Australian College of Neonatal Nurses Incorporated

INC1300211

Standards for Practice

Fifth Edition 2025

THE PEAK PROFESSIONAL BODY FOR NEONATAL NURSES IN AUSTRALIA

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Australian College of Neonatal Nurses Incorporated (INC1300211) Standards for Practice 5th Edition 2025

Version Control

ACNN Standards for Practice 4th Edition previously amended in 2019.

ACNN Standards for Practice 5th Edition 2025 will remain current for five years until 2030 or earlier if modifications are required.

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Part 1: Orienting statements

1.1 The term: Neonatal Nurse

The ACNN Standards for Practice (hereafter referred to as '*The Standards*') apply specifically to Registered Nurses and/or Midwives who both undergo separate professional education pathways and as such, have protected registration entitlements. Within the context of neonatal care, there is a degree of professional crossover whereby Registered Nurses and Midwives work side by side to provide care of the neonate. however, as *The Standards* are produced by the national body ACNN, the Authorship Group have therefore elected to refer to Registered Nurses and Midwives working with neonates as 'neonatal nurses'. *The Standards* have been produced for neonatal nurses working in a clinical, or non-clinical capacity contributing to the care of neonates and their families within inpatient and post-discharge contexts. *The Standards* inform professional practice, professional development, and capability for neonatal nurses in the provision of safe, high quality clinical care and include aspect of education, leadership, management and research.

1.2 Neonatal nursing in Australia

Neonatal nursing, as a professional endeavour, requires the development of therapeutic, relationship-centred practice to care for all neonates and their families. Neonatal nurses are privileged in their contribution to the growth, development and outcomes of the neonates for whom they provide care.

The Australian College of Neonatal Nurses (ACNN) acknowledges that the Australian community is culturally rich and diverse. Neonatal nurses have a professional responsibility to provide care that is culturally safe and respectful of all peoples, especially Aboriginal and Torres Strait Islander people and communities.

Figure 1: Image courtesy of https://mapsontheweb.zoom-maps.com/post/674610876108652544/map-of-indigenous-australia-languages-tribes-or

ACNN honours Aboriginal and Torres Strait Islander ways of knowing, being and doing. The College promotes participation in strategies that *Close the Gap* in health and life expectancy outcomes between Aboriginal and Torres Strait Islander people and non-Indigenous Australians by providing culturally safe and responsive neonatal nursing.

1.3 Nursing and Midwifery Board of Australia Standards for Practice

ACNN acknowledges the Nursing and Midwifery Board of Australia (NMBA) Standards for Practice for Registered Nurses, Midwives, Nurse Practitioners and Enrolled Nurses. These standards recognise that Registered Nurses (RNs), Midwives and Enrolled Nurses (ENs) work within professional relationships to provide health care that involves individuals, families, groups and communities.

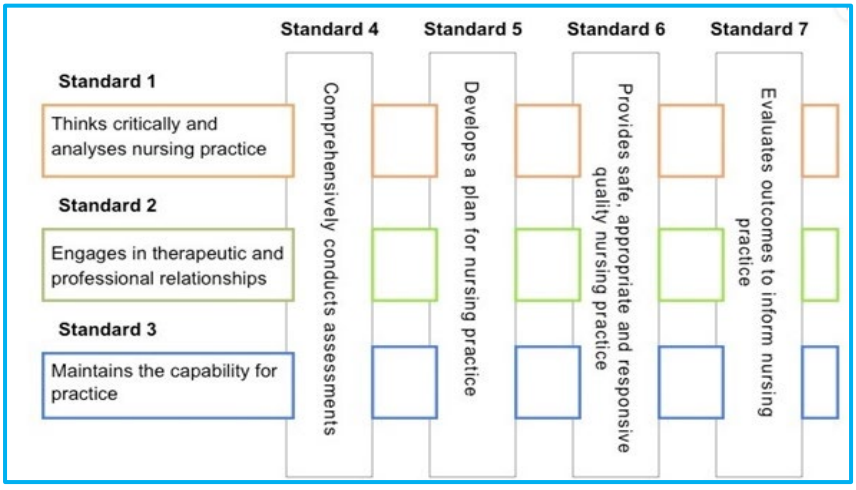


Figure 2: NMBA Registered Nurse Standards for Practice demonstrating the interrelationship between standards.

