

# NURSING DIGEST

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**ANEiCON**  
ASSOCIATION OF NURSE EXECUTIVES (INDIA)  
PASSION TO ACTION  
MAY 30-31 2025  
Grand Hyatt, Kochi, Kerala, India

**Transformational Leadership  
Harnessing Collaboration For Healthier India**

**30-31 MAY 2025**

Grand Hyatt, Bolgatty Island,  
Kochi, Kerala – 682504

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## Message from the President



**Capt Ajitha Nair**  
**President, ANEI**

### **Dear Esteemed Members,**

As we step into the vibrant season of preparation for ANEICON 2025, I feel the collective energy and excitement rising across our chapters. This year's conference, themed "Transformational Leadership: Harnessing Collaboration for a Healthier India", promises to be a defining moment for nursing leadership in our country.

The anticipation is palpable as we await the announcement of finalists across our flagship competitions – Green Projects, Research, and Innovations- which continue to spotlight the ingenuity and purpose-driven work of nurses across India. This year also introduces the Leadership Challenge, a compelling new addition that will bring nurse leaders together to strategize and present solutions to complex healthcare scenarios.

Pre-conference activities are energizing the field, with state chapters hosting dynamic webinars, simulation workshops, and leadership roundtables. The Kerala Chapter's Sustainathon: Climate Change, Run for Change Marathon on April 27th blends wellness with advocacy, reflecting our commitment to holistic, climate-conscious healthcare.

ANEI's influence continues to grow, with our membership now surpassing 1,350 committed professionals—a testament to the strength of our shared vision. Our Empower Hour and Patient Safety Fellows' Learning Series remain vibrant spaces for mentorship, insight, and collaborative learning, powered by your voices and contributions.

As we count down to ANEICON 2025 and the much-awaited ANEI Annual Awards, I urge every nurse and student to join this movement.

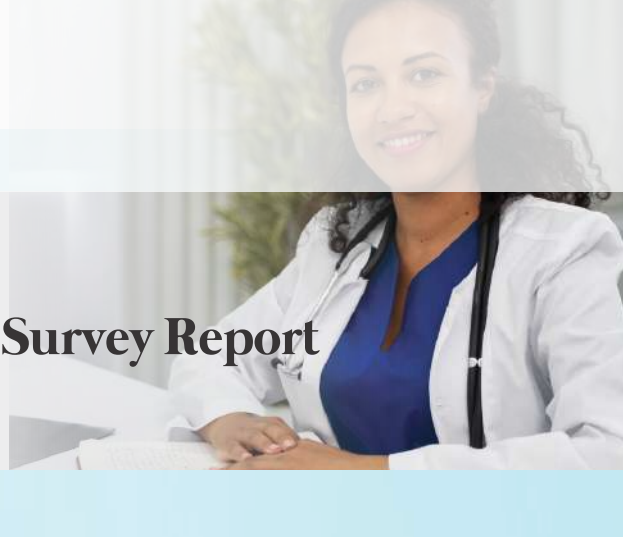
Register now and be a part of the transformation unfolding at the magnificent Hotel Grand Hyatt. Kochi, Kerala on May 30-31.

Register Now for ANEICON 2025 – [https://anei.in/Aneicon\\_2025Registration](https://anei.in/Aneicon_2025Registration)

Together, we rise. Together, we lead.

In solidarity,  
Capt Ajitha Nair  
President, ANEI





# ANEI Members Engagement Survey Report

**Survey Period: 1st - 20th January 2025**

Total Responses: 90 members participated when we had around 900 members in January 2025

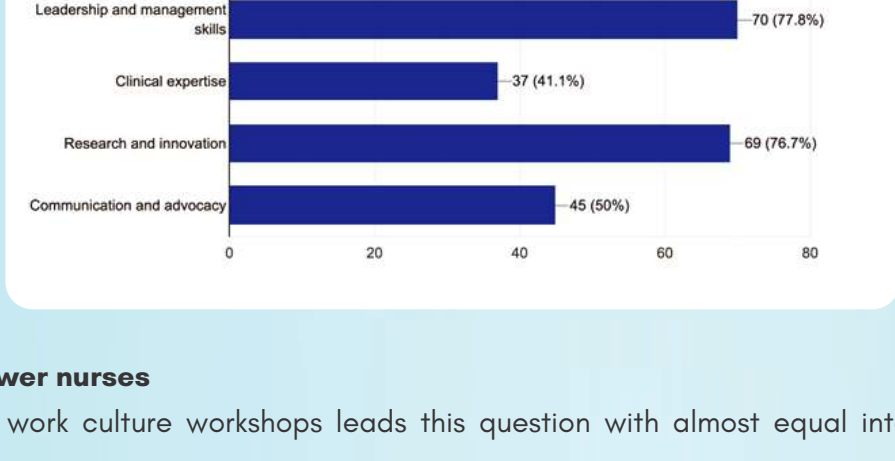
"While the survey reflects the perspectives of 10% of ANEI members, the insights offer valuable guidance, especially from those who are already engaged and motivated. These findings will help us align our programs with member aspirations and encourage broader participation going forward."

## Purpose of the Survey

To uncover the key areas where ANEI members are most passionate about contributing and to channel our collective efforts into meaningful, high-impact initiatives for the nursing profession in India. As we embark on 2025, your active participation and commitment are essential. Together, let us focus our voice, energy, and expertise on the priorities that matter most to us as a community.

