

Poster Abstracts Presented at the Spring 2022 Advanced Practice and Low Risk Neonatal Nurses Conferences

May 11–14, 2022

These are the abstracts for the **poster presentations** from the Spring 2022 Advanced Practice and Low Risk Neonatal Nurses Conferences. They represent a broad range of neonatal issues. By sharing this information, we hope to increase awareness of research and innovative programs within the neonatal health care community and to support evidence-based nursing practice. Some abstracts have been edited for publication.

Parental Health Literacy and Implicit Bias: Case Analyses of Parents of Black Preterm Infants

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The purpose was to explore the perceptions of bias and transition readiness for parents of Black preterm infants prior to NICU discharge within the construct of parental health literacy (PHL). Parental perceptions of bias toward them by NICU providers impacts the establishment of trusting relationships critical for transfer of information pertinent to the care of the infant after NICU discharge. A multiple case study method was applied to data from a descriptive study of the perceived readiness for NICU discharge among parents of Black preterm infants. Eight family cases were analyzed using mixed data from 10 parent participants. Themes from parents were related to their information needs, perceived partnership with NICU providers, and the communication and dissemination of information relative to the postdischarge care of their infant. Most families had moderate to high levels of PHL. Three families perceived bias-related hindrances to their transition home, including information rationing, isolation/silencing, and ineffective communication with health care providers. Perceptions of health care team support were influenced by parental beliefs about acceptance or judgment by NICU staff. Professional development related to the influence of implicit bias/stereotyping in communication with and about parents and families is warranted.

Providing Milk in the NICU: The Experiences of Mothers

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Human milk has established benefits and is considered the newborn nutritional gold standard. Provision of human milk for hospitalized newborns requires pump expression and storage, or use of donor milk, because these infants are often unable to directly breastfeed. Pumping and storing human milk can be stressful for new parents already having to cope with having a hospitalized infant.

The purpose was to conduct a qualitative meta-synthesis of studies (published between 2005 and 2020) reporting the lactation experiences of parents in the NICU. Data were coded and organized using the meta-aggregation technique for synthesis. Twenty-two studies reporting the lactation experiences of 534 mothers and 52 fathers were reviewed. Meta-themes identified were (1) maternal role and responsibilities related to providing milk for their baby, (2) internal factors impacting mothers' breastfeeding and milk expression, and (3) external factors impacting mothers' breastfeeding and milk expression. The most frequently endorsed of 4 synthesized findings were "impact of perceived maternal role responsibility" and "perceived barriers to provision of breast milk." Understanding the experiences and factors that influence parental behaviors relative to lactation can inform future research and supportive interventions by health care providers. The critical influence of health care staff on the maternal lactation experience is highlighted.

Mutual Understanding Between Nurses and Parents in the NICU

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Parents of infants hospitalized in the NICU play an important role in the care of their child because parental involvement has been shown to improve health outcomes in premature infants. In the NICU environment, parents receive a constant stream of information regarding their infant's plan of care, procedures, and equipment, often with terminology unfamiliar to them and coming from different

health care providers. This can lead to misunderstanding between the parents and the health care provider, specifically the nurse at the bedside. While in the NICU, parents face uncertainty regarding their infant's health status. Any misunderstandings between the parents and the nurses affect the parents' emotional well-being, adding to the stress and anxiety that is already present as parents in the NICU. Liehr and Smith's concept-building process was used to enhance understanding of this phenomenon. The concept of mutual understanding between nurses and parents is an exchange of respect and trust for each other's roles in an environment of openness and caring and leads to a partnership between the nurses and parents that supports the parents, leading to optimal health care for their infant.

Implementation of an Online Peripherally Inserted Central Catheter Team Communication Platform

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The Children's Hospital of Philadelphia (CHOP) Neonatal/Infant Intensive Care Unit (NIICU) is a busy level IV unit. A stable vascular access is essential for sick NIICU patients. The peripherally inserted central catheter (PICC) is a preferred vascular access. The demands for PICC line placement in the NIICU are high. The PICC insertion process is complicated, including tracking order, attempts, successful placement time, and indwell complications, and PICC team leaders are seeking an effective communication platform. With CHOP information technology department help, a private NIICU PICC community was built in May 2016. The NIICU PICC team leader is the community manager. A NIICU PICC insertion request form is built using Work Word Excel, an online form, and any community member has 24/7 access to this form using any CHOP computer. This form includes patient information, PICC order time, PICC provider attempts, PICC placement time, PICC waiting time, removal time, and any complications. An on-call PICC RN is responsible for updating the form. With data support, the PICC team has been able to implement the bedside PICC insertion algorithm, advocate for patient safety and comfort, and ensure that patients receive PICC lines at the earliest time. NIICU leadership was able to use the data to support 24/7 NIICU PICC RN coverage.