The seven standards for RNs and their interrelationship are outlined in this Figure (reproduced by permission).

The standards applying to Registered Nurses remain the foundation for this fifth edition of the *ACNN Neonatal Nurses Standards for Practice* in recognition of their broader applicability.

The Standards are just like each of the NMBA Standards for Practice whereby each of *Standard* is unique, however there is also purposeful interrelatedness between them. Yet *The Standards* include specific criteria that aid neonatal nurses in identifying and developing their scope of practice in the context of current roles and responsibilities.

1.4 Benner's 'Novice to Expert' Model

Dr Patricia Benner's 1982 'novice to expert' model is utilised as the foundational scaffold for The Standards. This model provides a more objective method in evaluating neonatal nursing practice and skill development. Transposing Benner's model over *The Standards* allows neonatal nurses, educators and managers to identify more readily, the stage that an individual neonatal nurse may have achieved. This can then be used in planning career progression and, or professional development.

The following information provides guidance on the **novice** to **expert** levels in the context of neonatal care and these *Standards*. Each stage of development builds upon the next to achieve a high level of expertise.

Novice to advanced beginner

At the **novice stage**, a neonatal nurse has no experience with situations occurring in a neonatal unit. They may struggle with deciding task relevance and have an inability to use discretionary judgement.

As the neonatal novice gains knowledge, they move into an **advanced beginner** stage where they draw on enough situational experience to identify patterns and responses. At this stage, the neonatal nurse is focused on taught rules/guidelines and is reliant on available support from mentors/ colleagues.

Competent

As the individual nurse progresses, they move into the **competent stage** and can prioritise tasks by drawing from increasing experience. They can begin to work efficiently with deliberate planning.

Proficient

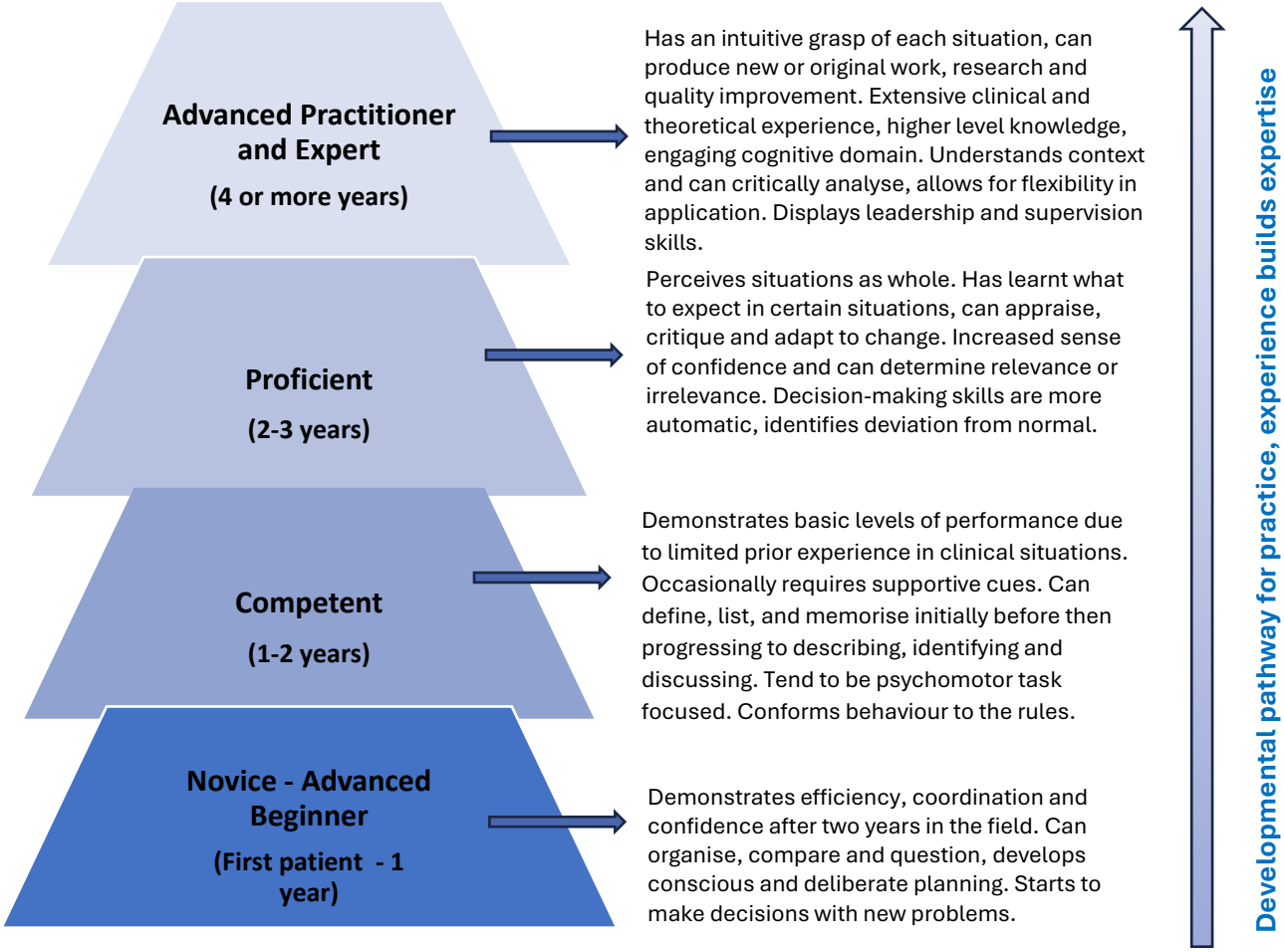
As the competent nurse continues to develop and progress, the **proficient stage** is entered where the nurse can see a situation in its entirety and use that information to provide direction in care. The proficient nurse has a holistic understanding that allows for improved decision-making processes.

