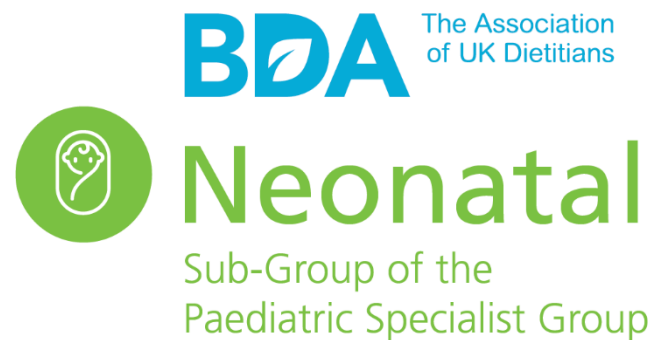


Neonatal Dietetic Workforce Standards for Neonatal Units Neonatal Sub-Group



Staffing Standards for Commissioning

Foreword

Advances in neonatal care over the past decade mean that the population we look after in our neonatal units is increasingly complex, ranging from infants born at the thresholds of viability, to infants with complicated cardiac or surgical conditions. Managing these infants can be challenging and critical issues such as breathing, blood pressure or infection are often the main focus of care, with other equally important but less urgent issues such as nutrition, understandably taking a back seat. This is important, as there is a growing body of evidence that nutrition and growth in early life has far reaching implications for both short and long-term outcomes. Hospitals providing neonatal care are uniquely placed to influence these things at a critical stage in babies' lives, but each infant receiving neonatal care will have different nutritional needs together with their own inherent challenges in meeting them. Taking a multidisciplinary approach and utilising the expertise of other professionals means we can address all aspects of an infant's care during their journey with us in hospital.

Specialist dietitians have a vital role in supporting the nutritional care of these babies as part of the multidisciplinary neonatal team, and it is well established that including them in neonatal nutritional care enhances nutrient intakes and growth. They have a specialised skill and are uniquely able to focus on the nutritional aspects of an infant's care, and this document provides important guidance on how they can be integrated into neonatal services to help ensure babies' nutritional needs are met alongside their other care needs.

Mark Johnson
Professor of Child Health, University of Southampton
Honorary Consultant Neonatologist, Southampton Children's Hospital