What Do We Know About Neonatal Care and COVID-19?

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Neonatal care during the coronavirus disease (COVID-19) pandemic has presented multiple challenges to health care clinicians. The advanced practice nurse and nursing staff caring for the neonate during the COVID-19 pandemic must have knowledge of the implications of COVID-19 infection on this vulnerable population. Current evidence suggests that, although cases are rare, neonates with underlying medical conditions and preterm infants (<37 weeks' gestational age) may be at higher risk of severe illness from COVID-19. This poster reviews and addresses routes of transmission, clinical presentation, testing recommendations, COVID-19 treatment in the neonate, neonatal multisystem inflammatory syndrome (MISC/PIMS-TS), presurgical/surgical guidelines, maternal-neonatal contact, breastfeeding, reducing risks of transmission, and family education.

Caring for Our Newest Nurses: Can Journaling Forestall Burnout?

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Journaling has been shown to have positive effects on registered nurses, including decreasing the incidence of compassion fatigue and burnout. In this evidence-based clinical project, a small sample (N = 16) of new-hire orientees in the NICU were provided with a journal that includes educational content, weekly reflection prompts, and self-care assignments that are designed to directly align their clinical experiences with their classroom didactic content, with an emphasis on mental health awareness. Prior to the pandemic, it was estimated that 53 percent of new nurses would seek out new places of employment within the first year in their job. Nurses working in intensive care fields, already at a high risk for emotional distress, reported an increase of compassion fatigue and burnout relative to the impact of the coronavirus disease (COVID-19) pandemic, leading to a higher attrition rate of nurses than seen before. Because new nurses' intent to leave decreases by the time they've reached their second year on a unit, the long-term goal of this project is to decrease the turnover of new nurses within 2 years of employment. This project, which started in October 2021, is currently ongoing.

Rural Community Hospital Neonatal Resuscitation: Building Capacity for a Neonatal Rapid Response Team

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Health care reorganization has decreased access to rural birthing centers, leading to a reduction of rural births and subsequently decreasing clinician exposure to neonatal resuscitations. Minimal exposure to low-volume, high-risk procedures affects the health care team's confidence in and performance of essential skills. Neonatal resuscitation program staff training decreases neonatal mortality and morbidity. Nurse-led rapid response teams (RRTs) bring critical resources to unstable patients and provide opportunities for ongoing training of the health care team. The purpose of this project was to build capacity for neonatal resuscitation processes in a rural community hospital. This project was a hospital-based retrospective and prospective quasi-experimental study using quantitative and qualitative methodology. The Food and Drug Administration's Rapid Response Team Capacity Building and Mentorship Framework (RRT-CBMF), specifically phases 1 and 2, guided project interventions. An administrative structure was created to provide education and training for an intraprofessional neonatal RRT team, to develop an RRT activation mechanism with a standardized response, and to develop a continuous system for feedback and governance for the RRT. The use of the RRT-CBMF framework helped build capacity for a neonatal RRT in a rural community hospital that aligns with the Agency for Healthcare Research and Quality components for RRTs.

Comparing Infection Rates Between Catheters in the NICU Setting: A Literature Review

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Background and Purpose: Because of the length of neonates' stay in the NICU and the need for vascular access to provide nutrients, the correct vascular access device is critical. The purpose of this paper was to review the literature related to the effect on infection rates of inserting central lines compared with inserting peripheral intravenous lines in neonates for stays in the NICU longer than 3 days.

Methods: A literature search was performed using 2 databases: PubMed and CINAHL Plus with Full Text. A total of 9 articles that discussed infections and success rates of peripheral intravenously inserted catheters and peripherally inserted central catheters in the NICU were used for this literature review.

