

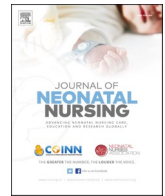


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# Journal of Neonatal Nursing

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## Council of International Neonatal Nurses (COINN) News Page

### COVID-19: Neonatal Nursing in a Global Pandemic. Reflections

In this February edition of the Journal of Neonatal Nursing, we welcome more contributions of neonatal nurses who have reflected on the impact of the COVID-19 pandemic on neonatal care, babies, families and staff. This writing project is being coordinated by Dr. Katie Gallagher (University College, London (UCL)), Breidge Boyle (Co-Editor; Journal of Neonatal Nursing), Alex Mancini (Chelsea and Westminster NHS Trust, London) and Julia Petty (COINN and UK Neonatal Nurses Association Board member). Here, in the fourth of the reflective series, we present contributions from Malta and England.

#### A personal reflection of working in the neonatal/paediatric intensive care unit (NPICU) throughout COVID-19

Rachel Grech, Senior staff Nurse & Infection Control Link Nurse - Mater Dei Hospital - Malta

As a Senior Staff Nurse and Infection Control Link Nurse working in the NPICU, the COVID-19 Pandemic brought about various challenges. My first thoughts were how this virus was going to affect our vulnerable patients and how we could best protect them, therefore I set about reading up on as much available literature as I could find and communicated online with nurses from other countries with regards to neonates and Paediatrics. The consensus was that neonates were rarely affected by COVID-19 so this served to allay some fears, however I was still extremely anxious. Our staff canteen and lecture rooms were transformed into wards and all available spaces and corridors now housed hospital beds and mattresses, creating an unnerving atmosphere. Infection control took on unprecedented importance and I found myself to be the reference point for the nurses & midwives in all things COVID, using all available communication means to address queries.

My colleagues with previous ITU experience were prepared for the eventuality of having to float to adult ITU. I held mixed emotions, as on one hand I was quite fearful of being in such a situation but on the other hand I felt quite guilty for not being able to help fellow nurses in other critical units. Another nagging fear was of bringing something home after my shifts other than my uniform. Several of my colleagues found alternative accommodation and we all had a plan B in mind just in case we needed to be quarantined. Initially we had several nurses in quarantine due to recent travel and others who remained quarantined throughout

due to being classed as 'high risk', so we all had to adapt and work extra shifts accordingly. I was concerned that in the eventuality of an outbreak there might not be enough staff to care for our patients, since our unit is the only one on the island and our relieving pool is extremely sparse.

Initially I was present for meetings with the infection control and neonatal teams to discuss various admission strategies, which involved creating pathways from the delivery suite, theatres, A & E and other Paediatric wards. I also helped with the creation/updating of various protocols with regards to parental presence on the unit, the handling of expressed breast milk, and the disinfection & disposal of contaminated items. It was extremely confusing as pathways kept changing making it next to impossible to keep track of the correct ones.

I was part of a coalition group to carry out certain modifications within the unit. Isolation rooms were stripped down to a bare minimum, item cupboards removed, panelled doors exchanged for glass doors to ensure visibility, appropriate signage was affixed, a communication system was installed, and mirrors were fitted to aid with the correct donning of PPE. Centrally located cupboards were installed for all the necessary PPE and various quick access trolleys for difficult airway management were set up. We also assembled packs of collated items to take down to the various 'COVID theatres' for caesarean deliveries and a variety of procedure packs. I had to prepare for the eventuality of admitting older paediatric patients which involved procuring unfamiliar equipment and drugs. I even made a trip to the home improvement store to purchase transparent plastic sheeting to prevent aerosolization of viral particles during intubation.

