Delivering a Healthy Start for pregnant women, new mums, babies and young children

A guide for health professionals
www.healthystart.nhs.uk
2012/13
Contents

What is Healthy Start?
Who qualifies?
What do Healthy Start beneficiaries receive?
What beneficiaries can spend Healthy Start vouchers on
Healthy Start: recommendations and evidence
What to do next
Who can give out the application leaflet?

Nutrition, health and inequality: Health inequalities; How Healthy Start gives you the opportunity to help disadvantaged women; The role of health professionals is crucial

Nutrition in pregnancy: Obesity and pregnancy; What pregnant women should eat ... and cut down on; Healthy snacks to recommend; Foods to avoid during pregnancy; Caffeine; Physical activity

Dangers in pregnancy: Toxoplasmosis; Smoking; Alcohol and pregnancy; Breastfeeding and alcohol; Illegal drugs

Healthy Start vitamins for pregnant women and breastfeeding mothers: How Healthy Start beneficiaries claim their free vitamins; What’s in Healthy Start vitamins for women?

The early postnatal period: Breastfeeding; Maintaining a healthy diet; Infant formula milk; Follow-on formulas; Non-milk-based formulas

Nutrition for growing babies: When to start introducing solid foods; Advice for mothers who choose to introduce solid foods before six months; Vegetarian babies; Foods to avoid; Milk; Other drinks; Food allergies; Peanuts and allergies in the family

Nutrition for young children: Everyday eating; Fat; Rice drink; Fussy eaters; Children over five; Vegetarian and vegan children; Iron.

Vitamin supplements for children

Find out more: Healthy Start resources

General resources

Breastfeeding organisations

References
Welcome

This Healthy Start guide has been created to assist health professionals in signposting the scheme and giving nutritional advice to applicants and beneficiaries. It also summarises the core health advice for pregnant women and young children as agreed by the four UK Health Departments: England, Northern Ireland, Scotland and Wales.

What is Healthy Start?

Healthy Start is a UK-wide government scheme which aims to improve the health of pregnant women and families on benefits or low incomes.

- Beneficiaries are sent vouchers that can be used to buy liquid cow’s milk, plain fresh or frozen fruit and vegetables, and infant formula milk, plus coupons that can be exchanged for free vitamins (for pregnant women, new mums and children).
- Ongoing nutrition and health information relevant to the age of their oldest child is sent with the vouchers to reinforce the scheme’s role as a public health measure and to help beneficiaries make the most of the scheme.

Healthy Start is also a great opportunity for all health professionals and others working with pregnant women and young families to provide encouragement, information and support about subjects such as healthy eating, breastfeeding, vitamin supplements and nutrition for pregnant women, new mums, babies and young children.

The Healthy Start application form has to be supported by a health professional (usually a midwife or health visitor, but it can be any registered nurse or doctor), so it also encourages low-income women and families to make contact with local health services.
Who qualifies?

Women more than 10 weeks’ pregnant, and families with children under four years old, qualify for Healthy Start if the family is receiving:

- Income Support, or
- Income-based Jobseeker’s Allowance, or
- Income-related Employment and Support Allowance, or
- Child Tax Credit (but not Working Tax Credit unless the family is receiving Working Tax Credit run-on only*) AND an annual family income of £16,190 or less in 2012/13.

Women also qualify for the whole of their pregnancy if they are under 18 when they apply, even if they don’t get any of the above benefits or tax credits.

* Working Tax Credit run-on is the Working Tax Credit received in the four weeks immediately after a person has stopped working for 16 hours or more per week.
What do Healthy Start beneficiaries receive?

Healthy Start vouchers

- Pregnant women receive one voucher a week worth £3.10.
- Babies under the age of one get two vouchers a week worth a total of £6.20.
- Each child aged over one and under four receives one voucher a week worth £3.10.

Vouchers are posted out every four weeks. They can be spent in a wide range of participating local shops and greengrocers as well as supermarkets. For a list of shops by postcode, visit www.healthystart.nhs.uk and use the postcode checker to find local shops.

Healthy Start vitamin coupons

Every eight weeks beneficiaries also receive vitamin coupons, which they can exchange for vitamins in their local area. Their coupons will be valid for women’s tablets and/or children’s drops, depending on their circumstances.

Trusts and boards must ensure that arrangements are in place to supply both kinds of vitamin supplements. Maternity units can also supply them if they wish. More information on how to order vitamins and reclaim the cost of those given out through the scheme is available on the Healthy Start website www.healthystart.nhs.uk
**What beneficiaries can spend Healthy Start vouchers on**

Healthy Start vouchers can be accepted as payment or part payment for **milk, plain fresh or frozen fruit and vegetables**, and **infant formula milk**. There are more details below.

### Milk

- Plain cow’s milk – whole, semi-skimmed or skimmed. It can be pasteurised, sterilised, long-life or UHT.
- Beneficiaries can’t spend their vouchers on flavoured milk, coloured milk, evaporated milk, condensed milk, goat’s milk, soya milk or powdered milk – except infant formula milk.

### Plain fresh or frozen fruit and veg

- Any kind of plain fresh or frozen fruit or vegetables, whole or chopped, packaged or loose.
- Beneficiaries can’t spend their vouchers on any fresh or frozen fruit and veg which has added salt, fat, sugar or any other ingredient. They also can’t spend them on pre-cooked, dried or tinned fruit and vegetables, fruit juice or smoothies.

### Infant formula milk

- Infant formula milk that says on the packet it can be used from birth.
- Beneficiaries can’t spend their vouchers on infant formulas that aren’t based on cow’s milk, such as soya formula. They also can’t spend them on follow-on formulas that are made for babies aged six months or older.
It must be all the fruit and vegetables you're eating.

Look how tall I am!
Healthy Start

Recommendations and evidence

Healthy Start replaced the means-tested elements of the Welfare Food Scheme throughout the UK in 2006. Proposals for reform of the previous scheme were based on recommendations made by the Committee on Medical Aspects of Food and Nutrition Policy (COMA) (DH 2002).

The National Institute for Health and Clinical Excellence (NICE) has a number of recommendations for health professionals working with women and young children that relate to Healthy Start. You can see them in full at http://guidance.nice.org.uk/PH11.

