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Current Awareness Bulletin – Neonatal Care
November 2014

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Abstracts

1. Brain-Oriented Care in the NICU: A Case Study
   Citation: Neonatal Network, Sep 2014, vol. 33, no. 5, p. 263-267, 0730-0832 (Sep-Oct 2014)
Author(s): Bader, Lisa

Abstract: With the advances of technology and treatment in the field of neonatal care, researchers can now study how the brains of preterm infants are different from full-term infants. The differences are significant, and the outcomes are poor overall for premature infants as a whole. Caregivers at the bedside must know that every interaction with the preterm infant affects brain development. It is critical to the developmental outcome of the infant. The idea of neuroprotection is not new to the medical field but is a fairly new idea to the NICU. Neuroprotection encompasses all interventions that promote normal development of the brain. The concept of brain-oriented care is a necessary extension of developmental care in the NICU. By following the journey of 26-week preterm twin infants through a case study, one can better understand the necessity of brain-oriented care at the bedside. [PUBLICATION]

Source: BNI
Full text: Available Neonatal Network at No link? Ask Salisbury Healthcare Library - please click here to request article.

2. Burnout in the NICU setting and its relation to safety culture

Citation: BMJ Quality and Safety, Oct 2014, vol. 23, no. 10, p. 806-813, 2044-5415 (October 2014)

Author(s): Profit, Jochen, Sharek, Paul J, Amspoker, Amber B, Kowalkowski, Mark A, Nisbet, Courtney C, Thomas, Eric J, Chadwick, Whitney A, Sexton, J Bryan

Abstract: Background Burnout is widespread among healthcare providers and is associated with adverse safety behaviours, operational and clinical outcomes. Little is known with regard to the explanatory links between burnout and these adverse outcomes. Objectives (1) Test the psychometric properties of a brief four-item burnout scale, (2) Provide neonatal intensive care unit (NICU) burnout and resilience benchmarking data across different units and caregiver types, (3) Examine the relationships between caregiver burnout and patient safety culture. Research design Cross-sectional survey study. Subjects Nurses, nurse practitioners, respiratory care providers and physicians in 44 NICUs. Measures Caregiver assessments of burnout and safety culture. Results Of 3294 administered surveys, 2073 were returned for an overall response rate of 62.9%. The percentage of respondents in each NICU reporting burnout ranged from 7.5% to 54.4% (mean=25.9%, SD=10.8). The four-item burnout scale was reliable (α=0.85) and appropriate for aggregation (intra-class correlation coefficient-2=0.95). Burnout varied significantly between NICUs, p

Source: BNI
Full text: Available Highwire Press at BMJ Quality and Safety

3. Can available interventions end preventable deaths in mothers, newborn babies, and stillbirths, and at what cost?

Citation: Lancet, Jul 2014, vol. 384, no. 9940, p. 347-370, 0140-6736 (July 26, 2014)


Abstract: Progress in newborn survival has been slow, and even more so for reductions in stillbirths. To meet Every Newborn targets of ten or fewer neonatal deaths and ten or fewer stillbirths per 1000 births in every country by 2035 will necessitate accelerated scale-up of the most effective care targeting major causes of newborn deaths. We have systematically reviewed interventions across the continuum of care and various delivery platforms, and then modelled the effect and cost of scale-up in the 75 high-burden Countdown countries. Closure of the quality gap through the provision of effective care for all women and newborn babies delivering in facilities could prevent an estimated 113 000 maternal deaths, 531 000 stillbirths, and 1.325 million neonatal deaths annually by 2020 at an estimated running cost of US$4.5 billion per year (US$0.9 per person). Increased coverage and quality of preconception, antenatal, intrapartum, and postnatal interventions by 2025 could avert 71% of neonatal deaths (1.9 million [range 1.6-2.1 million]), 33% of stillbirths (0.82 million [0.60-0.93 million]), and 54% of maternal deaths (6.6 million [0.14-0.17 million]) per year. These reductions can be achieved at an annual incremental running cost of US$5.65 billion (US$1.15 per person), which amounts to US$1928 for each life saved, including stillbirths, neonatal, and maternal deaths. Most (82%) of this effect is attributable to facility-based care which, although more expensive than community-based strategies, improves the likelihood of survival. Most of the running costs are also for facility-based care (US$3.66 billion or 64%), even without the cost of new hospitals and country-specific capital inputs being factored in. The maximum effect on neonatal deaths is through interventions delivered during labour and birth, including for obstetric complications (41%), followed by...
care of small and ill newborn babies (30%). To meet the unmet need for family planning with modern contraceptives would be synergistic, and would contribute to around a halving of births and therefore deaths. Our analysis also indicates that available interventions can reduce the three most common cause of neonatal mortality--preterm, intrapartum, and infection-related deaths--by 58%, 79%, and 84%, respectively. [Publication] 143 references

