



Three Rivers Chapter Website <http://community.napnap.org/PATHREERIVERS/Home>

HIGHLIGHTS FROM OUR PRESIDENT

By Kathy Kelly, CRNP

What a great year of celebrating our twenty years as a chapter of NAPNAP! Now it is time to move forward. We are beginning that process by our symposium on February 6, Moving Forward: Caring for the Children of the Future. This has always been a great experience for all who attend and I highly recommend this year's event. One activity at the conference will be a survey for all to complete to begin to plan for the future of our chapter. The board will take all the responses into consideration to plan for next phase. I am looking forward to hearing from everyone about your vision for our chapter.

Our professional also continues to move forward. The 2015 Full Practice campaign will involve representatives from each regional group. Denise Kochanek and Brenda Cassidy will be our chapter representatives. PCNP will have a Lobby Day May 12th in Harrisburg for all to have an opportunity to meet with their state senators and representatives. Hopefully this is the year the bill for full prescriptive authority will make it to the house floor. #CareforPA

As our chapter moves forward we encourage all members to continue to participate in

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educational programs and invite all to be members to take an activity role on our board. This year we will be seeking members to run for the positions of President-Elect and Treasurer. I am thankful to all the board for the work they do to enhance and promote the activities of our chapter.



Promoting Safer Sleep

By Pathways.org

While the incidence of SIDS has decreased since the launch of the Back to Sleep campaign in 1992, the number of infant deaths resulting from accidental suffocation, asphyxia, and entrapment has increased in recent years¹. In 2011, the American Academy of Pediatrics expanded its recommendations to promote a safer sleep

environment for infants. However, a recent study presented at the Pediatric Academic Societies annual meeting in Vancouver, British Columbia indicated that a significant number of parents continue to engage in high-risk sleeping behaviors.² Of the 1,030 mothers surveyed, almost 20 percent reported sharing a bed with their infant

Please see *Promoting Safer Sleep* on page 2

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and 10 percent reported routinely putting their infant to sleep on their stomach.

“The safest place for an infant to sleep is in the same room as their caregiver but not in the same bed.”

Physicians and hospital staff should set a clear example of safe sleep practices in the inpatient setting. Parents and caregivers are more likely to model the actions demonstrated by their healthcare providers rather than follow verbal instructions. Encourage caregivers to follow the ABC’s of safe sleep: Alone, Back, Crib.



- ❖ The safest place for an infant to sleep is in the same room as their caregiver but not in the same bed.
- ❖ Infants should be placed on their backs to sleep and their tummies to play.
- ❖ Use a crib or bassinet that meets current safety standards
- ❖ Provide a firm sleep surface.
- ❖ Keep loose bedding, bumpers, and toys out of the crib.
- ❖ Do not let an infant overheat.

In addition to promoting safe sleeping environments, healthcare providers must also convey to parents the importance of practicing

Tummy Time while their infant is awake to support motor development³ and prevent positional plagiocephaly and torticollis.



Founded in 1985, Pathways.org empowers parents and health professionals with free educational resources on the benefit of early detection and early intervention for children’s motor, sensory, and communication development. For more information, visit www.pathways.org or email friends@pathways.org. Pathways.org is a 501(c)(3) not-for-profit organization.

[1] Task Force on Sudden Infant Death Syndrome. SIDS and other sleep-related infant deaths: expansion of recommendations for a safe infant sleeping environment. 2011; 128(5): 1030–39.

[2] Colson E, et al. Reports of infant sleep behaviors from a national sample of mothers: the study of attitudes and factors affecting infant care (SAFE). Platform session presented at: Pediatric Academic Societies Annual Meeting; 2014 May 3–6; Vancouver, British Columbia.

[3] Pin T, Eldridge B, and Galea MP. A review of the effects of sleep position, play position and equipment use on motor development of infants. *Development Medicine and Child Neurology*. 2007; 49: 858–67.