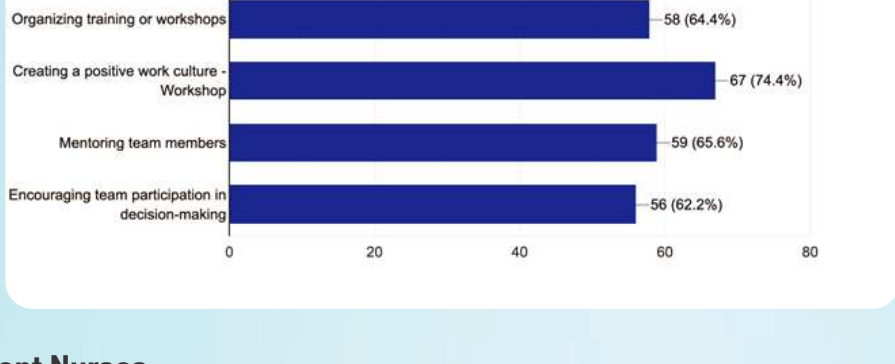
### 1. Skills desired for Development

Leadership and Management Skills along with Research and Innovation are leading skills desired by the responders.



### 2. Actions to empower nurses

Creating a positive work culture workshops leads this question with almost equal interest in other areas mentioned.



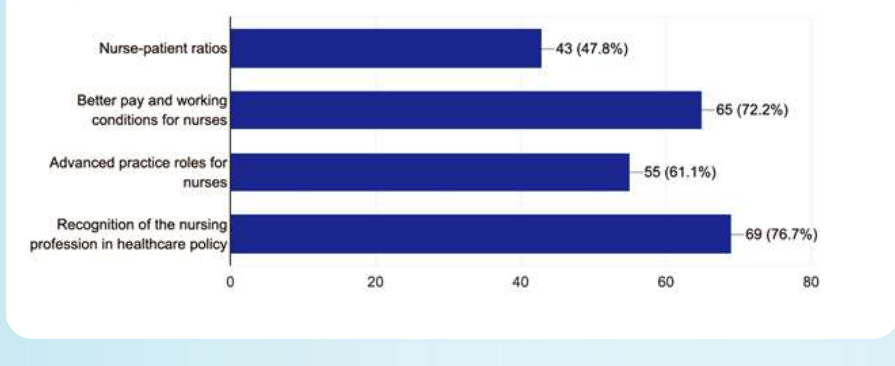
### 3. Supporting Student Nurses

Mentoring Coaching tops the list with offering internships and training opportunities.



### 4. Advocacy focus for ANEI

Recognition in nursing profession in healthcare policy followed by Better pay and working conditions are the top priority areas.



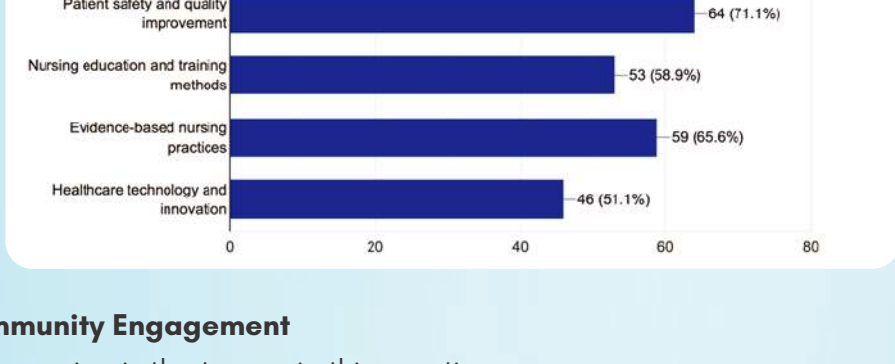
### 5. Desire to contribute for building better professional network

It was a unanimous 99% YES



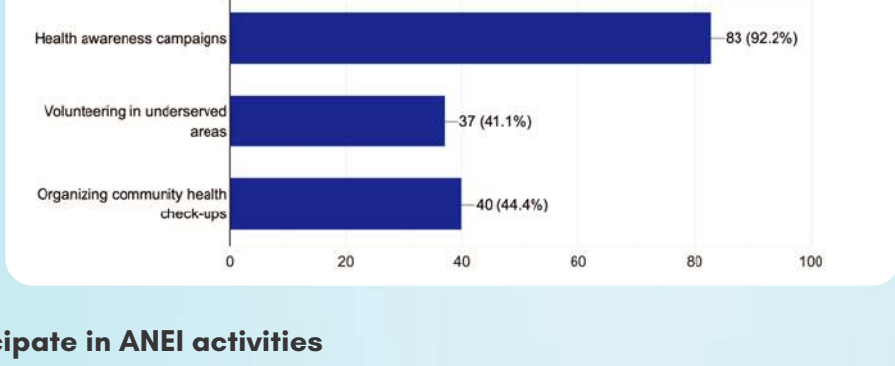
### 6. Which area of research and innovation?

Patient Safety, Quality Improvement followed by Evidence Based practices are topping the list here.