Source: BNI
Full text: Available Lancet at Lancet, The
Full text: Available Lancet at Salisbury District Hospital Healthcare Library

4. Did they use it? A qualitative study exploring transfer of 'attitudes and behaviours' from simulation to workplace
Citation: Infant, Sep 2014, vol. 10, no. 5, p. 160-163, 1745-1205 (September 2014)
Author(s): Seethamraju, Rajasri, MacKinnon, Ralph
Abstract: Effective team working between the medical and nursing professions is vital to the success of any resuscitation and the 'attitudes and behaviours' of team members are as important as knowledge and skills. Paediatric simulation improves the acquisition of knowledge and skills, at least in the short-term, but similar evidence is lacking for attitudes and behaviours. This article explores candidates' perceptions as to whether training received in attitudes and behaviours in a neonatal simulation course is transferred to the workplace.

Source: BNI
Full text: Available Infant at No link? Ask Salisbury Healthcare Library - please click here to request article.

5. Ethical issues related to caring for low birth weight infants
Citation: Nursing Ethics, Sep 2014, vol. 21, no. 6, p. 731-741, 0969-7330 (September 2014)
Author(s): Webb, Mary S, Passmore, Denise, Cline, Genieveve, Maguire, Denise
Abstract: Background: Currently preterm births are the leading causes of newborn deaths and newborn mortality in developed countries. Infants born prematurely remain vulnerable to many acute complications and longterm disabilities. There is a growing concern surrounding the moral and ethical implications of the complex and technological care being provided to extremely low birth weight infants in neonatal intensive care units in the developed nations. Research purpose: The purpose of this study was to describe the ethical and moral issues that neonatal intensive care nurses experience when caring for low birth weight preterm infants and their families. Research design: A phenomenological method design was used to describe the lived experiences of nurses with ethical and moral issues encountered in the neonatal intensive care unit. One-on-one, semistructured interviews using open-ended questions were used to gather data from the participants. Research participants: The setting for this study was a 97-bed neonatal intensive care. A total of 16 female nurses were interviewed. Ethical considerations: Approval to conduct the research study was obtained from the institutional review board of the hospital where the study was conducted. Formal signed consent was obtained from each participant. To ensure confidentiality, each participant was asked to choose a confederate name to be used in the interview and the transcriptions. Findings: The thematic analysis identified five recurring themes: (a) at the edge of viability, (b) infant pain and discomfort, (c) crucial decisions, (d) communicating with parents, and (e) letting go. Conclusion: Neonatal intensive care unit nurses indicated that they often had challenges to their own sense of morality as they struggled to protect the infant from pain and unnecessary discomfort, provide care to an infant and their family whom they thought was faced with a lifetime of challenges and poor health, accepting decisions made by parents, and feeling as if parents were not adequately informed about outcomes. [PUBLICATION] 18 references
Source: BNI
Full text: Available EBSCOhost at Nursing Ethics

6. Exposure to Leadership WalkRounds in neonatal intensive care units is associated with a better patient safety culture and less caregiver burnout
Citation: BMJ Quality and Safety, Oct 2014, vol. 23, no. 10, p. 814-822, 2044-5415 (October 2014)
Author(s): Sexton, J Bryan, Sharek, Paul J, Thomas, Eric J, Gould, Jeffrey B, Nisbet, Courtney C, Amspoker, Amber B, Kowalkowski, Mark A, Schwendimann, René, Profit, Jochen
Abstract: Background Leadership WalkRounds (WR) are widely used in healthcare organisations to improve patient safety. The relationship between WR and caregiver assessments of patient safety culture, and healthcare
worker burnout is unknown. Methods This cross-sectional survey study evaluated the association between receiving feedback about actions taken as a result of WR and healthcare worker assessments of patient safety culture and burnout across 44 neonatal intensive care units (NICUs) actively participating in a structured delivery room management quality improvement initiative. Results Of 3294 administered surveys, 2073 were returned for an overall response rate of 62.9%. More WR feedback was associated with better safety culture results and lower burnout rates in the NICUs. Participation in WR and receiving feedback about WR were less common in NICUs than in a benchmarking comparison of adult clinical areas. Conclusions WR are linked to patient safety and burnout. In NICUs, where they occurred more often, the workplace appears to be a better place to deliver and to receive care. [PUBLICATION] 43 references

