

Paediatric Nutrition Role Statement

Developed by members of the Paediatric and Maternal Health Interest Group

Introduction

Accredited Practising Dietitians (APDs) are recognised professionals with the qualifications and skills to provide expert nutrition and dietary advice. APDs are qualified to advise individuals, groups and organisations on nutrition-related matters.

APDs have university training accredited by Dietitians Australia, undertake ongoing professional development and commit to evidence-based practice. They comply with the [Dietitians Australia Code of Conduct for Dietitians & Nutritionists](#) and commit to providing quality service.

APD is the only national credential recognised by the Australian Government, Medicare, the Department of Veterans Affairs, the National Disability Insurance Agency and most private health funds as the quality standard for nutrition and dietetics services in Australia. It is a recognised trademark protected by law.

Purpose of this role statement

- To define the role an APD may fulfil when working in the area of paediatric health
- To promote the knowledge and expertise of an APD, broadly and in the area of paediatric health and beyond [National Competency Standards](#)
- To advocate for dietetic services

Knowledge and skills in this area of practice

Entry level dietetic competencies ensure all APDs can conduct assessments, diagnose nutritional issues and develop, monitor and evaluate interventions. The Paediatric Nutrition Role Statement refers to infants (including neonates), children and adolescents. Within a particular practice area, APD skills and knowledge will range from entry level to highly skilled. Within this continuum APDs can either fully manage the patient, seek support to continue seeing the patient or refer the patient on.

The following is a list of knowledge and skills required to work in the paediatrics:

Knowledge

- Nutritional requirements and nutrient reference values of infants, children and adolescents across common nutrition related disorders (for example, but not limited to: chronic respiratory issues, metabolic disorders, type 1 diabetes, oncology treatment, gastrointestinal disorders, cystic fibrosis, cerebral palsy, developmental disabilities and Down's syndrome).
- Aetiology of common nutrition-related conditions and diseases, that have their origins in childhood such as growth rate above or below a healthy weight, metabolic disorders, iron deficiency, feeding difficulties and adverse food reactions.

- Understanding, supporting and promoting breastfeeding as the optimal feeding method. This includes feeding cues, benefits of breastfeeding and policies which promote support of breastfeeding (eg World Health Organization International Code of Marketing of Breast-milk Substitutes).
- Infant formula indications for use, type, volume, frequency, safe preparation feeding cues, quality and manipulations to meet altered requirements. Understanding of different formulas available on the market.
- Developmentally appropriate introduction of solids, considering timing, progression and suitable textures and foods.
- Understanding of child protection policies, guidelines, services and how to submit a report.

Skills

- Ability to assess the nutritional status, growth and nutritional requirements of infants, children and adolescents, including those with acute and chronic diseases or special healthcare needs (for example, but not limited to: chronic respiratory issues, metabolic disorders, type 1 diabetes, oncology treatment, gastrointestinal disorders, cystic fibrosis, cerebral palsy, developmental disabilities and Down's syndrome).
- Utilisation of appropriate growth charts and calculation and interpretation growth patterns for infants, children and adolescents.
- Ability to provide evidence based, specific and tailored nutrition advice for the individual and family, considering the changing physiological, psychological and social needs, treatment and life stage (infant, child and adolescent).
- Employ chronic condition management approaches to facilitate long-term management, including goal setting and motivational interviewing.
- Provide support to parents or carers to feed their infants, children and adolescents, particularly relating to fussy eating, limited food acceptance and sensory issues, and encouraging a positive mealtime environment.
- Effective advocacy and age-appropriate communication with all relevant stakeholders including patients, parents or carers, families and (as clinically relevant) the multidisciplinary team to assist in family- and patient-centred decision making in developing, implementing and evaluating nutrition interventions.

Activities entry level APDs would conduct

- Assessment, monitoring and nutritional management of various disease states growth assessment and interpretation, development and eating behaviours in childhood and adolescence.
- Planning, implementation and evaluation of nutrition interventions, including dietary manipulation and artificial nutrition support measures (eg enteral feeding, supplementary feeds).
- Act as a nutrition resource person for the training, education and development and support of others involved in paediatric care eg mentoring/supervision of students or less experienced dietitians as well as various other health professionals.

Activities APDs working at a higher level would conduct

- Nutrition management of complex cases and conditions, including but not limited to eg childhood obesity, eating disorders, type 1 diabetes, liver disease, renal disease, cancer, cystic fibrosis, developmental disabilities, neurodevelopmental disorders, depressive and/or anxiety disorders and non IgE mediated adverse food reactions.
- Implementation of therapeutic nutritional interventions, including dietary manipulations using artificial nutrition support (eg breast milk fortification, specialised infant formula, modular feeds, parenteral feeding).
- Provide support and education for problematic feeding and mealtime behaviours.¹

Practitioners should refer to the [Scope of Practice Decision Tool](#) to determine if a task is within their scope of practice.

Activities APDs working in this area of practice do not usually undertake

- Provide lactation management, oral motor assessment, in-depth psychological interventions without meeting credentialing requirements to extend scope of practice.

Appendix A – Background

Paediatric dietitians are APDs who apply evidenced-based nutrition knowledge to a paediatric population.²

Nutritional requirements of infants and children are high due to their rapid growth and development, relative to their size.³ Therefore, there are specific nutritional needs during the paediatric years, which also include adolescent, to support optimal growth. The consequences of inadequate or unbalanced nutritional intake may not only affect growth and development during the early years and adolescence but may also influence disease in later life.³⁻⁵

References

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2. Commission on dietetic regulation [Internet]. Chicago: Academy of Nutrition and Dietetics; 2019. Specialty practice experience; 2019 [cited 2019 Sep 17]. Available from: <https://www.cdrnet.org/certifications/specialty-practice-experience#pediatric>.
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4. Shaw V, editor. *Clinical paediatric dietetics*. 4th ed. Oxford: Wiley-Blackwell; 2014.
5. Gandy J. Nutritional needs of population subgroups. In: Thomas B, Bishop J, editors. *Manual of dietetic practice*. 6th ed. Oxford: Blackwell Publishing; 2019.