**Message from APPNA President**

**Susanna LEE**

As the newly elected President of Asia Pacific Paediatric Nurses Association, I took the pride and honor to announce that the Asia Pacific Paediatric Nurses Association (APPNA) was established in 2012.

We felt most privileged to have our inauguration ceremony taken place in the 14th Asian Pacific Congress of Pediatrics (APCP) and 4th Asian Pacific Congress of Pediatric Nursing (APCPN) in Malaysia on 10th September 2012, and the opportunity to share our joy and celebrate the precious moment with the prestigious Paediatric experts from all over the Asia Pacific (AP) Region at a world famous beautiful place, Kuching. The inauguration of APPNA marked a significant milestone for our synergizing work of paediatric nursing. The Council of APPNA would like to extend our heartfelt thanks to Professor Xiaohu HE, President of Asian Pacific Pediatric Association (APPA); Dr. ZULKIFLI Ismail, President Elect of APPA, Chairman of the Organizing Committee of the 14th APCP; Dr. CHAN Chok Wan, Immediate Past President, International Pediatric Association (IPA); Honorary President, Asia Pacific Pediatric Association (APPA) and Honorary Advisor of APPNA and Professor Mohd Sham KASIM, the Secretary General, APPA for their great support to this memorable event. Sincere thanks went to Dr. TANG Swee Fong, Ms. Julie TAN and organizing committee members for all the preparation and special arrangement for our inauguration meeting. It’s our honor to have invited Ms. Fiona SMITH, Advisor in Children and Young People’s Nursing, Royal College of Nursing, United Kingdom; the Coordinator of Paediatric Nursing Associations of Europe coming from a long way and Dr. CHAN Chok Wan to deliver the keynote lectures.

Since 2009, a group of paediatric nursing delegates from different countries in the AP region have formed a Steering Committee and worked towards the common target in setting up a nursing platform, the APPNA. The Steering Committee members included paediatric nurse representatives from China, Hong Kong SAR, Macau SAR, Malaysia, Singapore, Korea, Thailand, Australia, Philippines and Japan. Cross country Steering Committee meetings were held in Hong Kong, Singapore and Thailand and Malaysia. The conjoint effort from Steering Committee members and the immense guidance, advice and unfailing support from our Honorary Advisor, Dr. CHAN Chok Wan contributed to the success in the establishment of APPNA. We were all excited to see the “birth” of APPNA. Tribute should be awarded to Dr. CHAN, our Honorary Advisor and every steering committee members.

With the establishment of APPNA, the paediatric nurses in AP region will be more closely connected, professional activities can be intensified for cross pollination of knowledge and skills; one unified powerful voice of paediatric nurses in the AP Region can be better coordinated to work for the betterment of our children and more inter-professional collaborations/ initiatives can be possible to benefit our children and professional health workers within and beyond the AP Region. We have four member associations which have joined APPNA, namely, Hong Kong Paediatric Nurses Association, The Pediatric Nurses Association of Thailand, Japanese Society of Child Health Nursing and Australian College of Children and Young People’s Nurses (ACCYPN). ACCYPN is also the organizer of the Australian College of Children and Young People’s Nurses (ACCYPN) Conference 2013 in Melbourne, Australia. The next APPNA Council of Delegates meeting will be held in Melbourne coinciding with ACCYPN Conference in August 2013. The Executive Committee (EC) of APPNA also started to function. Dr. Jan. PRATT, Chairman of Board of Directors, ACCYPN, was elected as the Chair of Professional Development Committee of Executive Committee of APPNA. The 15th Asia Pacific Pediatric Congress of Pediatrics and the 5th Asian Pacific Congress of Pediatric nursing will be held in India in 2015. APPNA looks forward to have more collaboration with APPA and other professional bodies to organize the professional activities in the years to come. APPNA welcome new member to join and work together for the benefit of the children.
**Congratulatory Message from the Hon. Advisor**