Advanced practitioner/expert

The final stage is the **advanced practitioner and expert**. The neonatal nurse now has an extensive knowledge of situations that allows for confidence and an intuitive grasp of complex patient situations. Rules and guidelines are not their sole reliance as they are drawing from broad experience and a wider knowledge base.

Novice to Expert Model Stages

(adapted from Benner, 1982)



Part 2: The Standards

Standard 1

Standard 1: Thinks critically and analyses nursing practice

Neonatal nurses use diverse thinking strategies and best available evidence within a family-centred approach to critically reflect and analyse situations to guide decision making for the provision of safe, quality neonatal care.

1.1 Novice to Advanced Beginner: first patient to 1 year

Describes, identifies and discusses *(links to Benner's Model)*

1.1.1 Includes families and colleagues in the critical assessment of care across the continuum, acknowledging individual and complex needs.

1.1.2 Engages in the continuous process of self-assessment through critical reflection.

1.1.3 Ensures nursing practice is ethical, culturally safe, and respectful of the family's values, beliefs and preferences.

1.2 Competent: 1 to 2 years

Organises, questions and compares *(links to Benner's Model)*

1.2.1 Understands the importance of utilising best available evidence in making decisions to inform the provision of safe, quality nursing care.

1.2.2 Understands the impact of different cultures on behaviours related to health and family, and practises in a culturally sensitive manner with impartiality and objectivity.

1.2.3 Critically assesses and analyses the influence of the neonatal unit environment on neonates and families.

1.3 Proficient: 2 to 3 years

Appraises, critiques and adapts *(links to Benner's Model)*

1.3.1 Utilises best available evidence for decision-making throughout the provision nursing care.

1.3.2 Undertakes critical reflection on experience, knowledge, actions and beliefs to enhance, shape and improve practice.

1.4 Advanced Practitioner/Expert: 4 or more years

Original work, research, quality improvement, critically analyses *(links to Benner's Model)*

1.4.1 Advocates for best evidence-based practice by engaging with stakeholders to influence and support change and/or improvement.

1.4.2 Develops, updates and reviews policies and guidelines to include best available evidence and research outcomes.

1.4.3 Undertakes additional roles that expand scope of practice, influence team growth and roles models critical thinking.