I helped provide simulation training for proning techniques in paediatric ventilated patients and was also tasked with training all the department staff to safely don and doff the necessary PPE. This was not without its difficulties, as simultaneously the nursing & midwifery union was arguing that the PPE we had access to was not adequate, creating a lot of anxiety and mistrust amongst colleagues. This was further compounded by tight restrictions on FFP3 masks. Unfortunately, we also had an initial shortage of alcohol-based hand rub and wipes with these items being kept under lock and key in the manager's office; needless to say, hand hygiene compliance dropped, and I was very worried about the ensuing consequences. Now that our islands have succeeded in 'flattening the curve', I am finally getting used to the new normality of working with a mask and visor throughout my 12-hour shifts. I fear that our patients and parents continue to suffer inadvertently due to the tight restrictions on parent visiting and handling and am currently advocating for this policy to be re-evaluated.

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## My Split personalities of COVID-19 and 40 minutes

**Rhian Hughes, Clinical Education Lead, NICU, Birmingham Women's Hospital, England**

During the last few months, my career as a Nurse has tested every final inch of patience and strength. Being a Nurse in a Neonatal Unit had always been challenging with the emotional roller-coaster that you follow and support new parents through. With the joy of new birth, life and unconditional love, comes anger, pain and the unanswerable questions.

As a Clinical Education Lead my role is to support, belt in and brace the newly qualified staff joining this rollercoaster.

On March 17th, during a Study day, each and every plan that I had made for structured support and education was cancelled. The Trust was now responding to a Major incident. I was immediately given a tasks that became my priority. I sat to discuss this frustrated and angry, with the group I was teaching and sent them home. I had to provide reassurance and comfort to those that were new to role but were now being asked so much more than any job description. Now, more than ever, my leadership skills and strength were tested. Whilst I have always retained a positive outlook and optimistic persona, it was difficult to retain this and support the team around me.

Staff who were redeployed from areas were 'fish out of water' and whilst every hand helped, people struggled to cope with the physical and mental demands of an Intensive Care unit, that they had never worked in before. Education had to go into over-drive to provide additional learning, new resources and whilst using new virtual learning platforms.

This was it-this is what I needed to do, if there was ever a time to show the strong leader that I am, it was now. All the training had done, the theory had some to this. Very quickly the expectations of me from my manager had risen sharply. The fire in me did not question, did not cry, but started to plan and rise to everything asked of me.

Whilst my work is inbuilt and part of me, I am a mum and a wife. I have two children in first school who were both told that they may not return to school.

5 hours of schoolwork, per day, for 2 children, in two different year groups, whilst working a 40-hour week. Summer holidays were usually difficult to navigate, but this was something different. The expectations I had to be a primary school teacher, whilst juggling the washing, cleaning, food shopping, guinea pigs, gardening and lunches and dinners. Food bills creeping up of £20 more per week! My husband, also in the care sector, also felt the stress of his workload and frequently worked fourteen days straight. His workload often became my workload as he would relay all the issues he had dealt with during the day in an attempt to relax.

For my children, the emotional effects that this had on them has been profound. Whilst physically they have been safe and loved, they have become guarded. From opened arms to face masks and crossed arms. My daughter who skipped into school now cries hysterically into the late night worried about who will care for her the following day and how much she will miss us.

I particularly found this heart breaking. I can provide her with the reassurance of the careful planning to ensure childcare, but when you can clearly see them distraught, exhausted and broken, the only reassurance she wants is my attention and me to be off work. What can I say to her?

I worry what their future will be and how they will build relationships with friends, people and feel ready to breakdown these all apparent emotional walls.

40 minutes .... 40 minutes this is the time that I drive to and from work.

This is the only time where I am solely me. Me and my own thoughts, my own mind and my own worries. The recent few months have been draining and these 40 minutes are the slight moment that I have to try to rest from the different roles I have to play, but also allow myself to be

worried to be scared. One of these initial worries was over buying food, what if there was nothing in the supermarkets. There and then I swore to listen to my Grandmother's advice and get a full store cupboard of food! Whilst this seems a distant memory and things have moved forward at the time, this was a real worry.

What if I caught COVID? What if I couldn't be the Nurse/Mum/Wife they needed me to be? 'What if' was a familiar thought during these drives and it allowed me to explore the disorganised thoughts in my head. It was only through this that I was able to gain some kind of sense of this new world and what I could be in it.