They include:

**For pregnant women or those who may become pregnant**

- Advise them to take a supplement containing 400 micrograms (mcg) of folic acid daily pre-conception and up to the 12th week of pregnancy; also provide advice on suitable vitamin supplements such as Healthy Start vitamins for women and advise them to eat foods rich in folate and folic acid.

- Ensure that eligible women receive a Healthy Start application leaflet (HS01) as soon as possible in pregnancy.

- For women receiving Healthy Start vouchers, provide practical advice on how to increase their intake of fruit and vegetables.

- During the booking appointment, offer advice and information to all women about the benefits of taking vitamin D during pregnancy and while breastfeeding and advise them of a suitable supplement such as Healthy Start vitamins for women; check that women at the greatest risk of vitamin D deficiency (those who are not exposed to much sun, for example those who cover up their skin for cultural reasons and people with darker skin, such as people of African-Caribbean and South Asian origin) are following the advice.
For mums and babies

- Advise mothers about suitable vitamin D supplements such as Healthy Start vitamins for women; check that women at the greatest risk of deficiency (as before) are following the advice.
- For women receiving Healthy Start vouchers, provide practical advice on how to increase their intake of fruit and vegetables.

For families and carers of babies over six months and pre-school children

- Offer Healthy Start vitamin drops (A, C and D) to all children aged from six months to their fourth birthday, who are having less than 500ml (a pint) of infant formula a day and whose families are eligible for Healthy Start.
- Provide parents and carers with practical advice on how they can introduce babies to a variety of solid foods.

As well as the NICE guidance, the National Service Framework for Children, Young People and Maternity Services (DH 2004) states that maternity service providers should ensure that all pregnant women are offered clear information on the availability of Healthy Start.
The Scientific Advisory Committee on Nutrition (SACN) has made a number of recommendations:

In 1991 the Committee on Medical Aspects of Food and Nutrition Policy (COMA – SACN’s predecessor) recommended that certain at-risk individuals, or groups at risk of vitamin D deficiency, should take supplements of 7–10mcg of vitamin D daily (DH 1991). The Chief Medical Officer (CMO) subsequently endorsed these recommendations for vulnerable groups in 2005 (CMO 2005). COMA had also recommended that all children aged one to five years should be given a supplement containing vitamins A, C and D (DH 1994), and the UK Health Departments have since recommended that all children have supplements from six months until five years of age unless they are getting more than 500ml of infant formula a day.

In 2007, SACN specifically reiterated COMA’s original recommendations on vitamin D in its position statement Update on Vitamin D (SACN 2007), recommending that all pregnant and breastfeeding women should take a daily supplement of vitamin D in order to ensure that their own requirement for vitamin D is met and to build adequate fetal stores for early infancy, and all young children should be given a vitamin D supplement until five years of age as previously recommended by COMA. NICE (2008) has also highlighted the importance of vitamin D supplements for pregnant and breastfeeding women.
SACN has also recommended that all women who could become pregnant should take 400mcg of folic acid daily as a medicinal or food supplement prior to conception and until the 12th week of pregnancy. Women with a history of neural tube defect (NTD) affected pregnancy are advised to take 5mg per day prior to conception and until the 12th week of pregnancy (SACN 2006).

In their review of the key findings from the 2005 Infant Feeding Survey, SACN included the following recommendations:

- Increase the awareness of breastfeeding among young and low-income mothers by discussing infant feeding during pregnancy and providing support in tackling practical barriers to breastfeeding. The profile of Healthy Start should be raised and health professionals, at every opportunity, should offer practical support and advice to those eligible for the scheme (SACN 2008b, paragraph 125).

- Inequalities in access to antenatal and postnatal care are apparent. Identifying sub-groups of women who do not use maternal health services is key to improving policy adherence. There is a need to make antenatal and postnatal services more accessible for women from hard-to-reach groups and encourage them to use these services more frequently. In addition, the topic of breastfeeding should be raised whenever possible during antenatal consultations and encouragement should be given to those least likely to breastfeed (SACN 2008b, paragraph 128).
What to do next

- Find out how Healthy Start vitamins are distributed by your trust or board and routinely tell pregnant women and families on the scheme about the vitamins, why they’re important and how to get them.
- Order Healthy Start application leaflets (HS01) and other resources at [www.orderline.dh.gov.uk](http://www.orderline.dh.gov.uk) or by calling 0300 123 1002.
- Make sure Healthy Start is embedded in your local policies to promote breastfeeding and healthy eating.
- Use Healthy Start as an opportunity to signpost local initiatives for pregnant women and young families.
- Visit the Healthy Start website [www.healthystart.nhs.uk](http://www.healthystart.nhs.uk) for more information about the scheme and your role, and to view the information that is sent directly to beneficiaries with their vouchers.
Who can give out the application leaflet?

Anyone can order bulk supplies of the application leaflet (HS01) and give them out, but it is especially important to make them available wherever services for pregnant women and families are being provided.

Any member of the public can also request their own copy directly from the Healthy Start helpline on 0845 607 6823, or download the application leaflet from www.healthystart.nhs.uk

Booking and health and social care assessment appointments are good opportunities to provide the application leaflet in person because pregnant women can receive vouchers from the 10th week of pregnancy. Many maternity units include a copy in their maternity information pack. It’s also a good idea to record the uptake of Healthy Start in the woman’s notes.

Countersigning the form

When someone applies for Healthy Start, a registered midwife, nurse or medical practitioner has to complete and sign Part B of the application leaflet to confirm the expected date of delivery (EDD) and/or the date(s) of birth of any children under four years old. It’s important that Part B is fully completed, or the application cannot be processed.

Please note: health professionals aren’t required to check that an applicant is getting the benefits they claim to be – we’ll do that. Nor do health professionals need to report any subsequent changes in people’s circumstances once they’re on the scheme – it’s the beneficiary’s responsibility. However, health professionals are asked to offer appropriate advice on breastfeeding and healthy eating and to indicate that they have done this on the application leaflet. It’s also a good idea to use the opportunity to talk about other relevant services and to explain why Healthy Start vitamins are important.
There’s growing evidence to suggest that nutrition during pregnancy and in the early years of a child’s life can help prepare them for healthy adulthood. A healthy diet can also help reduce the risk of obesity and chronic diseases such as heart disease and some cancers later in life.

COMA’s Panel on Child and Maternal Nutrition produced a Scientific Review of the Welfare Food Scheme (now Healthy Start), acknowledging that maternal and child nutrition may affect long-term health outcomes (DH 2002).