Standard 2

Standard 2: Engages in therapeutic and professional relationships

Neonatal nurses purposefully engage in therapeutic relationships with families based on mutual trust, respect and effective communication and professional relationships that incorporate all therapeutic aspects of care as well as confidentiality and ethical decision-making. Relationships with colleagues are collaborative and supportive in nature, based on mutual professional trust and respect.

2.1 Novice to Advanced Beginner: first patient to 1 year

Describes, identifies and discusses *(links to Benner's Model)*

2.1.1 Introduces self to families and fosters an environment of open communication between the family and the multidisciplinary team.

2.1.2 Ensures all forms of communication are complete, unbiased, culturally appropriate and literacy sensitive in consumer-friendly language.

2.1.3 Recognises the need for actively listening to families to identify and document social, emotional, spiritual and cultural needs.

2.1.4 Builds relationships with families from diverse groups including those from Aboriginal and Torres Strait Islanders, the culturally and linguistically diverse (CALD), and marginalised groups.

2.1.5 Maintains privacy and confidentiality of all information and acts to preserve the dignity and safety of families in difficult situations.

2.1.6 Is aware of the *Australian Charter of Healthcare Rights* and the role of advocating for and protecting the rights of the neonate and their family.

2.1.7 Utilises verbal and non-verbal communication techniques with families and colleagues in a respectful way that promotes collaboration.

2.1.8 Communicates and collaborates in multidisciplinary teams to facilitate safe and appropriate care for neonates and families.

2.1.9 Maintains professional boundaries during interactions with families and colleagues, including use of social media, ensuring compliance with health policies, the professional code for ethics and the professional code of conduct.

2.2 Competent: 1 to 2 years

Organises, questions and compares *(links to Benner's Model)*

2.2.1 Demonstrates confidence in providing information, education and support to families to enhance their capacity to make collaborative decisions about the health and wellbeing of their neonate.

2.2.2 Is conscious of the importance of a culture of safety and learning in building professional relationships in the workplace.

2.2.3 Competently mentor's colleagues, undergraduate and new graduate students to build skills, growth and trusting professional relationships.

2.2.4 Actively listens, identifies, responds and advocates for the social, emotional, spiritual and cultural needs of the family.

2.2.5 Incorporates Aboriginal and Torres Strait Islander paradigms to support the development of the therapeutic relationship with Indigenous families.

2.3 Proficient: 2 to 3 years

Appraises, critiques and adapts *(links to Benner's Model)*

2.3.1 Appraises the need for family support and identifies resources that can be offered within the neonatal unit or via consumer groups.

2.3.2 Initiates referrals for, liaises, and communicates effectively with other departments and colleagues that contribute to comprehensive care of the neonate and their family.

2.3.3 Effectively and ably mentor's colleagues, undergraduate and new graduate students to mutually develop and nurture leadership skills, professional growth and trusting relationships.

2.3.4 Role models expected nursing and professional behaviours and practices in developing trusting relationships with families and colleagues.

2.3.5 Appraises, reflects and monitors own emotional response to interaction and uses this to nurture therapeutic relationships with the family.

2.4 Advanced Practitioner/Expert: 4 or more years

Original work, research, quality improvement, critically analyses *(links to Benner's Model)*

2.4.1 Applies high-level clinical and theoretical knowledge to critically analyse, delegate, supervise, coordinate and negotiate to develop and support professional relationships.

2.4.2 Engages with families, applying high-level and effective communication skills in discussing research or quality improvement projects and the potential inclusion of their infant.

2.4.3 Displays expert leadership and supervision skills through active listening and providing effective and constructive feedback in facilitating development of professional performance.

Standard 3

Standard 3: Maintains capability for practice

Neonatal nurses are responsible and accountable for ensuring their own safe and capable clinical practice, as well as supporting colleagues in clinical practice. Determines scope of practice by referring to the AHPRA Decision Making Framework. Maintains safe scope of practice and capability that encompasses ongoing self-management.

3.1 Novice to Advanced Beginner: first patient to 1year

Describes, identifies and discusses *(links to Benner's Model)*

3.1.1 Identifies own knowledge base and acts within own scope of practice.

3.1.2 Reflects on own practice and discusses with colleagues and mentors.

3.1.3 Utilises local governing documents that are relevant to neonatal care, including best available evidence-based clinical guidelines, policies and procedures.