**Dr. Chok-wan CHAN**  
Hon. Adviser, Asia Pacific Paediatric Nurses Association (APPNA)  
Hon. President, Asia Pacific Pediatric Association (APPA)  
Immediate Past President, the International Pediatric Association (IPA)  
Advisor on Newborn, Child and Adolescent Health, WHO

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**Message from the Hon. Advisor**

Dear Fellow Nursing Colleagues at APPNA,

I am most pleased that your effort in the past three years has been long and come to fruition and that a new regional professional body, Asia Pacific Paediatric Nurses Association (APPNA), has been born to shoulder your professional duty as paediatric nurses and to take up the noble task of uplifting child health activities within the region. The Steering Committee under Miss Sunarina Lee is to be commended for the great work in making this project possible and all APPNA colleagues should feel proud of yourselves for your achievements at this historic milestone of your profession. Please do accept my wholehearted appreciation for your outstanding accomplishment!

I take great pleasure to witness the hard work of your group from the preparatory meeting in Shanghai (2012). Through this meeting, your group has been well-structured and prepared for the next step. It is heartening to see the strong leadership, solidarity, support from the faculty and the community. It is a great honor to have you choose me as your Hon. Adviser. I wish you all every success in the future.

Dr. Chok-wan CHAN  
Hon. Adviser, Asia Pacific Paediatric Nurses Association (APPNA)

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**ASIAN PACIFIC PEDIATRIC ASSOCIATION**

(formerly known as Association of Pediatric Societies of the South-East Asian Region)  
UNDER THE AUSPICES OF THE INTERNATIONAL PEDIATRIC ASSOCIATION

Speech by Prof. Xiaohu HE at the Inauguration Ceremony of the Asia Pacific Pediatric Nurses Association (APPNA) on Sept. 10, 2012 (at the 14th Asia Pacific Congress of Pediatrics and the 8th Asia Pacific Congress of Pediatric Nursing held in Shanghai in 2009). The Committee has been working hard all along and now we are all so happy to see that the APPNA is formally set up.

It goes without saying that the APPNA will serve as a wonderful platform for professionals in pediatrics, especially in nursing, to share the most advanced and most recent experiences and research results. The platform will have doubt contribute to the overall progress in child care, especially in this region. And we are delighted to see that we all, pediatricians and nurses, are working to closely together. This is our festival!

For this reason, I am so looking forward to seeing more collaborative relations between the APPA and APPNA in the coming future. And I would like to thank all the people who have been involved in the preparations of this organization and without their efforts this would not be materialized. Let us give them a big hand for their efforts!

May I wish the APPNA a bright future and every success in its work.

Once again, you have my most sincere congratulations!

Thank you all for your attention.

Xiaohu HE  
President  
APPA

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**Congratulatory Message**

Professor Xiaohu HE  
President, Asia Pacific Pediatric Association (APPA) (Before 10 Sept 2012)
ASIAN PACIFIC PEDIATRIC ASSOCIATION
(formerly known as Association of Pediatric Societies of the South-East Asian Region)
UNDER THE AUSPICES OF THE INTERNATIONAL PEDIATRIC ASSOCIATION

Congratulatory Message
Ms Fiona SMITH
Adviser in Children and Young People’s Nursing, Royal College of Nursing, United Kingdom; Co-ordinator of Paediatric Nursing Associations Of Europe

Assuming the position of President Elect, Asia Pacific Pediatric Association (Before 10 Sept 2012)

On behalf of the Asia Pacific Pediatric Association (APPA), I would like to extend our heartiest congratulations to Zulkifli Ismail on his successful transition. It is long overdue and now is the right time for the paediatric nurses in the region to get together and share in the advancement in the speciality area of paediatric nursing.

