



We are all connected; we mutually support, teach, learn from, and enrich one another.

—Heidelise Als.

Supporting Closeness – Building Relationships, COINN 2024

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▶ INSIDE

Supporting Closeness- Building Relationships, COINN 2024	1
Editorial	2
Becoming an advocate for newborn care in Hungary	7
Profile of a NIDCAP Leader	10
Family Voices	13
Global Perspective: Qatar	16
NIDCAP Training Centers Worldwide: Denmark	20
NIDCAP on the Web	26
NIDCAP Training Centers	28

Introduction

In May of this year, Aalborg, Denmark, became a hub of international expertise as 275 passionate nurses from 28 countries convened. Their mission was to showcase groundbreaking work and exchange insights at the forefront of newborn care. Amidst the picturesque landscapes of Denmark, these dedicated professionals explored topics through vivid oral presentations and a rich display of poster presentations. Illuminating the event were keynote addresses tackling pivotal global issues in newborn care and neonatal nursing, underscoring the urgency of their shared mission. The overarching theme, "Supporting Closeness – Building Relationships," echoed the core principles of the NFI and NIDCAP Philosophy, resonating deeply with attendees. Throughout

the conference, a diverse array of sessions explored the nuances of developmentally supportive care, highlighting the relentless pursuit of excellence in nurturing the most vulnerable members of our society.

The organizer was The Council of International Neonatal Nurses (COINN) which is an international organization comprised of approximately 16 national organizations and over 4000 individual members. COINN's vision is "unifying neonatal nurses globally" with a mission "to promote excellence in neonatal nursing and health outcomes for the infants and families nurses serve and to act as an international leader in development of professional standards of neonatal nursing."

Many NIDCAP Trainers and NIDCAP Professionals attended the conference and presented their work on developmentally

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NIDCAP Professionals and Trainers at the COINN Conference

focused topics. These were consistent with the conference themes and reinforced the focus of the NIDCAP Federation International (NFI).

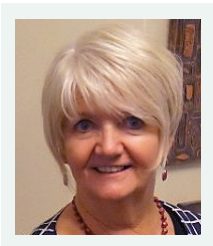
Key Themes

What struck us at this conference was the disparity between the developed world and the developing world. We were presented
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Editorial

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Spreading the Word



In this edition, we explore the multifaceted challenges confronting healthcare professionals as they care for hospitalized newborns and their families. The global crisis of infant mortality persists, particularly pronounced in developing nations where the shortage of nurses exacerbates the situation.

Considering these pressing concerns, it becomes imperative to explore avenues for support and collaboration.

Livia Nagy Bonnard's narrative underscores the influential role parents can play as advocates, as she shares her work to enhance newborn care in Hungary. Additionally, Sophia Gerassis sheds light on the enduring impact of siblings' experiences in the Neonatal Intensive Care Unit (NICU), offering valuable insights into familial dynamics during such challenging times.

The commendable growth of the NIDCAP Federation International (NFI) is an inspiration, with Fatima Clemente exemplifying exceptional leadership in advancing NIDCAP

and developmental foundation programs. Indeed, strong leadership is the cornerstone of NFI's important work, as evidenced by the collaborative efforts of two NIDCAP Training Centers in Denmark, extending their global reach.

Bindu George's account offers a glimpse into the commendable initiatives underway in Qatar, showcasing developmental care strategies and the requisite training to support them effectively. The dissemination of such initiatives underscores the expanding influence of NFI, as it endeavours to elevate the standard of care for hospitalized newborns worldwide, while simultaneously bolstering its professional membership.

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with a stark global contrast where the decrease in nurses, such as in Africa was directly related to an increase in deaths in one- to five-year-olds. This has huge implications for poaching of staff from these countries to fill gaps in the failing systems in the developed world. It also made us think about the global reach of the NFI and ways that we as an organisation could help in these countries. It certainly calls for further discussion.

The conference presented many opportunities for the pro-mo-tion of developmental care practices and education, and it became clear how many of these strategies could be simply used in some African systems as well as other depleted areas such as India, SE Asia and Eastern Europe.

Keynote Presentations

An informative session was given by Joy Lawn, Professor of Maternal, Reproductive and Child Health at the London School of Hygiene & Tropical Medicine (LSHTM). Dr Lawn spoke on the topic Every Newborn Everywhere: How Can We get Neonatal Nurses Everywhere.

She explained that while most women in Africa now deliver their babies in health facilities, these hospitals lack the life-saving technologies, equipment, and trained staff that are

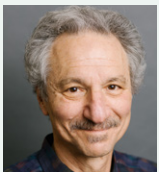
necessary to manage preterm babies and newborns in distress. Over one million newborns die annually, 75% from prevent-able causes.