3.1.4 Identifies the need for continuing professional development activities and an awareness of national and international neonatal nursing professional organisations to engage in professional development activities.

3.1.5 Assumes responsibility and accountability for documenting and summarising own continuing professional development activities via paper-based records, web-hosted methods, or app-based recording in line with AHPRA requirements.

3.2 Competent: 1 to 2 years

Organises, questions and compares *(links to Benner's Model)*

3.2.1 Undertakes a diverse range of continuing professional development activities that include self-care management and well-being strategies.

3.2.2 Refers to local governing documents that are relevant to neonatal care, including best available evidence-based clinical guidelines, policies and procedures and compares to those from other organisations.

3.2.3 Questions and intervenes when patient care is compromised by unsafe or illegal practice.

3.2.4 Analytically reflects to improve self-awareness and areas of strength/improvement.

3.2.5 Questions and compares new and emerging technologies that support high quality and evidence-based neonatal care.

3.2.6 Incorporates digital literacy and capability into learning, supporting development of practice in neonatal care.

3.3 Proficient: 2 to 3 years

Appraises, critiques and adapts *(links to Benner's Model)*

3.3.1 Engages with professional bodies via membership and actively promotes formal and informal educational opportunities to nursing colleagues.

3.3.2 Contributes to the appraisal and critique of governing documents that are relevant to neonatal care, including evidence-based clinical guidelines, policies and procedures.

3.3.3 Serves as a preceptor or mentor in supporting novice and advanced beginner level colleagues to develop further knowledge and skill acquisition.

3.3.4 Monitors own emotional response and employ's self-care strategies to maintain safe practice.

3.4 Advanced Practitioner/Expert: 4 or more years

Original work, research, quality improvement, critically analyses *(links to Benner's Model)*

3.4.1 Actively engages with professional nursing, midwifery and academic bodies that are relevant to the on-going development of nursing practice.

3.4.2 Leads and role-models the ongoing process of developing and revising guidelines, protocols, and standards related to neonatal care.

3.4.3 Provides professional development activities to maintain own capability in practice and support colleagues ongoing skill and knowledge development.

Standard 4

Standard 4: Comprehensively conducts assessments

Neonatal nurses comprehensively and systematically conduct assessments to develop a plan of care that strives for optimal outcomes for the neonate and their family.

4.1 Novice to Advanced Beginner: first patient to 1 year

Describes, identifies and discusses *(links to Benner's Model)*

4.1.1 Identifies and uses a range of holistic assessment techniques to collect and document relevant and accurate information to inform practice and decision making.

4.1.2 Describes clinical, cultural, emotional, financial, psychosocial and/or spiritual components of assessment.

4.1.3 Discusses with colleagues the local resources available to meet identified needs of neonates and families.

4.1.4 Describes the concept of developmental appropriateness of the neonatal environment.

4.2 Competent: 1 to 2 years

Organises, questions and compares discusses *(links to Benner's Model)*

4.2.1 Works in partnership with families to identify referral pathways and support resources based on holistic assessment.

4.2.2 Liaises with the multidisciplinary team to ensure all aspects of assessment are considered and incorporate physical, cultural and psychosocial health needs.

4.2.3 Uses assessment findings to escalate care when neonatal deterioration is suspected.

4.2.4 Assesses and initiates strategies to manage the environment for neurodevelopmental appropriateness.

4.3 Proficient: 2 to 3 years

Appraises, critiques and adapts *(links to Benner's Model)*

4.3.1 Assesses and maintains an age-appropriate and neurodevelopmentally supportive environment.

4.3.2 Appraises families for readiness to transition to home/ongoing care to inform discharge planning choices.

4.4 Advanced Practitioner/Expert: 4 or more years

Original work, research, quality improvement, critically analyses *(links to Benner's Model)*

4.4.1 When possible, ensures contact with families before birth to provide key information in preparation for anticipated admission and discuss care choices.

4.4.2 Comprehensively explores and analyses holistic assessment findings to identify priorities and initiate actions.

4.4.3 Prepares and discusses discharge plan to ensure all specialists and follow up appointments are detailed and organised.

