

Maternal and child nutrition

Quality standard

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This standard is based on PH11, CG62 and PH27.

This standard should be read in conjunction with QS22, QS37, QS112, QS127 and QS134.

Introduction

This quality standard covers improving nutrition before, during and after pregnancy (up to a year after birth) for women who may become pregnant, and for babies and pre-school children. It particularly focuses on low-income and other disadvantaged households.

It does not cover population-based screening programmes or national maternal and child nutrition policies. It does not cover the nutrition and care of women and children with clinical conditions that require specialist advice, secondary dietary management or clinical therapeutic advice, for whom normal care would be inappropriate. For example, it does not cover women and children with diabetes, epilepsy or HIV, or the care of low birthweight babies.

For more information see the [maternal and child nutrition: improving nutritional status topic overview](#).

Why this quality standard is needed

Nutrition level describes a person's nutritional wellbeing. It is a more comprehensive measure than dietary intake alone because it takes account of body shape and size together with measures of body function.

The importance of ensuring that mothers and their babies are well-nourished is widely recognised. A pregnant woman's nutrition influences the growth and development of her fetus and forms the foundations for the child's health. The mother's health, both in the short and long term, also depends on how well-nourished she is before, during and after pregnancy.

A child's diet during the early years has an impact on their growth and development. It is linked to the incidence of many common childhood conditions such as iron-deficiency anaemia, tooth decay and vitamin D deficiency. It can also affect the risk of developing conditions such as coronary heart disease, diabetes and obesity in adult life.

Up to 50% of pregnancies are likely to be unplanned, so all women who may become pregnant should be aware of the importance of a healthy diet. Many nutritional interventions are likely to have the greatest benefit if delivered before conception and during the first 12 weeks of pregnancy.

The quality standard is expected to contribute to improvements in the following outcomes:

- premature deaths of mothers
- postnatal depression
- hospital admissions
- childhood illnesses
- childhood infections
- children's growth and weight status
- obesity
- iron-deficiency anaemia
- vitamin D deficiency
- tooth decay
- positive experience of primary and secondary care.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable quality improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 3 outcome frameworks published by the Department of Health:

- [Public Health Outcomes Framework 2013–16](#)
- [Adult Social Care Outcomes Framework 2015–16](#)
- [NHS Outcomes Framework 2015–16](#).

Tables 1–3 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 Public health outcomes framework for England, 2013–16

Domain	Objectives and indicators
2 Health improvement	<p>Objective</p> <p>People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</p> <p>Indicators</p> <p>2.1 Low birth weight of term babies</p> <p>2.2 Breastfeeding</p> <p>2.5 Child development at 2–2½ years (under development)</p> <p>2.6 Excess weight in 4–5 and 10–11 year olds</p> <p>2.11 Diet</p> <p>2.12 Excess weight in adults</p>
4 Healthcare public health and preventing premature mortality	<p>Objective</p> <p>Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities</p> <p>Indicators</p> <p>4.2 Tooth decay in children aged 5</p>

Table 2 The Adult social care outcomes framework 2015–16

Domain	Overarching and outcome measures
3 Ensuring that people have a positive experience of care and support	<p>Overarching measure</p> <p>People who use social care and their carers are satisfied with their experience of care and support services</p> <p>Outcome measure</p> <p>Placeholder 3E: The effectiveness of integrated care</p>

Table 3 NHS Outcomes Framework 2015–16

Domain	Overarching indicators and improvement areas
1 Preventing people from dying prematurely	<p>Overarching indicators</p> <p>1a Potential years of life lost (PYLL) from causes considered amenable to healthcare</p> <p>i Adults ii Children and young people</p> <p>1c Neonatal mortality and stillbirths</p> <p>Improvement areas</p> <p>Reducing mortality in children</p> <p>1.6 i Infant mortality (PHOF 4.1*)</p>
3 Helping people to recover from episodes of ill health or following injury	<p>Improvement areas</p> <p>Improving dental health</p> <p>3.7 i Decaying teeth (PHOF 4.02**) ii Tooth extractions in secondary care for children under 10</p>
4 Ensuring that people have a positive experience of care	<p>Overarching indicators</p> <p>4a Patient experience of primary care</p> <p>i GP services</p> <p>4b Patient experience of hospital care</p> <p>4d Patient experience characterised as poor or worse</p> <p>i Primary care</p> <p>Improvement areas</p> <p>Improving women and their families' experience of maternity services</p> <p>4.5 Women's experience of maternity services</p> <p>Improving people's experience of integrated care</p> <p>4.9 People's experience of integrated care (ASCOF 3E**)</p>

Alignment across the health and social care system

* Indicator shared with Public Health Outcomes Framework (PHOF).