Nursing as a profession needs compassion, dedication and patience, among other qualities. Additionally in paediatric nursing, understanding the development of the child at different ages and the different ways to handle them require that these names be appropriately trained and able to appreciate the subtle differences in children of different ages. Gone are the days where names act as an appendage of the doctor and carry out orders without much thought. The modern nurse is expected to be thinking nurses who complement the decisions made by paediatricians. In most cases, the nurses are with the patients throughout their eight-hour shift and are able to appreciate any sudden changes in vital signs or behaviour. This is in contrast with the paediatricians who gets a single cross-sectional snapshot of the child during ward rounds. As we all know, ill children can deteriorate very fast and prevention of a bad outcome is always preferred to having to go through the process of resuscitation. This is where early recognition of an ill child is important for the paediatric nurse to manage.

APPA will hopefully merge into maturity with the leadership of the elected officer-bearers and the networking among the nurses in the Asia Pacific region, where most of the world’s children reside. APPA will continuously provide support to APPA in whatever way that they may require. For the last four consecutive Asia Pacific Congresses of Paediatricians (APCP) since the one in Bangkok, Thailand in November 2013, the APCPS has been held together with the APCP and we shall continue to do this together for as long as APPA needs to do so.

I wish the greatest of success to APPA in our combined efforts at improving child health and paediatric care in this region.

Best wishes and congratulations.

Dr. Zulkifli Ismail
President Elect, APPA
Organising Chairman, 14th APCP 2012

Fiona Smith
Adviser in Children and Young People’s Nursing and Co-ordinator of Paediatric Nursing Associations Of Europe
Formation of Asia Pacific Paediatric Nurses Association

Preparatory Phase – Steering Committee

Since the 13th Asian Pacific Congress of Pediatrics (APCP) and the 3rd Asian Pacific Congress of Pediatric Nursing (APCPN) held in Shanghai, China, a group of Paediatric nursing delegates from different countries formed the Steering Committee. In the past three years, cross country Steering Committee meetings for the preparatory work were held in Hong Kong, Singapore, Thailand and Malaysia. Before the inauguration of APPNA, the election of Office Bearers, Council Members of the Executive Committee of APPNA was taken place in the 4th Steering Committee Meeting at the Borneo Convention Centre on 8th Sept 2012.

The birth of APPNA was realized on 10th September 2012 with its inauguration held in the 14th APCP and 4th APCPN at Kuching, Sarawak in Malaysia. Membership of APPNA was consolidated, namely: Hong Kong Paediatric Nurses Association, Japanese Society of Child Health Nursing, Pediatric Nurses Association of Thailand, and Australian College of Children and Young People’s Nurses. After inauguration, the Steering Committee was resolved. Tributes should be awarded to all Steering Committee members.

The Inauguration of APPNA
in the 14th Asian Pacific Congress of Pediatrics and 4th Asian Pacific Congress of Pediatric Nursing, Kuching, Sarawak, Malaysia on 10th September 2012

The 10th September 2012 was an important day to have signified the birthday of the Asia Pacific Paediatric Nurses Association (APPNA). The inauguration ceremony of APPNA was held in Borneo Convention Centre in Kuching, Sarawak, Malaysia.

At the beginning of the inauguration ceremony, Ms Susanna LEE, the Convenor of APPNA Steering Committee delivered the Welcome Speech. It was followed by the congratulatory messages delivered by the two Guests of Honor: Dr. CHAN Chok Wan, Immediate Past President, International Pediatric Association (IPA); Honorary President, Asian Pacific Pediatric Association (APPA); WHO Advisor for Child and Adolescent Health; Honorary Advisor, Asia Pacific Paediatric Nurses Association; and Dr. ZULKIFLI Ismail, President Elect, Asian Pacific Pediatric Association (APPA); Chairman, Organizing Committee of the 14th Asian Pacific Congress of Pediatrics.
The Inauguration Ceremony of APPNA

The inauguration ceremony of APPNA was officiated after ribbon cutting by our Guests of Honor, Dr. CHAN Chok Wan, Dr. ZULKIFLI Ismail, Professor SHAM Kasim, and Ms Fiona SMITH, Advisor in Children and Young People’s Nursing, Royal College of Nursing, United Kingdom; Coordinator of Pediatric Nursing Associations of Europe, together with Ms Susanna LEE; the newly elected President of APPNA.

