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Title:

Leading Practice Change: Recognizing Life-Long Risk of Those Born Preterm

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ACCEPTED

Session Title:

Experienced Nurse Faculty Leadership Academy (ENFLA)

Slot:

ENFLA: Sunday, 17 November 2019: 11:45 AM-12:15 PM

Applicable Category:

Leaders

Keywords:

Co-morbidity, Non-communicable diseases and Preterm Birth

References:

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5. Raju, T. N. K., Pemberton, V. L., Saigal, S., Blaisdell, C. J., Moxey-Mims, M., & Buist, A. S. (2016). Long-term healthcare outcomes of preterm birth: An Executive summary of a conferences sponsored by the National Institute of Health. *The Journal of Pediatrics, 181*, 309-318. DOI: 10.1016/j.jpeds.2016.10.015
6. Kelly, M.M. (2018) Health and educational implications of prematurity in the United States: National survey of children's health 2011/2012 Data, *Journal of American Association of Nurse Practitioners, 30*(3), 131-139.
7. Mathewson, K. J., Chow, C. H. T., Dobson, K. G., Pope, E. I., Schmidt, L. A., & Van Lieshout, R. J. (2017). Mental health of extremely low birth weight survivors: A systematic review and meta-analysis. *Psychological Bulletin, 143*(4), 347-383. DOI: 10.1037/bul000091
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Abstract Summary:

Changing healthcare practice regarding recognition of preterm birth as a life-long risk factor is critical to the future health of those born preterm. The ability to address this practice change was enhanced by the mentorship and nursing leadership provided through the Experienced Nurse Leadership Academy.

Content Outline:

Title: Leading Practice Change: Recognizing life-long risk of those born preterm.

1. Despite the prevalence of preterm birth, health care providers report limited knowledge and education related to the significance of preterm birth's effect on long-term health.
2. Long-term health implications for survivors of preterm birth extend far beyond the confines of neonatal and pediatric health care.

3. The purpose of the ENFLA project was to enhance the scholar's leadership skills by developing a multi-level educational initiative for nurses aimed at establishing preterm birth history as a risk factor for compromised long-term health outcomes

Topic Selection:

Experienced Nurse Faculty Leadership Academy (ENFLA) (25198)

Abstract Text:

Background: Preterm birth is defined by the World Health Organization as birth before the completion of 37 weeks of gestation. Prematurity affects approximately 10% of all births in the United States¹. Survival rates are similar to term births for the largest category of preterm births, those born between 32 and 36 weeks of gestation.

Despite the prevalence of preterm birth, health care providers report limited knowledge and education related to the significance of preterm birth's effect on long-term health^{2,3}. A recent review of textbooks used to teach pediatric content in NP programs, revealed that the textbooks contain limited coverage of prematurity or its implications for future health⁴. In 2015, the National Institutes of Health called for increased education and awareness of all health care providers regarding the long-term health outcomes risks for those with a history of preterm birth⁵.

Long-term health implications for survivors of preterm birth extend far beyond the confines of neonatal and pediatric health care. Children born preterm experience increased rates of common childhood conditions such as attention deficit/hyperactivity disorder (ADHD), asthma, anxiety, learning disability, speech problems, developmental delay, anxiety, and internalizing behaviors and social difficulties^{6,7}. Preterm birth is associated with decreased likelihood of completing education after high school, decreased likelihood of adult employment, and increased use of social support benefits⁸. Also evident from long-term outcome studies of those born preterm is the increased incidence of comorbid non-communicable conditions (diabetes, hypertension, anxiety and depression)⁹, significant cardiovascular risk factors⁹ and decreased pulmonary function⁹ all of which compromise adult health.

Purpose: The purpose of the project was to enhance the scholar's leadership skills by developing a multi-level educational initiative for nurses aimed at establishing preterm birth history as a risk factor for compromised long-term health outcomes.

Methods: The Preterm Birth History Project utilized various strategies to reach nurses at all levels of practice. The initial offering was an educational module developed for pediatric nurse practitioners and offered via the National Association of Pediatric Nurse Practitioners PedsCE program in the Summer 2019. A similar module is being implemented in Fall of 2019 with nurse practitioner students at the Fitzpatrick College of Nursing.

Additional phases of the project include leveling of the educational presentation for pre-licensure nurses, public health advocates and family groups, and development of clinical practice guidelines addressing the importance of preterm birth history utilizing a Delphi study to reach consensus amongst experts. Publications are planned for dissemination of the project at all phases.

Conclusions: Sigma ENFLA was an invaluable experience to develop the leadership skills of the scholar. The Preterm Birth History Project is an ongoing initiative with the potential to change clinical practice,

inform curricula for pre-licensure nurses and nurse practitioners. Recognition of preterm birth as a history component which confers modifiable life-long risk to health is the first step in improving the outcomes of our patients.