The Heart of MUMN

BOV
Bank of Valletta

nursing career campaign

www.mumn.org
Tel: 7714 1260 E-mail: mumn@maltanet.net
Go ahead with confidence.

The improved MoliMed® PREMIUM:
Developed together with people affected.

Our bladder weakness pads, now featuring new soft elastics in the crotch area*, guarantee an ideal fit and pleasant feel.

Exclusively available in pharmacies.

* applies to MoliMed® PREMIUM mini, midi and maxi
Contents

- Editorial
- President's message
  pages 4-5

- Supporting Skin Integrity during Incontinence
  pages 8-9

- HealthyScope App for everyone to improve their health
  page 10

- Healed by music whilst dialysis cleans their blood
  pages 14-15

- from our diary...
  page 20

- EFN Report on Members' views on the EU Patient Safety & Quality Safety Network
  pages 30-33

- Risk-reducing mastectomy for women
  pages 34-35

- MUMN Resolutions for National Council of Women Annual General Meeting 2015
  pages 16, 36-37

Harga nru. 66
April 2015

BORD EDITORJALI
Joseph Camilleri (Editur) CN M1 MDH
Christa Galea (Membru) SN SJ 6 SVPR
Norbert Debono (Membru) EN

KUNSILL MUMN 2015-2019
Maria Cutajar President
Colin Galea General Secretary
Noel Camilleri Vice President
George Saliba Financial Secretary
Antoinette Saliba Deputy General Secretary
Joseph Aquilina Council Member
Lora Pullicino Council Member
Alex Lautier Council Member
Alex Manche Council Member
Geoffrey Axiak Council Member

Ritratt faċċata: Alex Lautier

Publikat: Malta Union of Midwives and Nurses
Les Lapins Court B, No.3, Independence Avenue, Mosta MST9022
Tel/Fax: 2144 8542
Website: www.mumn.org
E-mail: mumn@maltanet.net

Il-fhemiet li jidhru f'dan il-ġurnal mhux nesserjarment li jirrifettu l-fehma jew il-policy tal-MUMN.
L-MUMN ma tintax tintazzim responsabbli għal xi ħsara jew konsewwi oriha li jiġu kkawżati meta tintuża informazzjoni minn dan il-ġurnal.
L-edda parti mill-ġurnal ma tista' tigi riprodotta mingħajr il-permess bil-miktub tal-MUMN.
Ċirkulazzjoni: 3400 kopja.
Dan il-ġurnal jitqassam b'xejn lill-membri kollha u lill-entiżajet oriha, li l-bord editorjali filmikien mad-direzzjoni tal-MUMN jiddiedid fuqhom.
Il-bord editorjali jiggarrantixxi d-dritt tar-riservatezza fuq l-indirizzi ta' kull min jirċevi dan il-ġurnal.
Kull b'dil il-indirizzi għandu jiġi kkomunikat ma SEGRETARJA mill-aktar fis possibbli.
Il-Musbieh jiġi ppublikat 4 darjet f'sena.
Ritratt tal-faccata: Stephen Gatt
Design u printing: Union Print Co. Ltd., Marsa
Empowering nurses isn't just about presenting an idea and asking for feedback. It's about actually drawing nurses' expertise to get a better idea in the first place. When we give nurses autonomy, we must empower them to capitalise on it to deliver higher quality care. Part of this will involve giving them the space and authority to make their voices heard. Nursing roles today are broader than they've ever been. Clinical procedures, specialist care, management and research, to mention just a few, are nurses' expertise in their own right.

We can rely on nurses to take any responsibility. Time and again, where they've been given greater autonomy, the decision has been vindicated. Nurses must be allowed to demonstrate leadership skills at every stage of their career. Nurses' constant contact with patients puts them in the best position to spot safety issues, recommend better ways of delivering services and come up with innovative ideas to increase productivity.

If we are to create patient-centeredness, we've got to put those who know patients' best in the driving seat. But if we give nurses leadership positions, we must make sure they have the time to lead. Bureaucracy must be eradicated from our hospitals and each hospital must have a high quality administrative staff to do the secretarial tasks that hold nurses back from tending to patients. Red tape that distorts priorities and stifles clinical initiative must be slashed. Health services must be led by clinicians exercising their professional judgment. Paperwork such as chasing and reminding Medical Officers to initiate or extend protocol-regulated antibiotic forms are just a waste of time, and to be fair, it is not our remit.

On a positive note, Early Warning Score charts, although they have their anomalies, are a move in the right direction. Where nurses feel able to speak out, the onus is on management, policymakers and politicians to respond. Empowerment comes through involvement. We will never have a patient-centred service unless we listen to those who spend most time with patients - our nurses. We will never get our policies right unless we have the insight of frontline nurses at every step of policy development. The reality at present is that the final word at a policy level is not that of the Nurse, but of some other profession.

What can we do to help nurses have more influence and control over the patient environment? What other mechanisms should we consider to give nurses a strong voice and improve staff safety? We believe that nurses will and can achieve even more in the future. But we also know that nurses can only do so if we give them the time and freedom to deliver.

If we are to abide by The International Alliance of Patients' Organisations (IAPO) Declaration on Patient-Centred Healthcare, the essence of patient-centered healthcare is that the healthcare system is designed and delivered to address the healthcare needs and preferences of patients so that healthcare is appropriate and cost-effective. The Declaration sets out five principles of patient-centered healthcare: respect; choice and empowerment; patient involvement in health policy; access and support and information. Are we up to scratch?
Dear colleagues,

On behalf of the new members of the Malta Union of Midwives and Nurses (MUMN) council allow me the opportunity to thank you for electing a new council. I also wish to thank Mr. Paul Pace, and other members of the Council for the period (2011-2015) for their extraordinary work that they have done on behalf of: nurses, midwives and other health care professionals’ members of the MUMN.

As the new President of the MUMN, it is my honour and privilege to follow the extraordinary leadership of Mr. Paul Pace, who served as President of the organization for the past eight years. Mr. Pace’s dynamic energy, dedication, and guidance, not only expanded MUMN’s membership and influence, but also positioned the MUMN to be one of the leading stakeholders in health care, economic and social matters.

It is an established fact that our population is growing older, more services are being launched and provided, but the nursing personnel supply is not meeting up with the current demands. I can say that health care in Malta and across the world is constantly changing; and it is dynamic. Change brings with it new challenges and opportunities. We are all aware of this. As nurses, midwives and other members of the health care team, we are aware of the challenges we face and that are ahead of us. Thus, we must unite and “campaign together” to protect, improve and ensure better patient/client care. Together with the MUMN council members, group committees and MUMN members, I will endeavour to ensure the MUMN will be an organization that embraces and promotes the highest standards in the professions its represents. Together we will make sure that MUMN’s missions to ensure good working condition for all its members will be achieved; so that all professionals will deliver the best health and social care to the highest standards of experience, ethics, education and excellence. MUMN will serve as a unifying voice, to raise our visibility as a union to our members, and to our members’ clients/patients in need of care or assistance. As President, my continued goal will be to increase public awareness of the importance of good working conditions, as well as to ensure good practices so that all members of the MUMN will gain public trust and confidence.

Most of the MUMN members, are working in increasingly tough times. Regretfully, most of these professionals feel that they are unable to practise what they actually trained for, in view of the pressures in the workplace and the pressures on resources. In most instances morale is low, pressures are higher, and there is a lack of reward or recognition across the board. I can say that members are facing a challenging time as they are under stress as never before. Their general wellbeing is a great concern to me. We need to focus our attention on any shortcomings with special focus on shortage of staff, heavy workload, or inappropriate working conditions. In particular, we need to focus on and tackle unresolved long-term issues - the sources of an increasingly bitter dispute between the union and the administration. I am determined that together we can campaign hard to protect and improve our working conditions and ensure that our clients/patients receive good quality care. As the patients you care for recognise, you and all the MUMN’s members are doing an amazing job in the most testing of circumstances — and for this I would like to thank you all.

I believe that we need a long term strategy for the health service, and proper investment to prevent the current crisis from becoming the norm. However, I cannot achieve this on my own, neither can the MUMN council — but we all together should make this happen.

Maria Cutajar
MUMN, President


L-MUMN minn dejjem sahqaqt fuq is-servizz tas-saħa fil-kommunita però jidher li dan il-kuncett ghadu ma dahalx fil-planijiet tad-Dipartiment tas-Saħħa. Kiek dan is-servizz dahal kif kien ippanjan mal-fluħ tal-Isttar Mater Dei, illum m’għandinex nufs il-problemi li għandna peress li bosta pazjenti kienu jiġu kkurati fid-djar taghhom u b’hekk ikun hemm aktar spazju ta’ sodod fl-Isttar. Din il-Union mhux ser taqt’a qalbha u ser tkompli tippersisti fuq dan il-kuncett biex jigi introdott f’pajijizna.