Endorsed by BAPM

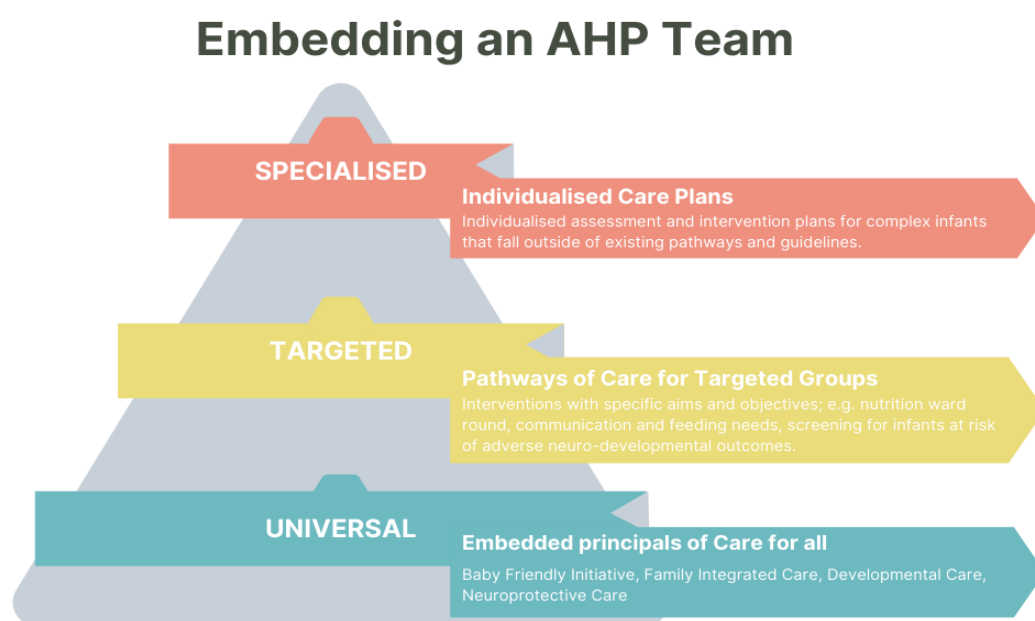


Introduction – Allied Health Professionals (AHP) in neonatal care

Around 1 in 7 babies born in the UK, are born early, very small or have a medical condition that requires admission to the Neonatal Unit (1). Although advances in neonatal care have improved the survival of premature infants born at lower gestations, infants born prematurely are at risk of neurological, gastrointestinal, respiratory and cardiac problems during their neonatal course. They are also at risk of neurodevelopmental problems which have significant implications for the wider health economy.

AHPs play an essential role in the neonatal multidisciplinary team (MDT), providing advanced, discipline specific knowledge and skills to optimise care and outcomes for babies and their families (diagram 1). Timely and early intervention by AHPs in this complex and vulnerable population can impact on length of stay, reduces costs, improve family experiences, help to identify neonates at risk and impact longer term neurodevelopmental and other health outcomes.

Diagram 1



Neonatal AHPs have a range of common core skills and professional overlap. Alongside unique clinical skills that enable the provision of targeted pathways of care and specialised individualised care plans, they have the skill set to lead and support universal quality improvement projects such as UNICEF Baby Friendly Initiative (BFI) neonatal standards, Bliss Baby Charter, developmental care, early parental engagement and FICare as integral members of the multi-disciplinary team.

The NHS Long Term Plan (2), the Neonatal Critical Care Review (3) and the Getting it Right First-Time (GIRFT) report (4) recommend that a multidisciplinary team of Neonatal AHPs be established on the neonatal unit. This team should consist of dietetics, speech & language therapy, occupational therapy, physiotherapy, psychological and pharmacy professionals.

Each professional group has developed specific staffing standards which provide a model for embedded AHP service provision as part of the wider MDT. All neonatal AHPs have developed specific competencies and/or postgraduate training and education frameworks to ensure the workforce has the relevant expertise and knowledge.

The NHS 10 Year Health Plan for England (5) identifies maternity and neonatal services as a national improvement priority, committing to a new neonatal action plan. This reinforces the case for adequate dietetic staffing within neonatal units and emphasises integrated multidisciplinary working, prevention, quality improvement and workforce redesign. The neonatal dietitian can support a shift towards prevention by delivering consistent nutritional care and promoting early interventions that reduce the risk of short and long-term complications, including developmental delay, brain injury, feeding difficulties, poor growth, and malnutrition.

The Dietitian in neonatal care

As survival rates for preterm infants improve, increasing emphasis is placed on optimising nutritional management to enhance outcomes. Preterm infants are born during rapid in utero nutrient accretion and therefore have reduced nutrient stores and high nutritional requirements, which are difficult to meet in neonatal care due to immaturity and limited nutritional tolerance. For extremely preterm infants, the early postnatal period represents a nutritional emergency, with a narrow window to optimise nutrient provision for growth and brain development (6, 7).

Neonatal Dietitians are highly skilled at assessing, diagnosing and managing the nutritional needs of neonates. They understand and interpret current clinical evidence and guidelines for neonatal parenteral and enteral feeding and can apply strategies to both individualised and standardised practice to meet the complex nutritional needs of preterm infants.

As part of the neonatal team, dietitians support consistent nutritional care, develop specialist protocols and monitoring tools and improve clinical effectiveness. This can reduce complications, length of stay and associated costs (8). Dietitian-led nutrition protocols and improved nutritional intake contribute to reducing nutrition-related complications, including Necrotising Enterocolitis, Retinopathy of Prematurity (9) and Bronchopulmonary Dysplasia (10), improving short-term outcomes (11, 12, 13), long-term outcomes (14, 15) and quality of care (13). Units with dietitians provide more consistent nutrition support, more frequent growth monitoring and earlier optimum nutrition practices (16). Improved staffing levels, such as 1.0 RD WTE per 20 neonatal critical care patients, are associated with higher calorie intakes, improved growth velocities and better discharge anthropometrics in very preterm infants (17). Conversely, NICUs without dietetic support are more likely to provide suboptimal nutrition, including unfortified breast milk or standard term formula for very low birth weight infants (18).