Standard 5

Standard 5: Develops a plan for nursing practice

Neonatal nurses use information from a variety of sources and comprehensive assessments to plan optimal care for the neonate, in partnership with their family, from admission to discharge. This may include planning for end-of-life care.

5.1 Novice to Advanced Beginner: first patient to 1 year

Describes, identifies and discusses *(links to Benner's Model)*

5.1.1 Discusses and collaborates with colleagues and family to develop and implement a plan of care that incorporates priorities, actions and outcomes.

5.1.2 Identifies the need for an individualised plan of care that is based on family centred, cultural and developmentally supportive principles.

5.1.3 Identifies and discusses with colleagues when modification to a plan of care is required and documents appropriately.

5.2 Competent: 1 to 2 years

Organises, questions and compares *(links to Benner's Model)*

5.2.1 Works in partnership with families to identify referral pathways and support resources based on holistic assessment.

5.2.2 Questions and evaluates existing plans of care independently to ensure identified priorities, actions and outcomes are progressing.

5.3 Proficient: 2 to 3 years

Appraises, critiques and adapts *(links to Benner's Model)*

5.3.1 Supervises and mentor's colleagues to critically appraise and make adaptations to plan of care to facilitate priorities being met.

5.3.2 Appraises plan of care with the family to actively facilitate the family transition to the role of primary caregiver.

5.3.3 Actively engages with the multidisciplinary team to advocate for the neonate and their family throughout care delivery.

5.4 Advanced Practitioner/Expert: 4 or more years

Original work, research, quality improvement, critically analyses *(links to Benner's Model)*

5.4.1 Critically analyses care in alignment with current best practice and modifies plan of care as required.

5.4.2 Initiates and actively engages in research, quality improvement and auditing activities to improve care planning and implementation.

Standard 6

Standard 6: Provides safe, appropriate and responsive quality nursing practice

Neonatal nurses deliver planned, quality and ethical goal-directed care that is responsive, safe and appropriate for neonates and their families. Quality nursing practice begins on admission, encompasses the needs of neonates and families in their transition to home or ongoing care.

6.1 Novice to Advanced Beginner: first patient to 1 year

Describes, identifies and discusses *(links to Benner's Model)*

6.1.1 Shares relevant information with colleagues, such as families' preferences, values and social situation in order to deliver optimal care.

6.1.2 Ensures safe practices and use of equipment by adhering to workplace guidelines, policies, standard operating procedures, monitoring and reporting procedures.

6.1.3 Practises to mitigate medication and other clinical errors and participates in reporting, monitoring and evaluating to reduce risk for neonates.

6.1.4 Understands and responds to protection and safety issues for neonates and families according to local laws, policies and procedures.

6.2 Competent: 1 to 2 years

Organises, questions and compares *(links to Benner's Model)*

6.2.1 Nursing practice is responsive to the family's emotional wellbeing and level of confidence, supporting their participation in caregiving, enhancing early bonding and attachment by providing education and encouragement.

6.2.2 Delivers planned care safely to meet the clinical goals for the neonate and integrating the family's care preferences.

6.2.3 Provides clear and consistent information to families as they transition to home or ongoing care, limiting the use of jargon or over-medicalised language.

6.2.4 Assists the family to develop responsiveness to their neonate's cues and developmental needs by encouraging skin-to-skin contact and by reading and singing.

6.3 Proficient: 2 to 3 years

Appraises, critiques and adapts *(links to Benner's Model)*

6.3.1 Communicates effectively with families and colleagues to ensure safe, appropriate and responsive caregiving. Depending on scope of practice and/or neonates' condition, this may include either delegation or escalation of care.

6.3.2 Facilitates transition of care and related activities to family, acknowledging their role as primary caregivers and encouraging autonomous care for their neonate.

6.3.3 Incorporates changes in clinical condition, family choices or decisions from visiting professional teams into nursing care, demonstrating flexibility and responsiveness in practice.

6.3.4 Acknowledges and describes the emotional and traumatic impact on families whose neonate is receiving neonatal care and can identify associated signs and symptoms. Identifies available support services, both in-hospital and outpatient, and arranges connection to these as required.

6.3.5 Considers ethical implications of clinical care activities and how these affect the wellbeing of neonates and their families.