Together, South-East Asia and sub-Saharan Africa account for 79% of the global burden of neonatal mortality. Evidence has shown the importance of specialised neonatal nurses to improve the chances of newborns' abilities to survive and thrive. Yet, the global shortage of nurses was also estimated to be 5.9 million of whom 89% are needed in low to middle income countries (LMIC) where the burden of neonatal mor-tality is particularly high (See Fig 1, p.4).

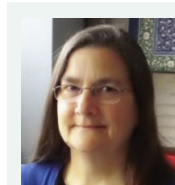
The availability and international distribution of nurses were a focus of the presentation by Howard Catton the CEO of the International Council of Nurses (ICN). He is committed to ensure that the ICN effectively represents nursing worldwide, advances the nursing profession, promotes the wellbeing of nurses and advocates for health in all policies. He painted a sobering picture where nursing is heading for a crisis with an estimated shortage of 5.7 million by 2030. He explained the high international mobility of the workforce as approximately 1 in 8 nurses are working in a country other than where they were born or trained.

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Editorial Board



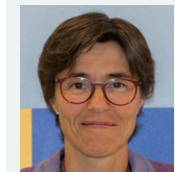
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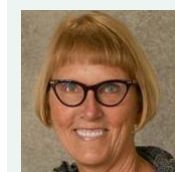
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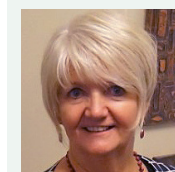
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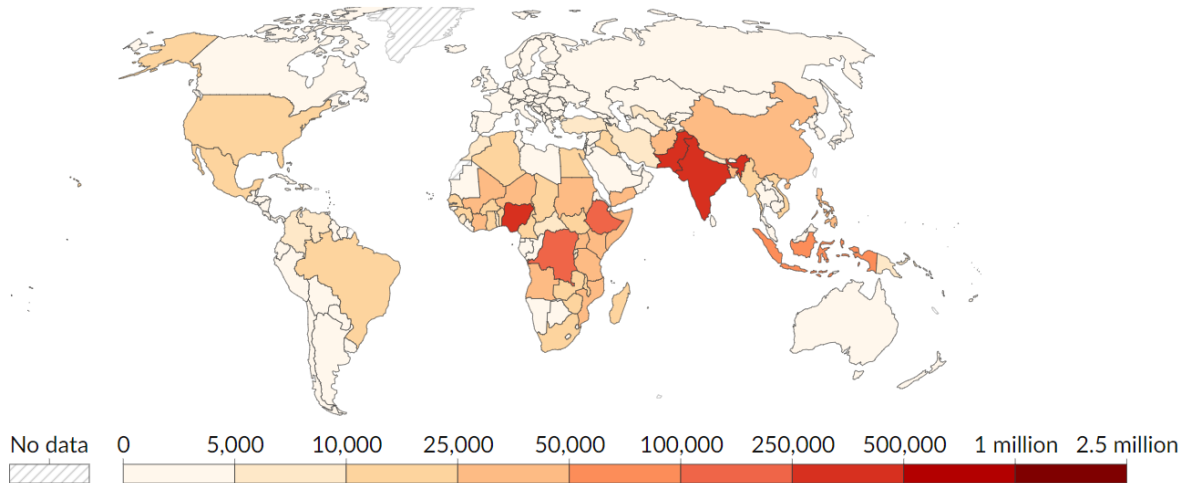
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Figure 1: Global distribution of neonatal mortality (source UN Inter-agency Group for Child Mortality Estimation (2023))

Number of neonatal deaths, 2021

The estimated number of neonates – babies under 28 days old – who die each year.

Table Map Chart



The projected nursing density in 2030 raises many concerns. Countries in Africa and Southeast Asia have a critical shortage which impacts on health care and the infant survival rates. Countries in southern Europe and eastern Mediterranean have a challenge to increase the number and influence of nurses in these countries.

What does this mean for the NFI? As we recruit more nurses into NIDCAP Training and FINE Education we have a good opportunity to promote their work and their unique contributions to infant and family centred care. A strength is the partnership with parents and the NFI could promote this role-modelling to other countries. In Figure 2 on page 5, the target countries are easily identified in the reds, pinks and lighter blue.