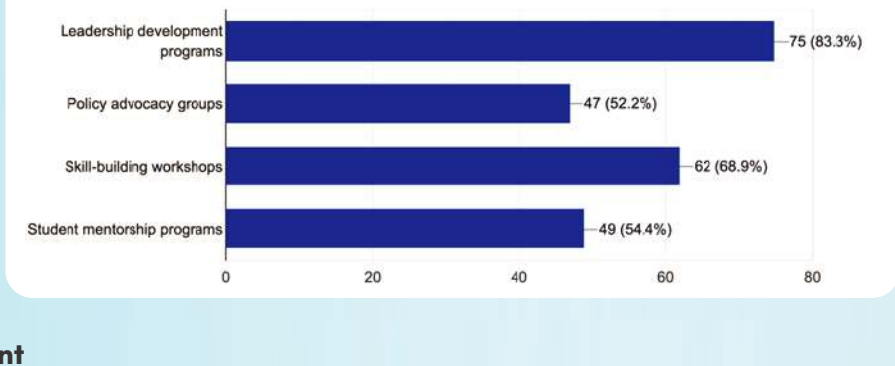
### 7. Nursing and Community Engagement

Health Awareness Campaign is the topper in this question.



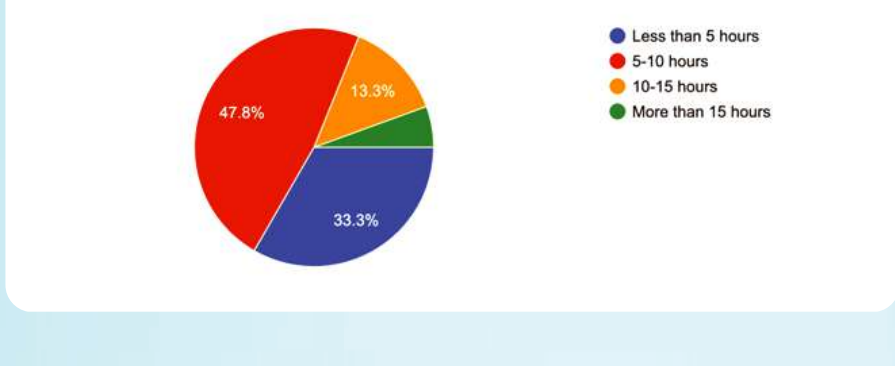
### 8. Interest to participate in ANEI activities

Members inclined to participate in leadership and skill building programs.



### 9. Time Commitment

It was motivating to note that a good percentage wanted to give 5-10 hours.

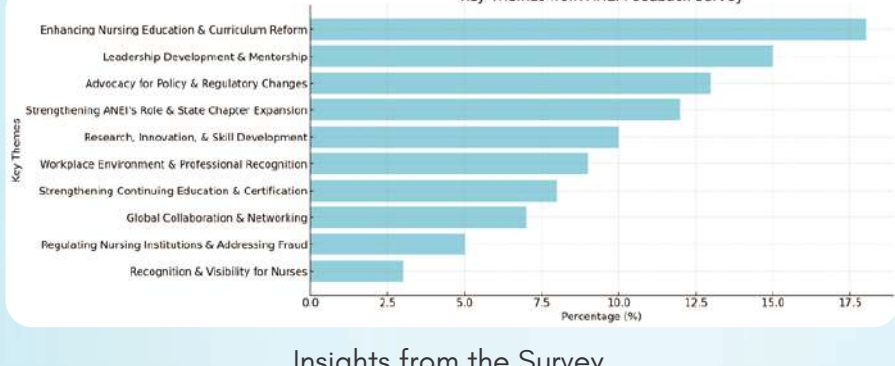


### 10. Ways to Contribute

ANEI Members are inclined to participate in Mentorship and Guidance, Training & Workshops and active participation in ANEI activities.



### Open Suggestions



Insights from the Survey

### 1. Where do members want to contribute?

The results clearly show that members aspire to contribute predominantly through organizing professional events, mentoring the next generation of nurses, and delivering training programs.

This reflects a community that is eager to share expertise, shape future leaders, and create professional platforms — signaling a strong culture of action-oriented leadership.

### 2. Preferred Modes of Contribution

Beyond traditional participation, members express readiness to take on roles as resource persons, trainers, mentors, and event organizers.

This reinforces that ANEI's strength lies in its people — members who are willing not just to participate but to lead and facilitate impactful activities.

### 3. Contribution Levels: Chapter vs National

The survey reflects that members feel more connected to and engaged with Chapter-level activities compared to national ones.

This highlights the importance of decentralized, community-based platforms, while also opening an opportunity to strengthen the bridge between Chapter activities and ANEI's National agenda.

### 4. What motivates ANEI members to contribute?

Members are inspired by:

- Opportunities for professional growth
- Recognition within the nursing and wider healthcare community
- A strong sense of belonging and connection to peers.

This reveals that contribution is driven not just by duty, but by the desire for meaningful personal and professional experiences.

### 5. Challenges in Contributing

Members identified key challenges:

- Limited time due to work and personal commitments
- Lack of clarity regarding how to contribute
- Competing priorities in demanding professional roles

This underlines the need for ANEI to make contribution easy, clear, and flexible, enabling members to contribute even amidst busy schedules.

### 6. What do members expect from ANEI?

The suggestions were consistent:

- More structured opportunities to contribute
- Leadership development platforms
- Clear communication of roles and opportunities
- Acknowledgment and celebration of contributions

### The Call Ahead

The members have spoken — they are ready, willing, and eager to build the future of nursing in India. Their vision is clear:

A thriving ANEI where mentoring, training, events, and local leadership drive meaningful change.

As we move into 2025, our task is to:

- Empower chapters
- Unlock leadership potential
- Simplify pathways for contribution
- Foster recognition and visibility of every member's effort

Together, we will amplify the collective voice of nurses across India.

### Conclusion & The Road Ahead

The survey clearly reflects that ANEI members are enthusiastic and motivated to contribute, yet there is room to strengthen engagement by providing clearer roles, balancing professional commitments, and creating expanded leadership opportunities. These valuable insights will directly shape ANEI's engagement strategy for 2025 and beyond.