6.4 Advanced Practitioner/Expert: 4 or more years

Original work, research, quality improvement, critically analyses *(links to Benner's Model)*

6.4.1 Promotes and coordinates safe staffing levels and manages resources for safe, optimal outcomes.

6.4.2 Seeks out, evaluates and incorporates emerging technologies and practices to continuously improve care provision.

6.4.3 Protects the rights of neonates and their families that are involved in research and/or quality improvement activities.

Standard 7

Standard 7: Evaluates outcomes to inform practice

Neonatal nurses evaluate the progress of individualised plans of care for neonates and their families. Goals, priorities, plans and outcomes are reviewed at least daily, and the plan of care is adapted.

7.1 Novice to Advanced Beginner: first patient to 1 year

Describes, identifies and discusses *(links to Benner's Model)*

7.1.1 Identifies factors contributing to both normal and altered transition in the neonatal period when evaluating the outcomes of neonatal care.

7.1.2 Collaborates with team members to discuss individualised goals and priorities when evaluating optimal care outcomes.

7.1.3 Reflects on clinical experiences and applies reflective learning to the evaluation and adaptation of goals, priorities, plans and outcomes of the neonate and their family.

7.2 Competent: 1 to 2 years

Organises, questions and compares *(links to Benner's Model)*

7.2.1 Questions alterations to neonatal physiology when evaluating outcomes and adapts plan of care.

7.2.2 Monitors, evaluates, documents and communicates progress toward achieving expected milestone goals and clinical outcomes.

7.2.3 Identifies and questions quality improvement activities to promote improved outcomes.

7.3 Proficient: 2 to 3 years

Appraises, critiques and adapts *(links to Benner's Model)*

7.3.1 Appraises and critiques neonatal outcomes using clinical assessment and care pathways.

7.3.2 Evaluates a family's transition to primary caregivers, adapts care plans to further support the parental role.

7.3.3 Appraises and adapts plans around redirection of care to promote the parental role and help families cope with the neonate's end of life.

7.4 Advanced Practitioner/Expert: 4 or more years

Original work, research, quality improvement, critically analyses *(links to Benner's Model)*

7.4.1 Critically analyses evidence-based knowledge and applies clinical reasoning in the evaluation of outcomes and adapting planned care.

7.4.2 Monitors clinical reporting, audit data and adverse incidents to evaluate trends and outcomes to inform care improvement.

7.4.3 Evaluates quality improvement and/or research outcomes, identifying relevance and making recommendations to incorporate into practice guidelines/policies.

7.4.4 Provides clinical guidance and mentorship/supervision to members of the multidisciplinary team in the evaluation of care outcomes, which may include support and debriefing opportunities.

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Part 3: Application of *The Standards* into Clinical Practice

The Standards help to promote and guide clinical neonatal nursing practice development as well as providing a method of evaluation to ensure clinical proficiency, clinical safety, and professional growth for neonatal nurses. Professional nursing standards can be used to provide a framework for developing clinical competency checklists or proficiency evaluations. However, professional standards may also be used as part of the criteria for achievement within a clinical ladder program.

Annual professional development reviews, ***for use by managers***

Professional standards of practice guarantee that nurses are accountable for their clinical decision-making, competence and overall development. They encourage nurses to consistently enhance and develop knowledge and skill via professional experience, ongoing education and evidence-based guidelines.

This fifth edition of the *ACNN Standards for Practice* has been formulated to reflect a desired and achievable level of performance against which a neonatal nurse's actual progression can be measured. The standards are designed in such a way that they provide a framework for the evaluation of a neonatal nurse's professional knowledge and skill development at different milestone intervals.

It is anticipated that these *Standards* will be utilised by managers and mentors in evaluating the neonatal nurse's expertise, professional qualities and holistic knowledge, and then to guide and plan further development.

Clinical ladders, ***for use by managers***

Neonatal Units may use clinical ladder programs (or similar) to accurately identify levels of professional advancement, to provide a structure for professional growth, and to reflect achievements. Evidence demonstrates that providing a framework for the professional development of nurses increases job satisfaction, the perception of a healthy work environment, and ultimately, retention of nursing staff.