The power of parents was showcased in the opening address by Livia Bonnard Nagy on the role of parents in the NICU and beyond. Livia is the co-founder, vice-president of Right(s) beside you - Hungarian patient organization, Fellow, EFCNI - European Standard of Care for Newborn Health, NIDCAP Member of Family Advisory Council, FINE (Family and Infant Neurodevelopmental Education) Faculty member in Hungary. Her impressive biography and her emotive presentation captured the audience as she led us on her journey, as the mother of an extremely low birth weight infant. She shared with us how the experience of having a preterm infant still affects her family's life, as she was not allowed to stay at the hospital or visit. Particularly distressing was that she received no help with breastfeeding, parenting skills or with questions she had about her baby. She suggested using the parents as painkillers – be allowed to be present – to use the senses –

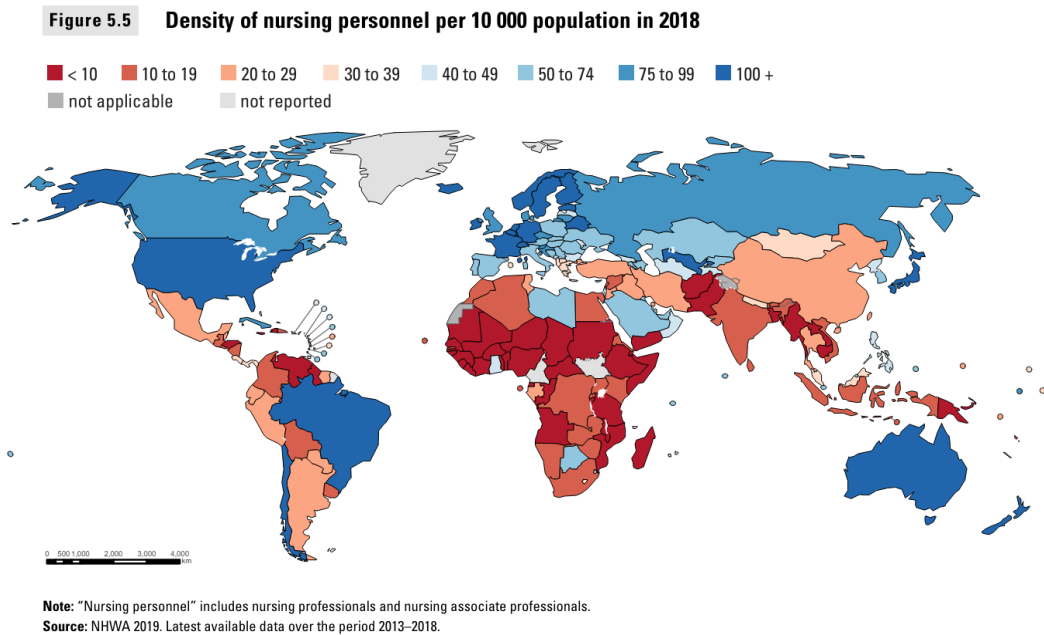
touch my baby, smell my baby, hold my baby. She shared with us that 18 years later she is still a NICU mom, and despite many challenges her son is ultimately happy. From her experience she was driven to improve the education of all health care professional in Hungary. Her work has improved conditions for other families by educating nurses and starting FINE Training for parents, an innovative program. This keynote presentation provided an emotive start which put what we as neonatal nurses do into perspective.

Developmental Care Themes

The COINN 24 conference was very inspiring on multiple levels. From a supportive developmental perspective there were several interesting and challenging presentations. For us, the challenge was to be present at all five parallel sessions, as there were many presentations under this theme. Here are a few selected presentations.

Supporting Parent-Infant Closeness in Clinical Care by Anna Axelin from Turku, Finland. Anna reminded us of the importance of giving the best opportunities to support parents and infants to be together. She described the three steps of the path of parent-infant closeness in clinical care. Maternity care - do we support parental prenatal attachment and development of co-parenting, Delivery – do we support immediate skin-to-skin and initiating breastfeeding, and Newborn care – do we practice Family Centered Care (FCC) skin-to-skin care (SSC), couplet care, home care. She reinforced the need for support as attachment starts before delivery, maternal-fetal attachment, and how bonding and attachment are very important for the development of the infant-parent relationship.

Figure 2: Projection of nursing personnel density (source ICN State of the World's Nursing 2020)



Stina Klemming, NIDCAP Trainer from Sweden, presented a summary of the anticipated global impact of Kangaroo mother care (KMC) and potential death prevention annually. The current impact of KMC is anticipated to prevent 10,000 global deaths, add the impact of scale up implementation prevents 150,000 deaths, further add the impact of community initiated KMC prevents 250,000, then add impact of immediate KMC research and the death prevention is 400,000. A global target for prevention is to distribute KMC with an implementation strategy to all countries. The NFI is in a position to endorse and promote current skin-to-skin programs and resources. The NFI Kangaroo-a-thon is a start and perhaps next year each NIDCAP training centre could partner with a hospital in a developing country as a strategy of global outreach. With the figures above this could be a worthwhile collaboration.

