# Knowledge and Skills Framework for Dietitians Working within Neonatal Services

## Neonatal Sub-Group Recommendations

Endorsed by

British Association of Perinatal Medicine

Neonatal Dietitians Interest Group (NDiG)
October 2023 / Review 2028

## Background

Knowledge and skills frameworks for allied health professionals (AHPs) within neonatal services are developed to provide best practice guidance and to guide training needs. A 'competence' framework for neonatal dietitians was first developed in 2018 to support the delivery of a safe and quality service to babies on neonatal units. The intention of this document update is to better reflect the continuum of acquisition of knowledge and skills required by dietitians working in neonatal care. It aligns with the education pathways for dietitians, developed with NHSE Workforce, Training and Education Directorate (WTE) and the MSc module in Advanced Neonatal Nutrition which is endorsed by the BDA and run in partnership with Plymouth University.

With the increasing awareness of the value of dietetic services in neonatal care and investment in new posts inequity of neonatal dietetic services is improving in many NHS areas. It is acknowledged that with the rapid expansion of these new roles there is an influx of dietitians who require specific knowledge and skills sets in not only neonatal nutrition, but also the principles of neonatal care. In developing this framework we have included clinical and non clinical elements of the role as well as considering the leadership aspects of roles as they develop including the Operational Delivery Lead Network (NETWORK) Dietetic roles in NHSE.

## Introduction

This framework identifies the level of specialist knowledge and skills required for dietitians in order to provide a safe, effective, high quality and professional service to babies and families on neonatal units across the UK as required of their role.

The aim of the knowledge and skills framework is to:

- Define a set required level of knowledge and skills for paediatric dietitians working within the neonatal speciality
- Define a set required level of knowledge and skills for neonatal dietitians working in neonatal care so that dietitians and managers can identify the expertise and learning needs required to competently deliver care
    - Neonatal intensive care unit (NICU) including surgery
    - Neonatal intensive care unit (NICU)
    - Local neonatal unit (LNU)
    - Special care baby unit (SCBU)
- Define knowledge and skills required for the Unit or System Lead Neonatal Dietitian or ACP role
- Define knowledge and skills required for the Lead Neonatal Network Dietitian role
- Define a knowledge and skills framework to ensure educational needs for paediatric and neonatal dietitians are met
- Allow commissioners to ensure appropriate dietetic expertise is available so that an equitable level of nutritional intervention and support is offered wherever babies are born
- Ensure that service providers understand the dietetic skills and experience required to provide a safe and high quality service.

## Using this document

This is intended to support self-assessment and continuous professional development (CPD) and can be used:

- As a tool for individual dietitians to assess their own knowledge and skills and identify learning needs, existing strengths and weaknesses
- In appraisal to assess knowledge and skills and enable identification and planning of learning needs
- To recruit and select neonatal dietitians effectively
- To evaluate performance effectively
- To identify skill and knowledge gaps within the neonatal dietetic service efficiently
- To provide customised training and professional development
- To plan for succession

This guidance provides a framework for use by dietitians, employers, managers, higher education institutes and policy leaders within the neonatal field throughout the UK. It should be used alongside the nationally endorsed Dietitian Staffing on Neonatal Units recommendations for all levels of neonatal care which provide a model for embedded AHP service provision, endorsed by British Association of Perinatal Medicine (BAPM).

