Neonatal Dietitians Group - Written evidence (PRT0020)

Summary

The Neonatal Dietitians Group (NDiG) are advocating for equity and improvement in preterm nutritional care through this evidence submission. We would like to stress the importance of timely and optimal nutrition support in improving short-, medium-, and long-term outcomes for preterm infants; emphasizing the role of optimally staffed, skilled and embedded neonatal dietitians in achieving this level of care.

This evidence underscores the importance of embedded neonatal dietetic services in delivering the best nutritional care, through various methods. It outlines the three-tiered approach of specialized, targeted, and universal care provided by neonatal dietitians within the multi-disciplinary team, emphasizing the need for adequate staffing and funding to address current gaps in dietetic services across neonatal services in the UK.

Despite the documented benefits of embedded dietetic services, staffing remains inadequate, with many units relying on ad hoc support or lacking access to dietetic expertise altogether. This shortage leads to suboptimal nutritional care, increased risk of comorbidities, and poorer outcomes for infants and families.

To address these challenges, NDiG calls for a fully funded workforce plan to ensure equitable access to optimal nutrition services across the UK, including follow-up care post-discharge. Urgent action is needed to address these issues and ensure every preterm infant receives the best possible nutritional care for improved long-term outcomes.

About NDiG

1. This evidence is submitted by the Neonatal Dietitians Group (NDiG); a subgroup of the British Dietetic Association. NDiG

represents specialist dietitians across the UK and Ireland working across all aspects of neonatal care. NDiG aims to:

- Create a forum for discussion of current issues within the field of neonatal nutrition.
- Provide evidence-based nutritional education and advice to specialists and non-specialists in the field of neonatology through meetings, study days and a network of experts who can be contacted for advice.
- Develop and deliver postgraduate education and training.
- Develop links with other professional groups working in neonatology.
- Undertake joint collaborative audit and research to develop formalised standards and publish work.
- Create evidence-based resources to promote best practice, optimal nutrition and standardised care in key areas related to nutrition support and nutrition intervention for example positions statements and standard operating procedures.

2. NDiG are submitting evidence to support the understanding of the impact of timely and optimal nutrition intakes and interventions on neonatal short-, medium- and long-term outcomes. In this report NDiG will highlight the impact of nutrition on neonatal outcomes as care shifts focus from surviving to thriving, the importance of an embedded neonatal dietetic service in implementing nutrition protocols and championing nutrition focused quality improvement projects at neonatal unit level, report on the state of the neonatal dietetic workforce and finally the need for robust data collection and nutritional research to guide practice.

The impact of nutritional care

3. Nutrition is the cornerstone of improving short-, medium- and long-term outcomes for babies born preterm. Timely and optimal

nutritional intakes, both in quality and quantity, are essential elements of the foundations of improving neurodevelopmental outcomes, with inadequate nutrition and growth in the neonatal period severely impacting on brain growth and function in later life (1,2). Preterm infants are born at a time of rapid growth and development of the foetus, and they have limited nutritional stores, increased nutritional requirements and accretion of nutrients (3). Early and focussed nutritional interventions lowers the risk and/or severity of co-morbidities of prematurity, adverse health outcomes and improves cognition in later life (4). It also has an economic benefit. The incremental cost per preterm child surviving to 18 years compared with a term survivor has been estimated at £22,885 (5). Early interventions have a direct impact on the long-term health economy.

4. The beneficial effects of breast milk feeding on cardiovascular, neurological, gastrointestinal, bone health and growth outcomes are well published for preterm infants. Literature supports the improved health and neurodevelopmental outcomes of babies who receive their mother's breast milk –increasing benefits seen with early and prolonged use. However, neonatal data shows poor progress with breast milk feeding rates in neonatal care (6). Sustained focus is urgently needed to support families with lactation journeys to ensure every family understands the unique properties of breast milk and its contribution to improving outcomes for preterm infants. All mothers, who wish to provide breast milk for their infant, should be given every opportunity to succeed in establishing breast milk feeding.