Colin Galea
Segretarju Generali
Building Bridges
Not all Patients Require Care & Case Management

Just in Case: Care and Case Management in Malta (ISBN 978-999570-7583) is the title of the book that was launched at the University of Malta’s Faculty of Health Sciences on 12th February 2015 in the evening. Together with the Dean of the Faculty, Dr. Angela Xuereb, and an audience of health care professionals, there was the Minister for Education and Employment, the Honourable Evarist Bartolo. It was a perfect opportunity to highlight the importance of promoting Continuing Professional Development.

This book aims to build particular bridges to help those people who need special care when moving out of hospital and back home into the community. Some support structures may already be there, but strengthening them will help to improve patient care and rehabilitation.

During the launch, a number of guest speakers delivered presentations:
- Rebecca Cachia Fearne (Practice Nurse — Primary Health Care Department) talked about some of the challenges to be found regarding the existence of fragmentation of care.
- Marisa Vella (Charge Nurse — CommCare Assessment Unit) and Carmel Grima (Practice Development Nurse — Mater Dei Hospital) both spoke about the fictional case histories that are presented in the book.
- Corinne Ward (Senior Nursing Manager — Mater Dei Hospital) presented the concept and process of care and case management, stressing the crucial importance of the first stage.

Different organisations providing care and case management use criteria to select patients for case management. These criteria may reflect patient conditions, diseases, costs, particular age groups, people in certain life situations, like living alone, being housebound, or homeless or a combination of criteria.

When an organisation and its staff are fully aware of their profile and target group, care and case management can be successful with, for example, patients with dementia, ambulatory rehabilitation for patients after spinal injuries or educational care for teenage mothers and their babies.

The book has been sponsored by MMDNA together with the financial assistance of a number of persons and organisations. It is available from the MMDNA premises at a cost of 5 euros. Contact can be established by either sending an email to melitafarrugia@mmdna.com or by a telephone call on 2138 7526 or on 21385924.

MMDNA is a non-profit organisation that is linked to the hospitals (health care) and the community (social care). It is a bridge that is looking for ways to strengthen its links.

Grace A Jaccarini
Chairperson - MMDNA
Healthy skin is very important in our general wellbeing, since it acts as a means of protection against external influences on the body and prevents excess moisture loss. During incontinence, the skin is exposed to additional stress due to several factors which affect its normal functions. A moist skin environment, often caused by the use of occlusive incontinence products, leads to swelling and maceration of the stratum corneum. Additionally, the formation of highly alkaline ammonia also attacks the acid protection mantle, thereby further weakening the skin's barrier functions. Faeces containing traces of digestive enzymes, can also attack the skin. Frequent and thorough cleansing with standard detergents, or normal soaps, further damage and leave a longer lasting negative effect on the skin. Alkaline detergents modify the acid content within the skin, weakening the regeneration function of the acid protection mantle. Such detergents also wash off valuable epidermal lipids, natural moisturising agents which support the elasticity and barrier function of the stratum corneum and the prevention of internal moisture loss.

Specially designed skin care systems, that are effective in maintaining elderly skin integrity, have been developed. It is estimated that about two thirds of skin irritations and problems in elderly, can be avoided by the use of suitable cleansing, caring, and protection products. The University of Iowa Hospitals and Clinics recommend that care for elderly skin requires the use of special care products designed to provide protection and help replenish lost moisture. The Agency for Health Care Policy and Research (AHCPR) guidelines advise the use of nonalkalinic, mild cleansing agents to minimize irritation and dryness and to better maintain the skin's protective acid mantle. The use of moisturisers, such as lotions and creams, in order to maintain the skin’s suppleness and pliability is essential. Proper barrier preparations should be used to protect the skin against irritation, such as during incontinence. The use of powders for this purpose is not recommended since they will be washed away with the next incontinent episode. It is therefore necessary to protect the skin by using specifically designed barrier products which form a protective layer on the skin whilst also not interfere with the absorption of fluids of incontinence devices, such as diapers, being used concurrently. This formulation constraint is very important, since certain barrier formulations tend to deposit onto the top layer of incontinence absorbent devices, blocking the passage of fluids into the central core, thus lengthening the time of exposure of the skin to the excretory products.

Specially designed professional skin care formulae usually include the use of components such as:

- Panthenol, which restores oils, transports moisture into the skin and ensures that it is bound within the skin.
- Creatine, which stimulates the energy exchange rate of skin that declines with age, thereby supporting the skin’s natural functional mechanisms. It also forms a protective film around the skin cells and protects them from external attack.

Such skin care formulae should ideally have a skinbalanced pH value of 5.5 and be dermatologically tested. In the elderly, the skin easily dries out and becomes less elastic since the ability to produce moisture-storing epidermal lipids, is reduced. The skin’s acid protection mantle, an important defense against bacteria and germs, becomes increasingly unstable and a longer recovery period is necessary. Therefore, ideally a good quality formula should also contain nutritive components in order to aid the skin to regenerate and recover from injuries. Such components often include:

- Essential fatty acids, important precursors of the "natural moisturizing factor"
- Amino acids, essential nutrients for skin cells; important for the skin barrier
- Almond oil, a rich source of natural essential fatty acids which also has emollient properties

Therefore, the main 3 challenges, to be addressed in order to maintain skin integrity, and their solutions are:

**Challenge 1: How to limit chemical stress of frequent washing.**

**Solution:** By using specifically designed formulations which provide thorough but mild cleansing. Such products include: Cleansing Foams, Cleansing wipes, Wash/bath lotions, and shampoo.

**Challenge 2: How to fight attacks of urine and faeces on the skin.**

**Solution:** By using specifically designed barrier formulations which provide uncompromising and active skin protection. Such products involve barrier creams and barrier foams.

**Challenge 3: How to meet elderly skin’s need for moisture and lipids.**

**Solution:** By using specifically designed formulations which provide moisturising and lipid replenishment. Such products include: Body Lotions, Hand Creams, Massage Gels and Skin Care Oils.
Preservation of skin integrity in elderly persons is a continuous challenge, especially during incontinence. The use of professionally developed continence absorption products is essential but often not enough on its own. This is where especially designed skin care products can complement the use of good quality diapers/pullups/pads in supporting skin integrity.

When developing an individualised care plan, it is very important to consider factors such as present skin condition and integrity, ease of product application and removal, and cost. Hence, selecting a "universal" preparation for cleansing, moisturising and barrier protection is not an ideal solution. Recent research and the clinical practice guidelines published by the Agency for Health Care Policy and Research (AHCPR), recommend proper selection of topical agents, i.e., cleansers, moisturizers and topical barriers; to assist caregivers in developing a comprehensive approach to elderly skin care.45

References:

Helps healing
Tanya Carabott, P.Q.Dip.HSc (Mgmt)
Geneva, Switzerland, 6 November 2014 - The world's health professions have launched the easy-to-use HealthyScore app to help individuals and their health professionals reduce the risk of non-communicable diseases (NCDs) — conditions which currently account for 60% of global deaths.

The app was developed by the World Health Professions Alliance WHPA, a unique alliance of the International Council of Nurses (ICN), the International Pharmaceutical Federation (FIP), the World Confederation for Physical Therapy (WCPT), FDI World Dental Federation (FDI) and the World Medical Association (WMA), with the support of the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA).

Why the HealthyScore app?
HealthyScore helps individuals rate their habits with a traffic light system. Customizable reminders support them on the road to healthier living.

The app is designed to:
1. Educate individuals on how to improve their health through positive behaviour and lifestyle changes.
2. Empower individuals to work with their health professionals to establish personal health goals and to track their progress over time.

HealthyScore is the app version of the WHPA Health Improvement Card, an important component of the WHPA NCD campaign. Four biometric indicators and four behaviour indicators provide an overview of the person's health status.

The app helps individuals rate their behaviours. Behaviours in red are labelled as highly risky. Behaviours in yellow indicate caution, and those in green correspond to healthy, sustainable behaviours. The goal is to help patients gradually move their behaviours to the green area.

The HealthyScore app and reminders offer support to individuals and their health professionals to establish mutually agreed goals so as to improve both lifestyle/behavioural and metabolic/biometric risk factors over time. Regular use of this resource allows individuals and health professionals to develop targeted interventions to improve health and well-being.

Overall, the app helps the health community pay due attention to the inextricable link between social determinants of health and the incidence of all NCDs — extending the scope to mental and oral health conditions.
Healthy feet work better

Shoes designed for when jobs require a lot of standing

- Autoclavable 134°
- Fully antistatic insole and outsole
- Reduce heel, ankle and knee pain caused by overpronation

schollfoothalthcentre.com
Available from all leading pharmacies and Scholl Foot Health Centres.
Dear Health Care Professional,

SMA’s core range of scientifically developed formulas have a new and improved design.

