CANNP celebrates its 25th anniversary this year. I am happy to report that our current "State of the Union" is very good!

Our annual conference was attended by 78 participants from 6 different states. This is higher than it has been in years! We had excellent speakers on pertinent, hot topics! We also had 12 vendors. The vendor piece is especially important as it has become increasingly difficult to lure vendors given the current economic climate, other obligations and changing contact hour regulations. We had a net gain of ~ $4000 from this year’s conference! A special thanks to the conference planning committee – it is a lot of hard work, but it is certainly worth it!

Membership is up! CANNP granted both a scholarship award and a research grant this year. We have had our first contact hour offering for members only on our website and we are getting ready to post the second one on "Neonatal CXR Interpretation." An offering on head ultrasound interpretation will follow... We recognize the importance of continuing education and research in our profession.

Our financial status is good. Your Board of Directors is responsible and budget minded! PayPal has been a blessing as it has not only increased convenience for members, but also for vendors.

I know that it is summer and our minds are turning toward school breaks, vacation and time-off, but I urge you to remain diligent in your practice and profession as these do not take a break for summer! Consider ways that you can "give back" – new projects, committees, or consider writing an article for this newsletter! I love this quote by Walt Disney:

"The way to get started is to quit talking and begin doing."

Have a great summer!

-Judy Philbrook

President’s Message: Judy Philbrook, MSN, NNP-BC

CANNP News

Points of Interest:
- Conference Highlights
- Research Grant and Scholarship Award Recipients
- Call for Abstracts!
- Annual Business Meeting Minutes
- Officer Updates

Inside This Issue:
- Conference 2-4
- Scholarship and Research Grant 6
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- Officer Updates 8
- Practice Site 9-10
- Educational Feature 11-12
- Professional Organization and Legislative Updates 13
- Call for Abstract Submission Forms 14-15
The 2016 annual CANNP conference, “Shades of Blue: Collaboration in Neonatal Care Across the Carolinas” was held on April 21st and April 22nd at the Hilton Hotel in Durham, NC.

A special THANK YOU to the conference planning committee for their hard work and dedication in making this conference such a huge success!

Members of the planning committee included:
Cynthia Baker, NNP-BC
Dr. Stephanie Blake, DNP, NNP-BC
Dr. Amy Jnah, DNP, NNP-BC
Sherry LeBlanc, NNP-BC
Felicia Soza, NNP-BC

Topics and Presenters Included:
*Simulation Training: Establishing and Maintaining Procedural Competency - Dr. William Malcolm, MD
*Reducing Admissions for Asymptomatic Hypoglycemia - Sherry LeBlanc, NNP-BC
*Pain Management in the Post Operative Neonate - Dr. Tom Young, MD
*Probiotics: Combining Evidence and Practice - Dr. Christine Rowland, DNP, NNP-BC
*Case Study: Wound Vac and Open Abdominal Wounds - Dr. Tracey Bell, DNP, NNP-BC
*Global Health Initiatives - Dr. Carl Bose, MD
*SICC & Neurodevelopmental Outcomes - Dr. William Malcolm, MD
*Helping the Big People in our Little People World - Kathy Brigla, CSW
*Audiology & Hearing Screens in the NICU & Beyond - Dr. Jackson Roush, PhD

Thank you to all practice sites that donated gift baskets for the raffle! The following participants won:
-Courtney McDaniel, Wake-Med
-Debra Nickerson, Levine Children’s
-Jodi Deal, Vidant
-Ginger Rhodes-Ryan, Novant
-Morgan Gibson, Duke
-Janet Woods, Vidant
-Judy Philbrook, Cape Fear Valley

Practice Site Baskets
Conference Highlights/Info—Cont...
Conference Highlights/Info-Cont…

Information for 2017 Conference!!!

The 2017 CANNP Conference will be held in Greenville, NC at the Hilton Hotel on April 20th-21st!!!! The Conference Planning Committee will include practitioners from Vidant Medical Center. There will be a skills lab this year and there is also a CALL FOR ABSTRACTS!!! Watch the CANNP website for additional information and hotel specifics. See pages 14-15 of this newsletter for submission forms for the poster and podium presentation call for abstracts.