To show our appreciations to the Steering Committee members of APPNA for their dedicated efforts and contributions in the preparatory phase in the past three years, engraved medal together with the Certificate of Appreciation were presented to each Steering Committee member by the President of APPNA.

Keynote Speeches

Ms Fiona SMITH and Dr. CHAN Chok Wan gave very enlightening and encouraging speeches on “Creating Synergy in Paediatric Nursing through Networking – Achievement and Challenges” and “Optimizing Doctor and Nurse Interfacing from the Perspective of Global Child Health”. Both speeches echoed the APPNA Mission which declaring “In the spirit of collaboration, partnership and respect, APPNA is committed to promote and advocate child health, to promote excellence in Paediatric nursing, to deliver the highest standard of care, to act as a unified voice to address major global health issues of children and to provide input in shaping the health policies for the betterment of child health and development”.

Ms Fiona SMITH delivered the Keynote Speech

Dr. CHAN Chok Wan delivered the Keynote Speech
The 1st Council of Delegate (CD) Meeting of APPNA held at Room 14, Berneo Convention Centre, Kuching, Sarawak, Malaysia on 10th September 2012

After the inauguration, the Council of Delegate of APPNA started to function with the 1st CD meeting held on 10th September 2012. Officially designated representatives from each of the four Member Associations i.e. Hong Kong Paediatric Nurses Association, Pediatric Nurses Association of Thailand, Japanese Society of Child Health Nursing and Australian College of Children and Young People’s Nurses were present in the meeting. Memorandum and Articles of Association of APPNA, rules and regulations of the governing structures of Council of Delegates, Executive Committee and Advisory Board were well formulated. Newly elected Office Bearers and Council Members of Executive Committee of APPNA in the 4th Steering Committee Meeting were endorsed and officially in post.

APPNA would propose to cohost the forthcoming 15th Asian Pacific Congress of Pediatrics and 5th Asian Pacific Congress of Pediatric Nursing with Asia Pacific Pediatric Association which would be held in India in 2015. Hence the inter-professional collaborations/ initiatives to bring benefits to the children and professional health workers within and beyond the Asia Pacific (AP) Region would be realized. More National Paediatric Nursing Association activities would be organized for cross pollination of knowledge and skills. The venue of the International Congress of Pediatric Nursing to be held from 24th to 27th August 2013 in Melbourne, Australia was confirmed. We will have our next meeting there. Potential member associations were welcome to join the CD as non voting members.

The 1st Executive Committee Meeting of APPNA held on 10th September 2012

Following the announcement of the establishment of APPNA, Ms Susanna LEE, President of APPNA announced the newly appointed office bearers of the Executive Committee. The EC members include Professor Rashanee SEEDA (Thailand), the President Elect and Chairman of External Affairs Committee; Ms Connie WAN (Hong Kong SAR), the Secretary General; Ms Gloria LUK (Hong Kong SAR), the Treasurer; Ms ZHENG Xianlan (China), the Chairman of the Publicity and Promotion Committee; Dr. Jan PRATT (Australia), the Chairman of Professional Development Committee; Ms Yumiko NAKAMURA (Japan), the Chairman of Scientific Committee; Ms Ella MA (Hong Kong SAR), the Chairman of Publication Committee; Ms Carol LO (Hong Kong SAR), the Chairman of Information Technology Committee.

The 1st EC Meeting was held following the 1st Council of Delegate (CD) Meeting of APPNA on 10th September 2012. Roles and responsibilities of each Office Bear and Council member (Chair of Standing Committee) were well defined with good division of labor. The APPNA Membership fee set at US$200 would be collected after opening of bank account in Hong Kong. Next EC meeting would be held in August 2013 in Melbourne, Australia coinciding with the International Congress of Pediatric Nursing 2013.

Where Do We Go From Here?