Results: Synthesis of the research evidence yielded 3 major themes: (1) factors influencing peripherally inserted intravenous cannulation; (2) the finding that central lines in neonates, on average, last longer; and (3) risk associated with vascular access devices. Gaps were also identified in the literature. Currently, the infection rate with peripherally inserted central catheters versus peripheral intravenous catheters is not known.

Conclusions and Implications: For stays longer than 3 days in the NICU, neonates would seem to benefit more from peripherally inserted central catheters than peripheral intravenous catheters.

Continuous Positive Airway Pressure in a Level II Nursery

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Respiratory distress in neonates is the main cause of admission to a level II nursery. Neonates may be transferred to a higher level of care because of lack of respiratory support, such as continuous positive airway pressure, and lack of nurses educated in the use of continuous positive airway pressure. The purpose of this evidence-based improvement project is to decrease neonate transfer to a higher level of care through education of neonatal nurses in the use of continuous positive airway pressure in neonates with respiratory distress in level II nurseries according to practice guidelines. The project will assess the nursing knowledge and competence of 20 nurses before and after education and the rate of transfer compared with rates prior to the intervention of continuous positive airway pressure. Providing continuous positive airway pressure in a level II nursery can decrease the cost of care, and neonates can be managed at the local Midwest hospital instead of being transferred to the regional hospital.

Taste Care®: A Quality Initiative for Premature Infants to Taste Milk Drops

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Background: Newborns at <32 weeks' gestation can experience prolonged transition from tube feedings to exclusive oral feedings, delaying key milestones attainment needed for discharge. Evidence demonstrates that tasting milk drops decreases transition time to full oral feeds and shortens hospital stay.

Methods: Plan-Do-Study-Act cycles were used to implement *Taste Care* (milk drop administration and documentation during tube feedings) in a level III NICU. Implementation (n = 43) and preimplementation (n = 133) data (subgrouped as <28 weeks' gestation, ≥28 weeks' gestation) were analyzed using the Kaplan-Meier survival curve for the transition time to full oral feeds and hospital duration. Chi-square and Mann-Whitney U tests were performed to analyze surgical evaluation transfers (morbidity proxy) and mortality.

Results: *Taste Care* documentation increased 20-fold. There was no statistical difference in hospital length of stay or time to ad libitum feedings. Initial disposition to home increased (from 47 percent to 74 percent; $p = .03$), surgical evaluation transfers decreased with clinical significance (from 42 percent to 26 percent; $p = .10$), and mortality decreased (from 11 percent to 0; $p = .5$) in the extremely premature infant *Taste Care* subgroup (n = 19).

Conclusions: *Taste Care* improved the administration consistency of milk drops to premature infants, improved home discharge outcomes, and decreased transfers for surgical evaluation.

Implementing the Wellness Champion Role in the Neonatal ICU

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NICU nurses care for some of the most fragile and sick patients within the hospital. Larger NICUs often care for more acute patients, increasing the risk of burnout among nurses. Nursing burnout is described as feeling frustrated, unmotivated, and emotionally exhausted. It leads to subpar performance by nurses in the workplace, which impacts patients. Prior to the pandemic, burnout was consistently reported to affect 27 percent to 86 percent of health care workers, with nearly one-third of nurses meeting criteria for severe burnout. The increased risk of burnout, along with poor patient outcomes, led to the development of the wellness champion role in the NICU. This innovative role uses evidence-based interventions shown to reduce burnout symptoms, such as mindfulness techniques, gratitude boards, well-being education, and healthy lifestyle programs, all focusing on fostering resilience and positive teamwork within the workplace. The American Association of Critical-Care Nurses Healthy Work Environment (HWE) assessment tool was deployed in an Upstate New York level IV NICU. The lowest-scoring areas are true collaboration, skilled communication, and meaningful recognition. Currently, interventions addressing these areas are being developed in collaboration with the wellness champion and NICU HWE team to improve the workplace prior to reassessment.