## Dietetic knowledge requirements on neonatal units according to unit complexity

<table>
<tr><th></th><th>SCBU</th><th>LNU</th><th>NICU</th><th>NICU + Surgery</th><th>Network</th></tr>
<tr><td>Paediatric Dietitian</td><td>Experience and understanding in infant nutrition<br>Completion of WTE ‘AHPs’ and ‘Dietetics Foundation Modules 1 + 2’ * + workbook<br>Mandatory clinical supervision from a paediatric dietitian competent in neonatal dietetics<br>A clear pathway for:<br>- escalation of concerns<br>- networking with others<br>- clinical queries or concerns (either in house or externally)</td><td>Experience and understanding in infant nutrition<br>Completion of WTE ‘AHPs’ and ‘Dietetics Foundation Modules 1 + 2’ * + workbook<br>Mandatory clinical supervision from a neonatal dietitian<br>A clear pathway for:<br>- escalation of concerns<br>- networking with others<br>- clinical queries or concerns<br>- exposure/experience of the NICU e.g. shadowing</td><td colspan="3" rowspan="2">Inappropriate to practice independently</td></tr>
<tr><td>Paediatric Dietitian Band 6 or above, competent in Neonatal Dietetics</td><td></td><td>Module 2 or equivalent knowledge and skills<br>Completion of WTE ‘AHPs’ and ‘Dietetics Foundation 1 + 2’ * plus workbook<br>Mandatory clinical supervision from a specialist neonatal / Network dietitian<br>A clear pathway for:<br>- escalation of concerns<br>- networking with others<br>- clinical queries or concerns (either in house or externally)</td></tr>
<tr><td>Specialist Neonatal Dietitian Band 7 or above</td><td colspan="2">Sufficient skills, knowledge, and expertise</td><td colspan="2">Module 5 or equivalent knowledge and skills<br>Completion of WTE ‘AHPs’ and ‘Dietetics Foundation 1 + 2’ * plus workbook, and ‘Dietetics’ Enhanced modules<br><u>PLUS</u> regular in-house supervision from a specialist neonatal dietitian<br><br>If there is no specialist neonatal dietitian supervision, a dietitian at this level should not be working in a NICU.<br><br>A clear in-house pathway for:<br>- escalation of concerns<br>- networking with others<br>- clinical queries or concerns</td></tr>
<tr><td></td><td colspan="2"></td><td>Module 5 or equivalent knowledge and skills<br><br>Completion of WTE ‘AHPs’ and ‘Dietetics Foundation 1 + 2* plus workbook<br><br>Enrolled in Enhanced WTE ‘Dietetics’ modules*</td><td>Module 5 or equivalent knowledge and skills<br><br>Completion of WTE ‘AHPs’ and ‘Dietetics’ Foundation 1 + 2* plus workbook<br><br>Enrolled in Enhanced WTE ‘Dietetics’ modules*</td><td></td></tr>
</table>

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<tr><th></th><th colspan="2">SCBU</th><th>LNU</th><th>NICU</th><th>NICU + Surgery</th><th>Network</th></tr>
<tr><td rowspan="2">Specialist Neonatal Dietitian cont<br>Band 7 or above</td><td colspan="3" rowspan="2">Sufficient skills, knowledge, and expertise</td><td>Network or specialist surgical neonatal supervision for repatriated surgical babies<br>(NICU continued)<br>A clear pathway for:<br>- escalation of concerns<br>- networking with others<br>- clinical queries or concerns (in house / externally)</td><td>Demonstration of knowledge and skills working with surgical babies<br><br>(NICU + Surgery continued)<br><br>Surgical neonatal or NETWORK clinical & non clinical support / supervision</td><td></td></tr>
<tr><td colspan="2"><u>Unit</u> leadership/management responsibilities<ul><li>Dietetic professional leadership / line management of unit neonatal / paediatric dietetic team</li><li>Clinical supervision for new and existing unit dietitians</li><li>Training and upskilling of new and existing unit dietitians</li><li>Development and implementation of unit guidelines, education packages</li></ul></td><td></td></tr>
<tr><td>Unit or System Lead Neonatal Dietitian or ACP<br>Band 8a or above</td><td colspan="3">Sufficient skills, knowledge, and expertise</td><td colspan="2">All the above knowledge and skills plus:<ul><li>Enhanced clinical skills e.g. non-medical prescribing</li><li>Professional leadership of the unit or system wide neonatal AHP team</li><li>Represent neonatal dietitians / AHPs on national neonatal committees (e.g. BAPM, NDiG)</li></ul><u>System-wide</u> leadership/management responsibilities:<ul><li>Neonatal dietetic professional leadership</li><li>Training and upskilling of new and existing dietitians</li><li>Clinical supervision for new and existing dietitians</li><li>Strategic workforce development and service model development</li><li>Development and implementation guidelines</li></ul></td><td></td></tr>
<tr><td>Lead Neonatal Network Dietitian<br>Band 8a or above</td><td colspan="5">Sufficient skills, knowledge and expertise</td><td>Network<br>All of the above knowledge and skills plus ability to provide clinical and non-clinical supervision for all dietitians working in neonatal care.<br><br>Undertake unit, LMNS and regionwide project, workforce and strategic work</td></tr>
<tr><td colspan="7">*WTE e-learning for health ‘Introduction to AHPs in Neonatal Care’ and ‘Neonatal Dietetics Foundation Parts 1 and 2’ and ‘Enhanced Neonatal Dietetics’</td></tr>
</table>