In response to this, ANEI has already taken important steps:

- The EMPOWER Hour, organized under the ANEI Young Nurses Alliance (AYNA), is offering monthly webinars tailored to Staff Nurses and Student Nurses, fostering early engagement and professional development.
- To further deepen connections, ANEI will expand its engagement beyond the two flagship annual conferences — ANEICON and the Patient Safety Town Hall.
- Beginning 2025, ANEI will host Quarterly Virtual Town Hall Meetings, creating an interactive space for members to share, learn, and contribute to shaping ANEI's collective direction.
- Chapters will be guided to adopt a pre-planned activity calendar, ensuring a steady flow of localized activities that cater to member interests and priorities.
- ANEI will also introduce Special Interest Groups (ASIGs), offering focused platforms where members passionate about specific areas of nursing can collaborate, lead, and innovate.

Together, these initiatives will ensure that ANEI members have diverse, structured, and meaningful avenues to contribute actively and shape the future of the nursing profession in India.



## ANEICON 2025 Pre-Conference Workshop VasculART

The BMH – Baby Memorial Hospital’s Nursing Department, in collaboration with ANEI and supported by BD India, successfully conducted a one-day pre-conference workshop on February 6, 2025, as a precursor to the ANEICON. The workshop aimed to enhance participants' knowledge and skills in vascular care.

The event commenced with a lamp lighting ceremony led by Prof. Elizabeth Varkey (Chief Nursing Officer, BMH), Dr. M.C. Rajesh (Senior Consultant Anaesthesiologist & Academic Coordinator, BMH), the BD team, and nursing leaders. Sessions covered key topics such as vascular access devices, medication administration, complication management, documentation, and ultrasound-guided vascular access, delivered by esteemed experts. Interactive exercises, practical demonstrations, and a skill station reinforced hands-on learning.



An online quiz competition was conducted, with prizes awarded to the top three participants. The workshop concluded with a vote of thanks and certificate distribution. Feedback from attendees was overwhelmingly positive, highlighting the program’s relevance and practical impact. With 57 participants, the workshop successfully set the stage for the Vasculart Conference, ensuring enriched learning and professional growth for healthcare professionals.



## A Diwali of Light and Loneliness

by **Ms. Madhavi Chikhale**  
Member, ANEI



On a Diwali night in the late '80s, 12-year-old Megha found herself enveloped in an unexpected loneliness, despite the vibrant atmosphere around her. The lights, sweets, and new clothes were all present, but the absence of her parents cast a shadow over the festivities. Her father was in Pune, and her mother, a dedicated nurse, was working late. As the eldest sibling, Megha felt the weight of responsibility pressing down on her, longing to share the joy of the festival with her family rather than playing the caretaker.

She had hoped for one day of carefree celebration, a break from her role. Tears brimmed in her eyes as she made promises to herself, vowing never to follow her mother's path into nursing. It felt unfair that her mother's job kept them apart during such a cherished occasion.

As she lingered in her thoughts, the sounds of children bursting crackers outside filled the air. She realized she had missed out on the evening's excitement, a feeling of loss washing over her. Just then, her mother returned, weary yet radiant, her smile lighting up the dim room. Megha often overlooked the warmth of her mother's presence, consumed by her own feelings of neglect.

Prabha, her mother, wrapped her arms around her children and encouraged Megha to join in the celebrations. Hesitant at first, Megha felt a flicker of joy spark within her as they lit a paus, a firecracker that shimmered like raindrops of light. The brilliant display lit up the night sky, and for the first time that evening, Megha's sadness began to lift.

She watched the sparkling lights cascade around her, her heart swelling with happiness as she jumped and laughed with her siblings. In that moment, surrounded by the shimmering brilliance of the fireworks and the love of her family, Megha realized that sometimes, even amidst loneliness, joy could break through like the most beautiful burst of light.



# Paediatric Emergency Warning Score (PEWS) & Modified Early Obstetric Warning (MEOWS) Score



**Dr. Davinder Kaur**

ANEI Patient Safety Fellow 2024 –2026  
Principal, Gian Sagar College of Nursing

The Early Warning Score (EWS) is a quick and simple physiologic scoring system that assigns risk for clinical deterioration based on specific vital signs (systolic blood pressure, heart rate, respiratory rate, temperature, and an AVPU (Alert, Verbal, Pain, Unresponsive) assessment) and clinical observation. The first structured EWS was developed for the inpatient medicine population at the James Paget University Hospital in Norfolk, England, in 1997. National Institute for Health and Clinical Excellence (NICE) recommended the use of early warning systems to monitor all adult patients in acute hospital setting in a 2007 guideline. In 2012, the Royal College of Physicians created a National Early Warning Score (NEWS) that could be implemented across the National Health Service. In 2017, NEWS2 was modified by adding vital sign weightings as a bedside measure, and a separate oxygen saturation scale for patients with type 2 respiratory failure.

## Why we should use EWS?

It is track & trigger system that estimates the risk of deterioration. EWS assists clinicians in recognizing and responding to patient deterioration at an earlier stage of progression. Early detection and response to patient deterioration are critical to avoid adverse events, prevent morbidity, cardiac arrest, unexpected ICU admission, and mortality. Early recognition improves patient care outcomes.

Patients often display indicators of clinical deterioration up to 24 h before a significant clinical event arises needing extensive intervention. Failure to manage these deteriorations appropriately leads to negative patient outcomes.