SACN also recently published its report The Influence of Maternal, Fetal and Child Nutrition on the Development of Chronic Disease in Later Life, concluding that improving the nutritional status of women of child-bearing age, infants and young children has the potential to improve the health of future generations (SACN 2011).
Health inequalities

Many people follow a healthy balanced diet, but a large number don’t, particularly among the more disadvantaged and vulnerable in society (DH 2005). The *Independent Inquiry into Inequalities in Health* (Acheson 1998) emphasised the influence of poverty, education and poor early nutrition on health inequalities. The report recommended policies to improve nutrition, reduce food poverty and prevent childhood obesity. *The Low Income Diet and Nutrition Survey* (2007) assessed the dietary habits and nutritional status of the UK low income population. The areas of concern highlighted were similar to those already identified in the general population, although some were more marked. For example, the survey found evidence of low fruit and vegetable consumption and poor nutritional status for some vitamins and minerals, including vitamin D (Nelson et al. 2007). More recently, recommendations have been made by SACN in a number of its reports including *The Nutritional Wellbeing of the British Population* (SACN 2008a) and its review of the key findings from the Infant Feeding Survey 2005, *Infant Feeding Survey 2005: A commentary on infant feeding practices in the UK* (SACN 2008b).

Women in disadvantaged groups are significantly less likely to:

- access maternity services early
- stay in touch with health services throughout their pregnancies
- have a well-balanced diet
- breastfeed their babies
- give up smoking in pregnancy
- introduce solid foods at the recommended age.

Women from disadvantaged, vulnerable or excluded groups – including pregnant teenagers – are more likely to have poorer maternal and neonatal outcomes, for example:

- infant mortality
- low birth weight
- postnatal depression.
How Healthy Start gives you the opportunity to help disadvantaged women

Because pregnant women and families need to get their application leaflet countersigned by a health professional, the application process offers an opportunity to identify those who are more likely to be disadvantaged, young and living in vulnerable situations as well as to engage with them and refer them on to relevant services for additional support if required. For example, a woman who qualifies for Healthy Start may be less likely to breastfeed. As a health professional you may be able to direct her to breastfeeding education and support, peer support and the local Sure Start Children’s Centre or family centre.

It’s a chance to discuss breastfeeding and nutrition and give women general health advice at a time when they are likely to be most receptive to it. For instance, you might be able to suggest what they spend their vouchers on.

The UK Health Departments believe that maternity services should be proactive in engaging all women, but particularly those women from disadvantaged groups and communities, early in pregnancy and maintaining contact up to and after birth (DH 2004; Welsh Assembly Government 2005). SACN has also recommended that advice on infant feeding needs to be tailored according to social group (SACN 2008a). See also pages 30 and 31.

The role of health professionals is crucial

Recent research has shown that the role of health professionals in introducing Healthy Start is incredibly important. Parents who are introduced to Healthy Start through a health professional are more likely to see themselves working in partnership with Healthy Start for the benefit of their children as opposed to viewing the scheme simply as financial support (DH qualitative research, October 2009, unpublished).
Nutrition in pregnancy

Healthy Start encourages pregnant women from disadvantaged groups to include milk and a variety of fruit and vegetables in their diet. Teenage girls, who have increased nutritional requirements, are at greater risk of nutrient deficiencies during pregnancy, which is why every pregnant woman under 18 years old is eligible for Healthy Start.

Healthy eating during pregnancy is important for both the health of the mother and the development and growth of the baby. Also, women are most likely to influence the dietary decisions of the whole family and are central to the future healthy eating of their children.

A healthy balanced diet that includes at least five portions of fruit and vegetables a day can help reduce the risk of heart disease and some cancers.

Obesity and pregnancy

It’s important that women are given advice about weight gain during pregnancy. There’s an increased risk of complications if their body mass index (BMI) is above 35 (or less than 18), such as increased blood pressure which can lead to, among other conditions, gestational diabetes. Dieticians may be able to provide support.

Women don’t need to ‘eat for two’ when they are pregnant. Even with multiple pregnancies, it’s the quality and not the quantity of the diet that is important.
What pregnant women should eat...

The eatwell plate\(^1\) shows how much of each type of food is needed to have a healthy, well-balanced diet.

- **Plenty of fruit and vegetables** (fresh, frozen, tinned, dried or a glass of 100% unsweetened fruit juice) – a variety, at least five portions a day.
- **Plenty of starchy foods**, such as wholemeal bread, potatoes, rice, pasta, chapatis, yams and breakfast cereals, as the main part of every meal.
- **Some protein**, such as lean meat and chicken, fish, eggs and pulses such as beans and lentils, which are also good sources of iron. Please note: pregnant women should try to eat at least two portions of fish a week, but should not have more than two portions of oily fish a week.
- **Plenty of fibre**, which helps prevent constipation – it’s in wholegrain bread, wholegrain cereals, pasta, rice, pulses and fruit and vegetables.
- **Some dairy foods**, including lower-fat versions of milk, cheese and yoghurt, which contain calcium and are also a good source of protein.

There are some foods that pregnant women should avoid – see page 19.

...and cut down on

Foods such as cakes and biscuits because they’re high in fat and sugars and can cause unnecessary weight gain in pregnancy.

Healthy snacks to recommend instead include:

Malt loaf, lower-fat yoghurts, fruit – including fresh, tinned or 100% unsweetened fruit juice, and small handfuls of dried fruit such as raisins or apricots.

\(^1\) Department of Health in association with the Welsh Government, the Scottish Government and the Food Standards Agency in Northern Ireland
Foods to avoid during pregnancy

- **Some types of cheese**: mould ripened and blue-veined soft cheeses (such as Brie, Camembert or Danish Blue). These may contain listeria, which can cause miscarriage, stillbirth or severe illness in the newborn baby.

- **Pâté**: all types of pâté, including vegetable pâtés, as they can contain listeria.

- **Uncooked or undercooked ready meals**, including raw or partially cooked meat, especially poultry.

- **Raw or partially cooked eggs**, to avoid the risk of salmonella.

- **Raw or undercooked meat**.

- **Liver, liver products, fish liver oil supplements and supplements containing vitamin A (retinol)** (see page 28).

- **Some types of fish**: pregnant women should avoid eating shark, marlin and swordfish and limit the amount of tuna they eat to no more than two tuna steaks (170g each raw) or four cans (140g drained weight) per week; these types of fish contain high levels of mercury, which can damage the baby’s developing nervous system.