## Detailed summary of dietetic knowledge and skill requirements on neonatal units

### 1. Clinical understanding

| Foundation Level | Enhanced Level<br>- as for Foundation plus | Advanced Level<br>- as for Enhanced plus | Surgical unit<br>- as for Advanced plus |
|---|---|---|---|
| Basic understanding of:<br>• Physiological development in term and preterm baby (e.g. late preterm and SGA)<br>• Ability to calculate gestational age and correct for prematurity<br>• The role of PN in preterm babies for babies repatriated who had PN. At this level it is not expected that the paediatric dietitian would be managing this<br>Understanding of:<br>• How long to correct for prematurity, and be able to explain this to parents<br>• The dietetic role as part of the MDT<br>• Principles of FICare and developmental care<br>Awareness of:<br>• The impact of clinical condition on nutrition management e.g. BPD phototherapy for jaundice, long term oxygen support, temperature control, GORD, NEC, PDA, IUGR<br>• Clinical support within your Neonatal Network and communication with other paediatric and neonatal dietitians | Understanding of:<br>• Physiological development in term and preterm babies considering gestational age<br>• The importance of dietetic input on short and long term outcomes<br>• Dietetic role in supporting FICare and developmental care<br>• Congenital hyperinsulinemia in the neonate<br>• How other medical issues such as GORD, NEC, IUGR, AEDF/REDF, PDA, BPD and congenital heart disease affect the preterm baby and modifications that may be necessary in their nutritional management<br>• Detailed understanding and knowledge of lactation and how to support breast milk feeding in the NNU<br>• Detailed knowledge of the importance of colostrum and MOM and knowledge of the full range of formulas and products available for term and preterm babies<br>• Clinical reasoning for initiation and cessation of donor milk | • Understanding of complex issues within obstetric history that influence nutrition within the newborn<br>• Detailed understanding of preterm physiological development including extreme preterm babies and severe IUGR<br>• Extensive knowledge in the management and nutritional interventions for complex comorbidities of prematurity as GORD, NEC, IUGR, AEDF/REDF, PDA, BPD, BMD and congenital heart disease<br>• Detailed knowledge of physiology of the GI tract in babies and how this differs for preterm babies<br>• Understanding and experience of how to manage post-surgical babies transferred back from surgical units<br>• Ability to lead and advise the nutrition MDT<br>• Knowledge of the evidence surrounding the use of probiotics in preterm babies<br>• Dietetic role in implementation of FICare and developmental care | • Knowledge of lower and upper GI disorders and their related birth defects and complications (e.g. oesophageal atresia, exomphalos, gastroschisis, short bowel syndrome)<br>• Experience managing babies with GI surgical interventions/ resections and their potential complications (e.g. oesophageal atresia, exomphalos, gastroschisis, short bowel syndrome, high output stomas)<br>• Knowledge of clinical management and nursing care of GI disorders and surgical interventions (pre and post operatively)<br>• Detailed knowledge of specialist products commonly used in surgical conditions |

## 1. Clinical understanding continued

| Foundation Level | Enhanced Level<br>- as for Foundation plus | Advanced Level<br>- as for Enhanced plus | Surgical unit<br>- as for Advanced plus |
|---|---|---|---|
| • The referral criteria within your NNU and Network for babies who stay on the unit, and those who are transferred out and then repatriated e.g. repatriated extreme prematurity, late preterm baby, unstable term baby<br>• The criteria for acceptance and role of the outreach team to provide ongoing support in the community<br>Knowledge of:<br>• The composition and importance of colostrum and MOM<br>• The composition and use of BMF for preterm babies<br>• The composition and use of the full range of formulas and products available for term and preterm babies<br>• Knowledge of the composition and use of post discharge formulas for preterm babies | • Basic understanding of the surgical baby including an understanding of stoma and post-surgical management in the preterm baby (on the LNU)<br>• A member of the MDT, attending ward rounds and an understanding of the role of the nutrition support/feeding team | | |