Source: BNI

Full text: Available Highwire Press at BMJ Quality and Safety

7 Extended Family Support for Parents Faced with Life-Support Decisions for Extremely Premature Infants

Citation: Neonatal Network, Sep 2014, vol. 33, no. 5, p. 255-262, 0730-0832 (Sep-Oct 2014)

Author(s): Kavanaugh, Karen, Nantais-Smith, Leanne M., Savage, Teresa, Schim, Stephanie Myers, Natarajan, Girija

Abstract: Purpose: To outline parents' descriptions of extended family involvement and support surrounding decision making for their extremely preterm infant. Design: Collective case study design in a prospective, descriptive, longitudinal research. Seventy-five digitally recorded interviews were done with parents before and after the birth. Sample: Fifty-four parents (40 mothers, 14 fathers). Main Outcome Variable: Categories of family involvement and support in the parents' decision making. Results: Most parents did not seek advice from family members for life-support decisions made prenatally. Instead, parents made the decision as a couple with their physician without seeking family input. Family members provided certain types of support: emotional support, advice and information, prayer, and instrumental help such as child care. Most parents described at least one way their family supported them. For postnatal and end-of-life decisions, parents were more likely to seek advice from extended family in addition to the other forms of support. [PUBLICATION]

Source: BNI

Full text: Available Neonatal Network at No link? Ask Salisbury Healthcare Library - please click here to request article.

8. Hand hygiene with alcohol hand rub and gloves reduces the incidence of late onset sepsis in preterm neonates

Citation: Acta Paediatrica, International Journal of Paediatrics, October 2014, vol./is. 103/10(1053-1056), 0803-5253;1651-2227 (01 Oct 2014)

Author(s): Janota J., Sebkova S., Visnovska M., Kudlackova J., Hamplova D., Zach J.

Language: English

Abstract: Aim: To assess the impact of a hand hygiene protocol, using hand washing, alcohol hand rub and gloves when caring for preterm infants born after 31 weeks of gestation, on the incidence of neonatal late onset sepsis (LOS). Methods: All babies delivered between 32 + 0 and 36 + 6 weeks gestation and admitted to the neonatal intensive care unit during a 14-month period were included. We followed a hand hygiene protocol with hand washing and alcohol hand rub (hand rub period) for the first 7 months and a protocol of hand washing, alcohol hand rub and gloves (gloves period) for the second 7 months. The hand rub and gloves groups consisted of 111 and 89 patients, respectively. Results: Five patients were diagnosed with a total of six episodes of LOS in the hand rub group, and the incidence of LOS during the hand rub period was 2.99/1000 hospital days and 54.1/1000 admissions. There were no patients diagnosed with LOS during the gloves period (significant decrease, p = 0.028). Conclusion: Using a hand hygiene protocol with hand washing, hand rub and gloves significantly reduced the incidence of LOS in preterm newborns, and the results suggest that it may produce a sustained improvement in the infection rate.

Publication type: Journal: Article

Source: EMBASE

9. Lactoferrin supplementation for very preterm infants
Citation: Infant, Sep 2014, vol. 10, no. 5, p. 147-150, 1745-1205 (September 2014)
Author(s): Jenkins, Paula, Griffiths, James
Abstract: Lactoferrin is a key component of the mammalian innate immune response. Infants born very preterm are relatively deficient in lactoferrin and may benefit from supplementation. Preliminary evidence suggests that bovine lactoferrin supplementation might prevent late-onset invasive infection and its associated mortality and morbidity. In the UK, the ELFIN Trial Investigators Group is undertaking a large, simple and pragmatic randomised controlled clinical trial to test this hypothesis. [PUBLICATION]
Source: BNI
Full text: Available Infant at No link? Ask Salisbury Healthcare Library - please click here to request article.