- **Raw shellfish**.

- **Unpasteurised milk** and products made from unpasteurised milk.

- **Alcohol** (see page 23).

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**A note on peanuts**

Previous advice has been that women may choose to avoid eating peanuts during pregnancy and when breastfeeding if there is a history of allergy in their child’s immediate family (such as asthma, eczema, hay fever, food allergies etc). This advice has now changed as the latest research shows that there is no clear evidence that eating peanuts during pregnancy and when breastfeeding affects the chances of a baby developing a peanut allergy. So pregnant and breastfeeding women are now advised that they can eat peanuts as part of a healthy balanced diet if they choose to and are not allergic themselves.

[www.food.gov.uk/safereating/allergyintol/peanutspregnancy](http://www.food.gov.uk/safereating/allergyintol/peanutspregnancy)
Caffeine

Consuming high levels of caffeine during pregnancy can result in babies being born with low birth weight, which can increase the risk of health problems in later life. Too much can also cause miscarriages, so pregnant women should limit their caffeine intake.

Pregnant women should have no more than 200mg of caffeine per day, i.e. no more than approximately two mugs of instant coffee OR one mug of filter coffee OR two mugs of tea OR two cans of energy drink.

Physical activity

Regular physical activity is important for all women and it is recommended that they have 150 minutes of moderate intensity activity a week, such as brisk walking. Pregnant women should aim to stay as active as possible, bearing in mind the stage of pregnancy they are at. If they take part in gym classes they should make sure that their instructor knows they are pregnant and take their advice on appropriate activity. Contact sports and those activities with a risk of falling should be avoided. Women who haven’t been undertaking regular physical activity prior to their pregnancy should consider low-impact exercise they will enjoy, such as brisk walking, swimming and aqua-natal classes, which are gentle in movement and intensity. They should be advised to build up exercise gradually, for example in 10-minute lots throughout the day, and to avoid sitting for long periods of time.

Physical activity for children

Before they begin to crawl, babies should be encouraged to be physically active by reaching and grasping, pulling and pushing, moving their head, body and limbs during daily routines, and during supervised floor play, including tummy time. Once babies can move around, they should be encouraged to be as active as possible in a safe, supervised and nurturing play environment.

Children who can walk on their own should be physically active every day for at least 180 minutes (3 hours). This should be spread throughout the day, indoors or outside. The 180 minutes can include light activity such as standing up, moving around, rolling and playing, as well as more energetic activity like skipping, hopping, running and jumping. Active play, such as using a climbing frame, riding a bike, playing in water, chasing games and ball games, is the best way for this age group to be physically active.
Under 5s should not be inactive for long periods, except when they’re asleep. Watching TV, travelling by car, bus or train or being strapped into a buggy for long periods are not good for a child’s health and development. There’s growing evidence that such behaviour can increase their risk of poor health. All children under five who are overweight can improve their health by meeting these activity guidelines. To achieve and maintain a healthy weight, they may need to do additional activity and make changes to their diet.

**Dangers in pregnancy**

**Toxoplasmosis**

This infection is rare but can have serious consequences. Pregnant women should reduce the risks of contracting toxoplasmosis by:

- washing fruit, vegetables and salad before eating
- washing hands before handling food
- washing all surfaces and utensils
- washing hands after preparing raw meat
- thoroughly cooking raw meat
- heating ready-prepared meals until they are piping hot all the way through
- keeping leftovers covered in the fridge and using them within two days
- avoiding contamination with cat faeces in the cat litter tray or soil – they should ask someone else to take care of it, or at least wear gloves
- avoiding contact with aborted lambs, newborn lambs and afterbirth
- not helping with lambing or milking ewes.

For more information visit:

www.hpa.org.uk
www.hps.scot.nhs.uk
Smoking

Every time a woman smokes during pregnancy it increases the risk of miscarriage, premature birth, low birth weight and stillbirth. It also trebles the risk of cot death and can lead to children developing asthma and respiratory infections in later life.

You should ask pregnant women what their smoking status is, advise them of the health benefits of stopping smoking and then provide them with information and support to help them quit, including referral to their local stop smoking service.

A smokefree home is best for pregnant women, babies and young children as exposure to secondhand smoke can be harmful. You should provide families with practical advice about how they can create a smokefree home.

If women want additional help or advice to stop smoking in pregnancy, direct them to:

NHS Pregnancy Smoking Helpline (England)
0800 169 9 169

Smokeline (Scotland)
0800 84 84 84

Stop Smoking Wales
0800 085 2219

Smokers Helpline (Wales)
0800 169 0169

www.want2stop.info (Northern Ireland)
Alcohol and pregnancy

Alcohol can be harmful to the developing baby and may lead to early miscarriage. Heavy drinking is particularly risky. It is advised that pregnant women or women trying to conceive should avoid drinking alcohol.

If they do choose to drink, to minimise the risk to the baby they should not drink more than one or two units once or twice a week – and should not get drunk. Additionally, NICE recommends that women should avoid alcohol in the first three months in particular, because of the increased risk of miscarriage.

One unit of alcohol = a single (25ml) measure of spirits at 40% ABV (alcohol by volume), half a pint of beer at 3.5% ABV, or half a 175ml glass of wine at 11.5% ABV. Larger or stronger drinks than these would contain more than one unit of alcohol. It can be particularly easy to underestimate units when drinks are poured at home.

For more advice on alcohol and unit information visit www.drinking.nhs.uk or www.drinkaware.co.uk

Or call:
Drinkline 0800 917 8282
Drinkline (Scotland) 0800 7 314 314

Breastfeeding and alcohol

Alcohol can pass through the mother’s milk to breastfed babies in very small amounts. It is unlikely that having an occasional drink will harm the mother or baby, but it might affect how easily the baby feeds. Breastfeeding women should be advised to drink very little, for example no more than one or two units once or twice a week. If a breastfeeding woman intends to drink more than this, they can express milk in advance.

If a breastfeeding mother drinks alcohol before feeding, it can affect the baby in a number of ways:
- The milk may smell different and the baby may not feed as well as normal.
- The baby may sleep less well for some hours after feeding.