** Indicator is complementary with Public Health Outcomes Framework (PHOF) and Adult Social Care Outcomes Framework (ASCOF).

Coordinated services

The quality standard for nutrition: improving maternal and child nutrition specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole maternal and child nutrition care pathway. A person-centred, integrated approach to providing services is fundamental to improving nutrition in women before, during and after pregnancy, and in babies and pre-school children.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality maternal and child nutrition service are listed in [related quality standards](#).

The Health and Social Care Act 2012 introduced legal duties for clinical commissioning groups to have regard to the need to reduce health inequalities and to exercise functions with a view to ensuring that health services are provided in an integrated way when they consider that this would reduce inequalities in access to services and outcomes achieved. Given the strong relationship that exists between poor maternal and child nutrition and deprivation, reducing inequalities is of particular importance for improving the nutritional status of mothers and pre-school children. Therefore it is important to consider focusing interventions in deprived areas when using the quality standard.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All health, social care and public health professionals involved in improving the nutritional status of women before, during and after pregnancy, and babies and pre-school children should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the

development sources on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting women before, during and after pregnancy, and babies and pre-school children to improve nutrition. If appropriate, health, social care and public health professionals should ensure that family members and carers are involved in the decision-making process on ways to improve nutrition in women before, during and after pregnancy, and in babies and pre-school children.

List of quality statements

Statement 1. Pregnant women attending antenatal and health visitor appointments are given advice on how to eat healthily in pregnancy.

Statement 2. Women with a BMI of 30 or more after childbirth are offered a structured weight-loss programme.

Statement 3. Pregnant women and the parents and carers of children under 4 years who may be eligible for the Healthy Start scheme are given information and support to apply.

Statement 4. Women receive breastfeeding support from a service that uses an evaluated, structured programme.

Statement 5. Parents and carers are given advice on introducing their baby to a variety of nutritious foods to complement breastmilk or formula milk.

Statement 6. Parents and carers receiving Healthy Start food vouchers are offered advice on how to use them to increase the amount of fruit and vegetables in their family's diet.

Quality statement 1: Healthy eating in pregnancy

Quality statement

Pregnant women attending antenatal and health visitor appointments are given advice on how to eat healthily in pregnancy.

Rationale

A healthy diet is important for both mother and baby throughout pregnancy because this will help them to get the nutrients they need to stay healthy and for the baby to develop and grow. Advice on how to eat healthily and foods which should be avoided will enable pregnant women to make informed choices about their diet while pregnant.

Quality measures

Structure

Evidence of local arrangements for midwives and health visitors to advise pregnant women how to eat healthily in pregnancy.

Data source: Local data collection.

Process

a) Proportion of pregnant women attending their antenatal booking appointment who receive advice on how to eat healthily during pregnancy from a midwife.

Numerator – the number in the denominator who receive advice on how to eat healthily during pregnancy from a midwife.

Denominator – the number of pregnant women attending their antenatal booking appointment.

Data source: Local data collection.

b) Proportion of pregnant women attending their health visitor appointment who receive advice on how to eat healthily during pregnancy.

Numerator – the number in the denominator who receive advice on how to eat healthily during pregnancy from a health visitor.

Denominator – the number of pregnant women attending their health visitor appointment.

Data source: Local data collection.

Outcome

Healthy eating in pregnancy.

Data source: Local data collection.

What the quality statement means for service providers, health and public health practitioners, and commissioners

Service providers (such as primary and secondary care including maternity services, community and public health providers) ensure that systems are in place for midwives and health visitors to advise pregnant women how to eat healthily during pregnancy.

Midwives and health visitors ensure that they give advice to pregnant women on how to eat healthily during pregnancy at their antenatal booking appointment and their health visitor appointment.

Commissioners (such as clinical commissioning groups, NHS England and local authorities) specify that providers give advice to pregnant women on how to eat healthily during pregnancy at the antenatal booking appointment and the health visitor appointment.

What the quality statement means for service users and carers

Pregnant women are offered advice on how to eat healthily and which foods to avoid during pregnancy. This should happen when they have their first appointment with their midwife and when they have an appointment with their health visitor.

Source guidance

- [Maternal and child nutrition](#) (2008) NICE guideline PH11, recommendation 5.
- [Antenatal care](#) (2008) NICE guideline CG62, recommendation 1.1.1.1.