10. Measuring parents' experiences and satisfaction with care during very preterm birth: a questionnaire development study
Citation: BJOG, Sep 2014, vol. 121, no. 10, p. 1294-1301, 1470-0328 (September 2014)
Author(s): Sawyer, A, Rabe, H, Abbott, J, Gyte, G, Duley, L, Ayers, S
Abstract: Objective To develop a questionnaire to assess parents' experiences and satisfaction with care during very preterm birth. Design Questionnaire development. Setting Parents whose babies had been cared for at five tertiary neonatal units in England. Population A total of 145 women who gave birth before 32 weeks of gestation, and 85 of their partners. Methods A 30-item questionnaire was developed on the basis of qualitative interviews with parents of very preterm babies, a literature review and discussion with relevant experts. The questionnaire was posted to a second group of parents, and its reliability and validity were explored. Main outcome measures The Preterm Birth Experience and Satisfaction Scale (P-BESS) was correlated with two global questions measuring satisfaction with care during the birth. Internal consistency was measured using Cronbach’s ?. Results Parents of 458 babies were invited to take part and 147 (32%) responded. Two women and 22 partners were excluded or ineligible, leaving 145 women and 85 partners. Factor analysis produced three clear dimensions: Staff professionalism and empathy, Information and explanations, and Confidence in staff. The total scale and three subscales showed high reliability. Strong positive correlations were found between the questionnaire scales and the two global questions, indicating convergent validity. For women whose partners were present at the birth, a fourth factor was identified Partner Involvement. Conclusions The P-BESS appears to be a valid measure of satisfaction with care during very preterm birth. [Publication] 30 references
Source: BNI
Full text: Available BJOG : an international journal of obstetrics and gynaecology at No link? Ask Salisbury Healthcare Library - please click here to request article.

11. Nutrition following surgery in the preterm infant
Citation: Infant, Sep 2014, vol. 10, no. 5, p. 151-154, 1745-1205 (September 2014)
Author(s): Embleton, Nicholas D
Abstract: Over the last two decades advances in antenatal care and the management of preterm infants have resulted in increasing numbers of preterm babies surviving long term. These infants, however, remain vulnerable to a number of life-threatening conditions, particularly gastrointestinal complications such as necrotising enterocolitis (NEC). Unfortunately as deaths from respiratory diseases become less common, NEC has increased in importance and, combined with sepsis, is now the single most common reason for death after the first postnatal week. Good quality nutritional management is probably the most important factor in improving the outcome for preterm infants in general and for those undergoing surgery in particular. Around half of all infants with clinically diagnosed NEC will require surgery. In most, this results in removal of bowel tissue and/or the formation of a stoma. Careful nutritional management of these infants is important so that survival and long-term outcomes can be optimised. [PUBLICATION] 8 references
Source: BNI
Full text: Available Infant at No link? Ask Salisbury Healthcare Library - please click here to request article.

12 Pain reactivity in preterm neonates: examining the sex differences.
Citation: European Journal of Pain, 01 November 2014, vol./is. 18/10(1431-1439), 10903801
Author(s): Valeri, B O, Gaspardo, C M, Martinez, F E, Linhares, M B M
Language: English
**Abstract:** BACKGROUND: Early and repeated experiences of pain may have long-term effects on vulnerable newborns hospitalized in the Neonatal Intensive Care Unit (NICU), and neonatal pain responses may be affected by a variety of factors that neonates encounter. We tested the hypothesis that male preterm neonates exhibited greater pain sensitivity than females by assessing biobehavioural pain reactivity and recovery patterns to painful procedure. METHODS: Fifty-three infants born preterm and low birthweight who were admitted to NICU were observed during five phases (baseline, antisepsis, puncture, recovery-dressing and recovery-resting). Behavioural pain reactivity was measured using the Neonatal Facial Coding System (NFCS) and the Sleep-Wake States Scale (SWS). The heart rate (HR) was continuously recorded. All measures were assessed based on scores and magnitude of responses. RESULTS: We found that male and female preterm neonates had similar patterns of behavioural pain reactivity and recovery; there were no statistical differences between groups in NFCS and SWS scores. However, male preterm infants presented higher HR immediately in the first minute of the puncture phase and also higher change in maximum HR between the baseline and puncture phases, than female preterm infants. CONCLUSION: Although we found that male infants showed higher physiological reactivity to painful stimulus in some HR parameters than female infants, the evidences were not sufficient to confirm the influence of sex on biobehavioural response to pain in vulnerable neonates.