It is not advisable for women to share a bed or a sofa with their baby if they have been drinking. If they sleep heavily they could put their baby at risk.
Illegal drugs

Use of illegal drugs can be harmful to both mother and baby. Women who may get pregnant, who are pregnant or who are breastfeeding should normally aim to be completely drug free. However, regular daily users of some illegal drugs associated with withdrawal problems should not stop using abruptly without seeking advice.

Most non-dependent drug users will certainly be able to stop using illegal drugs on their own with little or no difficulty. For those women who need it, primary care and specialist drugs services can provide advice and support about quitting. NICE has produced guidance on the care that pregnant women with complex social factors, including those misusing drugs, should receive [www.nice.org.uk/guidance/CG110](http://www.nice.org.uk/guidance/CG110)

Women at risk of developing marked withdrawal symptoms, particularly daily users of depressant drugs such as opiates or benzodiazepines, should obtain very early medical advice before making any large or abrupt reductions in their drug use. When medically supported withdrawal is needed, this can then be properly planned to be as safe as possible for both mother and baby. Some women with marked heroin dependence do need to stay on some substitute medication throughout the first trimester, and for some for the whole pregnancy.

Confidential advice for drug users

FRANK (UK-wide)
0800 77 66 00
www.talktofrank.com

Know the Score (Scotland)
0800 587 587 9
http://knowthescore.info/

DAN 24/7 (Wales)
0800 141 0044
www.dan247.org.uk
Healthy Start vitamins for pregnant women and breastfeeding mothers

Women in families supported by Healthy Start can claim free vitamins while they’re pregnant and up to their baby’s first birthday. They’re sent a coupon every eight weeks that can be exchanged for Healthy Start women’s vitamin tablets.

It’s important that women get all the vitamins and minerals they need for themselves and their growing baby while they’re pregnant and breastfeeding. There are certain supplements they should take which will help prevent them from becoming deficient.

How Healthy Start beneficiaries claim their free vitamins

Each NHS organisation or board is responsible for distributing vitamins locally. Some may also choose to sell or supply them free of charge to women and children who are not eligible for Healthy Start. For more information about vitamin distribution in each UK country, visit www.healthystart.nhs.uk/for-health-professionals/vitamins

Beneficiaries receive a vitamin coupon and are advised to ask their midwife, health visitor or public health nurse about where they can use the coupon, and to take it with them to collect their vitamins. So it’s essential that health professionals know what the local arrangements are.
What’s in Healthy Start vitamins for women?

Healthy Start vitamins for women contain folic acid, vitamin D and vitamin C. Here’s why they’re important for pregnant women and new mums.

Folic acid

Taking 400mcg (0.4 milligrams) of folic acid per day both before and up until the 12th week of pregnancy can help prevent NTDs such as spina bifida, where the spine doesn’t develop properly in unborn babies.

Even if folic acid isn’t taken before conception, it’s worth starting as soon as the woman is aware of the pregnancy, and it should continue to be taken until the 12th week of pregnancy. Folate, the natural form of folic acid, can be found in peas, potatoes, broccoli, orange juice, brussels sprouts, asparagus, black-eyed beans, spinach and kale, and it’s important for pregnant women to eat plenty of these foods. However, it’s very difficult to meet this increased requirement of folate from food alone. Therefore, taking folic acid supplements is important when trying to get pregnant and in the early stages of pregnancy.

If a mother has already had a pregnancy affected by an NTD or has diabetes or is taking anti-epileptic medicines, she is advised to seek medical advice from her GP.

Recommendation: all women who are trying to get pregnant or who are pregnant should take 400mcg of folic acid each day up until they are 12 weeks’ pregnant. Women who have already had a pregnancy affected by an NTD need to take 5mg of folic acid each day until the 12th week of their pregnancy. In addition, women who have diabetes and those taking anti-epileptic medicines should consult their GP for advice as they will need to take a higher dose of folic acid. (As recommended by COMA (2000), SACN (2006) and NICE (2008).)
Vitamin D

Vitamin D is important for all pregnant and breastfeeding mothers. The best source is summer sunlight. The amount of time needed in the sun to make enough vitamin D is different for every person and depends on skin type, time of day and time of year. But sunbathing isn’t necessary; the amount of time it takes for the body to make enough vitamin D from sunlight is less than the time it takes to cause tanning or burning. Covering up the skin or wearing a high factor sunscreen to prevent the skin from turning red or burning is advised for the majority of the time spent outdoors.

Vitamin D is found in a small number of foods, including oily fish, eggs and fortified breakfast cereals and margarines. Those who are most at risk of a vitamin D deficiency include pregnant and breastfeeding women, young children, older people and those who are not exposed to much sun, for example those who cover up their skin for cultural reasons, who are housebound or confined indoors for long periods and people with darker skin, such as people of African-Caribbean and South Asian origin. Those living above 52°N (the UK is at a latitude of 50–60°N) may not be able to make enough vitamin D from sunlight during the winter months.

Taking a supplement during pregnancy and while breastfeeding will ensure that a mother’s own requirement for vitamin D is met, plus it will build adequate fetal stores for early infancy.

Recommendation: all women who are pregnant or breastfeeding should take a daily vitamin D supplement of 10mcg.
(As recommended by DH (2005) and SACN (2007).)
**Vitamin C**

Vitamin C protects cells and helps keep them healthy. In a balanced diet most of the vitamin C required can be sourced from fruit and vegetables, including broccoli, oranges and strawberries, but a supplement will help ensure that pregnant and breastfeeding mums get enough – particularly as Vitamin C isn’t stored by the body.

**Vitamin A**

*A vitamin to avoid during pregnancy*

Pregnant women and women trying to conceive should ensure that they are getting enough vitamin A in their diet but should **avoid** supplements containing vitamin A (retinol) as too much can have harmful and damaging effects on the unborn baby (SACN 2005). They should not consume liver or liver products, including fish liver oil, because they have a high vitamin A content. Vitamin A is **not** included in Healthy Start women’s vitamin tablets.
The early postnatal period

Breastfeeding

Breastfeeding can deliver significant health benefits for both the mother and her baby.

Exclusive breastfeeding (with no other food or drink) is all a baby needs for around the first six months (26 weeks) of their life, continuing thereafter alongside a variety of other healthy foods. Breastmilk can help to protect babies from a range of infections.

Evidence suggests that infants who are not breastfed are more likely to become obese in later childhood, develop type 2 diabetes, and tend to have slightly higher levels of blood pressure and blood cholesterol in adulthood. Breastfeeding mothers have a reduced risk of breast and ovarian cancers.

