

# Guidance: Dietitians working in Neonatal Transitional Care

## Introduction

The 2017 BAPM Framework for neonatal transitional care (NTC) defines NTC as: “care additional to normal infant care, provided in a postnatal clinical environment by the mother or an alternative resident carer, supported by appropriately trained healthcare professionals”.

Dietitians play a crucial role in NTC by optimising nutrition to support the growth, development, and health of vulnerable infants as they transition from intensive care to a lower dependency setting or discharge. Their expertise in clinical nutrition is essential for managing the complex needs of these infants, who may have been born prematurely, with low birth weight, or with clinical conditions affecting oral feeding and growth.

Dietitians also collaborate with a multi-disciplinary team (MDT) to address feeding challenges, such as managing tolerance issues, fortifying breast milk, and appropriate use of infant formulas, thus minimising the risk of malnutrition and growth faltering. Their involvement can prevent hospital re-admissions due to nutrition-related complications (e.g. suboptimal growth, poor feeding), supporting a smoother transition to family care and potentially reducing healthcare costs.

In addition, dietitians support the education, training and implementation of national and network nutritional guidelines and evidence-based practices, ensuring quality and consistency of care across neonatal services. By optimising nutritional care in NTC, dietitians help improve outcomes for infants (particularly for those at risk of poor growth and development), support the maintenance of parent-infant feeding relationships, and their families; ultimately enhancing long-term health and quality of life.

## Level of competency required

As outlined in the British Dietetic Association (BDA) Neonatal Dietitians Group (NDiG) [Knowledge and Skills Framework for Dietitians Working within Neonatal Services](#), dietitians working in NTC should demonstrate the following competencies:

- Experience and understanding in infant nutrition (foundation level in relation to clinical understanding, nutritional assessment, nutritional requirements, nutritional management, MDT working, clinical governance, and education)
- Completion of e-learning for health ‘Introduction to AHPs in Neonatal Care’ and ‘Neonatal Dietetics Foundation’ Parts 1 and 2 (including the workbook)
- Regular clinical supervision from a paediatric dietitian competent in neonatal dietetics
- A clear pathway for escalation of concerns, networking with others, and clinical queries or concerns (either in-house or externally)

## Role of the dietitian in NTC

<p><b>Universal</b></p> <p>FiCare</p> <ul style="list-style-type: none"> <li>• Baby Friendly Initiative (BFI) – support training, implementation and accreditation</li> <li>• Support and promote neurodevelopmentally appropriate anthropometric measurements and Infant Feeding</li> <li>• Working with parents as partners in care and empowering parents to be primary carers</li> </ul> <p>Quality Improvement</p> <p>Staff Training &amp; Education</p> <ul style="list-style-type: none"> <li>• Nutrition screening</li> <li>• Growth monitoring</li> <li>• Appropriate use of infant formulas</li> <li>• Micronutrient supplementation</li> </ul> <p>Infant Feeding support</p> <ul style="list-style-type: none"> <li>• Early breast milk</li> <li>• Expressing support</li> </ul>
<p><b>Targeted</b></p> <p>Nutritional interventions &amp; clinical governance relating to:</p> <ul style="list-style-type: none"> <li>• Enteral feeding (method/route/frequency/feed type)</li> <li>• Nutritional aspects of transitioning to oral feeding</li> <li>• Human milk fortifier use</li> <li>• Micronutrient supplementation</li> <li>• Procurement and appropriate use of specialist infant formulas</li> </ul>
<p><b>Specialised</b></p> <ul style="list-style-type: none"> <li>• Infants transitioning from NNU requiring ongoing dietetic input (See <a href="#">London Neonatal ODN referral &amp; triaging criteria guideline</a>)</li> <li>• Infants readmitted from the community with excessive weight loss and/or poor suck feeding requiring complementary tube feeding</li> <li>• Palliative care</li> <li>• Infants being discharged to community children's services with ongoing dietetic input</li> </ul>

*Adapted from: London Neonatal ODN - Physiotherapy in Transitional Care (Service Specification)*