Definitions of terms used in this quality statement

Healthy eating in pregnancy

Where appropriate, the advice should include: eating 5 portions of fruit and vegetables a day and 1 portion of oily fish (for example, mackerel, sardines, pilchards, herring, trout or salmon) a week. If there are special dietary considerations then advice should be tailored to the woman's needs and additional advice sought from a dietitian.

[Adapted from [Maternal and child nutrition](#) (NICE guideline PH11) recommendation 5]

Foods which should be avoided or limited in pregnancy

There are some foods that a pregnant woman should avoid eating because they could make her ill or harm her baby. These include raw or undercooked meat, liver, raw shellfish, some types of cheese, raw or partly cooked eggs. A detailed list of foods to limit or avoid can be found on the [NHS Choices website](#).

[Adapted from the [NHS Choices website](#) and expert consensus]

Quality statement 2: Structured weight-loss programme

Quality statement

Women with a BMI of 30 or more after childbirth are offered a structured weight-loss programme.

Rationale

Attendance on a structured weight-loss programme for women who have a BMI of 30 or more after childbirth can improve the woman's health. If they become pregnant again, the programme can help to ensure that their nutritional status at conception is adequate to support optimal fetal growth. By losing weight the women would reduce their risk of complications during pregnancy and childbirth, including gestational diabetes, pre-eclampsia and postpartum haemorrhage, if they subsequently became pregnant. In addition, their baby's risk of still birth, high birthweight and subsequent obesity and diabetes would be reduced.

Quality measures

Structure

Evidence of local arrangements to ensure that women with a BMI of 30 or more after childbirth are offered a structured weight-loss programme.

Data source: Local data collection.

Process

Proportion of women with a BMI of 30 or more after childbirth attending their baby's 6–8 week health visitor appointment who receive a structured weight-loss programme.

Numerator – the number in the denominator who receive a structured weight-loss programme.

Denominator – the number of women with a BMI of 30 or more after childbirth attending their baby's 6–8 week health visitor appointment.

Data source: Local data collection.

Outcome

a) Obesity rates in pregnancy.

*Data source:*Local data collection.

b) Attendance at a weight-loss programme.

*Data source:*Local data collection.

c) Pregnancy morbidity.

*Data source:*Local data collection.

d) Infant morbidity.

*Data source:*Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as primary and secondary care including maternity services) ensure that processes are in place for women with a BMI of 30 or more after childbirth to be offered a structured weight-loss programme.

Healthcare professionals ensure that they offer women with a BMI of 30 or more after childbirth a structured weight-loss programme.

Commissioners (clinical commissioning groups, NHS England and local authority commissioners) ensure that the services they commission have processes in place to offer women with a BMI of 30 or more after childbirth a structured weight-loss programme.

What the quality statement means for service users and carers

Women who are overweight after having a baby (with a BMI of 30 or more) are offered support to lose weight. This should include a personal assessment and advice on diet, exercise and how to set and achieve weight-loss goals.

Source guidance

- [Weight management before, during and after pregnancy](#) (2010) NICE guideline PH27, recommendation 4.

Definitions of terms used in this quality statement

Structured weight-loss programme

A structured weight-loss programme provides a personalised assessment, advice about diet and physical activity and advice on behaviour change strategies such as goal setting.

[Adapted from [Weight management before, during and after pregnancy](#) (NICE guideline PH27), recommendation 4]

BMI (body mass index)

BMI is a measure used to see if people are a healthy weight for their height.

For most adults, an ideal BMI is in the 18.5–24.9 range. A BMI in the range of 25–29.9 is overweight, 30–39.9 is obese and 40 or more is very obese.

These ranges are only for adults. BMI is interpreted differently for children.

[Adapted from [NHS Choices](#)]

Equality and diversity considerations

Women from some ethnic groups may have an increased risk of obesity at a lower BMI, for example, women of South Asian or East Asian family origin, and this should be considered by their healthcare professionals.

Care and support, and the information given about it, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Women should have access to an interpreter or advocate if needed.

Quality statement 3: Healthy Start scheme

Quality statement

Pregnant women and the parents and carers of children under 4 years who may be eligible for the Healthy Start scheme are given information and support to apply.

Rationale

Pregnant women and the parents and carers of children under 4 years who are eligible for the Healthy Start scheme can apply to receive coupons for vitamin supplements and food vouchers. It aims to improve health and access to a healthy diet for families on low incomes across the UK.