Optimal Timing of Delayed Cord Clamping for Preterm and Term Infants

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The purpose of this literature review is to evaluate if the optimal timing of delayed cord clamping (DCC) for preterm and term infants is defined in the current research and to assess if evidence-based recommendations can be made regarding this practice. Research methods included an extensive search of the literature. Fourteen research articles that pertained to the clinical question emerged, including 6 systematic reviews and meta-analyses, 1 meta-analysis, 4 randomized controlled trials, 1 cohort study, and 2 retrospective cohort studies. The main findings of this literature review include that DCC for 30 seconds may offer benefits for preterm infants, with potentially greater benefits seen with DCC for longer than 60 seconds. DCC for at least 30 seconds seems to indicate beneficial effects for term newborns, and it is suggested that durations longer than 60 seconds may lead to greater incidence of hyperbilirubinemia and polycythemia. Although the optimal timing of DCC remains undefined for both preterm and term infants, this literature review can serve to inspire much-needed future research regarding the ideal duration of DCC for neonates and to promote best outcomes for this fragile patient population.

Use it UP: Expansion of Starter Total Parenteral Nutrition to the 2-Kilogram Neonate

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A large midwestern institution reviewed their practice related to starter total parenteral nutrition (TPN) in the preterm neonate. Previous practice included initiation of starter TPN for neonates weighing <1,500 g to meet the nutritional requirements of the very low birth weight neonate from day 1 of life. Central TPN and peripheral TPN were prepared by the institution's pharmacy and stocked for use immediately after birth. Prepared TPN had an expiration of 7 days if not used. Current practice was examined by the Neonatal Multidisciplinary Practice Committee to provide optimal nutrition to at-risk neonates and prevent waste of unused starter TPN. An examination of practices nationwide revealed inconsistencies related to recommendations for starter TPN ranging from neonates weighing <1,200 g at birth up to neonates weighing <2,000 g at birth. Our institution chose to initiate starter TPN for all neonates weighing <2,000 g. Neonatal nurses were educated on the expanded criteria and rationale. Wasted central and peripheral TPN preparations were then tracked. By expanding the criteria to <2,000 g, we reduced waste without additional costs and provided optimal nutrition for a larger population of at-risk neonates. From implementation in August to December 2021, nearly 20 neonates benefited from the expansion of starter TPN in our NICU.

Implementation of Donor Human Milk in a Nonacademic Rural Setting

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Nash Women's Center delivers 1,000 infants annually. A 12-bed private room special care nursery (SCN) is housed within the Women's Center. Donor human milk (DHM) availability would increase the exclusive breastfeeding rate, facilitate back transfers, and potentially assist with lowering the gestational age limit for deliveries.

A vendor agreement was reached with WakeMed Mothers' Milk Bank, Cary, North Carolina, in March 2021. Concurrently, policies, information sheets, receiving and dispensing logs, unintended exposure protocols, and consent forms were formulated. Nursing workflows in EPIC@UNC, the electronic medical record, were finalized for all 3 units of the Women's Center: labor and delivery, mother baby unit (MBU), and SCN.

Chart audits were performed by a lactation consultant. After the onset of DHM availability in July 2021, the exclusive breastfeeding rate in the MBU increased from 29 percent to 33 percent in the second half of 2021 but decreased from 16 percent to 14 percent in the SCN. DHM use was 2 percent in the MBU and 18 percent in the SCN in the second half of 2021.

Given the insufficient change in the exclusive breastfeeding rate thus far, we plan to improve staff, provider, and parental knowledge, as well as to reeducate staff on unit protocols. We will continue to track the exclusive breastfeeding rate.

Effectiveness of a Lactation Training Curriculum in the NICU

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Inconsistencies exist in the breastfeeding support offered by health care providers. The purpose of this quality improvement is to integrate a lactation training program that improves breastfeeding knowledge among NICU nurses by at least 10 percent and sustains exclusive breastfeeding rates in infants from birth through 6 months of age to surpass the Healthy People 2030 target rate of 42.4 percent. All infants discharged home on feedings were included. Using Bloom's Taxonomy framework of learning, a mixed method approach was used for the training. Eighty nurses completed the training. Analysis of the 10-question pre- and posttest scores demonstrated an average of 19.12 percent gained knowledge. A 5-point Linkert scale survey was used for evaluation, which showed that 66.3 percent of participants selected strongly agreed and 33.6 percent selected agreed on the effectiveness of the lactation training. Prior to implementing the lactation training, quantitative business intelligence results showed breastfeeding rates for discharged infants as follows: July 2021, 90 percent; August 2021, 74 percent; and September 2021, 85 percent. After training, quantitative business intelligence results showed breastfeeding

rates for discharged infants as follows: October 2021, 95 percent; November 2021, 94 percent; and December 2021, 90 percent. Therefore, a lactation training program would be highly recommended in all baby care areas within any health care organization.