## Pediatric Early Warning Score (PEWS)

PEWS chart has been collaboratively developed by clinical teams across England to standardise the approach of tracking the deterioration of children in hospitals and are to be used in general children's wards. In 2020, standardised PEWS for admitted patients came out, as the first part of a programme of SPOT (system wide paediatric observations tracking) work.

Pediatric Early Warning Score (PEWS) was developed with an aim to early identification and management of early warning signs which ultimately decrease morbidity and mortality of children. Pediatric patients have significant alterations in behavioral and physiological parameters proceeding to actual clinical deterioration which sometimes require shifting to intensive care unit.

Paediatric Early Warning Scores (PEWS scores) explains any tool collating vital signs and other observable or measurable characteristics producing thresholds for response. This is a numerical score based on the individual components summated into an overall number (with the score determining the level of escalation required), or trigger based with any one component exceeding predefined thresholds. Responding to a track and trigger alert can be an action for an individual (via the child's normal clinical team) or by a hospital wide team such as a rapid response team (RRT). The RRT comprises individuals, who may not be involved in the normal care of the deteriorating patient, but have specialist skills in these situations. PEWS (Paediatric Early Warning Systems) describe the entirety of the process including PEW Scores if present and the response (single clinician or RRT) and organisational policies surrounding escalation and communication.

Research studies also reported that PEWS was found to be very useful for patient status assessment in pediatric burn units, emergency department, pediatric cardiology and Pediatric Intensive Care Units (PICU). They further reported that PEWS was useful to assess patients for transfer and for predicting their readmissions to PICU.

Researchers suggested that combining the PEWS with clinician judgment will create a better system for recognition of clinical deterioration. Continuing education and retraining of nurses improve documentation of PEWS scores.

Parameter	0	1	2	3
<b>Behavior</b>	Playing / Normal	Irritable	Lethargic / Confused	Unresponsive
<b>Cardiovascular (HR - Heart Rate, CRT - Capillary Refill Time)</b>	Pink or Capillary Refill 1–2 seconds	Tachycardia<10% CRT 3 seconds	Tachycardia of 20 above normal rate, CRT 3-4 seconds	Tachycardia of 30 above normal rate or Bradycardia, CRT >4 seconds
<b>Respiratory Rate</b>	Normal	>10 above normal parameters	Moderate Tachypnea, >20 above normal parameters	Severe Tachypnea
	No retractions	using accessory muscles, mild chest retractions	Nasal Flaring and retractions	Grunting, Apnea
	Room Air	30 %FiO <sub>2</sub> or up to 2 L/min O <sub>2</sub>	40% FiO <sub>2</sub> or 4 L/min	50% FiO <sub>2</sub> or 5 L/min

## Modified Early Obstetric Warning Score (MEOWS)

Pregnancy and labour are considered normal physiological events in life of women. Physiological changes during pregnancy and labor induce increase in metabolic rate, increased cardiac output, decreased blood pressure, increased levels of pregnancy hormones (progesterone and oestrogen). Pregnancy can be complicated by pre-existing medical conditions like hypertension, diabetes mellitus, anaemia etc. and conditions that develop during pregnancy like antepartum haemorrhage, eclampsia, and postpartum haemorrhage, pulmonary edema etc.

MEOWS developed specifically for obstetric patients assigns weighted values to physiological parameters to determine the severity of a patient's condition and the need for alerting a rapid response team. Researchers found that MEOWS had high sensitivity in predicting morbidity (89%) and reasonable specificity (79%), supporting its use for obstetric patients. The MEOWS chart includes the following physiological parameters (warning signs): respiratory rate (breaths/min), oxygen saturation (%), heart rate (beats/min), systolic blood pressure (mmHg), diastolic blood pressure (mmHg), lochia, proteinuria, liquor colour, neuroresponse, and general condition.

Modified Early Warning Score (MEOWS) was introduced to obstetric units to decrease maternal mortality by improving early detection of clinical signs of deterioration in women who were developing critical illnesses. The Modified Early Obstetric Warning System (MEOWS) is a physiological scoring system used in perinatal areas to help identify pregnant women at risk of deterioration during antepartum, labor, delivery, or postpartum phases, facilitating early intervention.

Parameter	White zone	Yellow zone	Red zone
Respiratory rate (breaths/min)	10-20	21-30	<10 or>30
Oxygen saturation (%)	95-100%	-	<95%
Temperature (degree Celsius)	36-38 °C	35-<36 °C	>38 °C or<35 °C
Heart rate (beats/min)	50-100	>100-120 or 40-<50	<40 or>120
Systolic Blood Pressure (mmHg)	100-140	90-<100 or >140-160	<90 or>160
Diastolic Blood Pressure (mmHg)	<90	90-100	>100
Proteinuria	nil-trace	1+to 2+	>2+
Colour of liquor	Clear	-	Green
Neural response	Alert	Responds to verbal stimuli	Unresponsive, responds to pain
Lochia	Healthy	Heavy/foul smell	
General condition	Looks well	Looks unwell	

Early warning scores (EWS) have been developed as clinical prognostication tools to identify acutely deteriorating patients. The PEWS & MEOWS charts are potentially beneficial tools which are cost-effective and simple yet provides an insight into the paediatric and maternal condition. It can be utilized in peripheral centres to help the treating clinicians timely refer the high-risk patients to well-equipped tertiary care hospitals.

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## ANEICON Pre-Conference Workshop MedSafe

### Event Details

The ANEICON Pre-Conference Workshop – MedSafe was successfully hosted by the ANEI Delhi NCR Chapter at Fortis Memorial Research Institute, Gurugram. The event was supported by MedSIM, which provided task trainers and hospitality for the participants.

