



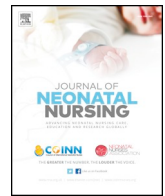
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# Journal of Neonatal Nursing

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## Editorial

### Weathering the storm; and seeking breaks in the clouds



It is about four months since our June editorial “viewing the gathering storm” was written. Back then COVID-19 was indeed an indistinct collection of dark clouds, first seen on our eastern horizons; but moving rapidly to envelope Europe, and eventually our whole planet. We speculated back then about what a global pandemic would look and feel like. The word itself, pandemic, has sat for years in our epidemiology textbooks, more the material of horror fiction than potential clinical reality; in spite of perceived threats from various influenza strains over the years.

In 2018, a century on from the devastation of that great pandemic “The Spanish Flu” there were warnings of the danger that such a worldwide catastrophe could happen again (Liu et al., 2018). In spite of disaster planning at governmental level worldwide (McCoy, 2016; Meyers et al., 2018) most people believed that mortality and morbidity on that scale could only devastate a world already broken by a world war, and that such a thing was not possible in our sanitised and ultra-hygienic societies. Maybe we are all a little chastened now, perhaps humbler than we were four months ago? As a worldwide community we have been frightened, and have found ourselves on a huge learning curve (Barro et al., 2020).

Our politicians and their advisors have been disposed to using war metaphors when discussing the “fight” against COVID-19. It is in our interests as nurses and other professionals engaged in the care of neonates to embrace these metaphors. Traditionally in times of conflict the caring professions learn both quickly and widely through necessity (Hardy, 2017). There is ongoing debate about whether the emergence of the nursing profession in the Crimean War is most attributable to the efforts of Nightingale, Seacole or McAuley (Wells and Bergin, 2016). It seems sensible to conclude that all three made a significant impact, as did many others unnamed; but it is most striking that it was during that time of national emergency that the need for a nursing profession was so strongly recognised.

At this exceptional time, there is a real fear that the principles of family centred and family integrated care which have come to underpin neonatal care will be undermined by the legitimate need to control the spread of infection through socially distancing. We need to learn fast. As editors in chief we are extremely proud of how the Journal of Neonatal Nursing is making a real and very practical contribution to that learning. When it was impossible for academics to access the neonatal units, and when clinical staff were overwhelmed with the task in hand, we asked neonatal nurses to tell us their stories. They came from all continents and we thank you. As part of the COINN news section or our journals, and on the UK NNA website we are publishing these stories in their rawest form. Over the next few months we will continue to do so and we hope that you will continue to contribute more reflections as we move toward the “new normal”. We hope to find

themes in these truly international narratives which will contribute to the nursing care of neonates in our evolving future, and to the resilience of our carers.

Continuing on this vein we have two review articles which look at the embryonic knowledge of COVID-19. Janet Green, and her team based in Australia and the UK, start by giving us an insight into the emerging literature on COVID-19 and the mother and baby. The team has made a real attempt to pull as many themes together as possible to try to make some sense of the pandemic as it affects neonatal care. This is followed by an article by Maria Teresa Montes and a team of Spanish researchers who make a strong attempt to see how the emerging knowledge can be translated into policy.

The mental health of parents, the extended family and how it ultimately affects the neonate are of ongoing interest to the neonatal community. This interest may be even more acute at present. Giovanna Cristina Conti Machado, and a team of Brazilian researchers have carried out a review of the literature on communicating bad news. As we strive to find new ways to effectively communicate with parents this is of great concern – particularly as the authors recognise that methods of communication used can be associated with the levels of trauma experienced by parents. Communication is a real issue at present and all research based insights are valuable. Following on from this; Anna Aftyka and Ilona Rozalska look at parents of babies who required neonatal care in Poland and their prevalence of PTSD. It is interesting that this frightening psychological condition was seen to occur so widely and so often in both parents. We can only imagine how these levels have increased as a result of the current pandemic.

It is universally accepted that babies thrive in healthy happy families. We have a series of articles discussing ways in which we can support parents in supporting their babies. Dua'a F. Al-Maghairah, and a Jordanian team, evaluated an emotionally supportive programme, Eviana S. Tambunan, and an Indonesian team fought maternal stress by increasing the mothers' knowledge of prematurity and what it means for their babies, while Mahnaz Jabraeili, and an Iranian group, used a supportive programme to increase the self-confidence of mothers caring for babies with gastrointestinal anomalies.

There is growing evidence that family integrated care reduced stress in parents and we present two articles. The first is from Rebecca Bradford-Duarte and Helen Gbinigie, working in the UK, who tells us how they strive to ensure that the parental experience of family integrated care is a positive one. Nethong Namptom and a team working in Thailand have taken us right back to the origins of family integrated care. They set out to prove that maternal participation in the care of her premature neonate reduces healthcare costs. Family integrated care was introduced to overcome a lack of healthcare workers and proven to have benefits for both the family and the baby (Kirby and McKeon-

<https://doi.org/10.1016/j.jnn.2020.07.009>

Available online 17 August 2020

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Carter). Throughout the world those who care for neonates share the same concerns for the baby and the family. It does not matter how we prove the need for interventions which will benefit both as long as we continue to strive to so, and among healthcare commissioners economic arguments are always powerful.

We are always grateful for letters to the editor; and the commentary on Harris et al.'s (2020) exploration of compliance with alarm limit protocols on the neonatal unit by Geneviève Laporte and Marilyn Aita is particularly interesting. They raise questions about research and audit, and at what point an exploration of poor practice should be stopped and an intervention put in place. The UK BOOST – II UK trial in the UK was stopped early when it became clear that babies in the group having their oxygen saturations targeted at lower levels had a higher mortality rate; and it is on that international collaboration of research trials that much of our guidelines are based (BOOST 1.1, 2013). Many of us know from experience that in the midst of an audit or research study it is often difficult to see the results until the data are all gathered and analysed. In retrospect some times results seem very obvious and predictable, but we would really like to hear your views on this subject.

So, because of the time involved in putting the journal together and printing it this editorial is being written in July. Four months ago we were viewing the pandemic as it approached and we wondered what it would bring. The neonatal community needs to take great pride in its forbearance and strength over the past few months. This is not over and we will need to fight for a new normal which truly reflects the philosophies underpinning our care. We need to extend our normal kindness to families and co-workers, and some understanding to those with the tough task of trying to manage a difficult situation. In the UK it feels as if we are seeing a break in the clouds. It may be that we are trapped in the eye and that the storm raging around us will return. We hope that it does not do so with greater ferocity, but our international reflections show that, as a neonatal community, we are able warriors. Mostly we urge you all to be kind to yourselves at this difficult time.

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