Quality measures

Structure

Evidence of local arrangements to ensure that pregnant women and the parents and carers of children under 4 years who may be eligible for the Healthy Start scheme receive information and support to apply.

Data source: Local data collection.

Process

a) Proportion of pregnant women who may be eligible for the Healthy Start scheme receive information and support to apply when they attend their antenatal booking appointment.

Numerator – the number in the denominator who receive advice and support to apply.

Denominator – the number of pregnant women who may be eligible for the Healthy Start scheme attending their antenatal booking appointment.

Data source: Local data collection.

b) Proportion of 6–8 week health visitor appointments where parents and carers who may be eligible for the Healthy Start scheme receive information and support to apply.

Numerator – the number in the denominator where advice and support to apply is given.

Denominator – the number of 6–8 week health visitor appointments where parents and carers may be eligible for the Healthy Start scheme.

Data source: Local data collection.

c) Proportion of 8–12 month developmental reviews where parents and carers who may be eligible for the Healthy Start scheme receive information and support to apply.

Numerator – the number in the denominator where advice and support to apply is given.

Denominator – the number of 8–12 month developmental reviews where parents and carers may be eligible for the Healthy Start scheme.

Data source: Local data collection.

d) Proportion of 2- to 2-and-a-half-year health reviews where parents and carers who may be eligible for the Healthy Start scheme receive information and support to apply.

Numerator – the number in the denominator where advice and support to apply is given.

Denominator – the number of 2- to 2-and-a-half-year health reviews where parents and carers may be eligible for the Healthy Start scheme.

Data source: Local data collection.

e) Proportion of vaccination appointments at age 3 years 5 months to 4 years where parents and carers who may be eligible for the Healthy Start scheme receive information and support to apply.

Numerator – the number in the denominator where advice and support to apply is given.

Denominator – the number of vaccination appointments at age 3 years 5 months to 4 years where parents and carers may be eligible for the Healthy Start scheme.

Data source: Local data collection

Outcome

a) Vitamin D deficiency.

Data source: Local data collection.

Outcome

b) Neural tube defects.

Data source: Local data collection.

Outcome

c) Iron and calcium absorption.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as primary, secondary, community care and public health providers) ensure that systems are in place to ensure that pregnant women and the parents and carers of children under 4 years who may be eligible are given information about the Healthy Start scheme and that an adequate supply of application forms is available for distribution by healthcare professionals.

Healthcare professionals ensure that they give information to pregnant women and the parents and carers of children under 4 years who may be eligible about the Healthy Start scheme, and provide them with support to apply, such as giving them a signed application form.

Commissioners (clinical commissioning groups, NHS England and local authorities) ensure that providers give information to pregnant women and the parents and carers of children under 4 years who may be eligible about the Healthy Start scheme and provide them with support to apply, including having enough application forms for distribution by healthcare professionals.

What the quality statement means for, service users and carers

Pregnant women and the parents and carers of children under 4 years who may be eligible for the Healthy Start scheme are given information about it and help to apply (including a signed application form from their healthcare professional). The Healthy Start scheme provides free vitamins and food vouchers to people on low incomes.

Source guidance

- [Maternal and child nutrition](#) (2008) NICE guideline PH11, recommendation 4 (key priority for implementation).
- [Antenatal care](#) (2008) NICE guideline CG62, recommendation 1.1.1.1.

Definitions of terms used in this quality statement

Pregnant women and the parents and carers who may be eligible

Pregnant women and the parents and carers of children under 4 years of age, who are in receipt of certain benefits, may be eligible for the Healthy Start scheme. All pregnant women under the age of 18 years are eligible.

Please see the [Government's Healthy Start webpage](#) for up-to-date information on eligibility criteria.

[Expert consensus]

Healthy Start scheme

The Healthy Start scheme provides food vouchers and coupons for vitamin supplements to pregnant women, new mothers and parents and carers with young children (under 4 years) who are on low incomes and to all pregnant women aged under 18 years. It aims to improve health and access to a healthy diet for families on low incomes across the UK.

[Adapted from [Healthy Start vouchers study: the views and experiences of parents, professionals and small retailers in England](#)]

Healthy Start maternal vitamin supplements

The Healthy Start vitamin supplement for pregnant and breastfeeding women contains folic acid to help reduce the baby's risk of neural tube defects, vitamin C to maintain healthy body tissue, and vitamin D to help iron and calcium absorption to keep bones healthy and ensure that the baby's bones and teeth grow strong.