### Inaugural and Special Moments

The lamp-lighting ceremony was conducted by Capt. Sandhya Shankar (President, ANEI Delhi NCR Chapter), Dr. Raminder Kalra (Vice President, ANEI Delhi NCR Chapter), Ms. Thankam Gomez (Founder President, ANEI), Mr. Jaideep Herbert (COO, Vidyanta), and Mr. Virender Sharma (Representative from MedSIM, the event sponsor). A young nurse was invited to participate in the lamp-lighting as a symbol of a bright future for safe nursing practices in medication administration.



### Participation and Engagement

A total of 95 participants, including nursing students and senior nursing supervisors, actively engaged in the workshop. The attendees rotated through eight skill stations, each covering different routes of medication administration. These included essential procedures such as steam inhalation and nebulization. Correct patient identification was emphasized as a mandatory component at all stations to reinforce patient safety standards.



### Facilitation and Training

Facilitators from various hospitals and nursing colleges guided participants through correct procedures, ensuring adherence to the provided checklists. The participants represented 11 different hospitals and nursing colleges, making the workshop a diverse and collaborative learning experience.



### Quiz and Recognition

As part of the workshop, a quiz consisting of 15 questions was conducted to assess participants' knowledge. The highest scorer, Ms. Bincy from Apollo Hospital Delhi, was recognized as the Quickfinder for her outstanding performance.



### Participant Feedback

The workshop received overwhelmingly positive feedback, with an overall rating of 4.7 out of 5 from over 80 participants. This reflects the effectiveness of the hands-on training and the value it provided to attendees.

### Conclusion

The MedSafe workshop was a resounding success, providing a dynamic learning experience that strengthened safe medication administration practices among nursing professionals. The collaboration between ANEI, MedSIM, and participating institutions ensured high-quality training and reinforced the commitment to patient safety in nursing care.





# The Paradigm Shift in the Role of Nurses Transforming Mother and New-born Care Through Kangaroo Mother Care



## Bhawna Verma

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Member, ANEI

## Introduction

The integration of Mother and New-born Care Units (MNCUs) and Kangaroo Mother Care (KMC) has transformed neonatal care, emphasizing a zero-separation approach between mothers and their new-borns. This model of care ensures that mothers play an active role in their infants' well-being while receiving critical nursing and medical support.

Immediate Kangaroo Mother Care (iKMC) is a proven life-saving approach for preterm and low-birthweight babies, emphasizing early skin-to-skin contact between mother and child. A clinical trial conducted in Ghana, India, Malawi, Nigeria, and Tanzania found that iKMC reduced preterm mortality by 25%, leading the World Health Organization (WHO) to recommend its universal adoption. The trial estimated that implementing iKMC globally could save 150,000 infant lives annually. Challenges include facility upgrades and staff training, but strong leadership and family involvement have driven successful implementation, transforming neonatal care standards worldwide. (Gates Foundation, 2023; Arya, S., & Chellani, H., 2023; WHO, 2022).

The following report summarizes the key aspects of nurses' training, experiences, and challenges in MNCUs, particularly in the administration of neonatal and maternal care. It also integrates recent research on neonatal nursing practices to provide a contemporary perspective.

## Nurses' Training and Roles

MNCU nurses undergo specialized training to care for both mothers and new-borns, focusing on critical aspects such as neonatal resuscitation, essential care for sick neonates, and immediate KMC initiation. Their responsibilities include:

- Monitoring new-borns' vital signs, including oxygen saturation, temperature, heart rate, and blood glucose levels.
- Assisting mothers in providing prolonged and continuous KMC, including garment binding techniques using binders and KMC shirts.
- Supporting breastfeeding and alternative feeding methods such as tube feeding and paladai feeding.
- Administering intravenous medications and oxygen therapy, including CPAP.
- Ensuring asepsis within the NICU environment and maintaining visitor policies to reduce infection risks.

Recent studies reinforce that nurse-led interventions in neonatal care significantly improve infant survival and maternal confidence in caregiving (Lawn et al., 2023).

## Nurses' Experience in Delivering Care

The nurses' experience in MNCUs has demonstrated various benefits for both infants and mothers, including:

- Improved neonatal outcomes: Continuous skin-to-skin contact stabilizes new-borns' temperature and heart rate, promotes breastfeeding, and reduces neonatal morbidity.
- Empowerment of mothers: Through training and support, mothers become active participants in their new-borns' care, leading to better adherence to discharge instructions and improved maternal-infant bonding.
- Reduction in hospital-acquired infections: A shift from traditional NICU settings to mother-baby co-care has been associated with decreased infection rates.
- Enhanced nurse-patient relationships: Nurses report a more fulfilling experience working closely with mothers, fostering mutual trust and improved care delivery.

Studies highlight that neonatal nurses who engage in KMC report higher job satisfaction and a stronger sense of purpose due to their role in facilitating early childhood development (WHO, 2022).

## Challenges Faced by Nurses in MNCU and KMC Implementation

Despite its benefits, the implementation of MNCU and KMC poses several challenges:

- Shifting Mothers to MNCU: Ensuring early transition of mothers to MNCU within hours of delivery is a logistical and clinical challenge.
- Convincing Mothers to Maintain KMC: Nurses often struggle to educate and motivate mothers to keep their infants in the KMC position for prolonged durations, especially for preterm or sick neonates.
- Maintaining CPAP and Respiratory Support: Providing respiratory support while ensuring uninterrupted KMC requires technical expertise and continuous monitoring.
- Task Shifting: The involvement of mothers in routine neonatal care, such as diaper changing, monitoring, and feeding, lightens the nurses' workload but requires extensive mother training and support.
- Liaison Between Departments: Coordinating care between obstetricians and pediatricians for urgent interventions presents an additional challenge.