A neonatal nursing clinical ladder checklist example is offered in the companion toolkit with a summary of requirements for attaining each level of the ladder. These requirements can and should be adjusted to support the professional expectations of each individual facility, as required.

Holistic competency assessments, ***for use by education teams***

The Standards may also be used to provide a framework for clinical knowledge and competency assessment. Examples of assessments at each level of competence, expertise and knowledge from **Novice** to **Advanced Practitioner/Expert** are provided in a companion document titled *ACNN Holistic Assessment Tool – Novice to Advanced Practitioner/Expert*. These can be used by educators, mentors or staff development nurses to accurately evaluate the neonatal nurse's practice, identifying current level of achievement and providing a clear pathway of development.

Behavioural cues, ***for use by education teams***

To assist education staff conducting a holistic competency assessment, a succinct set of nursing behaviours and practices aligned to each *Standard* has been developed. Behavioural cues assist assessors to identify behaviours/practices in neonatal nurses as they apply to each of *The Standards* within the Novice to Advanced Practitioner model. They enhance clarity and transparency within the assessment process and can be used as a trigger for education staff in documenting evidence of attainment.

Part 4: Companion Documents

Standards for Practice Companion Toolkit

A selection of tools, based on this edition of the Standards, are available on the ACNN website

Glossary

Key Term	Description
Advocacy	is the process of actively supporting the cause, or pleading for, or speaking or writing in favour of recommending a cause or course of action or defending or interceding on behalf of a person (case advocacy) or group. Advocacy may include providing information and tools for self-empowerment in the neonate's health and social care while helping families obtain needed services.
Assessment	is a systematic, dynamic process by which the neonatal nurse – through interaction with newborns, families, significant others, and health care providers – collects, monitors, and analyses data.
Australian Health Practitioner Regulation Agency (AHPRA)	is the national regulator that oversees 15 different health practitioner boards. Its primary role is to protect the public by setting standards and policies that registered health practitioners must meet. APHRA is guided by values of integrity, respect, collaboration and achievement to build community trust and confidence in health practitioners.
Cultural sensitivity	is the ability to be responsive to the attitudes, feelings, or circumstances of groups of people that share a common and distinctive racial, national, religious, linguistic, or cultural heritage.
Evidence-based practice	is accessing and making judgements to translate the best available evidence, which includes the most current, valid, and available research findings into practice.
Families	are parents, legal guardians, primary caregivers and other family members who are in a unique position to engage in interactions that are highly beneficial for early childhood development. Families are configured in different ways. Each family will define itself and identify which members are primary caregivers for neonates.
Family centred care	is an approach to care delivery that promotes a mutually beneficial partnership between health professionals and families, based on the principles of dignity and respect, communication, information-sharing, participation and collaboration. Interactions between health professionals, family members and neonates are emotionally supportive and responsive, to facilitate nurturing care.
Holistic assessment	refers to the assessment of a range of needs. For neonates and families, these include therapeutic care, neuroprotective care, pain assessment and management, preserving skin integrity, nutrition and feeding, bonding and early attachment with family, and preparation for discharge.
Neonates	are infants in the first 28 days following birth, some of whom may continue to receive care in a neonatal facility for longer periods until discharge home or transfer to a paediatric facility.
Neonatal nurses	are registered nurses or midwives who work primarily with neonates and their families in a neonatal care facility. Roles may include any combination of direct clinical care, management, education, or research specific to neonates, their families or the neonatal care environment.

Professional relationships	involve people working together to achieve a common goal for the benefit of the organisation. It is based on the nurse's expertise and role.
Standards of Practice (RNs)	refers to authoritative statements that describe competent clinical nursing practice for newborns and families demonstrated through assessment, diagnosis, outcome identification, planning, implementation, and evaluation.
Therapeutic relationships	differ to personal relationships. In therapeutic relationships the neonatal nurse is sensitive to a neonate/family situation and purposefully engages with them using knowledge and skills in respect, compassion and kindness. In the relationship, the neonate/family's rights and dignity are recognised and respected. The nature of the relationship involves recognition of professional boundaries and issues of unequal power.
Transition of care	refers to coordination and continuity of care as patient moves between healthcare settings, or to home.