Spera, L. (2013). Neonatal nurse practitioners: Influences on career choice. *Journal for Nurse Practitioners*, 9(2), 82–86.

## New Webinar Series— Earn Pharmacology Hours



Launched in May, NANN’s new pharmacology webinar series is designed for neonatal nurses who would like to enhance their pharmacology education or are in need of pharmacology hours. Webinar participants will receive **1 CNE contact hour and 1 Pharmacology hour** for each webinar. If you are unable to view the live event, purchase the recorded version after the event. Individual and institutional registrations are available for each webinar.

### Upcoming Webinars

#### National Drug Shortage Issues

Thursday, October 9, 2014

11 am–Noon CST

Katie Malin, MSN APNP NNP-BC, Children’s Hospital of Wisconsin  
Tamara Wallace, DNP RN NNP-BC (moderator), Vanderbilt University

#### Antimicrobial Use and Stewardship

Thursday, December 11, 2014

11 am–Noon CST

Melissa Miller, PharmD, Rocky Mountain Hospital for Children at P/SL  
Susan Meier, DNP APRN NNP-BC (moderator), Pediatrix Medical Group

### Recorded Webinars Available for Purchase

Visit NANN’s online store to purchase recorded webinars.

#### Rapid Sequence Intubation in the NICU

Dupree Hatch, MD, Vanderbilt University

Tamara Wallace, DNP RN NNP-BC (moderator), Vanderbilt University

#### Prescribing Controlled Substances in the NICU

Chelsea Aidala, PharmD BCPS, Women’s and Children’s Services,  
Swedish Medical Center

Susan Meier, DNP APRN NNP-BC (moderator), Pediatrix Medical Group

Learn more at [www.nann.org/webinar](http://www.nann.org/webinar).

## Call for Abstracts for 2015 Annual Educational Conference

31st NANN Annual Educational Conference

October 22–25, 2015 | Dallas, TX

The NANN Conference Program Planning Committee invites you to submit an abstract to present at the 31st Annual Educational Conference.

Submit your abstract today! Abstract submission deadline is Sunday, November 2, 2014, at 11:59 pm (CT). Learn more at [www.nannconference.org](http://www.nannconference.org).

### from NANN’s President *continued from page 1*

team, or change the culture of the working environment. To lead, you must know when you should speak out or simply listen.

I started out as a diploma graduate in a NICU at the bedside caring for the smallest and sickest patients. Throughout my career, I have been fortunate to have people around me who have believed in my abilities and have given me opportunities to progress. Some of these amazing mentors and leaders do not even realize the impact they have had on my growth and development. I searched for volunteer opportunities and projects within my institutions, and then branched out nationally from there. Being a leader is something that is in each of us. How we express our leadership skills can vary, but I encourage you to take the opportunity to do something that may be a little out of your comfort zone because that is how we grow and further develop leadership skills.

### References

Hassmiller, S. B., & Truelove, J. (2014). Are you the best leader you can be? *American Journal of Nursing*, 114(1), 61–66.

Institute of Medicine. (2010). *The future of nursing: Leading change, advancing health*. Washington, DC: The National Academies Press.

# Conference Reflection

Jennifer A. Mesot-Ward, BSN BSW RN



I was absolutely delighted to get the news that I had been selected to receive a scholarship to attend NANN's 29th Annual Educational Conference in 2013. I have been living overseas in the United Kingdom and unable to practice as a registered nurse, so this opportunity

provided me a chance to get back in the field, even if only for a week. I wanted to interact with other nursing professionals, learn about the latest research, exchange ideas, and discover the new trends that were taking place in the field of neonatal nursing. I was not disappointed.

I am a relatively new nurse, having obtained my BSN in 2010 and working for just 1 year before moving to London for my husband's job. Due to unfortunate bureaucratic changes in the United Kingdom's by-laws, obtaining my UK license would take almost as long as our placement here, so my dream of practicing abroad and in the National Health System could not be realized. But spending a week back home with professional

nurses all around me, attending the excellent workshops, and viewing the amazing displays on the programs that nurses were working on in their hospitals was inspirational—it helped fuel my fire to get back into neonatal care when I return to the United States this fall.