Women who are eligible for the Healthy Start scheme receive coupons to obtain these vitamin supplements free of charge. Women who are not eligible for the Healthy Start scheme may be able

to buy the supplements from community pharmacies and should ask their midwife or health visitor where to access the vitamins in their local area.

[Adapted from the [Healthy Start](#) website and expert consensus]

Healthy Start children's vitamin supplements

The Healthy Start supplement for children contains vitamins A, C and D, which help to strengthen the immune system, maintain healthy skin, and help with absorbing iron and calcium; keeping their bones and teeth healthy.

[Adapted from the [Healthy Start](#) website]

Healthy Start food vouchers

The Healthy Start food vouchers scheme is for families eligible for other means-tested benefits and provides food vouchers to spend with local retailers. Pregnant women and parents and carers of children over 1 year and under 4 years get 1 voucher per week. Parents and carers of babies under 1 year get 2 vouchers per week. (See the [Healthy Start](#) website for more information).

The vouchers can be spent on:

- pasteurised cow's milk
- fresh or frozen fruit and vegetables (with no added ingredients), which can be whole or chopped, packaged or loose
- cow's milk-based infant formula milk suitable from birth.

[Adapted from the [Healthy Start](#) website and expert consensus]

Equality and diversity considerations

The risk of vitamin D deficiency can be increased in people with darker skin, for example, people who are black or of Asian family origin, or people who wear clothing that covers their entire body, and this should be considered by their healthcare professionals.

Care and support, and the information given about it, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory

or learning disabilities, and to people who do not speak or read English. Pregnant women, parents and carers should have access to an interpreter or advocate if needed.

Quality statement 4: Breastfeeding

Quality statement

Women receive breastfeeding support from a service that uses an evaluated, structured programme.

This statement has been incorporated from NICE's quality standard for [postnatal care](#). For the rationale, quality measures, what the quality statement means, source guidance and definitions please see [statement 5](#) of the quality standard for postnatal care.

Quality statement 5: Advice on introducing solid food

Quality statement

Parents and carers are given advice on introducing their baby to a variety of nutritious foods to complement breastmilk or formula milk.

Rationale

It is important that babies aged around 6 months are started on solid food, with the introduction of suitable foods in addition to breastmilk or formula milk to establish a healthy and varied diet. This ensures that a varied and nutritionally adequate diet is already in place when breastmilk or formula milk are no longer given. Involving parents and carers in discussions about starting solid food when they attend the 6–8 week health visitor appointment with their baby helps them to introduce solid food when their baby is around 6 months, minimising poor infant outcomes associated with starting solid food earlier or later.

Quality measures

Structure

- a) Evidence of local arrangements to advise parents and carers how to introduce a variety of nutritious foods to their baby to complement breastmilk or formula milk.
- b) Evidence of local arrangements to advise parents and carers when to introduce a variety of nutritious foods to their baby to complement breastmilk or formula milk.

Data source: Local data collection.

Process

- a) Proportion of 6–8 week health visitor appointments where parents and carers receive advice on how to introduce their baby to a variety of nutritious foods to complement breastmilk or formula milk.

Numerator – the number in the denominator where the parents and carers receive advice on how to introduce their baby to a variety of nutritious foods to complement breastmilk or formula milk.

Denominator – the number of 6–8 week health visitor appointments.

Data source: Local data collection.

b) Proportion of 6–8 week health visitor appointments where parents and carers receive advice on when to introduce their baby to a variety of nutritious foods to complement breastmilk or formula milk.

Numerator – the number in the denominator where the parents and carers receive advice on when to introduce their baby to a variety of nutritious foods to complement breastmilk or formula milk.

Denominator – the number of 6–8 week health visitor appointments.

Data source: Local data collection.

Outcome

a) Introduction of solid food at around 6 months.

Data source: Local data collection.

b) Infant obesity rates.

Data source: Local data collection.

c) Faltering infant growth.

Data source: Local data collection.

What the quality statement means for service providers, health and public health practitioners, and commissioners

Service providers (community providers) ensure that systems are in place for parents and carers to be advised on how and when to introduce their baby to a variety of nutritious foods to complement breastmilk or formula milk.

Health visitors ensure that they work with parents and carers, advising them at the 6–8 week appointment on how and when to introduce their baby to a variety of nutritious foods to complement breastmilk or formula milk.

Commissioners (such as clinical commissioning groups, NHS England and local authorities) specify that providers advise parents and carers how and when to introduce their baby to a variety of nutritious foods to complement breastmilk or formula milk.