Your CANNP Board!

CANNP Board: Christine Rowland, Lee Shirland, Sharon Rush, Judy Philbrook, Amy Jnah, Kathy Connelly
Conference Highlights/Info-Cont…Call for Abstracts 2017

Carolinas Association of Neonatal Nurse Practitioners

POSTER & PODIUM PRESENTATION
CALL FOR ABSTRACTS

SUBMISSION DEADLINE: October 1, 2016

CANNP is seeking abstracts for poster and podium presentations for our 2017 Annual Conference! Vidant Medical Center is hosting the event, which will take place in Greenville, NC. The 2017 conference planning committee invites submissions by members and non-members. Participation is open to members of the perinatal/neonatal healthcare team from any NICU or healthcare system. Based upon participant feedback from the 2016 conference, we are seeking presentations focused on any of the following categories:

- Original Research
- Quality Improvement Initiatives
- Global Health Initiatives
- Innovations in Practice
- Strategies to manage GERP
- Cord Blood/Stem Cell Research
- Pharmacology in the NICU
- Neonatal Abstinence Syndrome
- Interventional Cardiology
- Caring for the ELBW infant & family
- Neurodevelopmental Complications (i.e.: hydrocephalus)
- Maternal Psychological Disorders
- Innovations in Education
- Innovations with Technology in Healthcare
- Case Studies: Rare Diseases
- Reviewing the Evidence and Putting it Into Practice
- Gut Microbiome
- Chronic Lung Disease
- Genetics
- Review of Pathophysiology
- What’s new with Respiratory Care?
- Surgical Emergencies
- Palliation & Bereavement
- Infection Control

PODIUM PRESENTATION PEER REVIEW PROCESS
A panel of experts will choose the best developed abstracts for a podium presentation. These will be selected on the basis of overall quality, originality and relevance to perinatal/neonatal healthcare. Preference will be given to research with complete data available. Podium presentations are 45 minutes to 1 hour in length. Presenters chosen for a podium presentation are responsible for conference registration fees, travel and all other expenses. *Podium presenters will receive a $200 honorarium.

POSTER PRESENTATION PEER REVIEW PROCESS
A panel of experts will choose the best developed abstracts for a poster presentation. These will be selected on the basis of overall quality, originality and relevance to perinatal/neonatal healthcare. Preference will be given to research with complete data available. Poster presentations will be interspersed throughout the 2-day event, with scheduled time allocated to each presenter during breaks between podium presentations. Presenters chosen for a poster presentation are responsible for conference registration fees, travel and all other expenses.

SUBMISSION REQUIREMENTS
Abstracts must be submitted electronically to carolina.nnp@gmail.com. Abstracts should be no longer than 500 words, in 12-point font, with up to 2 additional bibliography pages. The content should be presented in the form of a structured abstract. The following is an example of a structured format for original research, which can be modified as needed based upon the focus of the presentation or poster:

- Purpose
- Subjects
- Design
- Methods
- Results
- Limitations
- Implications for Practice or Research

Note: A signed conflict of interest statement & CV (required for CEU credit) must be submitted with the abstract. Abstracts that do not follow the submission guidelines cannot be considered. Abstracts previously presented in other arenas are acceptable for submission. NOTE: Include the submission checklist with the abstract.
Scholarship and Research Grant Award Recipients:

CANNP Scholarship 2016

CANNP offers a Scholarship Award to recognize an individual who has returned to school to enhance their role as an NNP and provide them with financial assistance. The recipient of the Scholarship Award is announced at the annual meeting. If there are no submissions, the award is given to a nursing school with a NNP program on a rotating basis.

Candidates for the Scholarship Award for Neonatal Nurse Practitioner Education must:
1) Be a current member of CANNP
2) Be enrolled in an nursing educational program that offers a degree (BSN, MS, Doctorate)
3) Be enrolled in an educational program that will enhance their role as an NNP
4) Successfully complete a minimum of two courses towards the degree they seek
5) Commit to submitting an educational feature for the CANNP newsletter after accepting award or present at the CANNP conference the following year

This year, the Scholarship was awarded to Kayla Wyrick, NNP-BC. Kayla is attending the DNP program at Grand Canyon University and will graduate in 2017.