Recent research suggests that structured nurse-led educational programs for mothers significantly improve compliance with KMC practices (Mbindyo et al., 2023).

## Impact of KMC on Mothers and New-borns

KMC has been associated with various positive outcomes, as observed by nurses and validated by recent research:

- Better neonatal weight gain and growth: KMC has been shown to improve new-born weight gain, particularly in preterm infants.
- Reduced stress and anxiety in mothers: Continuous skin-to-skin contact helps calm both the baby and mother, leading to improved maternal mental health.
- Stable physiological parameters: Babies in KMC maintain more stable oxygen saturation, heart rate, and temperature compared to those in conventional NICU care.
- Improved breastfeeding rates: With early and frequent mother-infant contact, breastfeeding initiation and exclusivity rates are higher.

A meta-analysis by Conde-Agudelo and Diaz-Rossello (2023) found that KMC reduced neonatal mortality by 40% compared to conventional care.

## Nurses' Perception and Future Recommendations

Nurses perceive MNCU and KMC as a holistic and respectful model of care that aligns with natural maternal-new-born bonding. Their experiences highlight:

- The need for continued education and training in advanced neonatal care techniques.
- Increased institutional support for seamless MNCU integration within hospital settings.
- Strengthened policies to encourage prolonged and effective KMC adherence.
- Implementation of telemedicine and digital tracking systems to monitor mother-new-born dyads post-discharge.

The World Health Organization (2022) emphasizes that nurse-led community follow-up programs significantly enhance KMC continuity after hospital discharge.

## Conclusion

MNCUs and KMC represent a paradigm shift in neonatal care, focusing on early bonding, maternal empowerment, and reduced neonatal complications. While nurses play a pivotal role in this model, addressing the challenges through structured training, institutional policies, and research-based interventions will further optimize outcomes. Future studies should explore scalable strategies for KMC implementation, particularly in resource-limited settings, to ensure every new-born receives high-quality, family-centered care.

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## ANEICON 2025 Pre-Conference Workshop VasculART



SNIMS, Ernakulam, The nursing department and the College of Nursing in collaboration with ANEI and supported by BD, conducted a one day hands on skill workshop on 12th March 2025 on Vascular Access Devices (VAD) and its management.

The Medical Superintendent of SNIMS, Prof. Dr. Anoop Vincent inaugurated the session in traditional manner by lighting a lamp at 9.00 AM. The Director of Nursing, Amrita Institute of Medical Sciences, Kochi, Bri. Saibala, Chairman ANEICON, Lt. Col. Dr. Ajee K.L, Professor AIMS Kochi (National Treasurer ANEI) were the chief guests. Deputy MS, Dr. Manjusha K, Prof. Dr. Simple Rajagopalan, Principal SNCON, Lt. Col. Amita Naze, Nursing Superintendent SNIMS, Deputy Manager Hospital Administration, Dr. Deepu Dharma Rajan were the other dignitaries on the dais.

The workshop started at 9.30 AM and covered topics on VAD, Prevention, Complication and Management, Medication Administration, USG guided Vascular Access and the speakers were experts from SNIMS, BD and AIMS Kochi. Hands on training were given to all the attendees followed by an online quiz programme.

The programme was concluded with valedictory session with distribution of certificates, feedback from the attendees and memento distribution for the quiz winners. A total of 59 participants attended the workshop and the feedback from them was overwhelmingly positive. 'Vasculart', collaboration with ANEI and supported by BD has surely elevated the participant's expertise and enhance excellence in vascular access care.





# Sepsis Prevention Bundle The Integral Role of Nurses

**Ms Thankam Gomez**  
**ANEI Founder President**  
**A passionate Critical care Nurse**

Patient Safety Awareness Week (March 9-15) serves as a pivotal reminder of the healthcare community's commitment to ensuring patient well-being. Among the myriad challenges faced in clinical settings, sepsis stands out due to its high mortality rate and the complexity of its management. Central to combating this life-threatening condition is the implementation of sepsis prevention bundles, with nurses playing a crucial role in their execution.



## Understanding Sepsis and Its Impact

Sepsis is defined as a life-threatening organ dysfunction resulting from a dysregulated host response to infection (Singer et al., 2016). Globally, it accounts for nearly 20% of all deaths, underscoring its severity and the pressing need for effective management strategies (Rudd et al., 2020).

## The Sepsis Prevention Bundle: An Overview

A sepsis prevention bundle is a set of evidence-based practices designed to improve patient outcomes when implemented collectively. These bundles standardize care processes, ensuring timely recognition and treatment of sepsis. The core components typically include:

- **Early Recognition:** Utilizing screening tools such as the Early Warning Score (EWS) and the Sequential Organ Failure Assessment (SOFA) score to identify sepsis symptoms promptly.
- **Timely Antimicrobial Therapy:** Administering appropriate antibiotics as swiftly as possible.
- **Fluid Resuscitation:** Ensuring adequate fluid administration to maintain hemodynamic stability.
- **Vasopressor Support:** Employing medications to sustain adequate blood pressure when necessary.
- **Monitoring and Supportive Care:** Continuous assessment and management of organ functions.