I found the vendor booths to be impressive but also overwhelming, especially given my limited experience as a staff nurse; admittedly, I am still learning all the existing equipment. I was impressed with the progress being made across the field. Having had the chance to step away from it, I saw many important advances being made, but mostly, I enjoyed the workshops. I carefully selected programs that spoke to me and added a few that would challenge me as well. I was drawn to workshops that dealt with breastfeeding and donor milk banks, which proved to be exciting because so much progress is being made on supplementing donor milk and using human milk fortifier for babies. It was encouraging to hear firsthand about the excellent research being done in various areas.

Perhaps the most interesting workshop I attended was one I registered for by accident! The workshop was

about intraventricular hemorrhage and periventricular leukomalacia—issues I had not dealt with extensively in the field—and it sounded a bit intimidating. The presentation blended the right amount of technical information, multimedia, and plain speech, and in the end I felt more confident should I be faced with this type of case in the future. I walked out of the conference room with a sense of excitement and pride that I was able to follow the discussion so closely.

It meant a lot to be sitting in a room with so many talented and excellent nurses. NANN's 29th Annual Educational Conference reintroduced me to neonatal nursing, a profession I love and truly miss. For potential attendees, I highly recommend this conference and hope you get even half of what I took home!

The NANN Conference Scholarship Program is sponsored in part by a generous grant from Mead Johnson Nutrition. NANN is grateful for their ongoing support of this initiative to help our members attend the annual conference.

## NICU Nursing: More than Just a Job NANN 2014 Brighter Tomorrows Story Contest Winner

Jodi Dolezel, RN



Her small newborn body, pale, yet ash in color, lay still on an open warmer. Her skin was taut and almost translucent from the general swelling that had taken over her tiny torso. Her little chest rose and fell as each breath of the ventilator puffed air into her fragile, underdeveloped lungs. As I looked at her, so helpless and vulnerable, I too felt hopelessly intimidated and almost just as vulnerable.

I simultaneously assessed her health status and my ability to care for this new little life. It was as if time had frozen for a moment as I performed a visual assessment of this critically ill new life that lay before me. I could feel my heart racing as if to keep up with hers.

I tried to put my emotions aside and be her nurse, initially thinking of the pathophysiology of each body system and various interventions. She was intubated, sedated, and had a tube in her mouth, suctioning away

the greenish brown secretions from her belly. Her eyes were covered with a blanket to protect them from the bright light above. Her lungs had collapsed and a needle was inserted into her chest between her ribs. The tiny tube allowed air to escape, giving the lungs room to expand. She had lines in her umbilicus that provided her with the fluid she needed and monitored her falling blood pressure. Her heart was tired, and she was growing weak.

In this moment—this very helpless, vulnerable moment—the technical side of nursing was gone. Alarms and paraphernalia supporting her and the hustle and bustle that surrounded her bed began to fade into the background as I saw her little spirit begin to slip away.

Tired and worn, she was wrapped in a soft white blanket and placed against her mother's chest. As her mother began to slowly rock back and forth, I gently stroked her cheek and whispered quietly into her ear until she was gone.

Grief and uncertainty from this day closed my lips and made me reevaluate my ability to carry on in my profession. But as the years have gone by, I often look back to that day and remember that there is truth in knowing that, despite fear and possible defeat, I march on, working hard for and because of this little girl. Her short little life changed mine forever as a nurse and as a person. There are definitely more good days than bad, and I look to this moment in time to get me through the bad ones. She taught me that NICU nursing isn't just a job, and these tiny babies are not just patients. NICU nursing is caring for these babies as if they were my very own, with the goal of putting them back into their parents' arms where they belong, knowing that I made a difference not only to the baby but to the family as well.

Read all of the submissions for the Brighter Tomorrows Story Contest at [www.nann.org/stories](http://www.nann.org/stories).

## 2014 NANN Small Grant Recipients

NANN would like to congratulate those individuals who were selected as 2014 Small Grant recipients. The following people will present their findings at the 2016 Annual Educational Conference.