What the quality statement means for service users and carers

Parents and carers are given advice on how and when to introduce their baby to different types of nutritious foods to complement breastmilk or formula milk. The health visitor explains that they should start their baby on solid food at around 6 months and introduce a wide variety of different foods to give their baby a healthy and varied diet in the first year, in addition to breastmilk or formula milk. This will help the baby to be healthy, support the development of motor skills and speech and language, and help the baby to stay at a healthy weight. Advice should also be given about the texture of food, the use of finger foods and how parents and carers can reduce the risk of choking.

Source guidance

- [Maternal and child nutrition](#) (2008) NICE guideline PH11, recommendation 16.

Definitions of terms used in this quality statement

Advice on introducing their baby to a variety of nutritious foods

This is advice that includes, but is not limited to:

- the reasons for starting solid food at around 6 months
- the possible effects on the baby of starting solid food earlier or later
- the reasons for continuing breastfeeding
- maximising breastmilk or increasing infant formula feeds for a baby under 6 months who is feeding more frequently.

This information can be given by the health visitor at the mandated 6–8 week appointment.

[Expert consensus]

Equality and diversity considerations

This information should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Parents and carers should have access to an interpreter or advocate if needed.

People from some religious groups introduce solid food to babies when they are considerably older than 6 months of age. Health visitors should be mindful of different behaviours and beliefs while highlighting the importance of introducing a range of foods at around 6 months. This requires sensitive communication to inform parents and carers of the possible impact on their baby's health.

Quality statement 6: Advice on Healthy Start food vouchers

Quality statement

Parents and carers receiving Healthy Start food vouchers are offered advice on how to use them to increase the amount of fruit and vegetables in their family's diet.

Rationale

Including more fruit and vegetables increases the nutrients in a diet and can help people to manage their body weight. Healthy diets rich in fruit and vegetables may also help to reduce the risk of heart disease, stroke, cancer and other chronic diseases. It is important that service providers such as local authorities, local health services and voluntary organisations provide advice to parents and carers to ensure that they use the food vouchers to increase the amount of fruit and vegetables their family eats. This may also help to reduce outcomes associated with poor nutrition.

Quality measures

Structure

Evidence of local arrangements to offer parents and carers receiving Healthy Start food vouchers advice on how to use them to increase the amount of fruit and vegetables in their family's diet.

Data source: Local data collection.

Process

a) Proportion of 6–8 week health visitor appointments where parents and carers receiving Healthy Start food vouchers receive advice on how to use them to increase the amount of fruit and vegetables in their family's diet.

Numerator – the number in the denominator where advice is given on how to use the vouchers to increase the amount of fruit and vegetables in their family's diet.

Denominator – the number of 6–8 week health visitor appointments where the parents and carers are receiving Healthy Start food vouchers.

Data source: Local data collection.

b) Proportion of 8–12 month developmental reviews where parents and carers receiving Healthy Start food vouchers receive advice on how to use them to increase the amount of fruit and vegetables in their family's diet.

Numerator – the number in the denominator where advice is given on how to use the vouchers to increase the amount of fruit and vegetables in their family's diet.

Denominator – the number of 8–12 month developmental reviews where the parents and carers are receiving Healthy Start food vouchers.

Data source: Local data collection.

c) Proportion of 2- to 2-and-a-half-year health reviews where parents and carers receiving Healthy Start food vouchers receive advice on how to use them to increase the amount of fruit and vegetables in their family's diet.

Numerator – the number in the denominator where advice is given on how to use the vouchers to increase the amount of fruit and vegetables in their family's diet.

Denominator – the number of 2- to 2-and-a-half-year health reviews where the parents and carers are receiving Healthy Start food vouchers.

Data source: Local data collection.

d) Proportion of vaccination appointments at age 3 years and 5 months to 4 years where parents and carers receiving Healthy Start food vouchers receive advice on how to use them to increase the amount of fruit and vegetables in their family's diet.

Numerator – the number in the denominator where advice is given on how to use the vouchers to increase the amount of fruit and vegetables in their family's diet.

Denominator – the number of vaccination appointments at age 3 years and 5 months to 4 years where the parents and carers are receiving Healthy Start food vouchers.

Data source: Local data collection.

Outcome

a) Fruit and vegetable intake.

*Data source:*Public Health England and Food Standards Agency (2011–12) and local data collection.[National diet and nutrition survey](#)

b) Obesity.

*Data source:*Local data collection.