## 2. Nutritional Assessment

| Foundation Level | Enhanced Level<br>- as for Foundation plus | Advanced Level<br>- as for Enhanced plus | Surgical unit<br>- as for Advanced plus |
|---|---|---|---|
| • Familiarity with standard and NICM growth charts and understanding their differences<br>• Nutritional anthropometric assessment of preterm babies' growth (weight/length and head circumference)<br><br>Understanding of:<br>• Growth monitoring and ability to interpret this<br>• IUGR and long-term growth projections<br>• Basic biochemistry | • Ability to carry out and demonstrate swaddled weighing, and measuring length and head circumference<br>• Understanding of the different aetiologies of growth faltering in babies<br>• Interpretation of biochemistry and haematology results, understanding their limitations and the nutritional implications of these<br>• Knowledge of common medications on the NNU and their uses (e.g. caffeine, sodium supplementation, surfactants, anti-reflux medication) | • Detailed understanding and ability to use and interpret neonatal and close monitoring growth charts<br>• Knowledge of expected clinical growth parameters<br>• Detailed knowledge of biochemistry to include assessment of electrolytes, bone profile, liver and renal function<br>• Knowledge of biochemistry related to repatriated surgical patients e.g. urinary electrolytes and liver function tests | • Detailed knowledge of biochemistry related to surgical babies e.g. urinary electrolytes, liver function tests<br>• Knowledge of how medications can affect GI tolerance to feeds especially in patients with high output stoma's<br>• Knowledge of medical management of high output stomas e.g. use of loperamide and cholestyramine |

## 3. Nutritional Requirements

| Foundation Level | Enhanced Level<br>- as for Foundation plus | Advanced Level<br>- as for Enhanced plus | Surgical unit<br>- as for Advanced plus |
|---|---|---|---|
| Understanding of:<br>• Term baby EN requirements<br>• Basic preterm baby EN requirements both early and late preterm<br>• Requirements for AGA versus SGA babies both term and preterm<br>• The challenges of meeting preterm nutritional requirements in practice<br>• Knowledge of guidelines on preterm enteral nutritional requirements e.g. ESPGHAN<br>• Vitamin & mineral requirements for preterm babies and how to meet them<br>• Potential for cumulative nutritional deficits in preterm neonates | • Aware of conditionally essential nutrients<br>• Detailed knowledge of preterm EN requirements including babies with extreme prematurity<br>• Understanding of preterm baby PN requirements<br>• Awareness of the potential barriers to babies meeting their nutritional requirements (e.g. periods of nil enterally, feed intolerance and fluid restriction) | • Detailed knowledge of preterm nutritional requirements including babies with extreme prematurity – both enteral and parenteral | • Knowledge of nutrient absorptive functions of small and large intestine<br>• A detailed knowledge and understanding of the impact of GI resections on the digestion and absorption of nutrients<br>• Knowledge of the transition from preterm to term requirements as baby develops – both EN and PN (babies often require PN for long periods)<br>Nutritional requirements in long term parenterally fed babies |

