

# SCANN NEWS



Fall / Winter 2008

## ***President's Message***

*Happy New Year to all our members, sponsors and supporters, and thank you for your ongoing participation in SCANN! I have enjoyed my time serving as President-elect and President over the past two years and I look forward to continuing with SCANN as Past President. Lorraine Lombardo will be moving into the President's role and the election will be held for our next President-elect and treasurer.*

*It seems I am always left a little breathless by the passage of time and the parade of events. Seems like we were just planning the annual SCANN conference and listening to the presidential debates, and now the Holidays are over and President-Elect Obama is about to take the oath of office. A lot has changed in the past few months. Financial crisis and*

*continuing war and strife dominate right now, but this too will change. I hope for the best for us all in this next year, this last year of the first decade of the 21<sup>st</sup> century, especially for our most vulnerable patients, our babies, our future.*

*'Peace between countries must rest on the solid foundation of love between individuals' – Mahatma Gandhi*

*Our 2008 Conference, Changing Tides in Neonatal Care, went very well overall. It was held for the first time at the California Center for the Arts in Escondido. A wide variety of subjects were covered – neurodevelopment of the neonate, premie developmental sequelae, pain issues, respiratory disease, tem training, gastroschisis. This conference was very well attended with 120 nurses registered – the*

*largest turn out ever! Our Conference Committee – Lorraine Lombardo, Myreda Erickson-O'Brien, Jan Hebert, Karen Dougherty and Stephanie Boyd, and myself, did a great job, I must say. I want to thank Emily Grost for the wonderful job she did, and continues to do, with the tee shirt fund raising.*

*SCANN membership continues to grow. Please note that we have had to raise the annual dues to \$30 (still a bargain!). In the coming year we will continue with our educational meetings, collaboration with March of Dimes, walks, community service and social activities. We will continue working together towards the goal of supporting and promoting neonatal nursing, and the ultimate goal of giving the best care to our patients. Together, we can truly make a difference.*

*Cheers!  
Carolyn*

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## UCSD Updates

As we move through fall, UCSD is participating in four major studies. First, the Support study is an ongoing NICHD study that compares delivery room management and oxygen saturation ranges influence on ROP in infants between 24 and 27-6/7 weeks. Second, as part of our SPIN program, the 24 Hour Milk Collection study (Lisa Stellwagen, MD) is looking at maternal milk volumes over time and also includes a mild analysis component. Third, the Milk Analysis study (Charlie Sauer's DO) involves analyzing the nutritional components of breast milk in relation to the maternal diet. Finally, the Meropenem study is looking at the pharmacokinetics of Meropenem in young infants.

In other news, our staff will be attending Lifewings training. Lifewings is a Crew Resource Management (CRM) training process that simplifies and standardizes practices related to procedures in our unit. It is based on the safety approach used in the cockpit of flight crews. This training will aide in the development of communication tools that all our staff can use with other members of the medical team. The hope is to improve communications across the board to ensure safe patient care while completing necessary procedures required to treat patients. This learning opportunity will also be implemented in

other Perioperative Service areas at UCSD, including Labor and Delivery, FMCC, and outpatient care. The Office of the President is funding this as we make a push to assure the highest quality and safest care for our patients throughout the UC system.

Finally, the development team in our unit has been working hard to increase family centered care participation. As part of this effort the team has come up with a bi-monthly craft night for parents and family members. Also, the development team has started a new concierge program for parents. Volunteers from the community and some former patient families will be participating in the concierge Program. These volunteers will be helping parents feel more comfortable in the unit, as well as teaching them the basic policies of our unit (such as hand hygiene). We hope that this increases parent involvement in infant care.

Michele Carson, RN  
UCSD

## **Infant Nutrition Update, Probiotics and Prebiotics**

The September SCANN meeting hosted Dr. Jae Kim of UCSD who gave us an update on Infant Nutrition with emphasis on Prebiotics and Probiotics. He reviewed the benefits of human breast milk to term and preterm babies, examined the components of human milk that confer health benefits, and discussed the role and benefits of prebiotics and probiotics in newborn health.

