Background The last decade has seen dramatic changes in the training needs and number of junior doctors in NNUs in the UK alongside the restriction of working hours – European Working Time Directive (EWTD). Consequently RCHT has introduced ANNPs working on the junior medical rota.

Methods 2 ANNPs replaced the two year 2 Foundation doctors (F2) releasing them for general paediatric experience. 2 further ANNPs then replaced the General Practitioner (GP) trainees. Tier 1 rota is now provided by a combination of 1st or 2nd year paediatric specialty trainees (ST) along side the 4 ANNPs.

Results Junior doctors now comply with EWTD. The Royal College of General Practitioner (RCGP) guidance that GP trainees should not be working in NNUs is facilitated.

ANNPs have bridged the gap between the neonatal nurses and the medical staff with education, governance, and management roles.

ANNPs lead bedside education sessions for the medical students alongside developing a medical quiz and ‘Newborn Examination’ booklet that has been adapted by other medical schools. The ANNPs provide a unique ‘buddy’ system for ST trainees starting on the neonatal unit. They lead on the neonatal Simulation scenarios, and take part in the regional ‘Step up to Registrar’ neonatal simulation workshops.

The lead ANNP has been awarded the RCHT 2013 ‘Excellence and Innovation’ award.

Conclusion The advanced skills, knowledge and practice of the ANNPs has improved the quality of service provision along side enhancing the teaching and training of medical students and paediatric ST trainees.

Conclusion It may be necessary to develop new instruments sensitive to human interaction to demonstrate effect of nursing interventions. Furthermore, incorporating multiple methods, sources and perspectives are needed when evaluating effect of complex interventions.

Screening is generally considered part of the routine care for newborns. Newborn screening for phenylketonuria (PKU) has been available since the early 1960s. The first newborn screening for PKU started in Ankara in Turkey in 1986 and extended country wide in 1993. PKU rate in Turkey occurs 1 in 4000 newborns because of consanguineous marriage. Consanguineous marriage rate in Turkey is 21%.

This research was planned to describe the knowledge of parents about newborn PKU screening. A questionnaire was used to gather the data. To determine the effects data were evaluated by using chi square test and percentage analysis on the SPSS 11.0 program package.

The study was performed during the period of January 2005 and March 2005 in a University Hospital and 150 mothers in postpartum period where included in the research. The questionnaire was obtained by face to face technique.

Results The mean age of mothers was 26.49% of mother were graduated basic school. 74.7%of mother were house wife. 68% of mothers were primipara. 47% of mothers stated that the test was ‘a IQ test’. Sixty-four percent of mothers didn’t know how to execute the test. 69.3% of mothers didn’t know how long to continue the test. 61.3% of mothers didn’t know how to learn the results of the test.

Although 99.3% of newborns were seen to be physically healthy, it was stated that postpartum screening tests should be applied. Considering this results, in order to inform the mothers about the obtained results, a PKU education brochure was prepared and given to the unit.

Conclusions Nurses who understand the pathophysiology and management of PKU in pregnancy can provide the care necessary for maternal and neonatal health. Healthcare providers are responsible for informing parents about the implications of newborn screening to improve awareness and understanding.