CANNP Grant 2016

CANNP offers an annual award to assist members who are involved in clinical research.

Candidates for the grant award must:
1) Be an active member of CANNP for at least two consecutive years
2) Have a masters degree or higher or be currently enrolled in a Masters completion program
3) Practice professionally as a neonatal nurse practitioner
4) Demonstrate ongoing professional education by completing required number of CEUs by the State Board of Nursing
5) Obtain IRB approval prior to applying for the grant
6) Agree to present completed research at a CANNP conference and write an educational feature about the research for the CANNP newsletter

This year the Grant was awarded to Sherry LeBlanc, NNP-BC. Her research is focused on reducing NICU admissions for hypoglycemia by implementing a care bundle for at-risk infants.

Award Updates:

Please check the CANNP website and the upcoming Newsletter for new changes and requirements for the 2017 Peer Recognition, Scholarship, and Grant Awards.
Minutes from the 2016 Annual Business Meeting:
Dr. Amy Jnah, DNP, NNP-BC, Secretary

CANNP 2016 Annual Business Meeting
April 21, 2016

Welcome & Introduction: Judy Philbrook, President. Introduced the 2016-2018 members of the board.

Review of Minutes: Amy Jnah, Secretary. Minutes were posted at conference. No corrections. Minutes approved.

Treasurer’s Report: Sharon Rush, Treasurer. Taxes have been filed at no cost to the association. PayPal account is working well. Separate report of finances and PayPal costs provided. Attendance for this year’s conference is ~80 participants.

Membership Report: Judy Philbrook, President. Current number of members is 41. Discussed updating email roster for members and increasing e-distribution of membership information and conference announcements. Discussed need to send hard copy fliers to lead RN Manager/NNP Lead at each hospital.

Membership-at-Large Report: Christine Rowland, Member At Large. Preparing newsletter for July. Needs practice updates from units and educational offering for July and January issues. Plans to solicit members to write short article for newsletter.

Presentation of Awards: None.

Old Business: None.

New Business: The 2017 conference will be in Greenville, NC area (dates pending). Lead planner: Tara Stroud. Discussed history of alternating between NC and SC, as able based upon sites who volunteer to host.

Awards: Reminder to members to nominate peer for CANNP Peer Award. No submissions for 2016.

Future Conferences: Members provided positive feedback regarding topics, speakers and vendors. Members discussed request for earlier notification of conference dates, location, and theme.

Continuing Education: Coming soon will be member’s only opportunity for CEU’s on radiology/XRAY interpretation offered by Lee Shirland. In production, anticipate 2016 release. Members discussed potential for CANNP involvement with statewide practice issues (specifically reducing CEU requirements for NC NNPS). Lee Shirland discussed benefits to national membership through NANNP and national activity related to standardizing CEU requirements for NNPs throughout the USA.
Officer Updates:

Treasurer's Report
Sharon Rush, NNP-BC

Current balance: $25,145.00

Conference Income:
Registration $15,280.00
Vendors $5,200.00

Conference Expenses:
Venue: (food, service, rooms) $13,224.24
Misc. (brochures, mailing, etc...) $2,486.44

We made a little over $4000 on this conference!

Thanks to the conference planning committee for their hard work in keeping this year's conference within budget. Also, thanks to the members who have faithfully renewed their memberships and supported our organization!!

Member at Large Report
Christine Rowland, DNP, NNP-BC

Practice Site Updates: Please send practice site updates to chrissyj6482@yahoo.com. Practice site updates can be sent anytime, but deadlines for the Newsletter are May 31 and Dec 31.

Newsletter articles: I would also love to see members volunteer to write an article for this newsletter! Let us know about new things you are doing in your unit, share interesting case studies, or discuss research trials you are involved with.

Website: Remember to visit the website. Conference information, forms for nominations and newsletters can be found at the website. PayPal is there too!! The website address is www.cannp.org.

Membership Report
Judy Philbrook NNP-BC

We currently have 47 members.