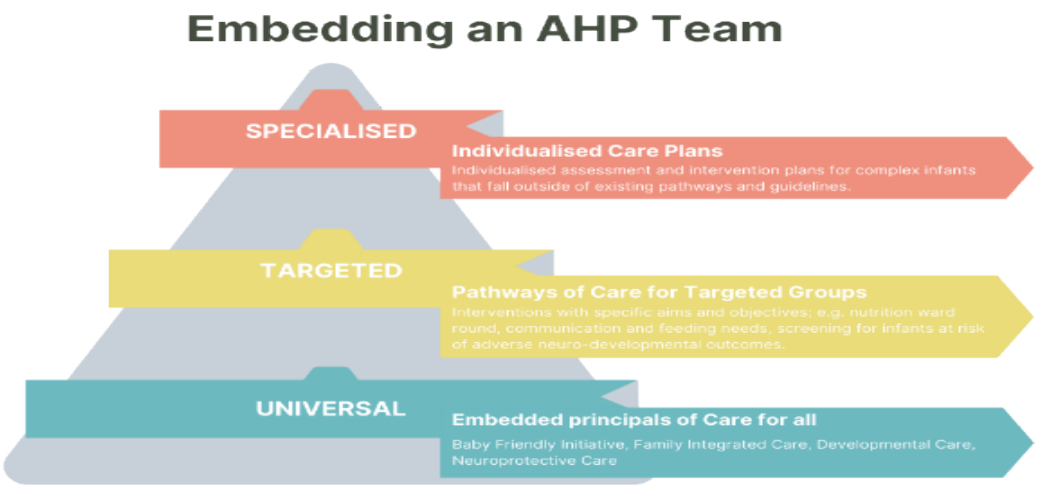
Importance of embedded neonatal dietitians

5. Creating nutritional strategies to lower the complications of preterm birth is fundamental to improving outcomes for preterm infants. Developing, implementing and monitoring these evidenced

based nutritional strategies in neonatal care requires the expertise of highly trained clinicians. Neonatal dietitians are experts in clinical nutrition, they have the knowledge and unique clinical skill set to translate the nutritional science base into guidelines and pathways to optimise the nutritional status of preterm infants (7). The presence of dietitians on neonatal units shifts focus to nutritional care and more importantly from reactive, problem-focused care to preventative care that may reduce or prevent unfavourable outcomes for infants and families (8).

6. An embedded neonatal dietetic service has the capacity to enable the provision of nutrition interventions that impact in all three levels of specialised, targeted, and universal care (figure 1).

Figure 1: Embedding an AHP team



7. As integral members of the neonatal multi-disciplinary team dietitians support creating an environment in which all infants on the neonatal unit have equal access to optimal nutritional care. Dietitians lead or contribute to universal quality improvement projects such as UNICEF Baby Friendly Initiative (BFI) neonatal standards, Bliss Baby Charter and champion Family Integrated Care (FICare).

8. Targeted interventions combine screening with standardised treatment/management pathways for groups of at-risk infants, this can include standardised enteral feeding guidelines, use of nutritional supplements and/or standardised parenteral nutrition regimens. Evidence supports the use of standardised targeted nutrition pathways in reducing variability in care and enhancing outcomes (9,10).

9. Specialised care involves individualised dietetic assessment, management and treatment plans for complex infants or infants who fall outside of standardised treatment pathways on a case-by-case basis.

10. This three-tiered level of dietetic service requires dietitians to be

embedded within the neonatal team with protected time to develop guidelines, teaching packages and resources to support targeted and universal nutritional interventions. Units with optimal and embedded dietetic teams benefit from shared skill sets across professional groups, improved MDT working, FICare, improved clinical outcomes for infants and families and often cost savings (11).

Current issues with staffing and services

11. Despite the multitude of clinical benefits for infants, families and neonatal teams of an embedded dietetic service, staffing across the UK neonatal sector remains poor. Recent funding across NHSE provided some uplift in posts-but significant gaps and inequity remain. NDiG have developed Dietitian Staffing on Neonatal Units Recommendations (12) and Knowledge and Skills Framework for Dietitians Working within Neonatal Services (7), both endorsed by BAPM, to support workforce planning and training and education of the dietetic workforce. These documents not only set out the need for a highly trained workforce, but they are also intended to provide frameworks to ensure appropriate dietetic expertise is available so that an equitable level of nutritional intervention and support is offered wherever babies are born.

12. Using these NDiG documents, data from NHSE Networks shows that out of a total requirement of 185 whole time equivalents (WTE) unit neonatal dietitians (12), only 65.28 WTE (35%) posts were funded, leaving a gap of 119.8 WTE unfunded posts (figures 2 and 3).