This test of my emotional, physical and clinical nursing ability has tested me past my limits and though this journey, I have found, the limits that I perceived are just smoke. I can do this, and I can do it amazingly. I don't know what the future holds and what a 'normal' life will be like, but I know whatever the challenge, whatever the ask, as a mum, nurse or wife, this will not beat me.

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## Me, COVID-19 and Nursing

**Alicia Donovan, Enhanced Neonatal Nurse Practitioner (ENNP), University of Plymouth Hospital, England**

When I was six, I had to have my tonsils removed. Since that day, I have always wanted to be a nurse. The sister who looked after me had such a kind face and manner, a crisp uniform with a hat and waist buckle belt. She made me feel like she cared, like I was worth her time and I looked up to her, I knew she was who I wanted to be.

Cut to February 2003, I'm starting my training to become an adult trained nurse. This wasn't easy and it took me longer than I expected to get my Diploma, but when I finally achieved it, I was so proud. I had reached my life-long goal to date and was in for the long haul.

My first five years were spent in adult neuro intensive care. During this time, I cared for a pregnant lady with a brain injury, who went into preterm labour. After a c-section, the neonatal sister brought her new son down to visit whilst she was still sedated and on a ventilator. There was so much equipment on wheels - incubator, ventilator, pumps, you name it, it was there - but the sister was so calm, kind and baby oriented amidst the chaos. I did not know what was happening, but I was fascinated by this small baby nestling up to his mum's chest to try to breast feed, mouth wide open. I asked the sister 'any jobs going where you work?'

After I finished my four nights with his Mum, I visited the NICU educator, enquiring about how to get a job. Low and behold a job became available a couple of weeks later and I jumped at the chance. Shortly after I left Neuro ICU to join the NICU team.

Flash forward to March 2020. I have completed my special care module, qualified-in-specialty (QIS) training, mentorship training, joined the transport service and became one of the first of 3 enhanced neonatal nurse practitioners (ENNPs) at the University of Plymouth Hospital.

Then suddenly ... COVID-19 starts to appear on the news. At first, I thought nothing of it, it's just a bad case of flu. I've even had a strain of it before, and despite making my asthma flare up and landing me a short stint in hospital, I got over it and lived to tell the tale. Why should I be worried? I'm a nurse - I've been through worse.

Then the stories started to flood in. The risks to asthmatics were like nothing we've seen. I didn't want to be a 'vulnerable person' but according to the news, government and risk assessments, that's exactly what I am.

So now I am at home. Not working as a nurse, transport or as an ENNP. Instead I am shielding to protect myself. This hits me hard, harder than I could possibly imagine, more than any the other issue I've have had to deal with. I've survived cancer, pregnancy loss, family loss, asthma. But COVID-19 knocks me down in a way I never expected. Since childhood, I have always helped, saved, cared for strangers and loved ones and now I can't. I've got to do what many nurses struggle to do - care for myself, put myself first. I was not prepared for that.

Watching the news, reading about it online, hearing it all on the radio as I 'worked from home' made me feel guilty – guilty for not being able to help, guilty for not being part of the team (I was asked to return back to adult ITU to prepare and care for the potential patients that would arrive, but I couldn't), guilty for not being there to support my co-workers, friends and family. The guilt was overwhelming and at week 6, I crumbled.

When I participated in the BAPM COVID-19 webinar, my emotions were running wild. I realised I needed support as all this was taking a toll on my mental health. I reached out to my line manager and the NICU Senior Sister, spoke to the mental health COVID-19 support team and I broke down – toxic guilt had taken over and I needed to open my eyes to the truth. The mental health team were amazing, set me back on track and made me see that I am still a nurse, will always be a nurse – as long as I look after myself. I had to let go of the guilt, I was not working but I was still saving lives and my own. I was not going to become a statistic; I wasn't going to put the strain on the NHS and pressure on the ITU team and ONE day I will be able to return to my team back on NICU. I was honest with my manager and NICU sister, a small support group was created with our unit mental health support lead, allowing for others to speak up honestly and freely. The guilt it seems, was felt by us all and we were all adjusting to it differently. But together, we stayed safe, we stayed strong and we are still able to care, nurse and look after those who will need us when we come back.