Membership can be renewed, or members can join by:
1) Using PayPal on the website - cannp.org (you do not need to print and mail the application)
2) Completing the membership application form enclosed in this newsletter (or you may obtain one from our website) and mailing it to:
   CANNP
   c/o Judy Philbrook
   6474 Summerchase Dr.
   Fayetteville, NC 28311

   A web contact hour offering is available on the CANNP website for members only. It is titled "Neonatal Chest X-Ray interpretation",
   First, go to the link – on the Home page OR under 'Resources' - http://cannp.org/cannp-web-contact-hour/
   Enter the password - neocxr
   You will see several things –
   1) instructions/disclosures
   2) power point slide presentation
   3) post test
   4) evaluation

   Begin with the instructions! Pertinent info includes:
   - To successfully complete the course, you must return an evaluation form and complete a post-test. 80% or greater must be achieved on the post test. The post-test includes information needed for the roster. Return both of these to jphil@capefearvalley.com.
   - After successful course completion, you will receive 1.8 Contact hours. A certificate will be emailed to you.
   - You will receive a follow-up email 1-2 months after course completion asking you to indicate how this activity has led to a change in practice. This is to document our long-term outcome.
Practice Site Updates:

Cape Fear Valley Medical Center-Fayetteville, NC

It has been a slow couple of months here in the NICU, but as most of you all know, good things don’t last forever and we are back to hopping again. During our little lull, it gave some of us a chance for some extracurricular activities you might say. Dr. Thomas Ciszek, founder of the NICU here at CFVHS and longtime director just recently embarked on an opportunity of a lifetime. He departed on May 13 for Nigeria to work with the Helping Babies Breath Program. It is an evidence based educational program that teaches neonatal resuscitation skills to resource limited areas. It is a collaborative effort between a number of organizations such as AAP, WHO, NICHD and more. He was a volunteer for the program over a 10 day period of time, and returned with stories of his eye opening adventure.

We also have 2 happy graduates, or better stated, 2 very happy NNPs, both with their last child graduating from college. Susan Nall’s youngest, Stephen graduated from Methodist University with a degree in Business, and Sharon Rush’s youngest graduated from Fayetteville Technical Community College with an Associate’s degree in Nursing and plans to pursue a career in the NICU. Our Neonatologist, Dr. Scott Cameron, recently graduated from Duke Divinity with an MDiv degree, and shares the spotlight with his oldest daughter Wallace as she graduates from High School this month. Finally Dr. Keith Gallaher recently welcomed his 6th grandchild to the family the end of last month. His daughter April blessed the family with her first child, a beautiful baby boy just a few weeks before his anticipated arrival. Grandparents were on scene up in Pennsylvania to help parents and baby settle in.

Carolinas Medical Center-Charlotte, NC (Continued)

In June, Amy Groce and Susan Randall accepted offers to join our service! Both will become a part of our family in September. Janna Pinckney also joined us as a PRN team-mate this July!

In addition to a very busy 6 months of recruiting, we are hosting one Duke NNP student and will soon be hosting an additional student from ECU this summer and fall. By the way, NNP Students are not our only students...Dr. Christine Rowland completed her DNP at ECU in December, and Jodi Amador will become Dr. Amador this coming December when she too graduates from ECU! Our team has also been a part of the Antibiotic Stewardship Initiative hosted by the VON. We are also the fortunate recipients of grant monies to start a research proposal with Duke and are partnering with the PQCNC to host a Breaking Bad News Foundation workshop this November! Finally, we are planning more involvement in our Neonatal Developmental Follow Up Clinic as this busy clinic expands its hours this summer.

We wish you all many sun soaked, relaxing and memorable days of summer spent with family and friends!

-Gail Harris

Novant Health Presbyterian Medical Center-Charlotte, NC

It’s been a fairly busy few months at Presbyterian Medical Center. Three new members are joining our team this summer. Trisha Abernathy, MSN, NNP-BC is a new graduate from Duke University and joined the group in May. Linda Liebler, MSN, NNP-BC is an experienced practitioner coming from Florida. She joined our group this month. Colleen Wells, MSN, NNP-BC is a young practitioner with two years’ experience joining our team from Texas. We anticipate her starting in August. Kayla Wyrick, MSN, NNP-BC is pursuing the DNP degree, and was awarded the CANNP scholarship at this years’ conference. We also have an ECU NNP student, Courtney Wallace, with our group this summer. Our Matthews Medical Center will open a new women’s center in August, including a new special care nursery with private rooms. We look forward to this new, exciting experience.