What the quality statement means for service providers, health and public health practitioners, and commissioners

Service providers (such as children's centres, local authorities, local strategic partnerships, local health services and voluntary organisations) ensure that they offer parents and carers receiving Healthy Start food vouchers advice on how to use them to increase the amount of fruit and vegetables in their family's diet.

Health and public health practitioners ensure that they explain to parents and carers receiving Healthy Start food vouchers how they can use them to increase the amount of fruit and vegetables in their family's diet.

Commissioners (such as clinical commissioning groups, NHS England, local authorities and local businesses that fund or provide community projects) specify that services offer parents and carers receiving Healthy Start food vouchers advice on using them to increase the amount of fruit and vegetables in their family's diet.

What the quality statement means for service users and carers

Parents and carers receiving Healthy Start food vouchers are offered advice on how to use their vouchers to increase the amount of fruit and vegetables in their family's diet. Eating more fruit and vegetables will help to improve their health and help them to stay at a healthy weight, and it may reduce their family's risk of developing some illnesses.

Source guidance

- [Maternal and child nutrition](#) (2008) NICE guideline PH11, recommendations 4 (key priority for implementation) and 22.

Definitions of terms used in this quality statement

Healthy Start scheme

The Healthy Start scheme provides food vouchers and coupons for vitamin supplements to pregnant women, new mothers and parents and carers with young children (under 4 years) who are on low incomes and to all pregnant women aged under 18 years. It aims to improve health and access to a healthy diet for families on low incomes across the UK.

[Adapted from [Healthy Start vouchers study: the views and experiences of parents, professionals and small retailers in England](#)]

Healthy Start food vouchers

The Healthy Start food vouchers scheme is for families eligible for other means-tested benefits and provides food vouchers to spend with local retailers. Pregnant women and parents and carers of children over 1 year and under 4 years get 1 voucher per week. Parents and carers of babies under 1 year get 2 vouchers per week. (See the [Healthy Start](#) website for more information).

The vouchers can be spent on:

- pasteurised cow's milk
- fresh or frozen fruit and vegetables (with no added ingredients), which can be whole or chopped, packaged or loose
- cow's milk-based infant formula milk suitable from birth.

[Adapted from the [Healthy Start](#) website and expert consensus]

Advice on how to use Healthy Start food vouchers

This is advice which includes, but is not limited to:

- the shops, markets and local and community food delivery services where the vouchers can be used and how these can be accessed, for example, by public transport.
- the types of food that the vouchers can be used to buy.
- simple, healthy recipes using food bought with the vouchers, taking the family's circumstances into account, for example, their religion and culture, and the size of the family.

Advice can be given by primary and secondary healthcare professionals, public health nutritionists, dietitians and at children's centres, health centres, nursery schools and other community settings. It can be provided in a number of ways, including formal and informal group sessions and one-to-one discussions, and using practical cook and eat sessions, leaflets and online resources (for example, step-by-step cooking demonstrations). This advice can be given at any time, but particularly when eligibility for the Healthy Start food vouchers is established and then on an ongoing basis as needed.

[Expert consensus]

Equality and diversity considerations

The information given should be both age-appropriate and culturally appropriate and sensitive to those who may have limited cooking skills and cooking equipment. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Pregnant women, parents and carers should have access to an interpreter or advocate if needed.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its [Indicators for Quality Improvement Programme](#). If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [what makes up a NICE quality standard?](#) for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in [development sources](#).

Information for the public

NICE has produced [information for the public](#) about this quality standard. Patients, service users and carers can use it to find out about the quality of care they should expect to receive; as a basis for asking questions about their care, and to help make choices between providers of social care services.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and [equality assessments](#) are available.

Good communication between health, public health and social care practitioners and pregnant women and parents or carers is essential. Care and support, and the information given about it, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Pregnant women and parents and carers should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards [process guide](#).

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Vitamin D: increasing supplement use among at-risk groups](#) (2014) NICE guideline PH56
- [Weight management before, during and after pregnancy](#) (2010) NICE guideline PH27
- [Antenatal care](#) (2008) NICE guideline CG62
- [Maternal and child nutrition](#) (2008) NICE guideline PH11
- [Postnatal care](#) (2006) NICE guideline CG37