There is no question that human milk is best and most beneficial for human babies. Human milk decreases infant mortality and infectious diseases, promotes better growth and development. Potential long term effects of breast milk include better cognitive development, decreases in the incidence of obesity, diabetes, heart disease, allergies and celiac disease.

The benefits to preterm infants include reduction in NEC and infectious disease, improved gastric emptying and faster time to full feedings. Human milk can improve premie cognitive outcomes by as much as 8.3 IQ points.

Human breast milk is much more than a nutritional. Human milk contains not only the most beneficial macro and micro nutrients, but a vast array of non-nutritive compounds that have disease fighting and growth and development stimulating potential. These compounds, more than 250 of them, include anti-microbial factors, cytokines and anti-inflammatory factors, hormones, growth factors, GI regulatory peptides, digestive enzymes and transporters such as lactoferrin and folate binders. Some of these factors may promote gastrointestinal maturation as well.

Human milk contains probiotics. Probiotics are defined as live microorganisms that may beneficially affect the host upon ingestion by improving the balance of the intestinal microflora. Breast fed infants generally have higher counts of the more beneficial bifidobacteria and lactobacilli, while formula fed infants have more variable populations including Bacteroides, E. coli and clostridium.

Human milk also contains prebiotics. Prebiotics are non-digestible food ingredients that beneficially affect the host by selectively stimulating the growth and/or activity of one or a limited number of bacteria in the colon, and thus improve the health of the host. Oligosaccharides are the primary form of prebiotics in human milk.

Human milk is therefore an ideal symbiotic. The benefit of symbiosis is that a true probiotic, without its prebiotic food does not survive well in the digestive tract. Prebiotics allow for much greater attachment and growth rate of the healthy bacteria in order to minimize the growth of harmful bacteria.

Studies of infants treated with pre and probiotic therapies have shown benefits such as: a reduction in diarrheal illness and antibiotic induced diarrhea; reduction in gut inflammation; a shift in microflora to be more like that of breast fed infants; reduced respiratory infections and allergic manifestations. More studies are needed to determine which probiotic is best to use, how much to give, how long to give it, when to start and to determine what is the most important outcome measure.

In summary, human milk is the best source of nutrition for term and preterm infants. It contains a multitude of biologically active factors that confer optimum health to the preterm and term infant. Human milk is the ideal symbiotic. Probiotics and prebiotics can improve multiple aspects of premature and term newborn health.

Carolyn Shaputnic, RNC, MPH  
Palomar Pomerado Health



## Calendar of Events

### **NICU Certification Review Course**

March 11 & 12, 2009  
National University – Spectrum Learning Center  
North Building Rm 114  
9388 Lightwave Ave  
San Diego, CA  
Sponsored by: Sharp Mary Birch Hospital for Women San Diego and CNS Consulting  
To register, call 1.800.82-SHARP or go to [www.sharp.com](http://www.sharp.com)  
Registration deadline is February 27<sup>th</sup>

### **23<sup>rd</sup> Annual Nurse Leadership Conference**

March 20, 2009  
Pechanga Resort and Casino

Presented by Mead Johnson Nutrition  
Contact Joan Franck @ 619.672.2353  
Registration deadline is March 15<sup>th</sup>

## **Neonatal Dreaming 2009**

April 2-4, 2009  
Santa Monica, CA  
CA Chapters of NANN Education  
Conference

For brochure and registration go to:  
[www.CaNANNchapters.org](http://www.CaNANNchapters.org)

## **SCANN 2009 Educational Meeting Dates**

January 12<sup>th</sup>  
March 9<sup>th</sup>  
May 11<sup>th</sup>  
July 13<sup>th</sup>  
September 14<sup>th</sup>  
6 PM to 8 PM

## **SCANN 2009 Meetings**

March at UCSD  
July at Palomar Medical Center  
September at Sharp Mary Birch

Please see the website and upcoming  
flyers for location and topics.  
All day conference Monday November  
2<sup>nd</sup>.