-Kayla Wyrick

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Volume 16 Issue 2
Practice Site Updates:

Vidant Medical Center- Greenville, NC

Vidant Medical Center is excited to host the 2017 CANNP Conference in Greenville, NC and appreciate the CANNP Board collaborating with us to make this a wonderful conference for all to attend! While we will be busy planning the conference throughout the year, the NNPs are also hard at work on quality improvement within our unit. We continue to enhance our Neonatal Golden Hour Protocol that standardized the care of all of the infants less than 30 weeks gestation and significantly impacted our IVH and hypothermia on admission rates, as well as work with other hospitals to implement this protocol in their own units. Several of the NNPs are in the beginning stages of implementation for a QI project related to placenta lab draws to decrease the volume of blood needed from a VLBW in the first hours of life and hopefully decrease the need for early PRBC transfusions. We are actively recruiting for openings within our group from retiring NNPs who are moving on to a life of sitting by the beach and watching their grandchildren play. Vidant welcomes Caitlin Morrissey and Christine Monday to the NNP group and are excited to have them as a part of our team. Five of our NNPs will welcome new babies in the 2016 year, so we are staying very busy with baby showers and new baby snuggles. We welcome all of you to come and visit us in Greenville, but I suggest unless baby fever has hit you try NOT to drink the water! We look forward to seeing you all in April of 2017!

-Wendy Stroud

WakeMed Health Systems- Raleigh, NC (Continued)

Amy Jnah NNP, DNP, Tracey Robertson Bell NNP, DNP & Desi Newberry NNP, DNP had the following articles published. Amy is the Director of the NNP program at East Carolina University School of Nursing. Tracey and Desi are associate professors.


Tammy Scarborough applied and was awarded the Grants and Skills Scholarship in February in an effort to be able to attend the AHRQ TeamSTEPPS National Conference in June in Washington, DC. She was very honored to receive this Scholarship among many entrants. The scholarship money will allow her to attend the National Conference for TeamSTEPPS and hopefully gain further knowledge on the TeamSTEPPS process but mostly how to sustain change when it does occur within a unit. The Conference is well attended with 400 people attending and 500 more that were on a waiting list to attend. The AHRQ (Agency for Healthcare Research and Quality) sponsors this conference yearly.

Kathy Connelly NNP received the 2016 Clinical Nursing Excellence award from the NICU staff. She is also currently serving as Vice President of the Carolinas Association Neonatal Nurse Practitioners (CANNP) and is on the WakeMed Advanced Practice Provider Leadership Council (APPLC).

Ginger Rhodes-Ryan NNP is the Research Coordinator for Neonatology and is responsible for the more than 20 research projects in the NICU. They range from looking at blood transfusion criteria, isolette/temperature regulation in the premature infants to administration of probiotics.

-Wendy Stroud
Adult obesity is a pandemic problem, significantly impacting all areas of healthcare across the globe; the situation is no less dire for women of reproductive age in the United States. In 2009, the CDC reported that the prevalence of obesity in this group of women was 30.2%, and the prevalence of overweight women of child-bearing age was 56.7%. Similar population based examination in other developed countries and also in the U.S. report rates for overweight and obesity among women aged 18-39 at the range of 25-35%. Body mass index (BMI) forms the basis for defining obesity; BMI is an individual's body weight in kilograms (Kg) divided by their height in meters, squared. The World Health Organization (WHO) and the National Institute of Health (NIH) define a normal BMI as 18.5-24.9, overweight as 25-29.9, and obese as a BMI equal to or greater than 30. According to the CDC, obesity is most common is non-Hispanic Black women followed by Mexican American women, and then non-Hispanic white women.