In 2009, an idea among nurses of networking to share the knowledge and experiences and to work collaboratively with our counterparts in the AP region for the betterment of child health and development had made way for the birth APPNA who started her new chapter on 12 September 2012. The Steering Committee members realized the fulfillment of their dream for APPNA after three years of hard work through email communications and meetings. Moving on towards a future with many challenges and opportunities, APPNA is looking forward to the support and collaboration with Asia Pacific Pediatric Association (APPA) and other disciplinary / professional bodies to help bring forward the professional growth and mission of APPNA. Let us join hands for better child health!
 USING EVIDENCE TO INFLUENCE PRACTICE 
Fiona SMITH, Royal College of Nursing, London, UK

Over recent years the focus on evidence has gradually shifted to include the political alongside the scientific aspects. Health care organizations face new challenges in providing the highest quality services, effectively and efficiently. Pressures to increase quality and reduce costs are high priority. This reflects the commitment in professional spheres to advocate for equal opportunities for health by challenging priorities and the use of resources to achieve improved health outcomes.

Most health policy directives now encompass improving clinical effectiveness. If this is to be achieved then it is essential that there are routine mechanisms by which individual and organizational change can occur, with a focus on continuous quality improvement, learning and development being embedded in undergraduate nurse education programmes.

This presentation has:
• Outlined the factors affecting successful implementation
• Discussed ways to understand and overcome barriers
• Outlined the Royal College of Nursing’s role in influencing and shaping practice
• Demonstrated principles with a case example
• Provided attendees with 10 top tips for successfully getting evidence into practice

References
NHS Centre for Reviews and Dissemination (1999) Effective Health Care - Getting evidence into practice
http://www.york.ac.uk/inst/crd/EHC/ehe51.pdf
EXPANDING THE ROLES OF NURSES – UK EXPERIENCE
Fiona SMITH, Royal College of Nursing, London, UK

The role of the paediatric nurse today has expanded in response to the changing health care needs of children and young people. Nursing roles have developed to maximize the use of nursing knowledge and skills in the delivery of health care services. Paediatric nurses provide care across many settings and not just in traditional paediatric wards. Today paediatric nurses in many countries work in a variety of ways to enable children with complex health care needs to be cared for at home, support parents in the early years of a child’s life and provide palliative care, symptom management and end of life care to enable a child to live as near a normal life as possible and to die at home. Paediatric nurses working in advanced roles assess, diagnose, treat, prescribe and discharge patients independently. Specialist paediatric nurses may undertake surgical pre-assessment and provide complete follow-up care to children with long term conditions such as asthma and eczema. Other senior and experienced practitioners spend some of their working week as part of medical rotas in highly technical and specialist areas such as neonatal and paediatric intensive care, while others in Nurse Consultant roles may lead entire teams in the provision of a service for children on long term ventilation.

This presentation has:
• Outlined definitions of various nursing roles in existence across the UK
• Highlighted the changing role of paediatric nurses and influences affecting change
• Discussed the challenges faced when introducing new roles
• Outlined the impact on service delivery and health outcomes

References:

PAEDIATRIC EMERGENCY TRANSPORT SERVICE, ROYAL CHILDREN’S HOSPITAL, AUSTRALIA
Alison FLEMING, Royal Children’s Hospital, Australia

Paediatric Emergency Transport Service, Royal Children’s Hospital, Victoria, Australia; The Victorian Paediatric Emergency Transport Service (PETS); Newborn Emergency Transport Service (NETS); and Perinatal Emergency Referral Service (PERS) are in the process of amalgamating. The first milestone in this process was achieved in late 2011 with the co-location of the three services in the new Royal Children’s Hospital (RCH). A central coordination centre has been established and can be accessed through a single phone number. PETS, NETS, and PERS are specialised state wide services that provide the following:

• The retrieval of seriously ill newborns and children from hospitals throughout Victoria
• Advice to clinicians working in referring hospitals on the management of perinatal, neonatal, and paediatric emergencies
• Locating beds in tertiary obstetric hospitals, neonatal and paediatric intensive care units
• Transfer of stable neonates from tertiary neonatal intensive care units to special care nurseries closer to their homes
• Education sessions and seminars for health care professionals throughout the state. NETS was established in 1976 and was based at the Royal Women’s Hospital.
• In its first year, NETS transferred 577 ill/premature newborn babies from hospitals throughout Victoria to tertiary neonatal intensive care units in Melbourne, immediately reducing mortality and morbidity rates in Victorian newborns.
• PETS began operations in 1979 from the Paediatric Intensive Care Unit of the Royal Children’s Hospital. PETS retrieved 46 patients in its first year of operation.
• In 2011, PETS, NETS, and PERS received over 4900 referral calls, resulting in 3100 patient transfers.
PAEDIATRIC PALLIATIVE CARE
Ms. LIN Kwok Yin, Molin, Children’s Cancer Foundation, Hong Kong

Palliative care for children is the active, total care of the child’s body, mind, and spirit and extends to providing support to the family. It begins when illness is diagnosed and continues as long as the child is receiving care, regardless of whether treatment is directed at the disease, and, for the family, through bereavement if the child dies (World Health Organization definition of palliative care, 2009).

Palliative care represents holistic, child-, and family-centered care, provided by an interdisciplinary team in the hospital, outpatient, or home settings, which aims to enhance quality of life by addressing the physical, psychosocial, and spiritual consequences of illness and treatment.

Children with life-threatening illnesses, such as cancer, face an unpredictable course characterized by periods of stability marked by intervals of serious illness, which ultimately may lead to death. Palliative care should be integrated early during the course of care for those patients with serious, life-threatening illnesses with unpredictable courses as well as those who have predictable trajectories of progression.

Hong Kong’s prevalence of childhood cancer is approximately 150 per 1,000,000 children. Nearly 45 children die from cancer every year. Similar to Western countries, childhood cancer is the number one cause of death amongst children between the ages of 1 and 14 in Hong Kong. Children’s Cancer Foundation (CCF) first initiated its Palliative and Home Care Service in November 1999, caring for 70% of the children in Hong Kong in the advanced stages of cancer every year. Our goal is to provide specialized palliative nursing care for children with incurable cancer, in a cooperative effort with fellow CCF professionals and other various disciplines from the attending hospitals that refer the patients, enhancing the quality of their remaining life. After a child’s death, bereavement care is provided for the family during this difficult time of emotional upheaval.

Since 2011, CCF has implemented a new pilot program to provide palliative care service for those child patients with other life threatening illnesses such as neurodegenerative disease, end stage renal disease. Before that, there isn’t any palliative care available for these children in Hong Kong. We sincerely hope that palliative care for all those patients in need will someday be recognized and the issues regarding inadequate funding will be addressed.

CHALLENGES OF NURSING CHILDREN OF SRI LANKA
Ms. Lalanthi RANASINGHE, Lady Ridgeway Hospital, Sri Lanka

Sri Lanka is 65 610 Km² size island south of India. Total population is 20.653 million. The country belongs to low-income category. However during last two years annual per capita income has improved up to 2399 USD. The average life expectancy for male is 68.1 and female is 76.6 years (2000 -2002). Literacy ratio of 92% is due to well-established primary and secondary education in the country. Vaccination coverage is over 90%. Sri Lanka has already achieved most of its MGD goals; Child Mortality Rate (CMR), Infant Mortality Rate (IMR), Neonatal Mortality Rate (NMR) for the year 2007 was 10.4, 8.5 and 5.9 per thousand live births respectively. Maternal Mortality Rate (MMR) in 2007 was 14.2 per 100 000 births. All the mortality indicators show a downward trend. The government and private sector equally contribute to health care delivery in the country.