Figure 2: Gaps in Dietetic Unit Staffing as a % of total staffing recommendations (NHSE networks only)

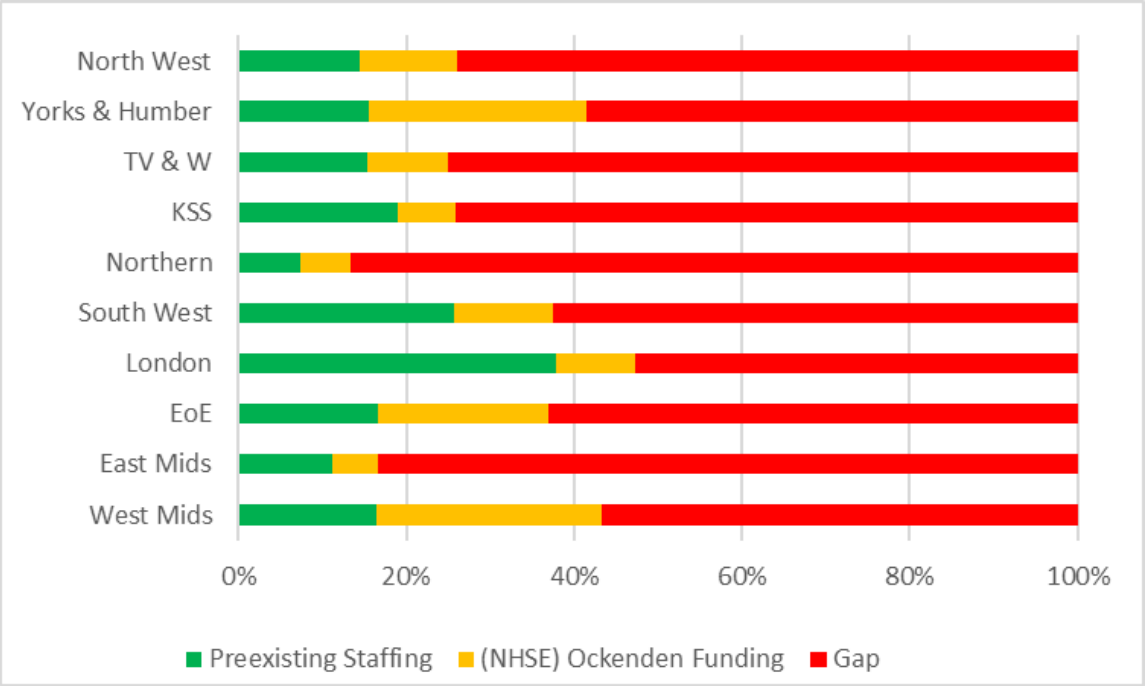
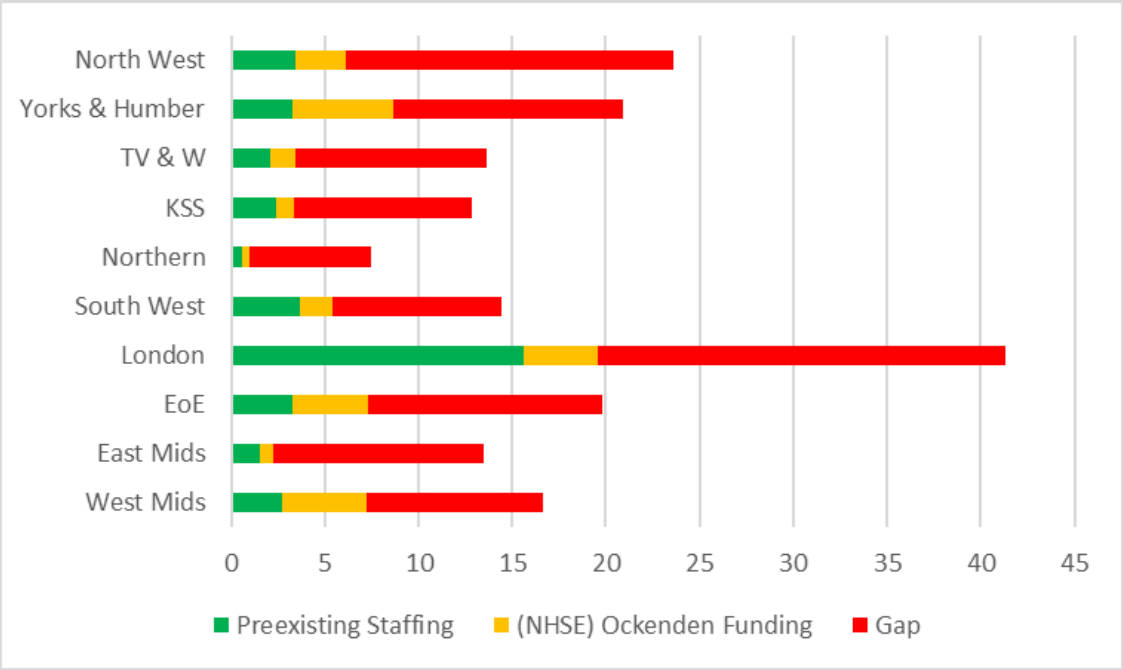