While the nutritional formulas remain the same, the packaging has a new look with 3 additional features:

- New lid with specially designed seal to help keep the powder fresh.
- New improved sterilised scoop which clicks directly into the lid, making it easy for you to locate, and allows storage out of the powder in between feeds.
- Handy built in levelling bar inside the can which helps you level off the powder in the scoop to ensure even scooping.

VIVIAN CORPORATION

Email: info@viviancorp.com
Supporting you to support mums...
www.smachp.co.uk

IMPORTANT NOTICE: Breastfeeding is best for babies. You should always seek the advice of a doctor, midwife, health visitor, public health nurse, dieticians or pharmacist on the need for and proper method of use of infant formulae and on all matters of infant feeding. Good maternal nutrition is important for the preparation and maintenance of breastfeeding. Introducing partial bottle-feeding may have negative effect on breastfeeding and reversing a decision not to breastfeed is difficult. Social and financial implications should be considered when selecting a method of infant feeding. Infant Formulae should always be prepared and used as directed. Inappropriate foods or feeding methods, or improper use of infant formula, may present a health hazard.

Information for Health Care professional use only.
This has also been the case with pop music. The famous ABBA single, entitled Thank you for the Music, conveyed the same message the erudite Hugo passed on a century and a half earlier. In its familiar refrain the songs says: “So I say, Thank you for the music, the songs I'm singing. Thanks for all the joy they're bringing. Who can live without it, I ask in all honesty. What would life be? Without a song or a dance what are we? So I say thank you for the music. For giving it to me”. God knows how many times we dance and sang for this refrain without even noticing the deep impact music can have on our lives, irrespective of how we are or what we put on!

For that matter even a Pope could not restrain himself from giving us such a soul searching piece of reflection regarding the irresistible power of music. I am referring of course to another genius, this time one who belongs to the Divine Science of theology, namely the late Pope Benedict XVI. I am directly making reference to an intriguing reflection made by him on the role and power of music, which he delivered on Saturday 17 October 2009 just after the fabulous performance given by the Chinese pianist Jin Ju at a piano concert held in Benedict’s honour. In that magnificent concert the celebrated Chinese pianist Jin Ju performed music by Bach, Scarlatti, Mozart, Czerny, Beethoven, Chopin, Tchaikovsky and Liszt on pianos from seven different epochs.

The Pope said: “This concert has [...] permitted us to taste the beauty of music, a spiritual and therefore universal language, a vehicle so importantly suited to understanding and union between persons and peoples. Music is a part of all cultures and, we might say, accompanies every human experience, from pain to pleasure, from hatred to love, from sadness to joy, from death to life. We see how, over the course of the centuries and millennia, music has always been used to give a form to that which we are not able to speak in words, because it awakens emotions that are difficult to communicate otherwise. So it is not by chance that every civilization has placed such importance and value on music in its various forms and expressions”.

However, at the conclusion of his brief speech, Pope Benedict’s words beautifully present music’s outstanding dynamic, precisely its “vertical” dimension, that presents it as a unique instrument in bringing the human spirit so close to God. “Music,” he said, “great music, gives the spirit repose, awakens profound sentiments and almost naturally invites us to lift up our mind and heart to God in every situation, whether joyous or sad, of human existence. Music can become prayer.”

As prayer is prayer in every place, space and time the same can be said about music. Wherever it is played it surely leaves its much desired healing effect. On a personal note I had the joy of experiencing such a reality when a quartet, which was made up of three violinists and a violoncello, played some exquisite pieces of music at the Mater Dei Renal Unit on Friday 21 February. The quartet was selected from the Malta National Orchestra.

The special atmosphere the talented musicians created spoke by itself. I was amazed to see the patients listen attentively to the beautiful melodies that were coming out from the instruments. Likewise I could still picture some of the nurses who were literally taken away from the stressing environment of the Unit and being gently planted into the
land of comfort and peace. Even the chaplain could not help himself from dancing to some of their fascinating pieces of music!

Does music help in relieving pain to dialysis patients? Let me resort to studies to substantiate my claim that it certainly does. In an article titled Complementing Relaxation Music for Pain During Dialysis, Jessie L. Brown, Lona D. Mahaseth and Lauren M. Norton, show how relaxation music can impact positively on the physiological effects on patients undergoing dialysis treatment. In their study they mention the following method. “A randomized partially controlled study was conducted on 26 participants to examine the relationship of relaxation music and acute pain. These patients were randomly assigned to a control group or experimental group to assess pain, blood pressure, pulse and respirations within three minutes of access to the graft. After 30 minutes of listening to relaxation music or having no intervention these vital signs were re-assessed to note the correlation between relaxing music and pain”.

The results of the study are truly revealing. It was found that “pain reduction was reported in 23% of the experimental group, as compared to 12% of those in the control group. In the experimental group 65% of participants had a reduction in systolic blood pressure, 73% had a reduction in pulse rate, and 54% had a reduction in respirations. In the control group 77% had a reduction in systolic blood pressure, 61% had a reduction in pulse rate, and 31% had a reduction in respirations”.

What the study has clearly indicated is that non-pharmacological measures, such as relaxation music, do really help in decreasing a person’s pain, pulse and respirations.

Another life story which supports this view is that of Chris Blackwell. This 19-year-old man sits fastened to the machine for four-hour stints three times a week. How can he cope with that repetitive “woosh-woosh-bump” sound of the dialysis machine? What will he do with his life until that magical day comes when he could have a kidney transplant? Music therapy seems to be the healing route!

In fact, during his dialysis session, Chris meets with music therapist, Sarah Tobias, once a week. In their meeting both Chris and Sarah discuss favorite songs. They both see in what way Chris can learn them to play them on his guitar, together with many other issues that preoccupy him at the moment. Chris adores Christian rock songs. He shares with Sarah a few songs which he came across on YouTube, including Sweetly Broken by Jeremy Riddle. The music therapist said: “I believe that Chris is deeply connected to music. For him, it’s equivalent to a spiritual experience, allowing his mind to become calm and centered. He finds respite and solace in listening to, engaging in and creating music.”

In a music therapy session the therapist writes music notes on index cards. She jumbles them and places them in a homemade dish, an inverted tambourine. Chris chooses three randomly and those become the basis for the chords. Because Chris’ arm is restrained with tubes that carry blood to and from the machine he is unable to play guitar while he is undergoing the dialysis. Thus, Tobias picks up her guitar and strums the new chords. Immediately their two voices fuse and sing with musical sounds instead of words. Obviously the many “la, la, la’s” serve to sort out the melody, verses and chorus to their new song. The first thing they decide is that of inserting some words.

A consensual decision is reached. The first line of the song should be: “Love, love, broken love”. Then, “Hear me. Hear me, please. I’ve been broken down and I am waiting to be found. Save me. Save me. Hear me. Hear me.” During the session Chris has been gently transported to a comforting place thanks to the power of music. His immediate comment as soon as the session ended was: “Music therapy gives me joy. It is a spiritual thing for me. I go back to important life events and how I was feeling at that time. Right now, I feel like I am floating on the clouds.”

On other hand Sarah’s role as a therapist is that of redirecting Chris’ energy and create an environment which triggers his creativity to shine throughout the session. It is joyful to hear that both Chris and Sarah created a CD which comprises both the present and new music that is played at Akron Children’s expressive therapy center. Sarah rightly observed: “When artists create a representation of their art, it allows for them to express their feelings and release them, get them out and on paper. When recorded, the work exists separate from the creator. This allows the person to listen in the future and reflect on that particular time in their life. It also gives a person a sense of accomplishment and something to share with others.”

Can music therapy become one of the relevant ways through which our dialysis patients are truly being cared of?

Fr Mario Attard OFM Cap
Title of Resolution: Setting up of a pre-conception clinic

Justification/s (reason/s and current situation/s to be addressed)

a. Research based evidence provides recommendations to improve both pre-conception health and care. The goal of these recommendations is to improve the health of women, partners, and families, before conception of a first or subsequent pregnancy. Since the early 1990s, research has recommended preconception care, and reviews of previous studies have assessed the evidence for interventions and documented the evidence for specific interventions. Improving preconception health can result in improved reproductive health outcomes, with potential for reducing societal costs as well. Preconception care aims to promote the health of women of reproductive age before conception and thereby improve pregnancy-related outcomes. Therefore, the aims of setting up a pre-conception clinic are to improve a woman’s health before conception, whether before a first or a subsequent pregnancy.

b. The provision of preconception care has been identified by research based evidence that it improves pregnancy outcomes, including low birth weight, premature birth, infant mortality and morbidity, maternal mortality and morbidity, and relationships. This is because of the consistent delivery and implementation of interventions before pregnancy to early detect, treat, and help women/partners modify behaviours, health conditions, and risk factors that contribute to adverse maternal and infant outcomes.