Legislative Updates

By Brenda Cassidy, MSN, CRNP

By now, you are aware of the changes in the federal and state house and senate. We now have a Republican majority in both the federal House of Representatives and Senate while our Pennsylvania Governor has changed from Republican to Democrat. How this will impact current legislation that affects NP practice and the health of children is yet to be seen. What is important is that new legislators must be introduced to our role and primary care providers to children and their families as soon as possible so that they may make informed decisions when voting on NP friendly bills and legislation that supports the health and welfare of the children and families that we care for.

At the state level, although we had over 200 supporters in Harrisburg for Lobby Day and were successful in obtaining the required number of co-sponsors for Senate Bill 1063 supporting Full Practice Authority for Pennsylvania nurse practitioners, we were not able to get the bill passed this year. However, plans are currently

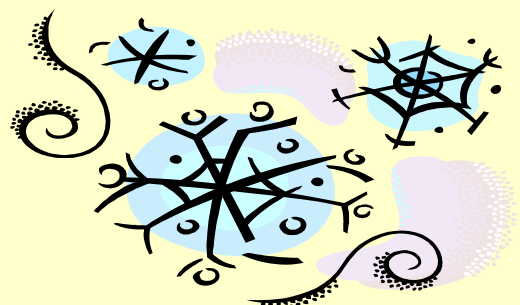
underway by Pennsylvania Coalition of Nurse Practitioners (PCNP) to re-introduce this bill in 2015. This plan includes strategic changes in campaign management, currently handled by Ceisler Media with a new campaign manager Keagan Gibson and a new logo: Care for Pa". With 500,000 new patients signing up for Pennsylvania's Health Pa Plan Insurance exchange, PCNP will be developing a new communication plan to broaden their reach by establishing regional representatives for the campaign instead of county representatives. Brenda Cassidy and Denise Kochanek will be working together to keep you informed about the bill and PCNP's strategic plan to push for full practice authority in 2015. There will be monthly conference calls and we will be sure to disseminate information for PCNP's Call to Action" as to how you can help us break down barriers so that our patients can receive high quality primary care from nurse practitioners.

Indications for VCUG after First UTI

Young children with urinary tract infection (UTI) often undergo imaging studies to evaluate for abnormalities such as vesicoureteral reflux (VUR). There is a lack of consensus about the optimal imaging strategy, particularly whether voiding cystourethrogram (VCUG) should be performed after the first UTI. Predictors of renal scarring after a first UTI were investigated in a meta-analysis of individual patient data from nine studies including >1200 children <18 years who underwent renal scintigraphy at least five months after their first UTI [52]. The risk of renal scarring was greatest in patients with Grade IV or V VUR (odds ratio 22.5); approximately two-thirds of children with scarring had either abnormal renal ultrasonography or the combination of temperature $\geq 39^{\circ}\text{C}$ (102.2°F) and a

pathogen other than Escherichia coli. Based on these findings, the combination of temperature $\geq 39^{\circ}\text{C}$ and a pathogen other than E. coli has been added to the indications for obtaining a VCUG after a first febrile UTI.

Reference: Up-To-Date, (2014) "What's New in Pediatrics 2014?". Accessed 12/31/14 <http://www.uptodate.com/contents/whats-new-in-pediatrics#H54>



UPCOMING EVENTS

Next Three Rivers Board Meeting

Date: Friday January 16th 2015
 Time: 6:30pm. All are welcome
 Location: Kathy Kelly's Office
 Pittsburgh Pediatrics
 4923 Center Avenue, Pgh 15213

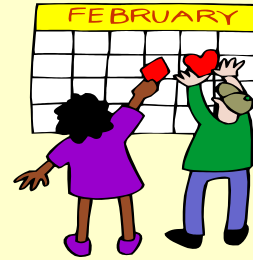
36th Annual NAPNAP Conference on Pediatric Health Care

Date: March 11th - 14th 2015
 Location: Las Vegas, MA
<http://www.napnap.org/Events/AnnualConference.aspx>