Challenges of nursing care:
1. Work load
2. Challenging disease pattern
3. Limited facilities
4. Lack of Guidelines and protocols
5. Lack of pathways for professional development
6. Lack of monitoring and guidance
7. Trade union actions and work disruption
8. Patients expectation has gone up as compare to progress of health care
OBESITY EPIDEMIC AMONG JAPANESE URBAN PRIMARY SCHOOL CHILDREN
Yumiko Nakamura, Aomori University of Health and Welfare, Japan

It is a matter of concern that 1 out of 10 Japanese children have weight problems. An overweight or obese condition is defined as abnormal or excessive fat accumulation that presents a health risk. The latest WHO projections indicate that at least 1 in 3 adults worldwide are overweight and 1 in 10 are obese. In addition, over 20 million children under the age of 5 are overweight.

Our investigation draws attention to an increasing number of eating-related problems among children such as obesity, unbalanced diet, excessive weight-loss, and skipping breakfast. Furthermore, we stress on the need to establish a new framework for educating children regarding food and eating habits. We examined a group of primary school children living in a local city, and found their daily intake of vegetables was about 150 g whereas salt was over 9 g. The percentage of children eating breakfast every day was 90.2% (boys = 88.0%, girls = 91.4%). The percentage of children that spent more than 3 h per day watching television was 40.1% (boys = 36.0%, girls = 44.4%); whereas, the percentage of children who exercised every day was 62.3% (boys = 60.6%, girls = 63.8%) and many children ate fast food on Sunday. Moreover, children took 14,228.4 (±4,502.8) steps per day during the warm season, and 12,027.8 (±4,016.7) steps per day during the cold (snow) season.

Participants in autumn significantly increased their physical activity by 2,200 steps per day more than winter participants. Thus, we observed that many children had fewer opportunities to exercise, and heavy snow further decreased their physical activity. Furthermore, many children spent more than 3 h per day in front of the television, and consumed food low in vegetables and high in salt. These findings indicate that physical activity, nutrition, and obesity prevention are significant priorities for preventive health efforts in urban areas. Health care professionals must understand the special needs of children, and promote effective community-based interventions for children and their families.

KANGAROO MOTHER CARE
Nancy Wong 1,3, Gloria Pegler 1, Louisa Ramudu 1, 2
1. Special Care Nursery, The Northern Hospital, Melbourne, Australia
2. Education Department , The Northern Hospital, Melbourne, Australia
3. Member of Hong Kong Paediatric Nurses Association

Background
Kangaroo Mother Care (KMC) has been recognised as the best practice for the care of all newborns from birth. It is particularly known to have a positive impact on the outcomes of preterm and low birth weight infants. Advances in neuroscience have provided a better understanding of the neurodevelopment of the foetus and the newborn, identifying that an optimal environment is essential for brain development.

Method
In this presentation a historical overview of KMC will be provided. Research has been conducted over a number of decades to provide the evidence to support this practice. Its application in neonatal/paediatric settings emerged in the early 1990’s and quickly spread to normal healthy newborns. The importance and value of KMC has since expanded, by further research and in conducting workshops to promote expertise in this area. This will identify best practice for all newborns and infants.

Results
The benefits of KMC based on the literature review will be presented and discussed to underpin the value of this practice. KMC is particularly significant in the positive outcomes for preterm and low birth weight infants, establishment of breast feeding and parent infant attachment. KMC practices in Australian settings will be provided to exemplify this.

Conclusion
KMC is a hot topic worldwide and this practice should be advocated and practiced by all health professional engaged in the care of newborns. World Health Organization has guidelines to support KMC.
Hong Kong Paediatric Nurses Association (HKPNA)

By Connie WAN, Vice President, HKPNA

Hong Kong Paediatric Nurses Association incorporated in 2000. It is a non profit professional body with the mission to promote quality health care for children and their families and to serve as the child advocate.

The objectives of HKPNA is to act as a unified voice of the Paediatric nurses who dedicated to providing nursing care of optimal professional standards; to promote communication among nurses and other organizations in caring of the children; to promote a positive image of paediatric nursing and to promote interest and professional growth of paediatric nurses.