The Impact of COVID-19 on Pregnancy and Birth at Catholic Health Good Samaritan Hospital

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Devon A. Biscari, MSN, RN-C

Donna S. Celentano, MSN, RN-C

GOOD SAMARITAN HOSPITAL MEDICAL CENTER
WEST ISLIP, NEW YORK

At the beginning of the novel coronavirus disease (COVID-19) pandemic, the impact of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection during pregnancy was unclear. Anecdotal literature suggested the incidence of mother-to-newborn SARS-CoV-2 transmission to be low. In June 2020, Good Samaritan Hospital joined the National Registry for Surveillance and Epidemiology of Perinatal SARS-CoV-2 Infection. Good Samaritan Hospital wanted to directly contribute to the research on SARS-CoV-2 effects on pregnant women and newborns by sharing our data on biological and social factors in a HIPAA-compliant, secure, institutional review board–exempt national registry. Our aim was to provide real-time cumulative information on the number of cases of SARS-CoV-2 infection among mothers who deliver at our hospital, the percentage of neonates who were born to mothers with positive SARS-CoV-2 test results during their birth hospitalization, and the clinical and sociodemographic factors associated with positivity for SARS-CoV-2. Statistical analysis of this information will help contribute to a better understanding of the potential modes of transmission, risk factors, and facilitation of instruction of clinical care practices.

Podium Abstracts Presented at the Spring 2022 Virtual Advanced Practice and Low Risk Neonatal Nurses Conferences

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Standardized Continuous Positive Airway Pressure Weaning in Preterm Infants: A Quality Improvement Project

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Purpose: The project is evidence-based quality improvement (QI) implemented in a level III NICU in the Midwest. The goal of the project is to decrease the incidence of cardiorespiratory decompensation events and bronchopulmonary dysplasia (BPD) by applying an evidence-based protocol for weaning continuous positive airway pressure (CPAP) in infants born at <32 weeks' gestational age (GA) or <1,500 g birth weight.

Design: In this quasi-experimental evidence-based QI project, infants meeting protocol criteria are maintained on CPAP or greater support until 32 weeks' GA and >1,500 g weight. Additional clinical stability criteria must be met before weaning from CPAP.

Sample: Historical data were collected for infants meeting protocol criteria born at the site from 2018 to 2019 (n = 36) and from 2020 to 2021 (n = 35). Data collection for the protocol group was continued until February 2022 (n = 16 from August 23, 2021 through November 25, 2021).

Outcome Measures: The primary outcome is cardiorespiratory decompensation in the 7 days following CPAP discontinuation. The secondary outcome is BPD, defined as a supplemental oxygen requirement at 36 weeks' GA.

Learning to C.A.R.E. for Neonatal Abstinence Syndrome and Mothers With Substance Abuse

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As the opioid epidemic increases, hospitals must continue to reevaluate how we approach caring for these patients. Opioid use disorder (OUD) in pregnancy and neonatal abstinence syndrome (NAS) have escalated dramatically in recent years, paralleling the epidemic of opioid use observed in the general population. Historically, the medical community has punished substance-using mothers. As we are learning more about the science of addiction, it is evident that this is an area for improvement when caring for these mothers and newborns. We developed and implemented a standardized process for identification, evaluation, treatment, and safe discharge of those affected by OUD and NAS. This was accomplished by focusing on education, providing nonjudgmental care, increasing early recognition and treatment of mothers, and improving nonpharmacologic care for newborns. Success is evident by a decreased length of stay and medication requirement for newborns, an increased recognition of substance-using mothers, and timely referrals to mental health and addiction resources to start the journey toward recovery. Furthermore, we established a volunteer Cuddler program to hold, cuddle, and soothe when parents can't be at the hospital and increased skin-to-skin care in the first few hours/days of life using Joeybands to support the mother to provide safer skin-to-skin holding.

Implementation of an Extubation Readiness Guideline for Preterm Infants

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Problem: Intubated preterm infants ≤32 6/7 weeks' gestation in a Mid-Atlantic level IV NICU face a high number of days on a ventilator. The purpose of this quality improvement project was to implement and evaluate the effectiveness of an extubation readiness guideline in preterm infants ≤32 6/7 weeks' gestation in a Mid-Atlantic level IV NICU.