Three Rivers NAPNAP Annual Winter Pharmacology Symposium

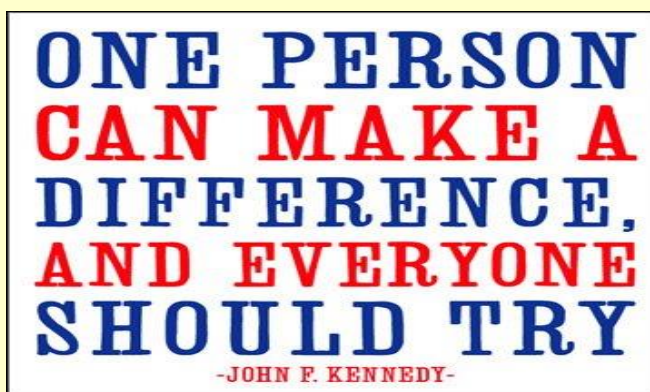
Date: Friday February 6, 2015
 Location: Robert Morris University
 Sewell Center

<http://community.napnap.org/PATHREERIVERS/calendar>



NAPNAP Elections

Each year in the late summer the Nominations Committee of NAPNAP searches for future NAPNAP leaders who will run for election the following March. The Nominations Committee seeks potential candidates with leadership experience and a strong desire to serve fellow PNPs, as well as children and their families.



The 2015 election will be conducted from March 2 - 31, 2015. The available positions in the 2015 election are president-elect, secretary, three members-at-large, and a Nominations Committee member.

The member-at-large is a new position on the Executive Board which will focus on priorities set forth by the association's strategic plan, including special projects and liaising with committees and other key stakeholders. We are honored to share with you that of our own Board members, **Brenda Cassidy**, has applied for the member-at-large candidacy and has been accepted by the Nominations Committee!

The Nominations Committee reviews candidate applications, CVs and references to narrow the potential candidate list for executive board approval. Upon approval, a staff liaison will work with candidates to collect campaign information and post it online for members to view. Look for a candidacy webpage on February 6th at napnap.org listing all candidates and including a brief audio clip to "meet the candidate". Regional group presidents will also be receiving a one page letter introducing candidates to share with members in February. In addition, emails will be sent out to all

(*NAPNAP Elections* from page 4)

members about the election and include a link to candidate pages. Candidates will also have the

opportunity to actively campaign and connect with members in-person at the annual conference.

We wish Brenda the best of luck!

Delayed Cord Clamping in the Delivery Room

Immediately following birth a newborn baby is still attached to its mother through the umbilical cord. There are no formal practice guidelines, but most practitioners in western countries clamp and cut the cord immediately after birth, while the practice worldwide is variable. A new study suggests delaying cord clamping by 2 minutes results in better development for the newborn during the first days of life. The research which was carried out by



scientists from the University of Granada and the San Cecilio Clinical Hospital in Spain, is published in the *Journal of the American Academy of Pediatrics (AAP)*.

According to the American Congress of Obstetricians and Gynecologists (ACOG), the reason that cord clamping timing is so controversial is that a previous series of studies into blood volume changes after birth concluded that in healthy term infants, more than 90% of blood volume was attained within the first few breaths he or she took after birth. As a result of these findings, as well as a lack of other recommendations regarding optimal timing,

the amount of time between birth and umbilical cord clamping was widely shortened; in most cases, cord clamping occurs within 15–20 seconds after birth.

Researchers from this latest study, led by Prof. Julio José Ochoa Herrera of the University of Granada, assessed newborn outcomes for infants born to 64 healthy pregnant women to determine the impact of clamping timing on oxidative stress and the inflammatory signal produced during delivery.

All of these women had a normal pregnancy and spontaneous vaginal delivery. However, half of the women's newborns had their umbilical cord cut 10 seconds after delivery and half had it cut after 2 minutes. Results revealed beneficial effects of late cord clamping; there was an increase in antioxidant capacity and moderation of inflammatory effects in the newborns.