## 4. Nutritional Management – inpatient

| Foundation Level | Enhanced Level<br>- as for Foundation plus | Advanced Level<br>- as for Enhanced plus | Surgical unit<br>- as for Advanced plus |
|---|---|---|---|
| <u>Enteral Nutrition</u><br>Understanding of:<br>• Establishing breastfeeding / lactation<br>• Use of bolus versus continuous feeding in preterm babies<br>• Feed volumes and frequency required with the physiological reason underpinning this (e.g. feed tolerance, blood sugar homeostasis)<br><br><u>Oral feeding development</u><br>Understanding of:<br>• Typical feeding and developmental stages in term and preterm babies<br>• Transition from NGT to oral feeding<br>• Importance of non-nutritive sucking | <u>Parenteral Nutrition</u><br>• Rationale for use of neonatal PN, both absolute and relative indications<br>• Monitoring of PN<br>• Titration of PN with enteral feeding and when to stop PN<br>• The role of the dietitian as part of the nutrition MDT<br>• Familiarity with the standard PN bags available and their use<br>• Knowledge of national guidelines for PN provision e.g. ESPGHAN and NICE<br><br><u>Enteral nutrition</u><br>• The use of trophic feeding & evidence around the rate of feed progression (speed/volume)<br>• Understanding of monitoring feed tolerance<br>• Ability to support breast feeding and lactation<br>• Knowledge of research surrounding incidence of NEC and risk factors<br>• Understanding of specialised infant formulas and their role preterm babies nutrition | <u>Parenteral Nutrition</u><br>• Thorough understanding of PN indications and use<br>• Ability to order PN independently and/or in collaboration with specialist neonatal pharmacist<br>• Knowledge and understanding of managing longer term PN for term and preterm babies with medical or surgical conditions (e.g. monitoring biochemistry, risk of PNALD, infection etc.)<br>• Understanding of indications for individualised PN<br>• Knowledge of management of acute complications relating to PN e.g. raised blood sugars, urea, triglycerides and electrolyte abnormalities<br>• Knowledge of neonatal PN service provision<br><u>Enteral nutrition</u><br>• Extensive knowledge of specialist infant formula's e.g. amino acid, extensively hydrolysed, LCT/MCT fat based formulas and modular feeds<br>• Management of repatriated surgical babies with support from a specialist neonatal dietitian | <u>Parenteral Nutrition</u><br>• Extensive understanding of PN monitoring in term and preterm babies on long-term PN (e.g. biochemistry, micronutrient and electrolyte supplementation, cost, quality of life, potential complications)<br>• Knowledge of the components of PN (both standardised and individual PN bags)<br>• Prevention and management of complications of long term PN e.g. PNALD<br><br><u>Enteral nutrition</u><br>• Understanding of the benefits of the use of breast milk in preterm babies post-surgery<br>• Supporting lactation, expressing and breast milk feeding<br>• Evidence based/best practice rationale for using specialist infant formulas in preterm and term babies post operatively<br>• Support the MDT to make appropriate feeding decisions, considering GI disorder/surgical intervention e.g. feed type, method of feeding and progression from PN to EN |

## 4. Nutritional Management – inpatient continued

| Foundation Level | Enhanced Level<br>- as for Foundation plus | Advanced Level<br>- as for Enhanced plus | Surgical unit<br>- as for Advanced plus |
|---|---|---|---|
| | <u>Oral feeding development</u><br>• An understanding of the role of SALT on the NNU<br>• How different feeding methods are used dependent on gestational age, maturity, development and feeding skills (e.g. orogastric, nasogastric, breast, bottle) | | • Supporting the MDT to manage enteral feed intolerance/ complications and facilitate adaptation of remaining gut<br>• Supporting nursing staff to maintain appropriate oral feeding skills/facilitate normal development in babies with GI disorders/surgeries (e.g. oesophageal atresia, short gut) |

## 5. Nutritional Management – post discharge

| Foundation Level | Enhanced Level<br>- as for Foundation plus | Advanced Level<br>- as for Enhanced plus | Surgical unit<br>- as for Advanced plus |
|---|---|---|---|
| <u>Post discharge</u><br>• Support of feeding ready for discharge (breast/formula)<br>• Appropriate use of post discharge formula<br>• Understanding of the role of post discharge fortifier<br>• Appropriate use of post discharge vitamin & iron supplementation<br>• Collaborative working with neonatal community outreach team and a clear pathway of escalation / ongoing care as required<br>• Knowledge of preterm weaning | <u>Oral feeding development</u><br>• An understanding of the role of SALT on the NNU<br>• How different feeding methods are used dependent on gestational age, maturity, development and feeding skills (e.g. orogastric, nasogastric, breast, bottle)<br><br><u>Post discharge/Transfer of care</u><br>• Appropriate use of post discharge fortifier<br>• Knowledge of community support teams and pathways for referral | <u>Post discharge/Transfer of care</u><br>• Ensures the smooth transition of dietetic care for 'out of area' babies to their local units. This includes contacting the local dietitian regarding ongoing care needs | <u>Post discharge/Transfer of care</u><br>• Ensures the smooth transition of dietetic care for repatriated surgical babies. Providing ongoing dietetic review and advice on nutritional interventions in liaison with local team as required. Arranging surgical follow up as needed |