So, I am at the start of week 15, completed many, many packages of e-learning, written some guidelines, attended meetings, REaSoN, completed Rotas, kept myself busy with tasks shared out by my colleagues who are still practicing. I have learned to forgive myself for not 'nursing', but I am still a nurse, now with more I.T and management skills then before and hopefully sometime soon, I can be back doing what I love the most.

COVID-19 might always be around, but so will nurses, ENNPs, ANNPs, doctors, physios, cleaners, carers, psychologists, occupational health, x-ray, managers, police, fire officers, the list goes on and on. For we are all part of one massive team, one massive family, always working together, saving lives and our own.

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### Behind the doors of NICU - A Research Nurse's perspective on the COVID-19 pandemic

**Izabela Andrzejewska, Neonatal Research Nurse, Chelsea and Westminster Hospital, Neonatal Unit, London, England**

My name is Izabela and I am neonatal and research senior nurse working at Chelsea and Westminster Hospital. As a critical care nurse, we are prepared to respond to emergencies. The pandemic was an emergency call, but we were without any training. We were asked to act blindly. Day by day our workplace and roles have changed. We did not have time to analyse the situation because we needed to implement mandatory policies and guidelines. We came out of our comfort zones.

I have noticed significant changes:

- Restriction in visiting for parents.
- The neonatal unit has been converted to red zone ITU/green zone HDU and SCBU.
- PPE is mandatory to all staff working on intensive care site (this is hot and uncomfortable to work in).
- Mask fitting challenges along with anxiety and stress.
- All babies remaining inside the incubators.
- Emergency surgical cots created on NICU as a backup
- Social distancing is almost impossible while team cooperation is needed.

- The need to work full clinical shifts for educators and research teams (recruitment is on hold, but data collection of remaining participants is ongoing)
- Every unit/ward in the hospital is converted to 'COVID' and 'post COVID' areas.
- Some of the nurses are redeployed in the mortuary (tremendous impact on traumatic experience).
- Separation from family/friends.
- Staff sickness/rotations/hospitalisation.

Finally, the pandemic has increased our work intensity in isolation. We have families, friends and our own children. Adjustment to patient needs became priority. This gave rise to stress and uncertainty. Working on the frontline opened a question for many of us .... how safe are we? how we can protect our love ones? We still questioning if we are ready? More questions are arising every day but there is no answer for most of them.

I am delighted to be a research lead on our unit (Picture 1), but I do feel useless with the field of COVID-19. Scientists across the world are working day and night to protect nations. I observed that none of our admitted babies have tested positive which is very good news. We are trying to understand the phenome of biological protection of the newborn.



Picture 1.

As senior staff, we are trying our best to support others: junior nurses, doctors, parents. But we do need to think about our mental health as well. We do appreciate public support: clapping, free meals, free car parking, skipping the queue while shopping between shifts, positive words, emails. But we learn to stay humble, patient and calm. Because simply we have no choice. However, we are pleased that we do have a job as for many of us, this is the only income we have. And we all have a hope. .... that this will not last forever.

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### The Journal of Neonatal Nursing invites you to publish ...

**“Advancing neonatal nursing care, education and research globally”**

The COINN News Pages are compiled by Julia Petty, UK Neonatal Nurses Association (NNA), UK. If you would like to contribute to the News pages, send them to [j.petty@herts.ac.uk](mailto:j.petty@herts.ac.uk) The Journal of Neonatal serves both the NNA and COINN.

We need to tell our story through this journal. The open access News pages can be accessed online via the link <https://coinnurses.org/2019/05/29/coinn-news-pages/>

In addition, if you would like to write a longer article, refer to the author guidance <https://www.elsevier.com/journals/journal-of-neonatal-nursing/1355-1841/guide-for-authors>.

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