### Carrie-Ellen Briere, MS RN CLC

Connecticut Children's Medical Center, University of Connecticut School of Nursing  
*A Mixed Methods Feasibility Study to Identify Pluripotent Stem Cells in Mothers' Breastmilk for Premature Infants*

### Ann Gibbons Phalen, PhD CRNP NNP-BC

Thomas Jefferson University, Jefferson School of Nursing  
*Cerebral and Splanchnic Oxygenation in Premature Neonates Concomitant with Nasogastric Feedings*

### Ashley Weber, PhD MS RN

The Ohio State University, College of Nursing  
*Oxytocin: Biomarker of Affiliation and Neurodevelopment in Premature Infants*

The Small Grant Program is made possible through an educational grant from the following:



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- We are active participants and leaders in both national (VON) and state (PQCNC) quality improvement initiatives where we strive to make our NICU the best place for premature or sick neonates to receive their care
- We are a patient-centered, value-focused healthcare team driven to promote an environment that supports delivering the highest quality of care in the most efficient, respectful manner

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## Advocacy Update

# Which Chemicals Are Safe?

Joyce Stein, BSN RN



The fetus and the neonate are two of the most vulnerable populations at risk for adverse health outcomes from exposure to chemicals in the environment. Creating and adopting safe chemical policies is not an easy task. With over 80,000 chemicals (Safer Chemicals, Healthy Families, 2012) in the environment and consumer products, it is hard to know which ones are safe. The United States has not updated its Toxic Substance Control Act since its passage in 1976. With the lack of political will to legislate tighter controls on hazardous chemical production, consumer and environmental groups have committed to educating the public on what we know, and more importantly for us as neonatal nurses, what we do not know. Are phthalates (The Endocrine Disruption Exchange, n.d.) safe in personal care products? Are parabens (Centers for Disease Control, 2013) safe in cosmetics? Are antimicrobial agents such as triclosan (U.S. Food and Drug Administration, 2013) safe in our hand soaps and toothpaste? Are polybrominated diphenyl ethers, arsenic, cadmium, and polyvinyl chloride (PVC) safe in children's products (Safer Chemicals, Healthy Families, 2012)? Many chemicals have been shown to have strong associations with birth defects, reproductive anomalies, and neurodevelopmental delays (Safer Chemicals, Healthy Families, 2012); however, direct cause and effect relationships are difficult to establish without in vivo human experiments.

In 2007, the American Nurses Association (ANA) published the *Principles of Environmental Health for Nursing Practice with Implementation Strategies*. The ANA has adopted environmental health as one of its core principles of nursing practice. Nurses are encouraged "to gain a working understanding of the relationships between human health and environmental exposures and to integrate this knowledge into their practice" (ANA, 2007, p. 4).

One of the challenges in our neonatal nursing practice is that environmental exposures right now could take decades to manifest in our patient population. As the healthcare environment transitions into more of a preventative health arena, there could not be a better time than the present to focus on this area of concern.

We educate parents on the dangers of smoking and exposures to lead and mercury. Neonatal nurses need to adopt the ANA's Principles of Environmental Health into our clinical practice and educate parents on the risks of other possible environmental exposures. As parents learn more through public campaigns regarding phthalates in baby products and PVCs in children's toys and school products, nurses need to be an educated resource to provide them with the latest research and precautions. (Refer to the Alliance of Nurses for Healthy Environments' Health Assessment form at [www.envirn.org](http://www.envirn.org).)

NANN has added safe chemical policy as an advocacy agenda item. The Health Policy and Advocacy Committee has been monitoring the Chemicals in Commerce Act currently being debated in the U.S. House of Representatives. Visit NANN's website and the Advocacy and Environmental Health Communities in MyNANN for more information on advocacy related to safe chemical policy. The following is a list of other advocacy groups working on hazardous chemicals in pregnancy and children: Safer Chemicals, Healthy Families ([www.saferchemicals.org](http://www.saferchemicals.org)); The Endocrine Disruption Exchange ([www.endocrinedisruption.org](http://www.endocrinedisruption.org)); and the Center for Environmental Health ([www.ceh.org](http://www.ceh.org)).

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## Calendar

**NANN 30th Annual Educational Conference**  
September 10–13, 2014 Phoenix, AZ

**National Neonatal Nurses Day**  
September 15, 2014

**Pharmacology Webinar**  
October 9, 2014  
**National Drug Shortage Issues**

**10th Annual NANN Research Summit**  
October 26, 2014

**Online abstract submission deadline**

**NANN 31st Annual Educational Conference**  
November 2, 2014

**Online abstract submission deadline**

**Pharmacology Webinar**  
December 11, 2014

**Antimicrobial Use and Stewardship**

*Look for chapter meeting dates at [www.nann.org](http://www.nann.org).*



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