Recommendation/s

a. The setting up of a pre-conception clinic is aimed at achieving eight goals to 1) improve the knowledge and attitudes and behaviours of men and women related to preconception health; 2) assure that all women of childbearing age in the Maltese Islands receive preconception care services (i.e., evidence-based risk screening, health promotion, and interventions) that will enable them to enter pregnancy in optimal health; 3) reduce risks indicated by a previous adverse pregnancy outcome through interventions during the interconception period, which can prevent or minimize health problems for a mother and her children or future children; and 4) reduce the disparities in adverse pregnancy outcomes; 5) identifying those at increased risk of developing perinatal health conditions; 6) advice those with an existing mental health disorder that stopping medication abruptly can precipitate or worsen an episode; 7) advice those with an existing mental health disorder that there may be an increased risk of developing an episode of existing mental disorder; 8) advice on the risks and benefits of psychotropic medication during pregnancy and breastfeeding.

The recommendations for the initiation of this clinic will focus on the changes in consumer knowledge, clinical practice, public health programs, health-care financing, and data and research activities. Based on implementation of the recommendations, improvements in access to care, continuity of care, risk screening, early detection and appropriate delivery of interventions, and changes in health behaviours of women of childbearing age are expected to occur.

b. The recommendations to set up this clinic will enhance 1) individual responsibility across the lifespan, 2) consumer awareness, 3) preventive visits 4) interventions for identified risks and referral system, 5) interconception care, 6) pre-pregnancy check-up, 7) physical and mental health promotion and disease prevention especially for women with high risks, 8) public health programs, policies recommendations and strategies, 9) research, and 10) monitoring improvements.

c. The setting up of this clinic will help achieve improved pregnancy outcomes in which 1) women of childbearing age and their partners have high reproductive awareness (i.e., understand risk factors related to childbearing); 2) women and partners have a reproductive life plan (e.g., whether or when they want to have children and how they will maintain their reproductive health); 3) pregnancies are intended and planned; 4) women of childbearing age are screened before pregnancy for risks related to the outcomes of pregnancy; and 5) women with a previous adverse pregnancy outcome (e.g., infant death, very low birth weight or preterm birth, mental health illnesses) have access to interconception care aimed at reducing their risks.

Improving preconception health will require changes in the knowledge and attitudes and behaviours of persons, families, communities, and institutions (e.g., government and health-care settings). The purpose of preconception care is to improve the health of each woman before any pregnancy and thereby affect the future health of the woman, her child, and her family.

d. The frame work on how this clinic should be set up should incorporate both an ecological model and a lifespan perspective on health and recognize the unique contributions and challenges encountered by women, their families, communities, and institutions. Improving the health of women can increase the quality of health for families and the community. By increasing support for provision of preconception care, policy makers have the opportunity to promote broad-based programs and services aimed at improving the health of women, children, and families.

* continued on page 36
our financing packages are for real

Dreaming of investing in a beautiful piece of art? Make your dreams a reality. We have the right financial package for you. Talk to us today.

Your success is our goal.
Natural Treatment For Joint Pain
Ideal for the Elderly and athletes

"My pain has eased, my mobility has improved and my last scan showed that my bone density, which is lowered by the osteoarthritis, is actually improving."

Anne-Marie Conway

- No side effects
- No blood thinning
- 100% Natural and Safe
- One of the most popular natural supplements
- Contains special anti-inflammatory acids

Lyprinol®

Anti-Inflammatory Effect
Reduces Pain
Increases Joint Mobility and Flexibility
Decongestant

Available from all leading Pharmacies

Distributed by ATG - St. Julian's Road, Birkirkara   Tel: 2124 2017   Email: info@atg.com.mt
MALTAS LEADERS IN HEALTHCARE SERVICES

Healthmark

seeking to recruit on full & part time
CARE WORKERS & NURSES

www.healthmark.com.mt
from our diary...

A really wonderful Gospel Choir participated in the closing ceremony at the Commonwealth Conference.

The Educational Committee organised an international conference through the Commonwealth Nurses Federation in collaboration with the Royal College of Nurses and the Cyprus Nurses and Midwives Association. The conference started with a minute of silence in respect for the nurses who died in the battle of Gallipoli.

The Group Committee responsible for the social activities organised once again the MUMN Christmas Dinner. It was really an enjoyable evening. Well Done.

The SVPR Group Committee won last years' Paul Bezzina Shield. Well done for the hard work and commitment.

During the Commonwealth Conference there were a substantial number of poster presentations which really attracted an audience.

MUMN organised a conference with a difference regarding medico-legal issues. This conference really sparked interest amongst the health care professionals.

Once again MUMN organised an informative meeting for the students who will sit for the final exams this year.

Hon. Health Minister opened the Commonwealth Conference where he highlighted the important developments being done in the health sector.
Available from stock

Automated External Defibrillator

Sleep Apnoea Solutions

Glucose meters

TECHNOLINE
SERVING MEDICINE & SCIENCE SINCE 1978

Offices: 51, Edgar Bernard Street
Gzira GZR 1703, Malta
Tel: 21 344 345
Fax: 21 343 952
Email: admin@technoline-mt.com

www.emdda.com

IBQA' GHIX KUNTENT ĠEWWA DAREK BIL-LIFT TAT-TARAG

WE ALSO SUPPLY
- Tail-Lift
- Travel Foldable Electric Scooters
- All kind of ramps
- Power Chairs

Foldable Van Ramp
Wheelchair Platform Lift
Curved Stairlift

Tista' tikkwalifika ghas-sussidju tal-Gvern

COMFORT STAIRS
Independent Living Services

CEMPEL LIL COMFORT STAIRS GHAL KWOTAZZJONI B'XEJN

Showroom, 15, Triq Tumas Dingli, Mosta | Tel: 2157 4846, 2141 2687
Mob: 9987 5336 / 9949 9540 | Email: info@comfortstairs.com | www.comfortstairs.com
Autopsy

They found a nurse who was deceased. Her stomach was empty, her bladder was full and her butt was half chewed off.

Nurses Aren't Supposed to Laugh

"Of course I won't laugh," said the nurse. "I'm a professional. In over 20 years I've never laughed at a patient."

"Okay then," said Fred, and proceeded to drop his trousers, revealing the smallest male part the nurse had ever seen.

It had a length and width almost identical to a AAA battery.

Unable to control herself, the nurse tried to stop a giggle, but it just came out. And then she started laughing at the fact that she was laughing.

Feeling terrible that she had laughed at the man's genitals, she composed herself as well as she could.

"I'm so sorry," she said. "I don't know what came over me. On my honor as a nurse and a lady, I promise that won't happen again. Now tell me, what seems to be the problem?"

"It's swollen," Fred replied.

She ran out of the room.

A burn patient...

A burn patient is lying in his hospital bed, wired up with drips and monitors, breathing with the aid of an oxygen mask. A young lady comes round the ward with the tea and newspaper trolley. Approaching him she asks if there is anything she can do for him. The guy looks at her and asks "Are my testicles black?"

"I'm sorry but I'm not medical staff, I can't help you with that" she replies.

"Oh, please have a look for me, I'm really worried; Are my testicles black?"

Taking pity on his obvious distress the girl glances around the ward and, seeing there are no medical staff nearby. She pulls back the bed cover, lifts his penis out of the way and, cupping his testes in her hand tells him, with a note of relief in her voice, "they look fine".

The patient pulls off his oxygen mask and said "Thank you very much but I just wanted to know Are my test results back?"
Blocked Nose? Cold?

Your nose can breathe again!

STÉRIMAR®

LABORATOIRES FUMOUZE
Gozo hospital staff unites to entertain elderly residents

Doctors, nurses, nursing aids, clerks and paramedics got together to entertain the elderly at St Anne’s Residence for the Elderly at Gozo General Hospital, Victoria, at a Christmas activity. A staff choir and a music band performed Christmas carols and female nurses staged a comedy play. A boy recited a Christmas sermon.

A collection at the hospital in aid of the Malta Community Chest Fund and amounting to €2,200 was presented to President Marie-Louise Coleiro Preca.

Private Wound/Ulcer Care
in the comfort of your home

For all types of wounds/ulcers. Plus advice, suggestions and recommendations for the wounds/ulcers to heal quicker and better

Education regarding the prevention of Pressure Ulcers, Diabetic Foot Ulcers/Complications, Venous and Arterial Leg Ulcers and devices necessary

Leonard Schembri
Mob: 79459111
(Founder of the Tissue Viability Unit)
The Optifast® VLCD™ Program is a nutritionally complete very low calorie diet designed to help individuals achieve weight loss. The Optifast® VLCD™ has been proven safe and effective in numerous clinical studies.