Maternal obesity is related to a myriad of health concerns for both mother and baby. Additionally, pre-pregnancy obesity contributes to reduced fertility related to oligo-ovulation and anovulation, increased need for Assisted Reproductive Technology (ART), and thus an increased risk of birth defects in resultant fetuses. An infant conceived as a result of ART may have as much as a two-to-fourfold increased risk for many mid-line developmental defects (cardiac septal defects, cleft lip/ palate, esophageal/ anal atresia) compared with an infant conceived without fertility assistance. Neural tube fetal defects occur twice as often. Routine fetal monitoring via ultrasound and even fundal height measurement and external palpation to determine fetal size and lie is hampered and compromised by maternal obesity.

Obesity contributes to serious health concerns for the pregnant woman. Pre-existing diabetes may be present, or gestational diabetes develops in about 17% of obese women versus just 1-3% of non-obese pregnant women. Hypertensive disorders and thromboembolic disorders (aided by venous stasis) are more prevalent in obese pregnant women; chronic or gestational hypertension can predispose to preeclampsia in 14-28% of obese women. Sadly, early fetal loss and stillbirth are strongly correlated with obesity in pregnancy.

Intrapartum and postpartum well-being of the pregnant woman is also detrimentally affected by obesity. There is a higher incidence of preterm birth, labor induction, prolonged labor, failed (or inability to place) epidural anesthesia, Cesarean delivery, prolonged hospitalization, serious postpartum hemorrhage, wound infection, myocardial infarction, nerve injuries and urinary tract infections. Cesarean delivery risk is doubled for the obese woman, and higher rates of maternal death are strongly linked to increasing surgical births, advanced maternal age and maternal obesity. In the United Kingdom and inquiry into maternal death showed that 35% of women who died either directly or indirectly due to pregnancy were obese with a BMI > 30.

As professionals working in the NICU we are all familiar with the clinical presentation of infants born to diabetic mothers (IDM). We generally know what to expect with these patients. What is not as clear, but perhaps no less significant, is the clinical presentation of the infant born to the obese mother. Perhaps you can recall a clinical situation involving an infant, born to an obese mother (but not diagnosed as gestational diabetic), where you were challenged with many of the same problems that confront the IDM infant: large for gestational age, hypoglycemia or borderline and persistent low blood glucose, poor feeding initiation and stamina, lethargy, etc. Due to their larger-than-expected size, birth trauma may be present. Infants of obese women often have clinical symptoms and presentations much like their IDM counterparts, but these symptoms may be "missed" or overlooked in the absence of a maternal diagnosis. Increased maternal serum glucose concentration less severe than what is "diagnostic" for diabetes is associated with fetal overgrowth, particularly adiposity. It is logical to conclude as well that these newborns experience similar effects related to maternal hyperglycemia and subsequent fetal hyperinsulinemia. Perhaps obstetrical criteria for the diagnosis of gestational diabetes warrants further research and revision? Or perhaps a new diagnosis is more appropriate? Either way these infants must be accurately identified; infants born to obese mothers
Maternal Obesity: Big Consequences for Mom and Baby (Continued)
By Pam Kasten, MSN, NNP-BC (Levine Children’s Hospital, Carolinas Medical Center, Charlotte,

have an increased risk for resuscitation a birth and subsequent NICU admission. Neonatal morbidity rates are closely linked to maternal obesity. Studies in the U.S. and abroad have demonstrated that these infants are nearly twice as likely to die during the early neonatal period and that this risk extends through the first year after birth.

Maternal obesity and effects on offspring may have lifelong health consequences. It appears that a propensity to develop adolescent obesity and subsequent adult metabolic syndrome (obesity, hypertension, insulin resistance and dyslipidemia) may be related to infants born either LGA or macrosomic. The current epidemic of obesity may therefore be getting its start in the womb via fetal overgrowth. It would seem then that strategies to promote healthy pre-pregnant and pregnant weight in women of childbearing age is imperative to long-term health for global generations to come.

References:

Jorgensen, A. M. (2010). The impact of maternal obesity on antepartum risk, intrapartum risk and adverse neonatal health outcomes, NICU Currents, 1(1).