[www.neonatenurses.com](http://www.neonatenurses.com)

## **Developing a Unit Based Code of Conduct**

This conference had something for everyone! Whether you are a frontline NICU caregiver, a Clinical Nurse Specialist, a neonatal Nurse Practitioner or a Nurse Manager, the sessions were designed to meet everyone's needs! As a Nurse Manager, I was eager to attend this session as everyone faces challenges with collegial behavior. Much to my surprise, the session was full with about

200 attendees – a combination of all the NICU disciplines. Here is a brief overview of this intriguing session by “Ski” Lower, a retired Nurse Manager of a Critical Care Unit. Through her years of experience, she humorously shared wisdom from the lived experience...

As never before, nurses are being asked to give more energy and focus to meet patient care needs even though resources are being decreased. As a result, the typical nursing unit faces personality conflicts, turf battles, generational differences and chronic sickness due to the aging workforce. Sadly, some units face incivility, horizontal violence (bullying) and an overall unhealthy work environment. The nursing literature is replete with evidence that inter-personal relationships have more impact on our ability to work together than anything else.

Why do we as professional nurses allow such behavior among our peers? Don't we have too many “Queens,” “Princesses,” “Bullies” and “BMW Club Members?” So what is a BMW? No, it's not an expensive foreign car. BMW stands for bit \_ \_ ing, moaning and whining. Some of the characteristics of Royalty (Queens and Princesses) are that they live in reactive castles and they lack self-awareness. When threatened, Queens call on their subjects (Princesses) to defend the throne! They will run to MDs, Human Resources and the boss! Oftentimes, Royalty wear bitter bags (which look an awful lot like fanny packs!) they often open up the zipper of their bitter bags (which they wear constantly) and pull out hurtful memories from year's past – like, “Remember back in 1992 when the unit was understaffed and I had to admit an extra patient?” The Royalty are often

clinically competent which gives them credibility. But they have a dysfunctional communication style which leads to demanding behavior and excessive fault finding. Sound familiar?

Haven't we tolerated such behavior way too long? We in nursing must insist on a Code of Conduct (COC) which is a consensual agreement between members of a unit in which expectations of each other are clearly known. The COC reminds us that we ALL own the unit and we must all contribute to creating a healthy work environment. The COC dictates such values such as common courtesy, personal accountability, civility, mutual respect and absolute honesty. As nurses, we also must accept responsibility for the professional development of others and agree to mentor, orient and educate our colleagues. Are we willing to contribute our time, talents, energy and encouragement to our co-workers?

The first step we need to take if to STOP the sniping, gossiping, blaming, cliques, and the "What's in it for me mentality." One suggestion that Ski made was to form unit based focus groups where members of the team identify behaviors associated with "the best place to work." The team could identify behaviors that need to be eliminated as a new unit is created. Everyone would have a chance to share her thoughts (without the ridicule of others). A COC created by staff would create buy-in. This new COC would be posted in the unit for all to see and be reminded of on a daily basis. It could even be signed by all as a measure of its importance.

And where does the Nurse Manager play into all of this? She would be

responsible to counsel the naysayers and to reinforce the expectations laid out in the COC. She would also reward compliance with the new COC. The Nurse Manager should also empower staff in assertiveness training so that they know how to deal with the Royalty and the BMW Club! As for the Royalty, we must ALL hold them accountable to the COC. As professional nurses, we must walk the talk, know the Code and reinforce it every day.



Lorraine Lombardo, RN  
SMBHW

### **July 14, 2008 SCANN Meeting: Complimentary and Integrative Therapies in Neonatology**

In July, MedImmune sponsored our meeting at the Courtyard Marriott in Rancho Bernardo. Dr. Jamieson Jones presented alternative approaches to consider in the Neonatal Intensive Care environment. He first discussed the importance and why we should consider complementary and alternative medical (CAM) therapies and then some specifics on what type of therapies are considered CAM therapies.