Figure 3: Gaps in Dietetic Unit Staffing in WTE (NHSE networks only)



13. Many units still rely on an ad hoc, goodwill service often provided by well-meaning paediatric dietitians, who are inevitably not neonatal clinical experts. Some units having a fully funded embedded dietetic team, and others having no access to any

dietetic support- irrespective of the level of neonatal care offered. This can mean infants and families often have to wait until discharge to access paediatric dietetic services for any level of nutritional support.

14. Current staffing data only apply to acute delivery of neonatal dietetic services, the need for dietetic follow -up after discharge is not currently included in these staffing calculations. The need for nutritional support does not end when infants are discharged with complex preterm infants still requiring the skills and expertise of neonatal dietitians. In addition, the expansion of earlier discharge of preterm infants under the care neonatal outreach services is putting greater strain on already overstretched dietetic services. The transition period from hospital to home can be challenging for families and infant nutrition and growth is most frequently impacted at this stage (13). Dietetic services need sufficient capacity to support families with nutrition strategies to make this transition home less worrying.

15. This lack of expert dietitians in units leads to an absence of evidenced based nutrition protocols, audit of nutritional care and nutrition specific training for families and staff. The lack of focus on nutrition screening and delay in nutritional interventions contributes to suboptimal nutritional care, increased risk/ severity of comorbidities of prematurity and poorer growth and neurodevelopmental outcomes. This has an impact on the long-term health economy which far outstrips the cost of providing dietetic expertise.

16. To reduce the inequality in access to optimal neonatal nutrition services, in acute and follow up settings, a robust fully funded workforce plan is urgently needed, not only to ensure sufficient funding is available for recruitment and training, but also to attract

dietitians to work in neonatal care, whilst ensuring the stability of paediatric services where most of the recruits will come from.

17. To support workforce planning for neonatal dietetic posts recent NHSE funding supported the recruitment of Network Lead Neonatal Dietitians (and other allied health/psychological professionals integral in neonatal care) at Operational Delivery Network (ODN) level. Dietitians in these unique Lead roles work closely with the ODN, local units and key stakeholders to promote and support equitable access to optimal nutritional practices. Lead Dietitian roles have four key areas of focus:

    (i) Grow the workforce: workforce planning-gap analysis, service model development, business case and recruitment support.

    (ii) Education & Training: developing and delivering education and training packages for colleagues, staff and families.

    (iii) Clinical Governance: developing standardised guidelines and interventions to enhance care for all wherever they may be in the ODN.

    (iv) Clinical Expertise: expert resource for all neonatal network staff, peer support and supervision for unit dietitians.

18. Since inception none of these Network Lead Dietetic roles have met BAPM or NDiG staffing recommendations (12,14) – in fact, in some networks they are funded at less than 50% of staffing recommendations. There is an increasing pressure to deliver on all aspects of the role, especially training, upskilling and supervision of dietitians new to neonates. To ensure retention of the Lead Dietitians and to guarantee they can achieve their remit and function effectively adequate funding needs to be urgently found to

recruit to full staffing recommendations for these roles.

19. Dietetic practice is based on the latest scientific evidence and evidence-based recommendations. There is a need for high quality, appropriately powered, well designed studies with robust data collection to address may aspects of neonatal nutritional care. These include supplementary vitamin requirements and regimens, post discharge care in late to moderate preterm infants or work to further optimise nutrient provision in tune with the growing infants needs such as nationally standardised parenteral nutrition, meeting windows of demand for specific nutrients in brain development or working towards safe and cost-effective bespoke supplementation of mum's own breastmilk to meet the individual needs of preterm infants. Evidence is needed to inform areas of preterm nutritional care where variation in practice exists to ensure all preterm infants receive optimal nutrition and secure the best possible outcome for infants and their families. Dietitians as experts in nutrition are key to this work. Audit is essential to ensure evidence based nutritional guidelines are implemented and followed. They are a key quality improvement tool that ensures all infants receive optimal evidence based nutritional care. Dietetic job plans allocate 13% of band 7 neonatal dietitians time to research and audit (15). Poor neonatal dietetic staffing poses a real challenge to expanding the neonatal nutritional evidence base and ensuring evidence based nutritional care is delivered.

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