Dietitians also support the wider MDT in clinically effective feeding decisions, including feed choice, feeding methods, transition from parenteral to enteral nutrition and management of infants with gastro/surgical conditions. They provide nutrition-focused training and help embed UNICEF BFI neonatal standards, FICare and the Bliss Baby Charter. Embedding neonatal dietitians supports consistency, parent education and safe discharge pathways, including community support for short-term NGT and/or breastmilk fortifier where appropriate (7). NICE recommendations published in 2020 and 2022 state that dietitians should be core members of the neonatal unit Nutrition Care Team, with responsibility for the provision and management of parenteral nutrition (19, 20).

Recent recalls of infant nutrition products and enteral nutrition shortages in 2025/26 have highlighted the complexity of infant nutrition and the essential role of registered dietitians in this specialised area. Neonatal dietitians contribute expertise to disaster-response planning, collaborate with supply-chain teams and liaise with industry partners to support safe, effective nutritional care (21).

Workforce Standards for Neonatal Dietetics

Service standards for neonatal dietetic services are set by the British Dietetic Association Neonatal Dietitians Interest Group (BDA NDIG) and are endorsed by British Association of Perinatal Medicine (BAPM).

Neonatal Unit Dietetic Roles

A range of historical and contemporary sources have informed these neonatal workforce standards. In addition to calculations for direct patient care, whole time equivalent staffing for follow up and outreach staffing standards

recommend neonatal dietitians should consider case mix, case complexity, cot configuration and ongoing need for intensive care. Allocated time for education, training, supervision and appraisal must also be included within the post. Job planning is also vital, as it ensures workforce capacity is clearly understood and aligned with patient need, enabling organisations to use resources efficiently while maintaining high-quality care (22).

Previous standards include Mayfield et al., who suggested one clinical dietitian per 30 in-patients in a NICU setting (23), and Groh-Wargo et al., who advised that dietetic service provision should depend on the size, activity levels and needs of the unit, with neonatal dietitians in units of 30 or more beds likely to devote 40 or more hours per week to NICU-related activities (24). More recent guidance includes the Guidelines for the Provision of Intensive Care Services, which recommend 0.05–0.1 WTE, at minimum AFC Band 7, per HDU/ITU bed (25), alongside the BAPM Service and Quality Standards for Provision of Neonatal Care in the UK, published in 2010, 2017 and draft 2022 (26). Cormack et al. also used this document and the BAPM Provision of Neonatal Care in the UK to compare recommended neonatal dietitian staffing levels with their survey findings (27).

Using the guidelines for intensive care services standards as a basis and applying the BAPM nursing factors of 1:1 for each ICC, 1:2 for each HDC and 1:3 for each SCC and TCC, (rather than 1:4 in recognition of the time required for preparation for discharge) a more realistic estimate of dietetic time requirements is shown in the table below:

Level of Care	Factor	Whole Time Equivalents (WTE) per cot
Intensive Care Cots (ICC)	1	0.1 [10]
High Dependency Cots (HDC)	1/2	0.05
Special Care Cots (SCC)	1/3	0.033
Transitional Care Cots (TC)	1/3	0.033