The wave of complementary/alternative care sweeping the country has virtually bypassed neonatal intensive care units. But if we listen, we find families asking for complements to traditional care in many aspects of medicine. In the neonatal unit, a new sense of nurturant care is struggling to take shape. Complementary and alternative medical (CAM) therapies may be one adjunct to help soften the high-tech environment of an NICU by imbuing the nurturing elements one would expect to find around newborns.

Early exposure to the ex utero environment, long before development is capable of handling it, has myriad sequelae. Though we have seen a marked decrease in the mortality in preterm infants this decade, we've seen little or no reduction in the problematic outcomes among the smallest survivors. We know now, too well, the outcomes of living in an NICU. Follow up studies continue to show that preterm infants have long term problems with self regulation, as well as difficulty in concentration and problems with attention.

CAM therapies may provide balance to support the amazing technological advances we have made in decreasing preterm infant mortality rates. Proponents of complementary therapies believe that physiologic manipulations and brain development are not separate and thus require a simultaneous focus in order to minimize some of the well known complications associated with prematurity.

Once we appreciate that infants are amazingly responsive organisms, we are faced with the realization that these

infants require developmental care equal to their acute and chronic medical care. We also can't escape the realization of how much the environment influences the development of the immature brain.

From aromatherapy for apnea of prematurity, to osteopathic manipulations and acupuncture, Dr. Jones briefly described some of the most popular and promising CAM therapies, exploring how these options are used in the neonatal intensive care unit. He also provided some evidence based support of CAM therapies and presented ideas on potential future CAM expansions.

Thank you Dr. Jones for a wonderful emotional lecture.

Stephanie Boyd, RNC-NIC, MSN, CNS  
Palomar Pomerado Health

### **The National Children's Study comes to San Diego County**

The National Children's Study is the most comprehensive study of the effects of the environment of children's health ever done in the United States. In the Study, the "environment" includes not only air, water and dust, but also what children eat, how they are cared for, the safety of their neighborhoods and how often they see a health care provider.

What is the National Children's Study? The National Children's Study will follow 100,000 children from before birth through their 21<sup>st</sup> birthday. The Study is observational – therefore it does not replace the care patients receive from their provider. No treatment is provided through the Study. By collecting certain biological and environmental samples from participants, researchers will analyze how different factors interact

with each other and what helpful or harmful effects they have on children's health. Some of these factors include the following:

- Natural and man-made environmental factors, such as air quality and building safety
- Biological and chemical factors, such as infections and exposure to chemicals
- Inflammation and infection during pregnancy
- Behavioral influences, such as response to stress
- Genetics
- Cultural and family influences, such as family structure and ethnicity

The Study's key scientific questions address some of the most pressing health and development concerns for today's children:

- ❖ Diabetes
- ❖ Asthma
- ❖ Autism
- ❖ Learning/behavioral problems
- ❖ Injuries
- ❖ Obesity
- ❖ Preterm birth

How can I support the Study? You are a crucial element in the success of this Study. Because you are in a position to understand the tremendous benefits that will arise from this research, and because National Children's Study participants in San Diego, California value your judgment regarding their continued participation in the Study, we are asking you to support the Study's purposes and activities, and to communicate the importance of the Study to families who are in your care.

Just as the Framingham Heart Study provided new insights into the determinants of heart disease in adults, the National Children's Study will provide new findings on child health in relation to the environment.

Who will participate? The National Children's Study has selected certain neighborhoods in San Diego, California along with hundreds of other communities across the United States to take part in the Study. By using a scientific selection method, the Study ensures that participants represent the diversity of U.S. births. The Study will recruit pregnant women from the selected neighborhoods. Their children will be followed for 21 years.

Participation in the Study is voluntary. Families and children who participate will contribute to the health and well being of generations of children, in their communities and throughout the country.

For more information about The National Children's Study, visit the Web site at:

<http://www.nationalchildrensstudy.gov>  
Together We Can Change the Course of Children's Health



Carolyn Shaputnic, RNC, MPH  
NCS San Diego  
Palomar Pomerado Health NICU