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Department of Health and Public Health England (2014) [Framework for personalised care and population health](#)
- NHS England (2014) [Maternity and breastfeeding](#)
- Department of Health and Public Health England (2013) [The midwifery public health contribution](#)
- Department of Health and Public Health England (2013) [Nursing and midwifery actions at the three levels of public health practice](#)
- Department of Health (2012) [National diet and nutrition survey: headline results from years 1, 2 and 3 \(combined\) of the Rolling Programme 2008/09 – 2010/11](#)
- Department of Health (2012) [New statutory arrangements for Healthy Start vitamins](#)
- The Health and Social Care Information Centre (2012) [Infant feeding survey – UK, 2010](#)

- Public Health England (2011) [SACN Early life nutrition report](#)
- Audit Commission (2010) [Giving children a healthy start](#)
- Centre for Maternal and Child Enquiries (2010) [Maternal obesity in the UK: findings from a national project](#)
- Department of Health (2010) [Breastfeeding and introducing solid foods: consumer insight summary](#)
- Department of Health (2009) [Healthy child programme: pregnancy and the first 5 years of life](#)
- Public Health England (2007) [SACN Update on vitamin D – 2007](#) (Update to be published 2015)

Definitions and data sources for the quality measures

- Public Health England (2014) [National diet and nutrition survey](#)

Related NICE quality standards

Published

- [Obesity: prevention and lifestyle weight management in children and young people \(2015\)](#) NICE quality standard 94
- [Postnatal care \(2013\)](#) NICE quality standard 37
- [Antenatal care \(2012\)](#) NICE quality standard 22

In development

- [Obesity: prevention and management in adults](#). Publication date to be confirmed

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Childhood obesity.
- Early years: promoting health and wellbeing in the early years, including those in complex families.
- Maternal health: promoting maternal health through community-based strategies.
- Obesity (adults).

The full list of quality standard topics referred to NICE is available from the [quality standards topic library](#) on the NICE website.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 4. Membership of this committee is as follows:

Miss Alison Allam

Lay member

Dr Harry Allen

Consultant Old Age Psychiatrist, Manchester Mental Health and Social Care Trust

Mrs Moyra Amness

Associate Director, Assurance and Accreditation, CASPE Health Knowledge Systems

Dr Jo Bibby

Director of Strategy, The Health Foundation

Mrs Jane Bradshaw

Lead Nurse Specialist in Neurology, Norfolk Community Health and Care

Dr Allison Duggal

Consultant in Public Health, Public Health England

Mr Tim Fielding

Consultant in Public Health, North Lincolnshire Council

Mrs Frances Garraghan

Lead Pharmacist for Women's Health, Central Manchester Foundation Trust

Mrs Zoe Goodacre

Network Manager, South Wales Critical Care Network

Ms Nicola Hobbs

Assistant Director of Quality and Contracting, Northamptonshire County Council

Mr Roger Hughes

Lay member

Mr John Jolly

Chief Executive Officer, Blenheim Community Drug Project, London

Dr Damien Longson (Chair)

Consultant Liaison Psychiatrist, Manchester Mental Health and Social Care Trust

Dr Rubin Minhas

GP Principal, Oakfield Health Centre, Kent

Mrs Julie Rigby

Quality Improvement Programme Lead, Strategic Clinical Networks, NHS England

Mr Alaster Rutherford

Primary Care Pharmacist, NHS Bath and North East Somerset

Mr Michael Varrow

Information and Intelligence Business Partner, Essex County Council

Mr John Walker

Specialist Services Deputy Network Director, Greater Manchester West Mental Health NHS Foundation Trust

Mr David Weaver

Head of Quality and Safety, North Kent Clinical Commissioning Group

The following specialist members joined the committee to develop this quality standard:

Dr Helen Crawley

Honorary Research Fellow, Centre for Food Policy, City University London

Dr Val Finigan

Consultant Midwife, Pennine Acute NHS Hospitals Trust, Manchester

Ms Bridget Halnan

Infant Feeding Lead, Health Visitor and Clinical Practice Teacher, Cambridgeshire Community Services NHS Trust

Ms Judith Jones

Community member

NICE project team

Nick Baillie

Associate Director

Karen Slade

Consultant Clinical Adviser

Eileen Taylor

Technical Analyst

Nicola Greenway/Sabina Keane

Technical Adviser

Rachel Neary-Jones

Programme Manager

Anthony Gildea

Project Manager

Nicola Cunliffe

Co-ordinator

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

This quality standard has been incorporated into the NICE pathway on [maternal and child nutrition](#).

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Endorsing organisation

This quality standard has been endorsed by Department of Health, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Royal College of General Practitioners](#)
- [Royal College of Midwives](#)
- [Royal College of Paediatrics and Child Health](#)
- [First Steps Nutrition Trust](#)