## 6. MDT working

| Foundation Level | Enhanced Level<br>- as for Foundation plus | Advanced Level<br>- as for Enhanced plus | Surgical unit<br>- as for Advanced plus |
|---|---|---|---|
| • Works closely with medical, nursing and therapy colleagues to provide a cohesive package of care<br>• Attendance at unit multidisciplinary and discharge planning meetings | • Works as part of a broad MDT to provide holistic, family centred care<br>• Regularly attends ward rounds (MDT, Outreach, AHP) to advise on nutrition | • Attends regular MDT clinical ward rounds including nutrition focussed ward rounds | • Lead / co-lead surgical nutrition team on unit<br>• Proactively engage with other specialist services as appropriate e.g. liver / intestinal failure centres and their respective dietitians |

## 7. Clinical Governance and Education

| Foundation Level | Enhanced Level<br>- as for Foundation plus | Advanced Level<br>- as for Enhanced plus | Surgical unit<br>- as for Advanced plus |
|---|---|---|---|
| **Clinical Governance**<br>• Contributes to unit clinical governance through involvement in audits, clinical incidents and guidelines<br><br>**Education**<br>• Deliver basic neonatal nutrition education to neonatal MDT on universal and targeted nutrition interventions<br>• Take part in parent education sessions on nutrition and growth<br>• Develop and deliver weaning sessions | **Clinical Governance and research in conjunction with Network dietitian / regional neonatal nutrition group**<br>• Participates in nutrition audits<br>• Implements Network nutrition guidelines<br>• Leads nutrition audits<br>• Involvement in unit-based nutrition QI and research<br>• Maintains up to date knowledge<br>• A member of a national CoP group<br><br>**Education**<br>• Deliver neonatal nutrition education to neonatal MDT on universal and targeted nutrition interventions<br>• Support infant feeding training (BFI)<br>• Training and upskilling of Trust paediatric dietitians in neonatal dietetics<br>• Initiates, plans and delivers nutrition education to staff on the neonatal unit and adapts accordingly to all staff groups. Supports AHP student placements | **Clinical Governance and research in conjunction with Network dietitian / regional neonatal nutrition group**<br>• Initiates, writes, and implements nutrition guidelines<br>• Develop and lead nutrition audits<br>• Involvement in unit based and national research<br>• Provides clinical supervision to dietitians within your team (+/- systemwide colleagues)<br>• Actively engages and participates in national neonatal groups and professional associations e.g. NDIG, N3, BAPM<br><br>**Education**<br>• Initiates, plans and delivers neonatal nutrition education on specialist nutrition interventions to staff on the NNU and adapts accordingly for all staff and parent groups<br>• Develops and delivers on all aspects of neonatal nutrition education for medical, nursing staff and dietitians regionally and nationally / internationally | **Clinical Governance and research in conjunction with Network dietitian / regional neonatal nutrition group**<br>• Involvement in the development and implementation of surgical nutritional guidelines<br>• Involvement in research in surgical patients<br>• Support/advise neonatal dietitians on the management of the repatriated surgical baby<br><br>**Education**<br>• Organise and participate in education of all aspects of nutritional care of the surgical baby regionally, nationally and internationally |

## Network Level

**All of the above Foundation, Enhanced, Advanced and Surgical competencies PLUS:**

To report directly to Network director and identified dietitian for professional support as required.

The post holder must demonstrate an ability to:

- Facilitate and lead on all areas of nutrition within the Network
- To be a proactive member of the Network multidisciplinary team on both a strategic, operational and clinical level
- Represent Network Neonatal AHPs and specifically neonatal dietitians on a national level such as national specialist groups and organisations including, Network Board, LMNS, NICE and BAPM working groups
- Demonstrate strategic leadership in the development of dietetic and AHP workforce provision across the neonatal units within the Network in addition to supporting the recruitment and retention of staff, training and maintenance of professional competencies and succession planning
- Lead on the development, implementation and review of Network nutrition policies and guidelines
- Develop collaborative working between units to facilitate the development and implementation of standardised, evidenced based nutritional care across the Network
- Lead the development, delivery, and implementation of nutrition Network wide projects and to be an active member of other Network groups that require dietetic input
- Contribute to the development and delivery of comprehensive, multi-professional education programmes that are standardised across the Network
- Develop and lead on producing supporting resources for all Network education programmes
- Provide expert and advanced clinical skills, knowledge and advice as required to all neonatal units and their staff across the Network
- Develop and lead Network-wide dietetic professional leadership and clinical supervision to upskill and empower new and existing dietitians in post within the Network.
- Enabling equity of access to dietetic care across the Network or where dietetic services do not exist use nutrition link medical / nursing staff to champion nutrition and establish a focus within the team for nutrition responsibility and tracking of nutritional parameters
- To engage with and support the Network Parent Advisory Group
- To be responsible for regular benchmarking and auditing within nutritional care throughout the Network to continue to improve quality of care
- To identify and facilitate dietetic support to Neonatal research and multidisciplinary projects across the Network
- Support student AHP placements within and across Networks