All pregnant women should have the opportunity to discuss the benefits and management of breastfeeding. Tailoring this information to the needs of the mother, along with sources of practical help and support, will raise awareness of breastfeeding among young and low-income women, helping them to anticipate and overcome difficulties so they can consider it a real option.

Any amount of breastfeeding makes a difference and the longer a baby is breastfed the longer the protection lasts – even after breastfeeding ceases. Infant formula milk doesn’t provide all the same ingredients or protection.

All mothers should be supported to carry on breastfeeding for as long as they wish, alongside the introduction of a variety of other healthy foods at around six months. The World Health Organization recommends breastfeeding for two years or beyond. However, the majority of mothers stop breastfeeding much earlier, with younger, more disadvantaged mothers being least likely to breastfeed beyond the first few weeks, if at all.
Mothers from disadvantaged groups are less likely to start breastfeeding and more likely to stop. By six weeks, 73% of mothers from managerial and professional occupations were still breastfeeding, compared with 58% of mothers who had never worked and 49% of mothers from routine and manual occupations. This difference by socio-economic group persisted at six months (Bolling et al. 2007).

Women shouldn’t be expected to decide whether or not they’ll breastfeed until after the birth. However, there’s clear evidence that a combination of interventions by health professionals during pregnancy is the most effective way to encourage women to start breastfeeding and carry on for longer (Fairbank et al. 2001).

**Interventions include:**

- informing all women about the benefits of breastfeeding
- involving peer supporters with pregnant women
- supporting and encouraging attendance at antenatal groups and breastfeeding education classes to meet with other mothers and share information and support.

Where a trust or board is working towards the UNICEF Baby Friendly Initiative, women will be supported to initiate and continue breastfeeding through a set of evidence-based best practice standards. [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk)
Mothers who breastfeed:

- naturally use up to 500 calories a day
- are less likely to develop breast cancer
- are less likely to develop ovarian cancer.

Maintaining a healthy diet

Breastfeeding mothers don’t need to follow a special diet; like everyone, they should be encouraged to eat a healthy balanced diet consisting of plenty of fruit and vegetables and starchy foods, preferably wholegrains, and some protein rich foods such as milk and dairy foods, meat, fish, eggs, beans and pulses.

Certain vitamin supplements are also important (see pages 26–28). Health professionals should discuss free Healthy Start vitamin tablets or refer women to a GP for an appropriate prescription.

Breastfed babies are less likely to:

- be admitted to hospital in the first year of life with infections such as gastroenteritis
- develop respiratory tract infections
- develop urinary tract infections
- develop eczema
- be constipated
- become obese as they get older, which means they are less likely to develop type 2 diabetes or heart disease
- be fussy about new foods.
Infant formula milk

Babies fed on infant formula milk have a greater risk of ill health than breastfed babies. It’s very important to ensure that powdered infant formula milk is prepared in the safest way possible. It’s not sterile, and even though tins and packets are sealed, they may contain bacteria such as Enterobacter sakazakii (now also known as Cronobacter) and, more rarely, salmonella.

Make sure that all mothers who choose to feed their babies with infant formula milk are told about:

- the importance of sterilisation of the feeding equipment
- how to make up a bottle of infant formula milk
- the storage and handling of infant formula milk once reconstituted.

To reduce the microbiological risks when making up feeds in the home, advise mothers to:

- prepare fresh infant formula milk for each feed
- reconstitute formula powder in water hotter than 70°C by filling the kettle with fresh tap water (not bottled water) and, after it has boiled, cooling for no longer than half an hour before using
- if a feed is required for later, keep freshly boiled water in a sealed flask and make up fresh formula when needed
- ensure that water is still hot when they use it to make up the formula, otherwise the bacteria in the infant formula powder may not be destroyed.
Follow-on formulas:

- have a higher concentration of protein than infant formula milk and therefore are not suitable for infants under six months (DH 1994)
- aren’t included in the Healthy Start scheme because there are no clear benefits for their use as alternatives to breastmilk or infant formula milk (DH 2002).

Non-milk-based formulas:

- Soya-based infant formulas should only be used on the advice of a GP and can be prescribed.
- Milks based on goat’s milk protein are not suitable for infants as they haven’t been legally approved for use in Europe.

Neither can be purchased with Healthy Start vouchers.
Nutrition for growing babies

Infancy is a period of very rapid growth and therefore good nutrition is paramount. The quality of diet in the early years of a child’s life may affect their long-term health.

When to start introducing solid foods

The UK Health Departments recommend introducing solid foods at around six months (26 weeks) of age (DH 2003). There are three clear signs that a baby is ready to start on solid foods.

They will be able to:

• stay in a sitting position and hold their head steady
• co-ordinate their eyes, hand and mouth and look at food, pick it up and put it in their mouth all by themselves
• swallow food – babies who are not ready to take solid foods will use their tongues to push food back out of their mouths.

Before this age the baby’s digestive system is still developing, so starting them on solid food too soon may increase the risk of infection or allergies.

Babies who are born prematurely shouldn’t be introduced to solid foods just because they have reached a certain age or weight. They will need an individual assessment by a health professional before being introduced to solid foods.
Advice for mothers who choose to introduce solid foods before six months

There are some foods mothers should avoid giving their baby before six months. These include:

- peanuts and peanut products
- other nuts and seeds
- foods containing gluten, which is found in wheat, rye, barley and oats
- eggs
- fish and shellfish
- soft or unpasteurised cheeses
- liver and liver products
- cow’s milk.

Vegetarian babies

If parents would rather not include meat and fish in a baby’s diet, that’s fine. It’s important to make sure that babies on a vegetarian diet are getting enough energy and iron and aren’t getting too much fibre. High fibre foods can fill up their small tummies before they take in all the nutrients they need. As children get older, parents may need to make sure they get enough protein and iron (see pages 42 and 43).

It is also especially important to give vitamin drops to babies who are on a vegetarian or vegan diet.
Foods to avoid

**Nuts and peanuts**

Whole nuts, including peanuts, should not be given to children under five years in case they choke, but they can be given to children earlier if they are crushed or ground up.

See page 38 for more information on food allergies.

**Honey**

Babies under one year old should not be given honey because it contains a type of bacteria that can sometimes produce toxins that cause infant botulism.