Professional Organization and Legislative Updates:

National Association of Neonatal Nurse Practitioners

Advocacy Agenda

*Global Neonatal & Maternal Issues
Prevent unnecessary neonatal, newborn, & maternal mortality by ensuring early skin-to-skin contact, exclusive breastfeeding, extra care for small & sick babies, global vaccination targets, and embedding universal health coverage

*Nursing Workforce and Education
Nursing workforce development programs known as Title VIII in Washington D.C. are crucial for development of the current nursing workforce & will be vital to the development of the future nursing workforce, please support Title VIII reauthorization-funding requests at any and every opportunity

*Neonatal Abstinence Syndrome
Follow the recommendations of the Protecting Our Infants Legislation and advocate for implementation of measures and evidence-based recommendations on a state & local level

*Promoting Life-saving New Therapies for Neonates Act of 2014 (S.2041)
This legislation will spur innovation for new neonatal drug therapies, improving outcomes for devastating neonatal conditions

*Reimbursement for Donor Human Milk for Preterm Infants
If your state introduces legislation to provide Medicaid coverage for donor milk, contact your elected officials and ask them to vote for this legislation. If your states Medicaid program does not reimburse donor breast milk, contact your elected officials and educate them on the importance of breast milk for infants with medical need. Include in your communication your concern about lack of access to donor milk and the ultimate cost savings a human milk diet provides

GET INVOLVED!!!!!
- Join the MyNANN Advocacy Community to share information and insights with like-minded members
- Participate in your NANN chapter’s advocacy initiatives to make an impact and stay up to date on local issues or take part in programs like “Virtual Lobby Week”
- Serve on NANN’s Health Policy and Advocacy committee to help guide NANN’s advocacy focus and educate members on the issues

North Carolina Nurses Association (NCNA):

Senate Bill 695– Modernize Nursing Practice Act: (An act to update and modernize the Nursing Practice Act)
- The NC Board of Nursing bill to modernize the Nursing Practice Act is not expected to pass this session. Legislative leaders, including Health Committee Chairs, have indicated that scope of practice legislation will be heard next session. All nurses should stand ready to be a resource to help deliver quality health care and be a part of the solution to curb the rising costs as lawmakers look at health care economics.
Call for Abstracts Forms:

Carolinas Association of Neonatal Nurse Practitioners
Podium and Poster Presentation Submission Form

Title of Abstract: ____________________________________________________________

I am seeking consideration for a:

___ Podium Presentation only
___ Poster Presentation only
___ Podium AND Poster Presentation

Abstract Category (Choose one):

___ Original Research
___ Quality Improvement Initiatives
___ Global Health Initiatives
___ Innovations in Practice
___ Innovations in Education
___ Innovations with Technology in Healthcare
___ Case Studies

Primary Author & Credentials: __________________________________________________

Hospital/Institution Affiliation: _______________________________________________

City, State/Province: _________________________________________________________

Email Address: ______________________________________________________________

Daytime Phone Number: ___________________________ Cell Phone Number: _____________

For Research Abstracts: I hereby confirm that this research has received (check one):

___ IRB approval Name of Institution: ____________________________________________

___ IRB Exemption Name of Institution: __________________________________________

___ IRB approval pending Name of Institution: _________________________________

For case study presentation: I hereby confirm that no identifying information will be included without written parental consent and that the case described is not currently in litigation

Agreement: If this abstract is accepted for presentation, I agree to make the poster and/or podium presentation and pay all conference registration fees. I grant CANNP permission for inclusion of the abstract in the conference proceedings and any other publications including electronic media.

__________________________________________
Signature

____________________________
Date
Call for Abstracts Forms:

Carolinas Association of Neonatal Nurse Practitioners
Conflict of Interest Disclosure Form

Speaker Name _____________________________________________

Title of Abstract/Presentation: _____________________________________________________
_____________________________________________________________________________

DECLARATION of Actual or Potential Conflicts:

Please check one:

___ I have no actual or potential declarations related to the proposed topic

_______________________________  ______________________________
Date  Signature of Speaker

___ I have an affiliation with one or more persons or entities that could be perceived as influential upon my presentation of the topic (*list below).

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Date  Signature of Speaker

Your cooperation in complying with these requirements is appreciated. Please return this form with your signed speaker agreement due by October 1, 2016. Thank you!