**Publication type:** journal article  
**Source:** CINAHL  
**Full text:** Available [European journal of pain (London, England)](https://doi.org/10.1016/j.ejpain.2014.05.010) at No link? Ask Salisbury Healthcare Library - please click here to request article.

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13. **Parents' perspectives on safety in neonatal intensive care: a mixed-methods study.**  
**Citation:** BMJ Quality & Safety, 01 November 2014, vol./is. 23/11(902-909), 20445415  
**Author(s):** Lyndon, Audrey, Jacobson, Carrie H., Fagan, Kelly M., Wisner, Kirsten, Franck, Linda S.  
**Language:** English  
**Abstract:** Background & objectives Little is known about how parents think about neonatal intensive care unit (NICU) safety. Due to their physiologic immaturity and small size, infants in NICUs are especially vulnerable to injury from their medical care. Campaigns are underway to integrate patients and family members into patient safety. This study aimed to describe how parents of infants in the NICU conceptualise patient safety and what kinds of concerns they have about safety. Methods This mixed-methods study employed questionnaires, interviews and observation with parents of infant patients in an academic medical centre NICU. Measures included parent stress, family-centredness and types of safety concerns. Results 46 parents completed questionnaires and 14 of these parents also participated in 10 interviews (including 4 couple interviews). Infants had a range of medical and surgical problems, including prematurity, congenital diaphragmatic hernia and congenital cardiac disease. Parents were positive about their infants’ care and had low levels of concern about the safety of procedures. Parents reporting more stress had more concerns. We identified three overlapping domains in parents' conceptualisations of safety in the NICU, including physical, developmental and emotional safety. Parents demonstrated sophisticated understanding of how environmental, treatment and personnel factors could potentially influence their infants' developmental and emotional health. Conclusions Parents have safety concerns that cannot be addressed solely by reducing errors in the NICU. Parent engagement strategies that respect parents as partners in safety and address how clinical treatment articulates with physical, developmental and emotional safety domains may result in safety improvements.  
**Publication type:** journal article  
**Source:** CINAHL  
**Full text:** Available [Highwire Press at BMJ Quality and Safety](https://doi.org/10.1136/bmjqs.2014.001263) at No link? Ask Salisbury Healthcare Library - please click here to request article.

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14. **Pneumomediastinum in the Neonate**  
**Citation:** Neonatal Network, Sep 2014, vol. 33, no. 5, p. 275-282, 0730-0832 (Sep-Oct 2014)  
**Author(s):** Cagle, Kristi J.  
**Abstract:** A pneumomediastinum is an air leak in which the free air is concentrated in the mediastinum. Although most neonatal pneumomediastinums do not require intervention, complications such as subsequent air leaks can arise. Proper radiologic identification, as well as an understanding of the anatomy and pathophysiology associated with a pneumomediastinum, are necessary for an accurate understanding and diagnosis. This article will review the interpretation of radiologic findings in a neonate with a pneumomediastinum. [PUBLICATION]  
**Source:** BNI
15. Quality Improvement Project: Implementing Guidelines Supporting Noninvasive Respiratory Management for Premature Infants

Citation: Neonatal Network, Sep 2014, vol. 33, no. 5, p. 245-253, 0730-0832 (Sep-Oct 2014)

Author(s): Waskosky, Aksana, Huey, Tricia K.

Abstract: Purpose: Based on research evidence, the purpose was to implement noninvasive approaches in the initial respiratory stabilization of preterm infants. Design: Quality improvement project. Sample: One hundred fourteen infants admitted to the neonatal intensive care nursery (NICN) from January 1, 2012 to May 31, 2012 served as a historical control group. Ninety-four infants admitted from January 1, 2013 to May 31, 2013 served as the intervention group. Results: After implementation of the quality improvement initiative, there was a statistically significant increase in the rate of using continuous positive airway pressure (CPAP) by 65.3 percent for initial respiratory stabilization of preterm infants. [PUBLICATION]

Source: BNI

Full text: Available Neonatal Network at No link? Ask Salisbury Healthcare Library - please click here to request article.