Sofia Augoustakis from Rigshospitalet, Copenhagen, Denmark, presented her research on the *Duration of infant-parent skin-to-skin contact In Neonatal Wards: A Danish nationwide cross-sectional survey*. This study has highlighted the importance to measure some of the care we provide, we know caregiving has a great impact on parent-infant bonding and brain development.

Nadine Griffiths, Senior NIDCAP Trainer from Sydney, Australia, presented her poster on the *Development of a screening process for parent depression and stress after discharge from a surgical NICU*. Her team found a multidisciplinary standardised screening protocol was feasible and effective in establishing referrals to services for families at risk. Her find-

ings that 24% of mothers and almost 42% of fathers reported depressive symptoms suggest screening should be extended to all families discharged from a NICU. This was one of many groundbreaking poster presentations at the conference.

In the session Sleep and Neuroprotective Care, Jannie Haaber, from the Danish NIDCAP Training and Development Center, Copenhagen, DK and Tenna Gladbo Salmonsén, from the Danish NIDCAP Training and Development Center, Aarhus, Denmark opened with the presentation *Burden of care – a fact – or is it?* They took us on a short journey of the importance of brain development, development of the senses and the impact of the environment; how daily procedures and daily care can be an explosion of sensory stimulation and the crucial need for positive sensory regulation, and parental involvement. They reminded the audience of the importance of being able to identify the infants' sleep and awake states to know when the infant is ready to interact, and with reference to Heidelise Als, why it is so important to be present and observe to understand the infants behaviour.

Another aspect of parental involvement in pain management was from Alexandra Ullsten, music therapist from Sweden, who told us about parent delivered lullabies, when the infant is skin-to-skin before, during and after a procedure. It is exciting to follow the study SWEpap, which is an RCT. Further the presentation was a part of a workshop – Building relations to stop pain in the NICU with several presentations about pain management. Marsha Campbell Yeo from Halifax Canada underlined the importance of having parents actively engaged in pain management. Among other things, she told us about a



International COINN participants

website Parenting Pain Away, which was developed to support parents and their families to feel confident to cooperate with health professionals in reducing their infants procedural pain. Bonnie Stevens, from Toronto Canada talked about implementation of pain management in newborn/preterm infants and how difficult it is but also how crucial it is to prevent pain and stress. In this discussion, she added the need for system changes requiring management level decisions to prevent pain and stress in newborn and preterm infants.

An expert panel of speakers provided insight into the *Care Of The Extremely Preterm Infant < 25 weeks*. We heard speakers from Japan, Miki Konishi, Akiku Kuroda, Ylva Blomqvist and Victoria Karlsson from Sweden. It is important to focus on this group of infants since they are immature, vulnerable and there are different ways to practice care. Reflections from the session included having a "Tiny Baby Unit" within the NICU to keep knowledge and practice to a few very dedicated nurses. 'The Tiny Baby Collaborative' – an international research group comprised of clinicians and researchers dedicated to improving the lives of children born at ≤ 23 weeks' gestation and their families foster collaboration and mutual learning among hospitals with exceptional outcomes for the most premature neonates. The goals are to identify and conduct research to improve care for the most premature neonates and their families. They share data on outcomes and practices among participating centers, and to compile evidence- and expert-based guidance related to the care of infants ≤ 23 weeks' gestation. The overall impression is that there is a need to share knowledge about the smallest and most vulnerable infants from the very beginning of life.

Neonatal Palliative Care was presented by Alex Mancini Schmidt from the UK. There was an emphasis on the importance of consistency between national guidelines (national network) concerning end of life or palliative care. The goal is to help parents when everything is uncertain and continue to develop the ability to observe what each infant needs in this very special situation.

During the workshop, '*Fathers in the NICU*', the speakers Anne Brødsgaard and Mette Petersen from Denmark and Francine de Montigny from Canada gave us valuable insight as to why it is important to have a greater focus of fathers, when their infant is in the NICU. We need to make the fathers/partners feel important and remember to ask, what they need, and acknowledge the importance of both parents in the infants life and the process 'to become parents'. Peer to peer support is worthwhile, father support groups are an example. In Denmark a national study is The SUPPORTED study – SUPPORT for first-time fathers of preterm infants in Early parenthood. We await the results.

Call to Action

Attendance at this conference has triggered many issues that we feel the NFI may consider as we move forward with NIDCAP across the globe. Three issues stood out for us: the power of skin-to-skin on closeness and brain development, the global issues threatening newborn care and survival in developing countries, and the need for a universal education program for developmentally supportive family and infant care.