HOW DOES IT WORK
Meals are replaced with Optifast® VLCD™, which is designed to restrict energy intake, whilst still maintaining a healthy nutrition. Reducing the amount of calories (energy) you take throughout the day means that your body will start to draw energy from its own fat stores.

Each sachet provides 200Kcal of energy and is nutritionally complete. This means that each sachet provides carbohydrates, high quality protein, fat, and all the essential vitamins and minerals required to support normal body functioning. Depending on the specific needs of the user, Optifast® VLCD™ may be used as a total diet replacement or as a supplement to a calorie controlled diet.

OPTIFAST® VLCD™ AS A TOTAL DIET REPLACEMENT
This program is suitable for individuals with a BMI > 30 and must be used under medical supervision. Patients with type 2 diabetes, hypertension or a BMI > 35 must be monitored carefully.

4 sachets of Optifast® VLCD™ (800Kcal) per day are indicated as a total diet replacement for weight control. This program should be supplemented with a minimum of 2 liters of water and other calorie free drinks. Low-starch vegetables can be included to supplement the diet. Once you start to achieve weight loss you may start to slowly introduce low calorie meals and use Optifast® VLCD™ as a supplement to a calorie controlled diet as shown below.

OPTIFAST® VLCD™ AS A SUPPLEMENT TO A CALORIE CONTROLLED DIET
This program is suitable for individuals who are trying to achieve a mild/moderate weight loss, or who are transitioning from using Optifast® VLCD™ as a total diet replacement.

Use 1 or 2 sachets of Optifast® VLCD™ to replace breakfast / lunch / dinner. Other meals taken throughout the day should also be calorie restricted (350Kcal breakfast and 500Kcal lunch/dinner). This program should also be supplemented with a minimum of 2 liters of water and other calorie free drinks. Low-starch vegetables, small portions of fruit and 1 portion of dairy can be included to supplement the diet.

OPTIFAST® VLCD™ PRODUCT RANGE

OPTIFAST SHAKES
Available in vanilla, chocolate and strawberry these Optifast® VLCD™ Shakes can be enjoyed at breakfast, lunch or dinner.

OPTIFAST SOUP
Optifast® Soup offers a hot savoury option and is available in a tasty vegetable flavour. This fantastic, delicious soup offers a perfect option for a hot, satisfying meal.

EASY TO PREPARE
Each Optifast® VLCD™ meal replacement is individually packed in sachets making it convenient to carry around with you. Simply pour the contents of one sachet into a suitable container and add 200ml of water (cold water for milk shakes and warm 60°C water for soup). Stir vigorously using a fork whisk or blender and consume immediately.
OPTIFAST® VLCD™
The serious solution for weight loss™

Chocolate Flavoured Drink
Strawberry Flavoured Drink
Vanilla Flavoured Drink
Instant Vegetable Soup

OPTIFAST

Resource® OptiFibre®
Partially Hydrolyzed Guar Gum (PHGG)

Resource® OptiFibre®
A soluble powdered dietary fibre that helps maintain normal bowel functions in patients suffering from constipation, diarrhoea or Irritable Bowel Syndrome. May be added to hot and cold liquids and foods without affecting texture or taste.

Resouce® OptiFibre®

Nestle Nutrition

Good Food, Good Life
For patients with diabetes
Helping achieve better glucose control

Superior glucose control¹
• Superior lipid control¹
• Complete nutrition²-⁴
• Preferred flavours⁵


Available in 3 flavours: Strawberry, Vanilla, Capuccino

mustela®

Vitamin Barrier Cream for Nappy Rash
NEW FORMULA
0% FRAGRANCE PRESERVATIVE

Prevents & Soothes Nappy Rash
Allows Irritated Skin to ‘Breathe’
Easy to Apply – Non-Greasy – Easy to Remove

98% INGREDIENTS OF NATURAL ORIGIN
HOW TO USE STELATOPIA

IT'S SIMPLE AND EASY.

CHOOSE BETWEEN:

DAILY CARE

Cleansing Cream
to wash with (face, hair & body)

Emollient Cream
applied after washing (face & body)

FLARE UPS

Milky Bath Oil
add 3 cups full to water (face & body)

Emollient Cream
applied after washing (face & body)

WHAT IS ECZEMA?

Eczema is commonly seen in babies and children of all ages, as their skin barrier function is still very immature and easily affected by many skin aggressors such as cold weather, sun, perfume and also soap. Redness, dryness and itching are common complaints, typically affecting different parts of the body such as the face (cheeks), behind the ears, elbows, knees, neck fold and hands.

WHY STELATOPIA?

Stelatopia has been specially formulated for dry and eczema-prone skin in babies and young children. Like all other very well known brands, Stelatopia moisturises and rehydrates the skin, furthermore, it has a unique and patented natural ingredient - Sunflower Oil Distillate (SOD) - which makes it different to all other treatments.

SOD has been scientifically proven to actually stop the inflammatory process and helps rebuild the missing lipids of the babies’ skin. So whilst it hydrates and moisturises, like all other treatments, it is the only proven product to rebuild the protective skin barrier and reduce redness and itching. Even the driest of skins is intensely nourished, getting back is softness and suppleness.

Efficacy tests carried out by dermatologists on 80 children with light-to-moderate eczema over a period of 21 days showed:

- Less itching and a reduction in redness - 95%
- Reduction in skin dryness - 81%
- Reduction in the frequency of flare-ups - 93%
- Improvement in quality of life - 73%

Many parents are switching to Stelatopia for better control of their child's eczema.

Safe to be used in newborns, from birth onwards.

Stelatopia products are found in all leading pharmacies.

For more information, kindly contact Cherubino Ltd.
2134-3270
EFN Report on Members’ views on the EU Patient Safety & Quality Safety Network

INTRODUCTION
The European Federation of Nurses Associations (EFN) has been at the forefront of Patient Safety policy and for the past 6 years engaged in the design of the EU Network on Quality and Safety led by national governments. The relevant proposal has been discussed at the highest political level. Although governments have been extremely critical towards CEN (European Committee for Standardisation) developments, a proposal has been tabled that relates to developing standards at national level and an accreditation system with EU experts. It is within this political context that nurses and nursing need to engage with, providing the evidence for cost-effective, patient-centred care practices in the area of quality and safety. At the October 2014 EFN General Assembly the EFN members were asked to provide input on the future role of National Nurses Associations (NNAs) and the EFN in these developments through responding to a tour de table. What follows is a report developed out of the EFN members’ responses and input. Overall, the tour de table achieved a response of 44%, with 15 out of a possible 34 NNAs engaging and providing input. These responses were considered thematically and are presented next in sections two to six.

DEVELOPMENT OF EU STANDARDS
The EFN members were asked to position themselves with regard the development of EU standards on patient safety and quality of care, seen below.

What follows is a report developed out of the EFN members’ responses and input. Overall, the tour de table achieved a response of 44%, with 15 out of a possible 34 NNAs engaging and providing input. These responses were considered thematically and are presented next in sections two to six.

AREAS FOR DEVELOPMENT
Even though some members were cautious about the development of EU standards, members who responded provided a plethora of examples for areas they would like to see EU recommendations, best practices or guidelines being developed. The most frequently indicated topics are presented in the table below.

| What are the areas in nursing care that you consider most relevant for developing standards to enhance quality of care and patient safety? |
| --- | --- |
| **Top 5** |  |
| Chronic Disease Management |  |
| Infection control |  |
| Palliative Care |  |
| Post-operative Care |  |
| Emergency Care |  |
| **Other popular topics** |  |
| Safe Staffing Levels | Home Care |
| CPD | Prevention |
| Mentoring | Nursing Documentation |
| Nursing Education | Communication |
| Evidence-based Practice | Medication Safety |
| Elderly Care | Falls prevention |
| Dementia Care | Pain |
| Paediatric Care | Integrated Care |
The most popular areas were chronic disease management and infection control, closely followed by recommendations for palliative, post-operative and emergency care.

In addition to fields of nursing care, members also indicated they would welcome work in the areas of nursing workload, skill-mix and staffing levels since these can and do also contribute to an environment of safety and quality. Specifically, through their input members from Portugal, Italy, Czech Republic, Hungary, Norway and Finland pointed towards the importance of balancing attention between both patient and staff safety, and placing the spotlight on both the quality of care and on the quality of the work environment. In particular, the Danish Nurses’ Organisation mentioned the Magnet model as an example of a package that includes both such patient and staff recommendations.

**BEST PRACTICES**

EFN members who responded provided a range of best practice examples from their countries. For ease of presentation, these examples were grouped into four broad categories and are presented in the below table.