Framework: The theory of planned behavior was used.

Literature Review: Seven studies, ranging from quality improvement to a systematic review, were evaluated. The literature supports that use of an extubation guideline will decrease ventilator days, reduce adverse effects of prolonged mechanical ventilation, improve postextubation management, improve extubation safety, and improve rates of extubation success/need for reintubation.

Methodology: Over 17 weeks, chart audits were performed for pre-/postimplementation data collection. Demographic patient data, ventilator days, days to first extubation attempt, reintubation need, guideline use, guideline compliance, and staff education completion were tracked.

Analysis: Postimplementation data indicated decreased average total ventilator days, need for intubation >28 days, and days to first extubation attempt for preterm infants $\leq 32\frac{6}{7}$ weeks' gestation.

Interpretation: Implementation of the evidence-based guideline was effective in decreasing average total ventilator days.

Building Clinical Competence in Neonatal and Obstetrical Emergencies Through Simulation

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Evidence supports that simulation is the most effective way to prepare teams, streamline procedures, identify weaknesses, build confidence, and practice effective communication. Our community hospital successfully implemented a simulation program in our level II NICU using high-fidelity simulation for emergency preparation and team building. Because of the large success of the neonatal program, an adult birthing simulator was purchased to enhance our delivery service. Using the 2 simulators simultaneously creates a lifelike scenario to prepare our team of medical professionals to work together to stabilize 2 patients in an effort to improve our functionality and response ability in critical, life-threatening situations for both moms and babies. The use of simulation has increased morale and created confidence and strength among multidisciplinary team members. The simulator tracks performance in real time, and a video recording of the simulation allows the participants to debrief and perform self-evaluation. In addition, the simulation experiences assist in identifying process improvement opportunities and improving staff confidence to respond to the most critical situations. Come along with us as we explain our journey through simulation to create excellence at the bedside.

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At the beginning of the novel coronavirus disease (COVID-19) pandemic, the impact of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection during pregnancy was unclear. Anecdotal literature suggested the incidence of mother-to-newborn SARS-CoV-2 transmission to be low. In June 2020, Good Samaritan Hospital joined the National Registry for Surveillance and Epidemiology of Perinatal SARS-CoV-2 Infection. Good Samaritan Hospital wanted to directly contribute to the research on SARS-CoV-2 effects on pregnant women and newborns by sharing our data on biological and social factors in a HIPAA-compliant, secure, institutional review board-exempt national registry. Our aim was to provide real-time cumulative information on the number of cases of SARS-CoV-2 infection among mothers who deliver at our hospital, the percentage of neonates who were born to mothers with positive SARS-CoV-2 test results during their birth hospitalization, and the clinical and sociodemographic factors associated with positivity for SARS-CoV-2. Statistical analysis of this information will help contribute to a better understanding of the potential modes of transmission, risk factors, and facilitation of instruction in clinical care practices.

7. How Can We Optimize and Personalize Clinical Care of Preterm and Term Neonates With Jaundice?

Gilbert Koch

Disclosure: NeoPrediX AG (Salary)

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The field of medicine is undergoing a fundamental change, transforming toward modern, data-driven, patient-oriented care. We introduce an intelligent online tool that can predict bilirubin values, helping caregivers of neonates with jaundice to address daily clinical questions such as the following: (1) Is an additional bilirubin measurement necessary? (2) Can the neonate be discharged home? (3) Can a neonate at risk for clinically relevant hyperbilirubinemia be identified early? The tool was developed on the basis of clinical datasets from preterm and term neonates at 2 children's university hospitals in Switzerland and Germany. The implemented algorithm is based on a mathematical-statistical model using clinical knowledge and known physiology. The tool can be applied in 2 scenarios. First, bilirubin values can be predicted up to 24 hours on the basis of 1 bilirubin measurement (sensitivity, 96 percent; specificity, 96 percent). Second, bilirubin values can be predicted up to 48 hours on the basis of 2 bilirubin measurements (sensitivity, 93 percent; specificity, 92 percent). The learning objective for caregivers in neonatology is that the presented predictive tool can accurately predict bilirubin values for a neonatal patient up to 48 hours. Such an intelligent online tool helps to address daily clinical questions, optimizing and personalizing care of neonates with jaundice, which in turn will improve the lives of newborns and their parents.