

ANN POSTER PRESENTATION GUIDELINES

PROVIDED BY THE ACADEMY OF NEONATAL NURSING

The Academy of Neonatal Nursing is seeking poster presentations to complement our line-up of expert speakers. In keeping with our theme of examining current practice, we invite you to submit a poster abstract. Clinical, case study, and research posters are welcome. The topics for these posters should be relevant to the purpose of the conference and the audience of neonatal nurses.

POSTER PRESENTATION GUIDELINES

- Visit the ANN Conference page for access to the Online Submission Portal.
- Complete the required tasks
 - **IMPORTANT: Submit a Statement of Financial Relationships Form for ALL co-authors (maximum of 8*) who will be listed on the poster.**
 - **Attendees will earn NCPD contact hours for the poster you are presenting, therefore *these forms are mandatory.***
- Posters must avoid any semblance of commercialism; those constituting promotion and advertising are prohibited.
- The poster may not include any company logo or the logo of any commercial interest. (Universities and hospitals are not commercial interests.)
- Please use generic names to the extent possible when discussing specific health care products or services. If trade names are needed, use trade names from several companies when available, and not just trade names from any single company.
- Each submission will be blind peer-reviewed by a minimum of three neonatal nurses.
- Presenters are expected to be at their posters and available for questions during specified times.
- Attendees will earn contact hours for viewing and evaluating posters, unless otherwise noted.
- Poster presenters will be provided with a 4 ft. x 8 ft. corkboard display. Electrical outlets and tables will not be available.

Please note, we cannot accept poster or podium submissions from owners or employees of commercial companies whose products are related to the topic of the submission.

Innovative Programs: Describe a program implemented in your practice setting which addresses challenges in nursing practice, education, or administration in neonatal care.

Research: Describe original research or knowledge translation. Include a description of the following: Statement of the problem, conceptual framework (if applicable), literature review, methodology, and data analysis and interpretation.

Case Studies: Describe the infant's diagnosis, including incidence and etiology; an overview of the diagnostic process; management; discussion of outcomes; and implications for practice. The case discussion must comply with HIPAA regulations. The case may not be in litigation.

POSTER CONTENT GUIDELINES

As you prepare your poster for presentation, please keep the following guidelines in mind:

1. **Ensure that the names and credentials of all authors are correctly spelled.** The poster abstracts will be published in the online version in *Neonatal Network*.[®] *The Journal of Neonatal Nursing*.
2. For research abstracts, be sure and include categories as outlined above.
3. Proofread your poster to ensure that each sentence makes sense and all words are spelled correctly.

All presenters are required to register and attend the full conference. Primary presenter receives a \$50 discount off conference registration. (Cannot be combined with any other discount, one discount per registrant.) **All poster presenters will be responsible for their own travel and all expenses related to their presentation.**

*A maximum of 8 co-authors may be listed on the poster (You must obtain a signed Statement of Financial Relationship/Conflict of Interest Form for each co-author). Additional contributors may be listed under acknowledgments (see example below)

Poster Sample



Improving health outcomes of premature infants through an educational partnership with community first responders.

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BACKGROUND

- Our city of Laredo, Texas is a medically underserved community on the Mexican border. Laredo Medical Center is the largest of the two small hospitals in the county.
- Our NICU often receives premature infants born at home from the south of the city, surrounding counties of Zapata, Rio Bravo, El Cenizo, Hebbronville, and Nuevo Laredo, Mexico.
- These infants are picked up by Emergency Medical Services (EMS), cared for by Emergency Medical Technicians (EMTs) or paramedics with limited experience to no experience in caring for this population.
- First responders were bringing babies to our hospital with cold body temperatures (less than 35.5°C) who were struggling to breathe.
- These group of low-birth weight (LBW) or extreme-low birth weight (ELBW) experienced complications that required longer stays in the NICU, transfer to a higher level of care, separation from families, poor outcomes, and high mortality rates.
- Evidence-based practice tells us that the golden hour is extremely important when caring for a premature infant in order to improve their outcomes and decrease morbidity and mortality. Literature at the beginning of this project showed us that there was a gap on the experience of EMS personnel with the neonatal population as well as a need for regular training and skills practice.
- The mandated guidelines from the state of Texas to become a NICU level III designated facility gave us the opportunity to create this much needed outreach education for our community first responders.
- Our goal: increasing awareness on the first responder community about the importance of thermoregulation and care after neonatal resuscitation (golden hour).

OBJECTIVES

- Recognize latest neonatal guidelines for infant resuscitation.
- Identify ways to prevent cold stress in the newborn.
- Increase confidence in caring for premature infants after delivery through hands-on activities.
- Improve the outcomes of NICU babies who were admitted from out-of-hospital.

MATERIALS AND METHODS

- The first education was delivered to all city EMTs/paramedics.
- The focus of the education was conserving the baby's temperature, effects of cold stress in the newborn and stressing the contrast between PALS and NRP guidelines.
- Hands on sessions were provided focusing on intubating a simulated 28-week premature manikin.

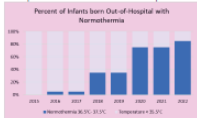


- Gaps were identified at the time of education, which led to updates on their policies and procedures. These changes aim to reflect the latest NRP guidelines.
- Furthermore, it was identified the need for appropriate equipment to stabilize premature newborns.
- The Texas Seven Flags Regional Advisory Council (SFRAC) provided funding to supply first responders within the city and surrounding areas with a neonatal resuscitation kit. Additionally, they provided a 25-week baby manikin for the hands-on practice sessions.



RESULTS

- Premature infants brought to the hospital via EMS are now provided with effective positive pressure ventilations or correct size endotracheal tube and oxygenation as needed.
- EMTs/Paramedics are starting skin-to-skin while in route to the hospital.
- 85% of premature infants born out-of-hospital stayed in-hospital and were able to be discharged home.
- All these changes have brought up positive outcomes in our community's LBW and ELBW premature infants born out-of-hospital.



Year	Percent
2015	0%
2016	0%
2017	0%
2018	0%
2019	0%
2020	0%
2021	0%
2022	85%

CONCLUSIONS

- This program provides proper equipment plus regular training and skills to first responders on how to provide the critical care needed during the golden first hour of a premature baby's life.
- Performing correct neonatal resuscitation and achieving optimal body temperature until the baby arrives at the hospital will achieve the best outcomes.

ACKNOWLEDGEMENTS

- Thank you to the Dean of the College of Nursing and Health Sciences at Texas A&M International University for mentoring this poster.
- Thank you to the Laredo Medical Center leadership team for their consistent support.
- Thank you to the Laredo Fire Department, Webb County Fire, Zapata County Fire, Jim Hogg County Emergency Services for believing and continue to assist this educational program.
- Thank you to the Texas Seven Flags Regional Advisory Council (SFRAC) for granting the equipment needed to better the outcomes of premature infants in our community.