The World Health Organization (WHO) advocates for late cord clamping between 1–3 minutes after birth, as the beneficial effects of late cord clamping from this most recent research demonstrates an increase in antioxidant capacity and moderation of inflammatory effects in the newborns as well. The WHO does recommend that early cord clamping is advised if the newborn is asphyxiated and needs to be moved for resuscitation.

Reference: Ellis, Marie. (2014). Delayed cord clamping results in better immediate newborn outcomes. *Medical News Today*. Retrieved 12-28-14 from <http://www.medicalnewstoday.com/articles/287041.php>

**Early Registration Ends
January 15th**



The 19th Annual Three Rivers Chapter of NAPNAP
Winter Pharmacology Symposium

February 6, 2015

*Moving Forward: Preparing for the Children of the
Future*

Robert Morris University
Sewall Center
Conference Level

Early Registration: Members - \$125 Nonmembers - \$150 Students - \$50
After January 15th: Members - \$130 Nonmembers - \$160 Students - \$50

Topics:

Children & Anxiety

Collaboration Between Educational & Medical Homes

Care of Children with Postural Orthostatic Tachycardia Syndrome (POTTS)

Recognizing Child Abuse

Medications for the Children of the Future

Some Unique Needs of Infants: Breast Milk & Pumping, GER and Plagiocephaly

For more information or to register go to Community.napnap.org/Pathreerivers/home

* 6.5 NAPNAP CE contact hours of which
5.5 contain pharmacology (Rx) content

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and join
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New this year!
**SPECIAL
BUNDLE RATE**

2015 CONFERENCE ON PEDIATRIC HEALTH CARE
**ADVANCING PEDIATRICS: EMPOWERING
TODAY'S AND TOMORROW'S LEADERS**

Conference Dates: March 11 – 14, 2015
Exhibit Dates: March 11 – 13, 2015
Caesars Palace, Las Vegas, Nevada
To register, visit www.napnap.org/annual-conference



Suture Workshop

This hands-on workshop is designed for advanced practice nurses. It provides a unique opportunity to obtain wound assessment and management skills useful in everyday practice. You will learn techniques such as wound anesthesia, suture selection, wound glue and digital blocks. Working with porcine tissue mannequins, you will practice three different suturing techniques: simple interrupted, running and mattress stitches. All supplies will be provided including disposable suture kits that can be taken home for additional practice. Acquiring these skills can enhance your NP's job performance as well as marketability. Enrollment is limited in order to optimize the learning experience.

Date: March 28, 2015
Time: 9:00 AM to 4:00 PM
Location: Driscoll Hall, Villanova University
Fee: \$179.00
\$25.00 lab fee
5.5 contact hours



For more information or to register visit:
<http://www1.villanova.edu/villanova/nursing/ce/courses/sw.html>

Social Media

Website Address for Three Rivers NAPNAP:
<http://community.napnap.org/PATHREERIVERS/Home> Please send any information that you would like posted to the email address on the website

Facebook : Please like us on the Three Rivers Facebook page. Please send any information that you would like posted to the email address on our website.

Three Rivers NAPNAP Board and Committee Members

BOARD MEMBERS 2014 - 2015

President	Kathy Kelly	kkwvu@aol.com
President Elect	Jessica Devido	jac40@pitt.edu
Past President	Terri Bailey	terri.bailey57@gmail.com
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Secretary	Pat Fall	patricefall@msn.com
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Constitution and Bylaws	Jessica Devido	jac40@pitt.edu
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Newsletter Chair	Mary Kish	kishmz@upmc.edu
Website Chair	Terri Bailey	terri.bailey57@gmail.com
Website Chair	Bridgetta Devlin	mbridgetta@aol.com
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Student Liaison	Vacant	
Facebook Chair	Bev Curtis	curtisbeverly@gmail.com