

Table 19 Standard "A common neonatal nurse training curriculum" public consultation comments

ID	Country	How would you rate the overall quality of the standard "A common neonatal nurse training curriculum"?	Do you have any recommendations on how to improve the standard "A common neonatal nurse training curriculum" (e.g. rational, benefits, components)?	Is there any important evidence or useful guidelines you would recommend to be included in the standard "A common neonatal nurse training curriculum"?	Do you think the standard "A common neonatal nurse training curriculum" is relevant in your country?	Do you have any conflict of interest (e.g. financial support or consulting of industry)?	Please specify if you are responding as an individual or on behalf of an organisation.		
		Response	Response	Response	Response	Response	Response		
1	United Kingdom	4	Yes - Please make your recommendation(s) below.	Cross reference to specific competencies - e.g. COINN global competencies https://www.coinnurses.org/competencies	Yes - Please specify below, which evidence should be added (DOIs, references) to the standards and why. See above- COINN Nurse competency document	Yes	No	Neonatal Nurses Association UK	
2	Poland	5	No		Section Further development 1. Who is educational providers and why the gradient of evidence is described as a very low quality? 2. I am not sure if parents should contribute to the delivery of medical education. Parents should know for which procedures the nurses is responsible and for which the doctors is responsible.	Yes	No	Coalition for Premies	
3	Czech Republic	4	No			Yes	No	Individual	
4	Poland	5	No			Yes	No	Individual	
5	Estonia	3	Yes - Please make your recommendation(s) below.	Further research to improve quality of the evidence. Revisions and updates regularly.	I don't know	No - Please specify below why the standard is not relevant in your country.	No	Tartu University Hospital/Tartu Health Care College	
6	Portugal	5	No			Yes	No	APEPEN	
7	United States	3	Yes - Please make your recommendation(s) below.	Recommend preceptorship and mentorship and define the standards and associated competencies. 2. change the language of high-dependency unit etc to the WHO level of care unless this is for England only. 3. Wondered how they were to document clinical decision making skills? 4. Neonatal nurses if we limit them to higher education only this will leave many nurses who work in units in Africa out of being called a neonatal nurse. Few have opportunity for higher education 5. Which competencies will you use? Council of International Neonatal Nurses has competencies also. BAPM was used as well as competencies from US, Australia and other countries. Team of 15+ from all over the world worked on them. You can access them online. 6. Nurses need to learn pharmacology also. 7. Need to recommend more than 6 days or maybe designate how many hours in CPD	Yes - Please specify below, which evidence should be added (DOIs, references) to the standards and why. Council of International Neonatal Nurse Competencies	No - Please specify below why the standard is not relevant in your country.	No	Right now due to Covid I am in the states. But for the LMICs where I help with curriculum it would make it easier if we had a pathway for those who could not afford higher education.	Council of International Neonatal Nurses
8	United Kingdom	3	Yes - Please make your recommendation(s) below.	Continuing to recognize it as a specialty requiring unique post registration training and updating	I don't know	Yes	No	Individual	
10	Romania	5	No		No	Yes	No	Individual	
11	Italy	4	Yes - Please make your recommendation(s) below.	I think that the European Standards of Care for Newborn Health (ESCNH) should and would like to provide recommendations that could be adopted everywhere in Europe. In view of this premissis, it is crucial to include also the Midwifery profession within the healthcare professionals who look after and take care of the neonates. The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. The midwife has successfully completed a midwifery education programme that includes a successful training in the neonatal intensive care unit, acquiring skills to provide immediate newborn care interventions for both the healthy newborn and the newborn in poor conditions at birth and beyond. The midwife has a unique training and unique skills regarding breastfeeding, which is crucial for the early, medium and long term newborn's health. Moreover the midwife has the competences to look after the dyad, using a model of care based on the partnership with the woman. Could you please think about: "A common neonatal nurse/midwife training curriculum"? Thank you very much for your hard work.	No	No - Please specify below why the standard is not relevant in your country.	No	It is important to include the midwife as an healthcare professional who could look after the newborn, which is relevant for many countries in Europe.	Individual

12	Germany		5	Yes - Please make your recommendation(s) below.	The inclusion of validated needs assessment tools should be ensured in both training and annual in-service training. Educational programmes should enable nurses to use these tools and their results to shape desired parental involvement along the subjective needs of parents and facilitate the development of psychosocial and educational interventions for parents in the NICU. By not being able to adequately assess parents' learning needs outside of their routine activities, nurses thus appear to be limited in accomplishing their educational role of promoting parental empowerment and autonomy in the NICU [33].	Yes - Please specify below, which evidence should be added (DOIs, references) to the standards and why.	In addressing parental needs, it is crucial to distinguish between how needs are perceived by healthcare professionals and parents themselves. As opposed to healthcare professionals' external evaluation of parental needs, parents' need perception is characterized by subjectivity and agency. Many studies point to a disconnect between parents' actual needs and neonatal nurses' perception thereof. Parents' needs also vary with their age, education, marital status, number of children, or the baby's gestational age. In order to promote successful learning processes that facilitate the conversion of information into knowledge and problem-solving competencies, health education interventions should integrate parents' individual learning need perception into the development of learning objectives. D. Thompson, M. Leach, C. Smith, J. Fereday, E. May, How nurses and other health professionals use learning principles in parent education practice: A scoping review of the literature. <i>Heliyon</i> 6(3) (2020) e03564.	Yes	No	Charité Universitätsmedizin Berlin
13	Hungary		5	No		I don't know		Yes	No	Mellette a helyem Egyesület
14	Croatia		3	No		No		Yes	Yes - Please enter your conflict(s) of interest.	Cooperation with Nutricia and Thermo Fisher Scientific. Croatian Society for Neonatology and Neonatal Intensive Medicine