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I attended the Australian and New Zealand Neonatal Network Clinical Practice Improvement (ANZNN CPI) Conference at the JW Marriott, Gold Coast, from 18–20 October 2026. My NZHPA grant application aimed to strengthen my skills in neonatal medication safety and practice improvement, learn from other neonatal services, and share Dunedin NICU's electronic prescribing experience. The conference's multidisciplinary focus was particularly relevant to my clinical pharmacy role and work with Neonatal Medications Aotearoa New Zealand (NMANZ).

I presented our MedChart implementation project through a poster and a three-minute poster symposium presentation. The project described the transition from paper medication charts to electronic prescribing and administration in Dunedin's NICU. It demonstrated the importance of multidisciplinary preparation, neonatal prescribing guidance and continued optimisation after implementation, particularly where digital workflows interact with feeding times, dose changes and emergency care.

One area especially relevant to pharmacists was Dr Srinivas Bolisetty's plenary on developing consensus through the Australasian Neonatal Medicines Formulary and neonatal parenteral nutrition. A useful lesson for our own guidance development is that reviewing evidence is only part of the process: recommendations also need multidisciplinary agreement, practical implementation and ongoing review. For neonatal medicines, standardising preparation, administration and monitoring can reduce ambiguity for staff. This approach is directly applicable to NMANZ and to embedding agreed recommendations within electronic prescribing, while ensuring that local systems and available products can support them. For services relying on rotational pharmacists, shared resources can also reduce duplicated work and support consistent advice across staff changes and transfers between neonatal units.

The programme also addressed sepsis prevention and antimicrobial use. For pharmacy practice, this highlights the importance of reviewing antibiotic duration alongside initial drug selection. Review should consider culture results, the infant's clinical progress and the original suspicion of infection. Pharmacists can help ensure that indications and review points are documented, prompt reassessment when cultures remain negative, and support clear reasons for continuing treatment. This offers an achievable improvement activity for neonatal services, alongside dose optimisation and therapeutic drug monitoring. Shared prescribing guidance should also accommodate local microbiology and resistance patterns.

A third theme was partnership with whānau, including Dr Anna Adcock's presentation on centring pēpi and whānau Māori in neonatal care. A practical application for pharmacists is to ask what matters to whānau, explain each medicine's purpose and monitoring in accessible language, and revisit discussions as treatment changes. Involving whānau in developing information and reviewing services can help identify barriers that clinicians may overlook. These principles apply across hospital pharmacy: medication safety includes whether people feel informed, respected and able to participate in decisions, as well as whether prescribing is technically correct.

The conference provided useful ideas for linking national guidance with local improvement work and reinforced the contribution pharmacists can make within neonatal teams. I thank the NZHPA for supporting my attendance and my ability to contribute local initiatives to the collective Australia and New Zealand neonatal hive mind.

Conference programme and speakers | Conference handbook