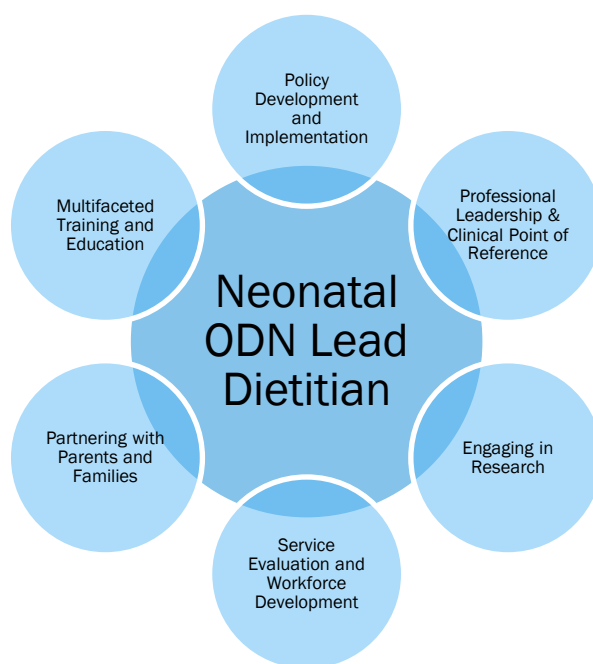
For outpatient staffing recommendations see: Framework for Dietetic management of Neonatal outreach and Follow up services (28)

Neonatal Network Dietetic Roles

Workforce figures should include an additional time allocation for a clinical lead/advisor on nutrition for the Network whose role can be represented as a 6 pillared strategic resource (diagram 2). Network Dietitians should ideally be highly experienced neonatal dietitians with experience of leadership, project management and service evaluation. They should be an effective communicator and educator.

Workforce requirement will depend on the size of the Network; however 0.2 WTE band 8a Specialist Neonatal Dietitian for every 10,000 births would be a justifiable standard and would be in line with the recommendations for other Allied Health Professionals within a neonatal network framework.

Diagram 2



Competencies and training

The BDA NDIG have published a knowledge and skills framework (competencies) for dietitians to reflect the advanced practice level and specialist nature of working within the neonatal setting (29). The framework outlines the essential knowledge and skills needed by a dietitian to work at a safe, effective and professional level within the neonatal environment. It also offers valuable guidance on the training and supervision of dietitians in the field of neonatal care.

All dietitians providing neonatal care should be experienced paediatric dietitians who have completed:

- The Health Education England NHS Learning Hub foundational level training modules, which provide core skills for AHPs and discipline specific dietetics modules including practical skills workbook signed off by line manager.
- Demonstrate the required level of knowledge and skills.

Specialist neonatal dietitians must be experienced neonatal dietitians capable of providing support in complex neonatal and surgical dietetics and have:

- Completed the British Dietetic Association Masters Paediatric Dietetic Module 5 (ADV744 Neonatal Nutrition).
- Completed the enhanced NHS Learning Hub modules in neonatal care.
- Demonstrate an equivalent level of knowledge and skills.

All paediatric dietitians caring for neonates should have access to a highly skilled specialist neonatal dietitian or network dietitian whose job plan includes sufficient capacity to provide neonatal clinical supervision, advice, support and an agreed pathway for escalation of queries at unit, LMNS, or Network level.

Review Date	Authors
March 2026	Sara Clarke RD Lead Neonatal Dietitian for the West Midlands Nancy Escame RD Lead Network Neonatal Dietitian for Yorkshire & Humber / Surgical Paediatric Dietitian, The Great North Children's Hospital

	Rachel Pountney RD Principal Paediatric and Neonatal Dietitian for Bradford Teaching Hospitals NHS Foundation Trust/Chair of the BDA Neonatal Dietitians Interest Group
September 2022	Lynne Radbone RD MBE Lead Neonatal Dietitian for the East of England / BAPM Representative for Dietetics Sara Clarke RD Lead Neonatal Dietitian for the West Midlands / Chair of the BDA Neonatal Dietitians Interest Group
Original document produced 2014	

Document Review and Consultation

This document was circulated to the following national neonatal specialist groups for review and comment:

- National Neonatal Network Dietitians Group (NatNeoRD)
- Neonatal Nutrition Network (N3)
- Neonatal Occupational Therapy Forum
- Association of Paediatric Chartered Physiotherapists Neonatal Committee (APCP Neonatal Committee)
- Neonatal Care Clinical Excellence Network, Royal College of Speech and Language Therapists