## Nurses: The Frontline Defenders in Sepsis Management

Nurses are pivotal in the successful implementation of sepsis prevention bundles. Their responsibilities encompass:

- **Vigilant Monitoring:** Regularly assessing vital signs and recognizing early indicators of sepsis, such as changes in temperature, heart rate, respiratory rate, and blood pressure. The use of Early Warning Scores (EWS) and SOFA score enables nurses to detect early signs of sepsis, prompting timely intervention.
- **Prompt Action:** Initiating sepsis protocols upon suspicion, including obtaining cultures and administering antibiotics without delay.
- **Patient and Family Education:** Informing patients and their families about sepsis risks, symptoms, and the importance of early intervention.
- **Collaboration:** Working closely with multidisciplinary teams to ensure cohesive and comprehensive care.
- **Documentation:** Accurately recording patient assessments, interventions, and responses to treatment, facilitating continuity of care.

## Early Warning Scores (EWS) and SOFA Score: Key Tools for Nurses

### Early Warning Score (EWS):

EWS is a scoring system used to detect clinical deterioration early, based on changes in vital signs such as respiratory rate, heart rate, temperature, and blood pressure. When scores reach a critical threshold, nurses can escalate care, ensuring timely intervention.

### Sequential Organ Failure Assessment (SOFA) Score

The SOFA score helps assess the severity of organ dysfunction in patients suspected of sepsis. A SOFA score increase of 2 points or more indicates sepsis, prompting immediate intervention. Nurses play a key role in monitoring SOFA parameters and ensuring timely escalation.

## Latest Guidelines and Recommendations

Recent guidelines emphasize the critical role of nurses in sepsis management:

- The American Association of Critical-Care Nurses (AACN) highlights the necessity for nurses to stay updated on sepsis definitions, guidelines, and bundle recommendations. They advocate for continuous education and the sharing of resources among nursing staff to enhance preparedness (AACN, 2023).
- The Centers for Disease Control and Prevention (CDC) recommends that sepsis programs be co-led by physicians and nurses, emphasizing the importance of nursing leadership in sepsis initiatives. They also stress the integration of sepsis activities into broader quality improvement and patient safety efforts (CDC, 2023).
- The World Health Organization (WHO) underscores the need for high-quality clinical care in sepsis management, particularly in primary care settings. They advocate for global recommendations focusing on early recognition, initial resuscitation, and early treatment of sepsis, areas where nurses play a vital role (WHO, 2024).

## Challenges and Solutions in Implementing Sepsis Bundles

Despite the clear guidelines, challenges persist in the consistent application of sepsis bundles:

- **Time Constraints:** High patient loads can impede timely assessments.  
Solution: Implementing efficient workflow strategies and delegating tasks appropriately can mitigate this issue.
- **Knowledge Gaps:** Variations in sepsis knowledge among nursing staff can lead to inconsistent care.  
Solution: Regular training sessions and competency assessments ensure all staff are informed and prepared.
- **Resource Limitations:** Inadequate staffing or lack of necessary equipment can hinder bundle implementation.  
Solution: Advocating for administrative support and resource allocation is essential.

## The Future of Nursing in Sepsis Care

As healthcare evolves, the role of nurses in sepsis management will continue to expand. Embracing technological advancements, such as electronic health record alerts for sepsis indicators, can enhance early detection. Additionally, fostering a culture of continuous improvement and interprofessional collaboration will be paramount in reducing sepsis-related morbidity and mortality.

## Conclusion

Sepsis remains a formidable challenge in healthcare, but with diligent implementation of prevention bundles and the unwavering commitment of nurses, patient outcomes can be significantly improved. Continuous education, proactive engagement, and adherence to the latest guidelines are essential components in the collective effort to combat sepsis effectively.

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Thank you for reading the article. Please attempt the following self-assessment quiz to reinforce your understanding.

## Multiple-Choice Questions (MCQs)

- What is the primary purpose of the Sepsis Prevention Bundle?
  - To promote antibiotic resistance in hospitals
  - To ensure the standardization of evidence-based practices for sepsis management
  - To replace the need for ICU admissions
  - To eliminate the need for early recognition of sepsis
- Which of the following is NOT a core component of the Sepsis Prevention Bundle?
  - Early Recognition
  - Fluid Resuscitation
  - Radiation Therapy
  - Timely Antimicrobial Therapy
- How can nurses play a crucial role in early sepsis detection?
  - By delaying antibiotic administration to confirm lab results
  - By using Early Warning Scores (EWS) and the SOFA score to assess patient deterioration
  - By waiting for a physician to diagnose sepsis before initiating any intervention
  - By focusing only on patients already diagnosed with sepsis
- According to the latest guidelines, which organization recommends that sepsis programs be co-led by nurses and physicians?
  - World Health Organization (WHO)
  - Centers for Disease Control and Prevention (CDC)
  - American Medical Association (AMA)
  - National Institutes of Health (NIH)
- What is one of the key challenges in implementing the Sepsis Prevention Bundle in hospitals?
  - Excessive availability of nursing staff
  - Standardized care protocols across all healthcare settings
  - Time constraints and high patient loads
  - Elimination of nursing roles in sepsis management

## Sepsis Prevention Bundle: The Integral Role of Nurses - QUIZ Answer Keys

Question 1

- To ensure the standardization of evidence-based practices for sepsis management

Question 2

- Radiation Therapy

Question 3

- By using Early Warning Scores (EWS) and the SOFA score to assess patient deterioration

Question 4

- Centers for Disease Control and Prevention (CDC)

Question 5

- Time constraints and high patient loads





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