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Infection Control</th>
<th>Patient Safety</th>
<th>Nursing Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention of Sharps Injuries</td>
<td>Hand Hygiene</td>
<td>Identification of Patients at Risk –</td>
<td>Medicines Management</td>
</tr>
<tr>
<td>Prevention of Pressure Ulcers</td>
<td></td>
<td>Early Warning Scores</td>
<td>Nutrition Management</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Communication – Handover</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The areas of prevention, infection control, patient safety and nursing care were most frequently noted, although the EFN members indicated best practices in different countries to be at varying levels of development. For example, the German Network for Quality Development in Nursing is already an established national network of nursing experts who work on the development, implementation and evaluation of National Expert Standards in a range of prevention and nursing care areas. Other concrete examples were provided from Finland on their National Medicines Information Strategy and Ireland on patient safety, consent and surgical care. Other countries are currently in the process of developing various national guidelines or standards on the above areas, with many (e.g. Cyprus) adopting a stakeholder consensus approach to engage the nursing community, regulatory body and government in making developments.

**QUALITY AND SAFETY AS AN EU PRIORITY**

From the EFN members who responded to the tour de table, 86% agreed that the sharing of best practices and the development of EU standards in quality and safety should be a relevant priority for the next 5 years.

EFN members’ comments indicated that investment in this area has real potential to improve the quality of care that patients receive and raise the safety bar in Europe. Nurses, EFN members’ responses indicate, play a prominent role in the development and in leading the implementation of such
guidelines or standards, and this can help with establishing the nursing profession as a key actor in evidence-based health policy-making in Europe. Identifying common ground for EU action is also believed to be necessary in order to respect the free movement of people across Europe, including patients and nurses. Patients deserve to receive quality and safe care, and nurses need to be able to work within safe and quality work environments, regardless of the European country they may find themselves. The development of EU standards or guidelines is especially welcomed by those countries who are still developing their patient safety agenda since these can be used as a lever to lobby national governments to invest and support effort in this area.

THE ROLE OF THE EFN AND ITS MEMBERS

The responses of the EFN members were clear in the direction that the EFN and national associations can play in the future EU Network on Quality and Safety, shown in the table below.

<table>
<thead>
<tr>
<th>What role should your NNA and/or EFN play in the future EU Network on Quality &amp; Safety?</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Associations</td>
</tr>
<tr>
<td>Provide input and/or participate as an expert</td>
</tr>
<tr>
<td>Lead and coordinate efforts at national level.</td>
</tr>
<tr>
<td>Contribute to the development and implementation of recommendations.</td>
</tr>
<tr>
<td>EFN</td>
</tr>
<tr>
<td>Promote the role of nurses in patient safety at EU level.</td>
</tr>
<tr>
<td>Facilitate the sharing of standards/best practice/recommendations.</td>
</tr>
<tr>
<td>Contribute as a stakeholder and collaborator at EU level.</td>
</tr>
<tr>
<td>Coordinate EU project work in this area.</td>
</tr>
<tr>
<td>Develop an accreditation manual relating to quality in nursing care.</td>
</tr>
</tbody>
</table>

The responses of the EFN members showed that national associations should have a strong presence in the future network by providing expert clinical input to the process and ensuring that it remains patient centred. Many EFN members are already involved with their national contact points and patient safety agencies, for example in Denmark, but others would welcome support to enable them to be more involved in the developments. National associations have a crucial role to play in the development of recommendations that are sensitive and adaptable to local contexts, and in leading the implementation of these into practice.

Promoting and advocating for the role of nurses in patient safety at EU level was indicated as the top priority for the EFN. The members’ responses showed that the EFN also has a key role in facilitating the sharing of best practice between its members, contributing as a stakeholder and collaborator in the network, and coordinating EU project work in this area. Finally, a suggestion from Portugal was for the EFN to work towards developing an accreditation manual relating to quality in nursing in Europe.

CONCLUSION

Patient safety and quality care are paramount health policy priorities and should continue to remain as such; this sentiment was expressed clearly by the EFN members who responded to tour de table. While some were cautious about the introduction of EU quality and safety standards, the sharing of best practice and the development of evidence-based recommendations or guidelines was welcomed unreservedly.

EFN members through their responses issued a call for future developments to consider giving equal weight both to ensuring safety and quality with regard patient care and nurses’ work environments. National associations and the EFN have a vital role to play in ensuring patient-centredness remains as a key principle in the development of any standards, recommendations or guidelines, and that nurses have an equal and leading role in EU policy developments.

The development of an EU Quality and Safety Network is crucial for maintaining political momentum and ensuring patient safety and quality of care is at the heart of health services in Europe. The EFN members responding to the tour de table have shown that they are committed to continue to invest and work towards this end, for the benefit of their patients and their nurses.

EFN, November 2014
Need to establish healthy eating behaviours early in life

The supplement to the journal Pediatrics in September 2014 presented new evidence on the long-term consequences of infant diet from a follow-up study of children at age 6 years who were previously included in the longitudinal Infant Feeding Practices Study II (IFPS II), sponsored by the US Food and Drug Administration and the Centers for Disease Control and Prevention.

Sohyun Park et al. demonstrated that consumption of sugar-sweetened beverages (SSB) during infancy doubles the odds of consuming them at age 6. The authors concluded that the findings suggest that infancy may be an important time for mothers to establish healthy beverage practices for their children and these findings can be used to inform intervention efforts to reduce SSB intake among children. Similarly, the study by Kirsten A. Grimm and colleagues shows a significant relationship between infrequent consumption of fruits and vegetables during late infancy and at age 6 years.

The authors concluded that these findings highlight the importance of infant feeding guidance that encourages intake of fruits and vegetables and the need to examine barriers to fruit and vegetable intake. It is not clear whether these associations reflect the development of taste preference during infancy or a family eating pattern that manifests at various ages, but the studies do point to the need to establish healthy eating behaviours early in life.

Sugar guidelines require radical policy changes to reduce sugar consumption

Background: There is a clear relation between sugars and dental caries. However, no analysis has yet been made of the lifetime burden of caries induced by sugar to see whether the WHO goal of 10% level of sugar intake is optimum and compatible with low levels of caries.

The objective of this study was to re-examine the dose-response and quantitative relationship between sugar intake and the incidence of dental caries and to see whether the WHO goal for sugar intake of 10% of energy intake (E) is optimum for low levels of caries in children and adults.

Methods: Analyses focused on countries where sugar intakes changed because of wartime restrictions or as part of the nutritional transition.

A re-analysis of the dose-response relation between dietary sugar and caries incidence in teeth with different levels of susceptibility to dental caries was undertaken in nationally representative samples of Japanese children. The impact of fluoride on levels of caries was also assessed.

Results: Meticulous Japanese data on caries incidence in two types of teeth show robust log-linear relationships to sugar intakes from 0%E to 10%E sugar with a 10-fold increase in caries if assessed over several years’ exposure to sugar rather than only for the first year after tooth eruption.

Adults aged 65 years and older living in water fluoridated areas where high proportions of people used fluoridated toothpastes, had nearly half of all tooth surfaces affected by caries. This more extensive burden of disease in adults does not occur if sugar intakes are limited to < 3% energy intake.

Conclusions: There is a robust log-linear relationship of caries to sugar intakes from 0%E to 10%E sugar. A 10%E sugar intake induces a costly burden of caries. These findings imply that public health goals need to set sugar intakes ideally at <3%E with <5%E as a pragmatic goal, even when fluoride is widely used. Adult, as well as children’s, caries burdens should define the new criteria for developing goals for sugar intake.

The authors recommend a series of radical policy changes to reduce sugar consumption including:

- The use of fruit juices and the concept of sugar-containing treats for children no longer being promoted.
- Food provided at nurseries and schools having a maximum of free sugars amounting to no more than 2.5% of energy.
- A sugars tax to increase the cost of sugar-rich food and drinks.
Risk-reducing mastectomy for women with an increased risk of developing breast cancer: awareness and choice

Glorianne Agius,
Staff Nurse Surgical Outpatients,
Mater Dei Hospital

PART 2

WOMEN WHO MIGHT CONSIDER RISK-REDUCING SURGERY

Risk-reducing surgery is not for everyone. National UK guidance on familial breast cancer states that surgery to reduce the risk of breast cancer is appropriate only for a small proportion of women who are from high-risk families and should be managed by a multidisciplinary team. These might include:

- women with a strong family history of breast cancer - more than two close relatives on the same side of the family who were diagnosed before the age of 50
- women who test positive for BRCA1 and/or BRCA2 mutations
- women who have had breast cancer and are concerned about the risk of developing breast cancer in the other breast
- women who have breast microcalcifications or have very dense breast tissue which would make it difficult to detect breast cancer with mammography.