At present, HKPNA has over 500 members including 200 life members, representing half of nurse population working in Paediatric nursing specialty in Hong Kong. Five Committees under HKPNA are exercising their distinct functions i.e. Professional Development Committee, Editorial Committee, Information Technology Committee, Community Education Committee and Promotion Committee. Year round seminars, scientific meetings are organized for Paediatric nurses to enhance their clinical knowledge, uplift their clinical competence to meet the services needs and enhance the provision of quality care to the children and their families. To promote child health to the public, education talks were given by Community Education Committee members at schools at regular intervals. Other scientific events were jointly organized with other professional bodies. Collaborative partners including The Hong Kong Paediatric Society and Hong Kong College of Paediatricans and others. Website: http://www.hkpna.com.hk

Pediatric Nurses Association of Thailand (PNAT)

By Professor Rashanee SEEDA, President, PNAT

Pediatric Nurses Association of Thailand (PNAT) is the professional organization, was established on October, 1996 by the cooperation of the pediatric nurse leaders in Thailand.

The PNAT’s objectives are : Enhancing and Improving the Quality of life of the healthy children and health-deviated children and their families. And increasing the excellency in pediatric nursing.

Now PNAT have 850 life-long membership. PNAT Committee would like to thank APPNA for the diligent efforts in making the wonderful experiences for pediatric nurses in Asia-Pacific Region.
Welcome to the Japanese Society of Child Health Nursing
By Professor Yumiko NAKAMURA, JSCHN

The Japanese Society of Child Health Nursing (JSCHN) is a professional association founded for the purpose of developing and advancing research, practice, and education, associated with child health and pediatric nursing. JSCHN was initially founded as the Japan Child Health Research Association in 1991, but was renamed as the Japanese Society of Child Health Nursing in 1999 when it was registered as an academic organization at the 18th Science Council of Japan. As of June 2013, the JSCHN membership includes approximately 1,800 members.

The mission of the JSCHN is to advance the scientific study of child health nursing, and to provide practical knowledge through a scholarly exchange. Our goal is to build a world in which the wellbeing and welfare of all children is readily developed, irrespective of their physical challenges or suffering. A major strength of the JSCHN is that our membership includes practitioners, educators, and researchers that work in a wide range of organizations including hospitals, schools, and research institutes. Our members make substantial contributions that develop and enhance practical skills, education, and healthcare policy.

JSCHN currently has 9 committees such as, the General Affairs Committee, Journal of JSCHN Editorial Board, Public Relations Committee, International Exchange Committee, Disaster Nursing Committee, Medical Treatment Fee Committee, Academic Exchange Promotion Committee, Ethics Committee, and Education Committee.

We now face a paradigm shift from hospital-based health care to a community power health care. As we face new challenges, we will continue to fulfill our responsibility as a scientific health discipline in Japan.

Additional details can be found on our website: http://jschn.umin.ac.jp/.

Australian College of Children and Young People’s Nurses (ACCYPN)

By Dr. Jan PRATT, Chairman, Board of Directors, ACCYPN

The Australian College of Children and Young People’s Nurses (ACCYPN) a national organisation which was formally established in 2008. It is a company limited by Guarantee. It was formed by joining five state and one national organisation together. ACCYPN has consolidated its place in the health care sector and has become a well-established voice for professional issues related to children and young people’s health and nursing. ACCYPN has approximately 600 members working across the continuum of care and in many settings.

ACCYPN represents nurses involved in all facets of children and young people’s nursing, across multiple settings. As a national organisation, the ACCYPN is recognised as a peak professional body and has been able to share its expertise and help influence policy development in the area of children and young people’s nursing and health care (See http://www.accypn.org.au/about-us/advocacy/). ACCYPN has a large focus on professional development of children and young people’s nurses through national conferences, chapter events and webcasts in our e-learning library (see http://www.accypn.org.au/pd/e-learning/).

ACCYPN is holding the second annual conference as well as hosting the 4th International Congress of Paediatric Nursing from the 24-27th August 2013 in Melbourne Australia. ACCYPN is also planning for a conference in October 2014 which will be held in Queensland.

Coming Event
The 15th Asia Pacific Congress of Pediatrics will be held at Hyderabad, India in 2015