

## Follow-up Screening of the High Risk Infant

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## History of Nurse Practitioner Practice

- Who were the first NPs?
- How did the movement get started?
- What kind of education do you need?
- What is the difference between a nurse practitioner and an ARNP?

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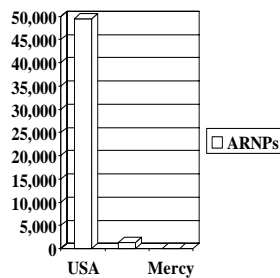
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## Current state of the profession

- Nationwide  
- 49,500 ARNPs
- Iowa  
- 1,354 ARNPs
- Mercy  
- ~80 ARNPs



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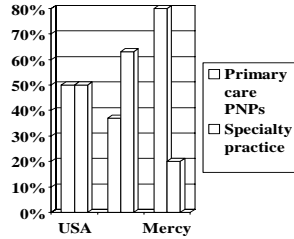
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## Pediatric Nurse Practitioners

- Where do we practice?

- Nationwide
- Iowa
- Mercy



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## The Iowa High Risk Infant Follow-up Clinic at Mercy



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## Iowa's Statewide Program

- PNP-run program
- 17 cooperative sites

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## Preterm births – a nationwide problem



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## The Mercy Developmental Clinic

- My background
- Advancement of the science
- Survival
- Morbidity
- Beginning the Mercy Program

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## Admission criteria

- BW <1500g
- 32 weeks GA or less at birth
- Vent > 2hours for 32w and less, >3 d for 33 weeks - term
- CNS infection
- 5<sup>th</sup> Apgar <7
- Seizures
- Hypotonic at discharge
- Central hematocrit high requiring partial exchange
- Maternal substance abuse
- Other:
- Sepsis
- Head SGA
- Increased bilirubin & transfusion
- IVH
- Sib meets criteria (e.g. twins)
- Intrauterine transfusion
- Other (professional concerns)

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### **Why Developmental Follow-up?**

- Premature brains vulnerable to injury
- Poor long term outcomes possible
- Survival rates have improved
- Long term learning deficits remain

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### **Services Provided**

- Developmental screening

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### **Services cont.**

- Parental counseling

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**...and....**

- Growth measured
- Nutrition counseling

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**...plus...**

- Referrals when indicated

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**Evidence to further improve outcomes**

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## NIDCAP

- Caregiving approach offering individualized care
- Requires special training
- Reducing infant stress is key
- Promising long-term outcomes



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## Core Measures

- First published for the NICU in 2009



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## Questions?

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