References

1. Bliss (2024) <i>Statistics about neonatal care</i> . Available at: Statistics about neonatal care Bliss (Accessed: 09 July 2026).
2. NHS England (2019) <i>The NHS Long Term Plan</i> . Available at: UK Government Web Archive - The National Archives (Accessed: 24 March 2026).
3. NHS England (2019) <i>Implementing the recommendations of the Neonatal Critical Care Transformation Review</i> . Available at: Implementing the Recommendations of the Neonatal Critical Care Transformation Review (Accessed: 24 March 2026).
4. Getting It Right First Time (2022) <i>Neonatology national report</i> . Available at: Neonatology - Getting It Right First Time - GIRFT (Accessed: 24 March 2026).
5. Department of Health and Social Care (2025) <i>10 Year Health Plan for England: fit for the future</i> . Available at: 10 Year Health Plan for England: fit for the future (Accessed: 24 March 2026).
6. Mustapha, M., Blair, H., Leake, N., Johnson, V., van den Akker, C.H.P. and Embleton, N.D. (2025) 'The evolution of nutritional care in preterm infants with a focus on the extreme preterm infant', <i>Journal of Human Nutrition and Dietetics</i> , 38, e13353. https://doi.org/10.1111/jhn.13353
7. Smith, M. and Mustapha, M. (2024) 'The evolving role of dietitians in neonatal units and beyond', <i>Paediatrics and Child Health</i> , 34(5), pp. 148–153. https://doi.org/10.1016/j.paed.2024.02.002 .
8. Mustapha, M. et al. (2021) 'Optimising nutrition of preterm and term infants in the neonatal intensive care unit', <i>Symposium: Neonatology</i> , 31(1), pp. 38–45. https://doi.org/10.1016/j.paed.2020.10.008
9. Lenhartova, N., Matasova, K., Lasabova, Z., Javorka, K. and Calkovska, A. (2017) 'Impact of early aggressive nutrition on retinal development in premature infants', <i>Physiological Research</i> , 66(Suppl. 2), pp. S215–S226. DOI: 10.33549/physiolres.933677
10. Rocha, G., Guimarães, H. and Pereira-da-Silva, L. (2021) 'The role of nutrition in the prevention and