## Glossary

| | |
|---|---|
| AEDF | Absent end diastolic flow |
| AGA | Appropriate for gestational age |
| AHP | Allied health professional |
| BAPM | British Association of Perinatal Medicine |
| Basecamp | A forum that is part of NDIG |
| BMD | Bone mineral deficiency |
| BFI | Baby Friendly Initiative |
| BMF | Breast milk fortifier |
| BPD | Bronchopulmonary dysplasia |
| CoP | Community of practice – a part of NDIG |
| DHM | Donor human milk |
| EBM | Expressed breast milk |
| EN | Enteral nutrition |
| ESPGHAN | The European Society for Paediatric Gastroenterology Hepatology and Nutrition |
| FICare | Family integrated care |
| GI | Gastro-intestinal |
| GORD | Gastro-oesophageal reflux disorder |
| IUGR | Intra-uterine growth restriction |
| LCT | Long chain triglyceride |
| LMNS | Local Maternity and Neonatal System |
| MCT | Medium chain triglyceride |
| MDT | Multidisciplinary team |
| N3 | N3 Neonatal Nutrition Network |
| NDIG | Neonatal Dietitians Interest Group (affiliated to the British Dietetic Association Paediatric group) |
| NEC | Necrotising enterocolitis |
| NGT | Nasogastric tube |
| Network | Operational Delivery Network |
| NICM | Neonatal and infant close monitoring |
| NNU | Neonatal unit |
| MOM | Mother's own milk |
| PDA | Patent ductus arteriosus |
| PN | Parenteral nutrition |
| PNALD | Parenteral nutrition associated liver disease |
| REDF | Reversed end diastolic flow |
| SALT | Speech and Language Therapy |
| SGA | Small for gestational age |
| UK | United Kingdom |
| WTE | Workforce, Training and Education |

## Authors:

Based on ‘The Competencies for Neonatal Dietitians’ produced in June 2018, this document was reviewed and updated by Stephanie Tagani, Sara Clarke and Lorraine Cairns. The updated draft document was sent for comment to a core group of members of the Neonatal Sub-Group of the BDA working within different levels of neonatal care as listed below. After extensive discussion of content and alignment with NHS England Workforce, Training and Education eLearning for Health foundation and enhanced level training modules the final draft was reviewed and agreed by Stephanie Tagani, Sara Clarke and Lorraine Cairns. This document, along with NDiG document *Dietitian Staffing on Neonatal Units* is available on the NDiG Website at Neonatal Workforce, Service Specifications and Commissioning Documents | British Dietetic Association (BDA)

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## Bibliography:

Dietitian Staffing on Neonatal Units - Neonatal Sub-Group Recommendations for Commissioning BDA-Formatted-Staffing-Recc.pdf

**Refer to:**

Education - Paediatric Dietetics - A modular course for dietitians | British Dietetic Association (BDA) for information on MSc Module – Advanced Neonatal Nutrition

Home - elearning for healthcare (e-lfh.org.uk) for access to eLearning For Health foundation and enhanced level training modules:

Introduction to AHPs in Neonatal Care https://portal.e-lfh.org.uk/LearningContent/Launch/755843

Introduction to neonatal dietetics: Part 1 https://portal.e-lfh.org.uk/Component/Details/758881

Introduction to neonatal dietetics: Part 2 https://portal.e-lfh.org.uk/Component/Details/758884

Neonatal dietetic workbook linked to part 1 & 2 of the eLearning modules https://portal.e-lfh.org.uk/LearningContent/Launch/758865