**Salt**

The Government recommends that infants under the age of one year should not have more than 1g of salt per day. Mothers should be advised not to add any salt to their baby’s food and to avoid giving them processed foods not made specifically for babies, such as gravy and other sauces, tinned food in brine and crisps and other salty snacks – all of which contain high levels of salt.

**Sugar**

Mothers should be advised not to add sugar to their baby’s food or give them sugary snacks in order to help prevent tooth decay.

**Shark, swordfish and marlin**

The level of mercury in these can affect a growing baby’s nervous system.

**Raw fish and shellfish**

Raw fish can increase the risk of food poisoning, so should not be given to babies.

**Low-fat foods**

Fat is an important source of calories and some vitamins for babies and young children. It’s better for babies and young children under two to have full-fat milk, yoghurt or fromage frais.
**Milk**

Babies will need breastmilk or infant formula milk alongside solid food from around six months until they are at least one year old. A milk pudding or milk feed can be offered at the end of the meal.

Cow’s milk, as a drink, is not suitable for babies under one year as it doesn’t contain sufficient iron and other nutrients, although small amounts can be used in the cooking and preparation of foods.

After one year, babies can continue to breastfeed or change to drinking whole cow’s milk. After two years they can drink semi-skimmed cow’s milk if they’re eating well. Skimmed milk and 1% fat milks are not suitable for children under five years.

**Other drinks**

Once infants have established an eating pattern, they can be offered water with meals. Fruit juice should not be given to children under six months of age. After six months, if juice is given it should be diluted and only given at mealtimes.

Cups should be introduced from six months so babies can transfer straight from breast to cup. If formula feeding, the aim is to have a baby off the bottle by their first birthday. Cups are better for a baby’s teeth and comfort sucking on a bottle can become a habit that is hard to break.
Food allergies

Babies are more likely to develop allergies when there’s a family history of eczema, asthma or hay fever. Exclusive breastfeeding is recommended for the first six months for all babies, including those with a family history of allergy.

Foods that are known to cause allergic reactions include:

- peanuts
- other nuts
- wheat-based foods and others containing gluten
- seeds
- fish and shellfish
- soya
- eggs
- cow’s milk.

If parents are concerned that their baby may develop an allergy, it’s a good idea to introduce these foods one at a time, starting with a small amount, so any reaction can be easily identified. They should not be introduced before a baby is six months old.

Peanuts and allergies in the family

Children with known allergies such as eczema or food allergies, or with a history of allergy in the immediate family, have a higher risk of developing a peanut allergy. Parents of these children should talk to their GP, health visitor or midwife before giving peanuts or peanut-containing foods to their child for the first time.
Nutrition for young children

Nutrition can have a fundamental influence on child health, both in the short and long term. Having a healthy diet teaches children good eating habits that they can use as young adults and parents themselves.

Everyday eating

Young children should be offered a wide variety of healthy foods to introduce them to different tastes and textures and should include foods from the following food groups:

- fruit and vegetables
- bread, rice, potatoes, pasta and other starchy foods
- milk and dairy foods
- meat, fish, eggs, beans and other non-dairy sources of protein.
Fat

Children under two years old need full-fat dairy products because they provide calories and essential vitamins such as A, D and E. Lower-fat foods, such as semi-skimmed milk, lower-fat yoghurt, lower-fat cheese or spreads, are not suitable for babies and children under two years old.

Every day, after the age of one, children should have about three servings of dairy products such as milk, cheese and yoghurt. For example, a serving could include:

- about 120ml (4fl oz) of milk in a cup (not a bottle)
- a serving of a milk-based dish such as yoghurt, fromage frais or rice pudding.

Rice drink

Young children aged one to five years should not be given rice drinks in order to minimise their exposure to naturally occurring inorganic arsenic. If parents are already providing rice drinks, they should stop at once to reduce further exposure to inorganic arsenic.

Fussy eaters

It’s normal for children between the ages of one and five to go through a phase of fussy eating. They usually grow out of it, though, and will be helped by eating with the family as often as possible, as well as with other children, e.g. at nursery.
Children over five

Children need a wide range of nutrients for growth and development. From the age of five, parents should offer them a diet that can include reduced-fat and more wholegrain foods, as recommended for adults and older children in the eatwell plate (see page 18). Fruit and vegetables should be offered at each meal, so that at least five small portions a day are eaten (Davey Smith 1998).

The Low Income Diet and Nutrition Survey (2007) found that fruit and vegetable intake was poor among children growing up in disadvantaged families (1.6 portions for boys and 2 portions for girls aged 2–18 years) (Nelson et al. 2007). Research has found that socio-economic status in childhood correlates to the risk of development of cardiovascular disease in adulthood (Rogers and Sharp 1997).
Vegetarian and vegan children

Children who don’t eat meat or fish need to eat two or three portions of vegetable protein or nuts every day to ensure that they are getting enough protein.

Vegetarian foods that provide protein

- pulses, such as lentils and beans
- tofu
- soya pieces
- seeds and ground or crushed nuts.

As the child gets older there is a risk that their diet may be low in iron and it is important that they eat foods containing iron (see page 43).

Vitamin drops containing vitamins A, C and D are especially important for vegan and vegetarian children and should be given to them until they are five years old.

A vegan diet can be bulky and high in fibre, which can mean that children get full up before they have taken in enough calories. Because of this the child may need extra supplements. Energy-dense, high-calorie vegan food should be included in the diet, for instance:

- hummus
- nut and seed butters (allergy advice should be considered before including these in any diet)
- fortified soya drinks and yoghurts
- fortified breakfast cereals
- flaxseed and rapeseed oil (which contain some omega-3 fatty acids but not the same as those found in fish).
Iron

Children need iron and parents should make sure they are getting enough by encouraging them to eat a variety of the following foods:

- dark green vegetables, such as watercress, broccoli, spring greens and okra
- pulses, such as lentils and beans
- dried fruits, such as apricots, figs and prunes
- wholemeal bread
- fortified breakfast cereals
- red meat.

It’s thought that it’s easier to absorb iron if eaten with foods that contain vitamin C, so children should be offered vegetables and fruit that are rich in this, such as citrus fruit, tomatoes, peppers and strawberries or diluted 100% unsweetened fruit juices.
Vitamin supplements for children

Growing children, especially those not eating a varied diet, often don’t get enough vitamin A, vitamin C and, especially, vitamin D – as it is difficult to get enough vitamin D through food alone.