Citation: Archives of Disease in Childhood -- Fetal & Neonatal Edition, 01 November 2014, vol./is. 99/6(0-), 13592998

Author(s): Wang, D, Aubertin, C, Barrowman, N, Moreau, K, Dunn, S, Harrold, J

Language: English

Abstract: OBJECTIVES: To determine if sound-activated noise meters providing direct audit and visual feedback can reduce sound levels in a level 3 neonatal intensive care unit (NICU). DESIGN/METHODS: Sound levels (in dB) were compared between a 2-month period with noise meters present but without visual signal fluctuation and a subsequent 2months with the noise meters providing direct audit and visual feedback. RESULTS: There was a significant increase in the percentage of time the sound level in the NICU was below 50dB across all patient care areas (9.9%, 8.9% and 7.3%). This improvement was not observed in the desk area where there are no admitted patients. There was no change in the percentage of time the NICU was below 45 or 55 dB. CONCLUSIONS: Sound-activated noise meters seem effective in reducing sound levels in patient care areas. Conversations may have moved to non-patient care areas preventing a similar change there.

Publication type: journal article

Source: CINAHL

Full text: Available Highwire Press at Salisbury District Hospital Healthcare Library

Full text: Available Highwire Press at Fetal and Neonatal

17. Single-Family Room Care and Neurobehavioral and Medical Outcomes in Preterm Infants.

Citation: Pediatrics, 01 October 2014, vol./is. 134/4(754-760), 00314005


Language: English

Abstract: OBJECTIVE: To determine whether a single-family room (SFR) NICU, including factors associated with the change to a SFR NICU, is associated with improved medical and neurobehavioral outcomes. METHODS: Longitudinal, prospective, quasi-experimental cohort study conducted between 2008 and 2012 comparing medical and neurobehavioral outcomes at discharge in infants born <1500 g. Participants included 151 infants in an open-bay NICU and 252 infants after transition to a SFR NICU. Structural equation modeling was used to determine the role of mediators of relations between type of NICU and medical and neurobehavioral outcomes. RESULTS: Statistically significant results (all Ps ≤05) showed that infants in the SFR NICU weighed more at discharge, had a greater rate of weight gain, required fewer medical procedures, had a lower gestational age at full enteral feed and less sepsis, showed better attention, less physiologic stress, less hypertonicity, less lethargy, and less pain. NICU differences in weight at discharge, and rate of weight gain were mediated by increased developmental support; differences in number of medical procedures were mediated by increased maternal involvement. NICU differences in attention were mediated by increased developmental support. Differences in
stress and pain were mediated by maternal involvement. Nurses reported a more positive work environment and attitudes in the SFR NICU. CONCLUSIONS: The SFR is associated with improved neurobehavioral and medical outcomes. These improvements are related to increased developmental support and maternal involvement

**Publication type:** journal article

**Source:** CINAHL

**Full text:** Available EBSCOhost EJS at Pediatrics

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### 18. Stress in the NICU: Parental Worries about Outcomes

**Citation:** Neonatal Network, Sep 2014, vol. 33, no. 5, p. 289-290, 0730-0832 (Sep-Oct 2014)

**Author(s):** Discenza, Deborah

**Abstract:** NICU teams feel duty bound to provide statistics of a premature’s outcome to parents, leaving them feeling bereft. The reality is that, although statistics are necessary to impart to parents in a legal sense, outcomes can vary wildly because each child is different. Helping parents gain a sense of understanding but also supporting them as they become advocates for their child’s potential is important, and, with some tips, professionals can do wonders for the future of the baby and the family. [PUBLICATION]

**Source:** BNI

**Full text:** Available Neonatal Network at No link? Ask Salisbury Healthcare Library - please click here to request article.

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### 19. The effects of migration on neonatal intensive care outcomes

**Citation:** Infant, Sep 2014, vol. 10, no. 5, p. 155-158, 1745-1205 (September 2014)

**Author(s):** Oei, Ju Lee

**Abstract:** More than 230 million people around the world are international immigrants. Once ethnically-homogenous societies, especially in Europe and other western countries like Australia and the US, are now increasingly ethnically-diverse. The implications of ethnically-diverse perinatal factors (eg fetal growth and differences in fetal maturity) are important, especially in neonatal intensive care where time-critical management decisions are often based on data extrapolated from ethnically-homogenous populations (eg Caucasians). This article examines available evidence to demonstrate that recognition of the diversity in immigrants worldwide must be acknowledged and that further study to obtain important data to guide clinical management is urgently needed to optimise current perinatal care. [PUBLICATION]

**Source:** BNI

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