RISK-REDUCING MASTECTOMY AND RECONSTRUCTION

Many women do not understand fully the extent and nature of risk-reducing mastectomy. Initially, they might think of it as cosmetic surgery. The objective of the surgery must be explained clearly - to reduce the incidence of breast cancer, to relieve anxiety and ultimately diminish breast cancer mortality. Any procedure undertaken should reduce risk in such a way that it balances the reduction in risk with aesthetic outcome and quality of life. Opting for immediate reconstruction has a better aesthetic outcome for obvious reasons. Various options for mastectomy and reconstruction exist and these are discussed in detail with the surgeon. Detailed consultations are needed to discuss the various procedures and techniques available, their limitations, outcomes and potential complications.

At all stages of the decision-making, women must be fully involved and aware of the fact that no operation completely removes all risk but that it is significantly reduced, that is from 85% to less than 4%. Multidisciplinary consultations are carried out and these should include the geneticist, psychologist, surgeon, plastic surgeon and breast care nurse. The breast care nurse has an important role in this multidisciplinary team as she is usually the first point of reference for women considering the operation.

Psychosocial consequences of risk-reducing mastectomy

Several studies evaluating psychological and body image satisfaction have been carried out, two of which had long term follow-ups. Results show that risk-reducing mastectomy with reconstruction is overall associated with fairly high levels of satisfaction and that the surgery reduced anxiety and psychological morbidity. However, a small number of women (3-6%) regret their decision. This is more likely when women have been "talked into" the operation. It is important to point out that this study was carried out in 1999 on women who were offered the surgery on the contralateral breast after developing cancer in one breast. Also, reconstruction techniques have improved greatly since then.

In fact, a study carried out in 2006 followed a group of 78 high-risk women who opted to have prophylactic surgery. It was the first study to be carried out on participants who had not had cancer. The researchers measured the levels of psychological distress 2-4 weeks prior to prophylactic surgery to 6-12 months post-surgery. The study concluded that women can undergo prophylactic mastectomy without developing emotional distress to a relevant degree. It further showed that prophylactic mastectomy appeared to decrease distress to some degree.

Women should be allowed plenty of time to take their decision and health care staff should be available to answer queries as the need arises. The surgery should not be rushed into as an informed decision has a better psychological outcome.

STUDY ANALYSIS

The study was conducted at Mater Dei Hospital and the participants were all female health care workers, who were randomly chosen. The tool used was a questionnaire. These were distributed by giving a number of questionnaires to one person (usually the nurse in charge) in different departments and she was asked to randomly give them out to female doctors, nurses, nursing aids, health assistants, care workers and paramedic aides. This was done to ensure total anonymity. Ninety questionnaires were handed out and sixty six were answered. This is 73.33% of the questionnaires distributed. Two returned questionnaires were not clear as

1. http://publications.nice.org.uk/familial-breast-cancer-cg41/key-priorities-for-implementation

to whether the participants would consider a mastectomy either with or without reconstruction. Consequently, the said questionnaires were removed. These constitute 3% of the returned questionnaires.

Of the sixty four answered questionnaires 26.56% were doctors, 56.25% were nurses and 15.62% were nursing aides/health assistants/care workers/paramedic aides. The latter were grouped together since the numbers were too small. This group was called “mixed” for ease of reference. 1.56%, did not specify their profession.

The participants were asked their age. 25% were in the 21-30 age group, 14.06% were in the 31-40 age group, 18.75% were in the 41-50 age group and 26.56% were in the 51-60 age group. 15.62% respondents did not disclose their age.

Next, they were asked about their family history of breast cancer. Respondents had to choose between no family history, one family member or more than one family member. 57.81% had no family history of breast cancer. 28.13% had one family member who had breast cancer. 14.06% respondents had more than one family member who had breast cancer.

The main question asked was whether the participants would consider having risk-reducing surgery when faced with a lifetime risk of 55% to 80% of developing breast cancer. 43.75% answered yes, that is they would consider it, while 54.69% said they would not consider it. The second part of the question asked the participants whether they would reconsider having risk-reducing surgery if breast reconstruction immediately followed the mastectomy during the same operation. 65% of those who said no to a prophylactic mastectomy replied that they would consider a mastectomy with immediate reconstruction.

58.82% of the doctors who answered the questionnaire said they would consider a prophylactic mastectomy if faced with increased risk, whereas 41.18% said they would not consider it. However, 57.14% (of the 41.18%) said they would reconsider if reconstruction was performed during the same operation. 76.47% of the doctors who answered the questionnaire were in the 21-30 age bracket.

A different picture was seen when the questionnaires filled in by nurses were analysed. 38.89% said they would consider a mastectomy if they were told that their risk for breast cancer was increased, while 61.11% said that they would not consider having a prophylactic mastectomy. However, when the 61.11% who said no were asked if they would reconsider if reconstruction was performed during the same operation, 63.63% said that they would consider having the surgery, whereas 36.37% said they would not consider having prophylactic mastectomy even with immediate reconstruction. The majority of the nurses who answered the questionnaire (44.45%) were in the 51-60 age group.

Analysis of the mixed group showed that this group was divided equally as regards the first question which asked if they would consider prophylactic mastectomy if told that they carried an increased risk. The percentages change considerably when the results of the second question are analysed: of the 50% who would not consider a risk-reducing mastectomy, 80% said they would consider surgery if it was immediately followed by reconstruction.

Respondents were asked to give reasons as to why they would not consider a prophylactic mastectomy with immediate reconstruction given the increased risk of developing breast cancer. Here are some of the comments:

- "due to the complications of the operation"
- "I would wait and see"
- "it is an unnecessary operation since there is still a chance I will not get cancer"
- "only if I have breast cancer, otherwise it is uncalled for"
- "mamectomy is indicated when there is cancer"
- "first I need to be sure that I have breast cancer, then I would do the operation"
- "I consider it to be too aggressive. I would rather follow a screening programme"
- "I would leave everything to take its course. I believe in God's will".

CONCLUSION

This study asked a hypothetical question and therefore one cannot truly say how each respondent would actually react in a real-life situation. However, the fact that the question was asked made women reflect about the possible scenario. Analysis of the data showed that less than 50% responded positively to a prophylactic mastectomy. However, the percentage changed dramatically when immediate reconstruction was mentioned. This shows that body image is important to women and as such should always be respected. The subject of prophylactic mastectomy is still considered shocking by some women and therefore, more awareness is needed. Open discussions about the subject would be a good way to start. Women need to be made aware of the fact that while it is true that survival rates for breast cancer have improved considerably, metastases is still a serious threat. Some of the comments left on the questionnaires show that the true nature and danger of breast cancer is misunderstood.

It is important to stress once again that prophylactic mastectomy is not for everyone, only for a small proportion of women who are at a higher risk of developing the disease due to a strong family history or are carriers of susceptibility genes. At the current stage of knowledge prophylactic mastectomy remains the sole effective method of substantially reducing the risk for women at high risk. Until the day when a non-surgical procedure becomes available, this is a method that has been proven to work.

---

Title of Resolution: Providing and Coordinating the Perinatal Mental Health Services

Justification/s (reason/s and current situation/s to be addressed)

Perinatal mental illness can affect at least 10% of women (NSPCC Report), if untreated can have a devastating impact on them, their relationship, their baby/babies and their families.

When mothers suffer from these illnesses it increases the likelihood that children will experience behaviour, social, psychological, or learning difficulties and fail to fulfil their potential.

The needs of women and her family need to be central and care should be provided through a person-centred approach.

Recommendation/s

Improving and Coordinating the Perinatal Mental Health Services by: taking immediate action to plug the gaps in services to ensure that women with perinatal mental health illnesses get the timely expert support they need. As a society we need a step-up change towards better prevention of perinatal mental health illnesses, and early intervention when they occur so that we can prevent the onset of illness in women who are known to be at risk, and act quickly and appropriately when illness does occur. This is paramount in preventing serious and devastating effects on a) The mother; b) The children; c) Mother-infant interactions; d) relationship.

Midwives together with other health care professionals should have a more hands-on approach in improving perinatal mental health and their role should include:

1. Raising awareness
2. Tackling stigma
3. Strengthening emotional wellbeing
4. Building trust
5. Identifying risk and current wellbeing
6. Securing appropriate care
7. Supporting family members

In order to improve and coordinate the perinatal mental health services it is necessary that:

All those involved in the care of pregnant women should have additional training in the normal emotional changes associated with pregnancy and the postpartum period, the maternity context, psychological distress, perinatal disorders, and early parent-child relationship issues.

There should be specialist mental health midwives to tackle the needs of women with perinatal mental illnesses.

Expectant parents and those with young children should be a priority for psychological services.

Every new mother who needs inpatient psychiatric care must be able to access a Mother And Baby Unit at Mater Dei Hospital to avoid separation of mother and infant.

A proper, efficient, effective and sustainable perinatal mental health services is needed: all women with a child under one year who need psychiatric admission should be offered a place in a specialist mother and baby unit (NICE Guidelines). The implementation of such a service need to be done after a strategic mapping where this service is being provided need to be done. This is because there is enormous strain for a family where a new mother is being treated far from home. This is also important for the attachment between mother and baby to prevent long term life problems.