The UK Health Departments recommend that children from six months to five years old are given supplements containing vitamins A, C and D unless they are having more than 500ml of infant formula a day.

Families with babies or children supported by Healthy Start are sent coupons every eight weeks to exchange for Healthy Start children’s vitamin drops. Coupons are issued from birth so that the drops can also be claimed for babies under six months old if there is any doubt about the mother’s vitamin D status or use of vitamins in pregnancy.

Vitamin D has a number of important functions. For example, it helps to regulate the amount of calcium and phosphate in the body. These are needed to help keep bones and teeth healthy; infants who don’t get enough can get softened bones which can lead to rickets. The best source of vitamin D is summer sunlight, but most people in the UK have limited exposure to it.

Vitamin A helps with vision in dim light and helps immunity, as well as supporting healthy skin.
**Vitamin C** protects cells, helps keep them healthy and may assist the body to absorb iron from food. In a balanced diet most of it can be sourced from fruit and vegetables such as broccoli, oranges and kiwi fruit. However, a supplement will help ensure that children get enough – particularly as it isn’t stored by the body.

**Recommendation:** all children aged from six months to five years should take a vitamin supplement which contains vitamins A, C and D unless they are having 500ml (a pint) or more of formula a day. (As recommended by DH (1994) and SACN (2007).)

Where there is any doubt about a mother’s vitamin D status in pregnancy, breastfed babies can benefit from Healthy Start vitamins from one month old.

For more information visit [www.healthystart.nhs.uk](http://www.healthystart.nhs.uk)
Find out more

Healthy Start resources

All Healthy Start resources are available to order or download at www.orderline.dh.gov.uk or from 0300 123 1002. You can also download them at www.healthystart.nhs.uk
General resources

England
• NHS Birth to five: www.nhs.uk/planners/birthtofive/Pages/Birthtofivehome.aspx
• NHS breastfeeding website: www.nhs.uk/breastfeeding
• NHS Choices: www.nhs.uk
• NHS Direct: 0845 46 47
• 5 A DAY: www.nhs.uk/LiveWell/5ADAY
• Department of Health: www.dh.gov.uk
• Start4Life: www.nhs.uk/start4life
• Change4Life: www.nhs.uk/change4life

Publications
• Off to a Good Start – All you need to know about breastfeeding your baby
• Breastfeeding and Returning to Work
• Fun First Foods – An easy guide to introducing solid foods

Wales
• Welsh Government – Breastfeeding: www.wales.gov.uk/breastfeeding
• NHS Direct Wales: 0845 46 47
• Start4Life: www.wales.gov.uk search Start4life

Publications
• Off to a Good Start – All you need to know about breastfeeding your baby
• Breathing Blocks for a Better Start in Life
• Introducing Solid Food
• Birth to Five
• The Pregnancy Book
• Bump to Breastfeeding DVD
• Llaeth Mam – Wales breastfeeding newsletter

Northern Ireland
• Public Health Agency – BreastFedBabies.org: www.breastfedbabies.org

Publications
• The Pregnancy Book
• Birth to Five
• Off to a Good Start
• Feeding Your Baby
• Bottlefeeding
• Weaning Made Easy
• Nutrition Matters for Early Years

UK
• Healthy Start: www.healthystart.nhs.uk

Scotland
• Ready Steady Baby!: www.readysteadybaby.org.uk
• NHS Health Scotland website: www.healthscotland.com
• NHS 24: 08454 24 24 24
• Breastfeeding – The feedgood factor: www.feedgoodfactor.org.uk

Publications
• Off to the Best Start
• Guide to Bottle Feeding
• Introducing Solid Food

If you want to order these leaflets please call 0300 123 1002 or visit www.orderline.dh.gov.uk
Breastfeeding organisations

The following organisations and websites provide further resources and examples of service improvement and innovation which can support local breastfeeding initiatives.

http://abm.me.uk The Association of Breastfeeding Mothers is a charity run by mothers for mothers, giving friendly support and supplying accurate information to all women wishing to breastfeed. It also supports the National Breastfeeding Helpline.

www.babymilkaction.org Baby Milk Action is a non-profit organisation that aims to save lives and end avoidable suffering caused by inappropriate infant feeding. It works globally to strengthen controls on marketing by the baby feeding industry.

www.breastfeedingnetwork.org.uk The Breastfeeding Network (BfN) aims to be an independent source of support and information for breastfeeding women and those involved in their care.

www.laleche.org.uk The La Leche League provides resources and information for families and those working with new families to encourage breastfeeding.

www.nct.org.uk The National Childbirth Trust is a leading charity for parents, supporting people through pregnancy, birth and early parenthood.

www.nice.org.uk Key documents referenced in this guide can be downloaded from the National Institute for Health and Clinical Excellence site as PDF files. Further information relating to the topic area will be signposted for the user.
www.rcm.org.uk The Royal College of Midwives provides support and information to the UK midwifery sector, both NHS and private.

www.rcn.org.uk The Royal College of Nursing represents nurses and nursing, promotes excellence in practice and shapes health policies.

www.rcog.org.uk The Royal College of Obstetricians and Gynaecologists encourages the study and advancement of the science and the practice of obstetrics and gynaecology.

www.rcpch.ac.uk The Royal College of Paediatrics and Child Health has a major role in postgraduate medical education and professional standards.

www.sacn.gov.uk The Scientific Advisory Committee on Nutrition is a committee of independent experts that provides advice to the Department of Health, as well as other government agencies and departments.

www.ukamb.org The United Kingdom Association for Milk Banking is a registered charity that supports human milk banking in the UK. The charity gives practical support to milk bank staff, who co-ordinate the provision of donor breastmilk to premature babies. The charity shares expertise and good practice with milk banks and breastmilk donors.

www.unicef.org.uk/babyfriendly Provides up-to-date information on research and breastfeeding activity in the UK, and information for commissioners on how to deliver the UNICEF UK Baby Friendly Initiative (BFI). Users can subscribe to email updates.

http://unitetheunion.org/cphva A professional organisation for health visitors, school nurses, nursery nurses and other community nurses working in primary care.
References


SACN (2007) Update on Vitamin D. London: TSO.


**Additional publications**


World Cancer Research Fund (WCRF) (2009) Recommendation 9 (out of 10) to prevent cancer. WCRF UK recommends that it is best for mothers to breastfeed exclusively for up to six months and then add other liquids and foods.

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