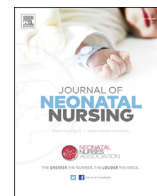




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Editorial

New birth, new beginnings

Welcome to the April issue of The Journal of Neonatal Nursing (JNN). We are both honored and privileged to serve as the new Co-Editor-in-Chiefs for *your* journal; traditionally representing the Neonatal Nurses Association in the UK; and newly affiliated with the Council of International Neonatal Nurses (COINN). In cooperation with the Editorial Board, Elsevier Publishing and our new colleagues, we are excited and energized to take this journal from Good to Great!

We start our first issue with a variety of topics for all to enjoy. As requested by our readers, who tell us that they like case studies highlighting good practice, the first article is a case study by Heidi Tinsley-Bates and Niroop Ravula titled: “LMA, The Forgotten Airway Use of the LMA in Neonates”. They give us a very useful account of airway management in a baby born with a very challenging airway, the nightmare of the inexperienced, and indeed the experienced, neonatal practitioner in the labour ward.

The second manuscript is a Review article written by Allyson Macdonald and Janet Green, from Sydney Australia, titled: “Necrotizing enterocolitis (NEC) and neonatal sepsis: A literature review.” Macdonald and Green poses the following research question: “what is the link between neonatal NEC and sepsis”? A thorough literature search on the management and treatment of necrotizing enterocolitis was completed in order to provide current evidence that reflects the best and most appropriate way in which this condition should be managed, in order to achieve the best outcome for the baby.

Maintaining skin integrity is important because of the skin's role in protecting the infant and providing innate immunity. Achievement of this goal requires constant vigilance and awareness of factors that can negatively impact the skin. The task can be particularly challenging for patients in the neonatal intensive care unit (NICU). Key to optimizing skin condition is methods to quantify the extent of skin compromise. Implementation of such methods allows caregivers to monitor effectiveness of treatments and practices to prevent skin damage (Visscher, 2014). A “Survey of neonatal nurses' practices and beliefs in relation to skin health” is the third article in this issue of JNN which was completed by Liversedge, Bader, Schoonhoven, and Worsley, all from the Faculty of Health Sciences, University of Southampton, UK. Despite the reported high prevalence of skin damage in neonatal units, little is known regarding assessment and management of neonatal skin. The authors designed a 19-part questionnaire addressing beliefs and practices of participants, which was distributed to neonatal nurses covering a network across southern England. The aims were to explore current practice in assessing skin integrity, nurses' perceptions of factors that increase risk of skin breakdown, and the extent to which nurses' view prevention of skin breakdown as a priority. The response rate was low (7%), perhaps emphasizing a need for

discussion and prioritization on this important subject. One finding of the current study was that type and frequency of skin assessment varied between respondents. Indeed 21 different assessment practices were reported by 56 respondents, with participants citing personal preference, condition of neonate and other influencing factors. Discrepancies in the survey responses are indicative of gaps in evidence, education and the standardized practices related to skin care.

Next, a team of UK authors, Kwah, Whiteman, Grunfeld, Niccolis, and Wood present an original article titled “Evaluation of an intervention to increase clinician knowledge and confidence to support breastfeeding, kangaroo care and positive touch within neonatal units.” Breastfeeding and kangaroo care rates in neonatal units across the United Kingdom vary despite evidence for the clinical benefits. Clinicians have reported a need for evidence-based training to support parents with these practices. The Small Wonders Change Programme (SWCP) is a multi-faceted intervention designed to support parents of premature and sick babies to engage in their baby's care. The aim of this study was to evaluate if the SWCP intervention increased clinician knowledge and confidence in their knowledge in their practice to support parents to engage in breastfeeding practices, kangaroo care and positive touch within the neonatal intensive care environment. In addition, the interview component of the study aimed to explore the impact of the SWCP on clinician's knowledge and confidence and how this impacted on individual and unit-wide change and embedding into practice. Read their evaluation of the SWCP intervention, as this has the potential to increase breastfeeding and parental skin-to-skin contact throughout NICU's.

Maura Heffernan, Elena Donald, and Natalie Davis, all from the University of Maryland's School of Medicine in Baltimore, Maryland USA, write an original article titled: “Critical congenital heart disease (CCHD) screening does not predict car seat tolerance screen outcomes.” Car Seat Tolerance Screening (CSTS) is performed in their unit before discharge, either the Newborn Nursery or the NICU in each subjects' personal car seat. Car seat fit assessment is standardized per the American Academy of Pediatrics (AAP) recommendations to screen infants at >24-hrs to 48-hrs after birth, prior to discharge (Bull and Engle, 2009). This study objective was to evaluate the sensitivity, specificity, and predictive value of routine CCHD screening to identify infants who failed an initial Car Seat Tolerance Screening (CSTS). Read on as they share the outcomes of their study.

Celia Harding, Adele Mynard, and Emily Hills report a study carried out through City University London in their article “Identification of premature infant states in relation to introducing oral feeding”. They investigated nurses' knowledge of the cues which premature babies give when they are ready to commence oral

feeding through written descriptions and video recordings of babies in varying states of readiness. In the absence of a written protocol they recruited 23 staff from 2 neonatal units. Judging when a baby is ready to accept oral feeds is important for the child's development and to the parents who view this as a milestone in the journey through NICU. This was a small study, but the results are extremely interesting. We enthusiastically agree with their conclusion that more research is needed in this area.

The final manuscript shares results from a retrospective study of data from a community nursing team in an original article titled "Management of chronic lung disease infants in the community." Tendai Nzirawa, from the Neonatal Outreach Service at Queens Hospital in London, UK, reviewed data of infants discharged from a UK neonatal unit who were weaned off oxygen by Community Neonatal Nurses. The current home oxygen weaning programme, used for the past 6 years by the Community Neonatal Nurses, was reviewed in order to determine if the programme required improvement or simply maintenance. Again this article gives an insight into the good practice of one community team, suggesting that their hard work can reduce the stay of babies in hospital, reducing both financial costs and stress on families.

We have produced a range of articles on various aspects of neonatal care in our first edition. We would now like to hear from **you**: the reader. We know that it is impossible to please everyone, but are interested in hearing what you like most, and what is of the greatest value to you. Our aim is to produce a useful and readable journal which underpins practice in neonatal care. We hope to combine the high quality research articles which the journal is known for with examples of good practice. To this end we invite informative case studies, clinical guidelines and "letters to the editor" on those issues which you think need airing. We are also interested in hearing from students who often produce really useful pieces of work as part of their course, but do not have the knowledge and/or confidence to share it. The motto of the UK Neonatal Nurses Association is: the greater the number, the louder

the voice. We hope to hear for a large number of you as this is your journal.

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Further reading

- <http://www.nursingsociety.org>.
<http://www.COINNurses.org>.
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