The organisation of care need to be from preconception, pregnancy till the postnatal period so that the disorder/illness will be detected efficiently, there will be an effective referral system, and care given through a provision of care in the most appropriate setting.

Title of Resolution: Working Mothers and Breastfeeding

Name of Individual/Committee submitting resolution: MALTA UNION OF MIDWIVES AND NURSES

Justification/s (reason/s and current situation/s to be addressed)
Breastfeeding yields important immediate and long-term health benefits for infants and their mothers, including positive impacts on children’s cognitive development and their health as adults. Breastfeeding is associated with higher employee productivity, good mental health, and lower absenteeism for breastfeeding mothers and has additional benefits for society. The American Academy of Pediatrics recommends exclusive breastfeeding through 6 months postpartum and continued breastfeeding until the infant is aged at least 12 months. Among other organizations, the World Health Organization, the US Surgeon General’s Office and the American Academy of Family Physicians recommend comparable or longer durations of breastfeeding.

In 2003, the World Health Organization and UNICEF recommended “enacting imaginative legislation protecting the breastfeeding rights of working women and establishing means for its enforcement” by all governments. Employment of mothers outside the home, especially full-time employment, has a negative influence on duration of breastfeeding. Workplace barriers contribute to low rates of breastfeeding. Research shows that supportive state laws correlate with higher rates, yet despite the laws and heavy media on this regard there might be only few organisations who have adopted any strategies to encourage breastfeeding or expression of breast milk in the workplace. Therefore, improving the ability of mothers to breastfeed or to express and store milk in the workplace would likely contribute to higher breastfeeding rates.

Evidence suggests employers may reap net economic benefits by enabling women to combine work with breastfeeding, as in addition to improving retention of experienced employees, breastfeeding leads to lower health care spending, decreased absenteeism, increased productivity, improved morale, mother-baby attachment/bonding, and positive company image.

Recommendation/s

Public health professionals should explore ways to improve legal support for all working mothers wishing to breastfeed. All stakeholders should identify the laws that are most effective and assist policymakers in translating them into policy.

Ensure that employment conditions (supportive work environments, privacy and adequate time to express breast milk are important) are established in order to encourage women to initiate and continue breastfeeding during the first few months even when the woman returns to work. Thus women may be more likely to extend breastfeeding duration as recommended through at least the first year.

Attempt to encourage breastfeeding in the workplace sort into 3 types: employers’ voluntary initiatives, support services offered by nonprofit and other private entities, and government encouragement and requirements.

The workplace poses serious impediments to continued breastfeeding by mothers who return to work postpartum. The state should ensure the workplaces are supportive to breastfeeding working mothers, through legislation. Options to maximize the benefit of this legislation include informing eligible mothers and employers about it and advocating for resources needed to implement and enforce it. The issue of discrimination against mothers who wish to breastfeed in the workplace requires a different legal approach. The broad body of discrimination law indicates that breastfeeding antidiscrimination laws may offer the greatest deterrent to overt employer retaliation when intent to discriminate can be most easily proven in court. Such laws may have less impact on subtle forms of discrimination or systemic barriers if intent cannot be proven.
Taiwan Nurses Association (TWNA)

Since 1988, the Taiwan government has been using ICT (Information and Communication Technologies) in the medical industry.

Launched in 2009, the Intelligent Taiwan Medical Care Service (ITMCS) promotes the use of electronic medical records (EMRs), improves e-health access in remote areas, establishes telecare services, and applies radio-frequency identification (RFID) in healthcare.

Today, 65.2% of all hospitals use EMRs, with 55.1% of all hospitals sharing patient EMRs. eHealth improves healthcare access in remote areas. Telecare integrates EMR services, information & communication network and biosensor technologies to allow timely telemonitoring, online consultations and client referral services.

Telecare is further expected to benefit community-based, home-based, and institution-based care models. Additionally, RFID is being applied to manage medication safety, process management and long-term care. Taiwan will continue to develop ICT healthcare applications as a way to achieve the World Health Organization's goal of universal health coverage.

Currently, the government is subsidising up to NT$240 billion (US$8 billion) for implementing the 5-year (2013-2017) “Taiwan Health Cloud Project”. This project includes developing a medical cloud, care cloud, health promotion cloud, and health database. This project will facilitate the government to afford better patient services in healthcare through better personal health records (PHR) management.

The role of nursing informatics in healthcare has expanded greatly over the last decade. Nursing informatics is now applied in nursing administration, education, research, and clinical practice, with PDAs, RFID, barcodes, mobile nursing carts and clinical informatics systems (CISs) used to further improve efficiency, quality of care, and patient safety.

The Taiwan Nursing Informatics Association (TNIA), established in 2006, is dedicated to improving nursing informatics, developing new applications and fostering international ties. This year, TNIA hosted the 12th International Congress on Nursing Informatics (NI2014) and completed the Chinese translation of the ICNP V2 toolkit.

RNAO ICNP Research & Development Centre (Ontario, Canada)

Over the last year, the Centre has focused on the development of ICNP-encoded nursing order sets derived from the Best Practice Guidelines (BPG) published by the Registered Nurses’ Association of Ontario (RNAO).

BPGs are systematically developed statements designed to guide nurses’ clinical decision-making in relation to the appropriate clinical care required for optimal health outcomes. Nursing order sets are comprised of clinically relevant evidence-informed nursing assessments and interventions for a variety of topics related to women and children, addiction and mental health, skin and wound care, chronic diseases and functional care.

The individual assessment and intervention statements are organised within the context of the nursing process and reflect nursing care at different phases along the health continuum: health promotion, primary care, acute care, home health care, rehabilitation, long-term care and end-of-life care. Each nursing order set is being mapped to ICNP in collaboration with ICN’s terminology experts and other stakeholders.

RNAO’s nursing order sets provide a mechanism for linking evidence-based assessments, interventions and evaluation once integrated within a clinical information system or electronic medical record. ICNP-encoded nursing order sets expedite knowledge translation, engender evidence-based practice and facilitate data retrieval for quality improvement and research. Twelve ICNP-encoded nursing order sets have been completed and disseminated. Seven are currently in development.

The target is to develop ICNP-encoded nursing order sets for all existing and new RNAO’s clinical BPGs. Forty-one have been published to date. Many of these address global health priorities identified by the World Health Organization. For further information visit: www.RNAO.ca or contact Dr. Doris Grinspun RNAO ICNP Director at dgrinspun@rnao.ca

Centre for ICNP and Information Systems (Porto, Portugal)

This year, the Centre began a new long-term research project centered on the development of archetypes in nursing domain.

This project is related to the development of nursing information systems using ICNP. This new approach in health informatics will determine a middleware outlining to manage archetypes between ontologies and templates to support nursing information systems development. The Centre performed a nationwide review of nursing documentation data in the Portuguese health electronic records provided by the SAPE (an Information System for Supporting Nursing Documentation, based on ICNP language) and proposed a national parameterization (national statements of nursing diagnosis, outcomes and interventions) for the backend of the information System.

In May the Centre organised, in partnership with the Local Health Unit of Matosinhos, the International Congress on Health Information in Porto, Portugal, with the main topics: trends on health informatics; quality of health information; knowledge representation, ontologies and language; the use of archetypes in health informatics; electronic health records; e-health. In October a Norwegian delegation visited the Centre and a demonstration was held of the Portuguese Nursing Electronic Record System and the electronic learning platform in use at the school, both based on ICNP.

In partnership with the Portuguese national nurses association (ICN Member) the Centre translated ICNP version 2013 into Portuguese. Two doctoral degrees and five master’s degrees were accomplished, having ICNP as part of their investigation tools. Three articles were published and several posters and oral presentations made.
Vilhena High Yield Fund

Just as the varying thickness, mass and base of the piano strings create a perfect harmony when its pianist strikes the right keys, the diversified portfolio of the Vilhena High Yield Fund, through fund-manager expertise in investing in sub-investment debt instruments, aims to provide a harmonious symphony of quarterly income and higher capital appreciation.
Even a well-fitting partial denture may compromise the health of your patients' remaining teeth.

By combining daily use of Corega for Partials with a good oral care routine and regular dental visits, your patients can help protect the health of their remaining teeth.

**NEW** Corega for Partials Clean & Protect cleansing tablets
- Proven bactericidal activity on biofilm
- Proven to help reduce plaque and stain build-up
- Non-abrasive and non-corrosive formulation

**NEW** Corega for Partials Seal & Protect adhesive cream
- Helps stabilise partial dentures to reduce movement
- Helps seal out food particles to reduce gum irritation

*Activity on in vitro bacterial biofilms after 5-minute soak. 1When used as directed.

References