management of bronchopulmonary dysplasia: a literature review and clinical approach', <i>International Journal of Environmental Research and Public Health</i> , 18, p. 6245. https://doi.org/10.3390/ijerph18126245
11. Johnson, M.J., Leaf, A.A., Pearson, F., Clark, H.W., Dimitrov, B.D., Pope, C. and May, C.R. (2017) 'Successfully implementing and embedding guidelines to improve the nutrition and growth of preterm infants in neonatal intensive care: a prospective interventional study', <i>BMJ Open</i> , 7(12). https://doi.org/10.1136/bmjopen-2017-017727
12. McCallie, et al. (2011) 'Improved outcomes with a standardized feeding protocol for very low birth weight infants', <i>Journal of Perinatology</i> , 31, pp. S61–S67. https://doi.org/10.1038/jp.2010.185
13. Wittwer, A. and Hascoët, J.-M. (2020) 'Impact of introducing a standardized nutrition protocol on very premature infants' growth and morbidity', <i>PLoS ONE</i> , 15(5), p. e0232659. doi: 10.1371/journal.pone.0232659
14. Matinolli, H.M., Hovi, P., Männistö, S., Sipola-Leppänen, M., Eriksson, J.G., Mäkitie, O. et al. (2015) 'Early protein intake is associated with body composition and resting energy expenditure in young adults born with very low birth weight', <i>Journal of Nutrition</i> , 145, pp. 2084–2091. https://doi.org/10.3945/jn.115.212415
15. Belfort, M.B., Gillman, M.W., Buka, S.L., Casey, P.H. and McCormick, M.C. (2013) 'Preterm infant linear growth and adiposity gain: trade-offs for later weight status and intelligence quotient', <i>Journal of Pediatrics</i> , 163, pp. 1564–156. https://doi.org/10.1016/j.jpeds.2013.06.032
16. Olsen, I. et al. (2005) 'Dietitian involvement in the neonatal intensive care unit: more is better', <i>Journal of the American Dietetic Association</i> , 105, p. 1224. https://doi.org/10.1016/j.jada.2005.05.012
17. Drenckpohl, D., Javed, M., Ewalt, G., Monagle, L., Simper, A., Kulmepalya Ramanna, S., Agarwai, A. and Macwan, K. (2021) 'Increasing the Registered Dietitian Full-Time Equivalents to the Neonatal Critical Care Unit Improved Incidence of Growth Outcomes in Preterm Infants' [conference abstract], <i>Journal of the Academy of Nutrition and Dietetics</i> , 121(10 Suppl 1), p. A-139. https://doi.org/10.1016/j.jand.2021.08.060
18. Merlino Barr, S., Hand, R.K., Fenton, T.R. and Groh-Wargo, S. (2023) 'The role of the neonatal registered dietitian nutritionist: past, present, and future', <i>Clinics in Perinatology</i> , 50(3), pp. 743–762. https://doi.org/10.1016/j.clp.2023.04.010
19. National Institute for Health and Care Excellence (2020) <i>Neonatal parenteral nutrition</i> . NICE guideline NG154. Available at: https://www.nice.org.uk/guidance/ng154 (Accessed: 24 March 2026).
20. National Institute for Health and Care Excellence (2022) <i>Neonatal parenteral nutrition</i> . NICE quality standard QS205. Available at: https://www.nice.org.uk/guidance/qs205 (Accessed: 24 March 2026).
21. Merlino Barr, S., Fenton, T.R., Hand, R.K., Robinson, D.T., Kim, J.H. and Groh-Wargo, S. (2025) 'Perspective: improving neonatal registered dietitian nutritionist staffing, utilization, and compensation', <i>Advances in Nutrition</i> , 16(5), article 100417. https://doi.org/10.1016/j.advnut.2025.100417
22. NHS England (no date) <i>Allied health professionals job planning: a best practice guide</i> . Available at: Allied health professionals job planning: a best practice guide (Accessed: 13 March 2026).
23. Mayfield, S.R., Albrecht, J., Roberts, L. and Lair, C. (1989) 'The role of the nutritional support team in neonatal intensive care', <i>Seminars in Perinatology</i> , 13(2), pp. 88–96.
24. Groh-Wargo, S., Thompson, M. and Cox, J.H. (2000) <i>Nutritional care for high-risk newborns</i> . 3rd edn. Chicago, IL: Precept Press.
25. Faculty of Intensive Care Medicine and Intensive Care Society (2019) <i>Guidelines for the provision of intensive care services</i> . Available at: Guidelines For The Provision of Intensive Care Services (Accessed: 24 March 2026).
26. British Association of Perinatal Medicine (2022) <i>Service and quality standards for provision of neonatal care in the UK</i> . Available at: Service and Quality Standards for Provision of Neonatal Care in the UK (Accessed: 24 March 2026).

- | |
|--|
| 27. Cormack, B., Oliver, C., Farrent, S. <i>et al.</i> (2019) 'Neonatal dietitian resourcing and roles in New Zealand and Australia: a survey of current practice', <i>Nutrition & Dietetics</i> , 77(3), pp. 392–399. https://doi.org/10.1111/1747-0080.12592 |
| 28. Neonatal Dietitians interest Group (2025) Framework for Dietetic management of Neonatal outreach and Follow up services. Available at Neonatal Dietetic Workforce Documents - BDA (Accessed: 29 April 2026) |
| 29. Neonatal Dietitians Interest Group (2023) <i>Knowledge and skills framework for dietitians working within neonatal services</i> . British Dietetic Association. Available at: Knowledge and Skills Framework for Dietitians Working within Neonatal (Accessed: 24 March 2026). |