

Maternal and child nutrition: improving nutritional status

NICE quality standard

Draft for consultation

March 2015

Introduction

This quality standard covers improving nutritional status for women who may become pregnant, during and after pregnancy (up to a year after birth), 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 nutritional status 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

Nutritional status describes an individual'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 nutritional status influences the growth and development of her fetus and forms the foundations for the child's later health. The mother's own 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 diarrhoea, tooth decay and iron and vitamin D deficiencies. It can also influence the risk in adult life of conditions such as coronary heart disease, diabetes and obesity.

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. 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
- obesity
- hospital admissions
- vitamin D deficiency
- childhood illnesses
- positive experience of primary and secondary care
- post-natal depression
- tooth decay.

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 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 outcomes frameworks published by the Department of Health:

- [Public Health Outcomes Framework 2013–2016](#)
- [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, 2013–2016](#)

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 [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><i>Placeholder 3E: The effectiveness of integrated care</i></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**)</p> <p>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>
<p>Alignment across the health and social care system</p> <p>* Indicator shared with Public Health Outcomes Framework (PHOF)</p> <p>** Indicator is complimentary with Public Health Outcomes Framework (PHOF) and Adult Social Care Outcomes Framework (ASCOF)</p>	

Coordinated services

The quality standard for maternal and child nutrition: improving nutritional status specifies that services should be commissioned from and coordinated across all relevant agencies. A person-centred, integrated approach to providing services is fundamental to improving nutritional status in mothers 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 also references the legal duties on commissioning organisations to have regard to reducing health inequalities and to provide integrated services where these will reduce inequalities with respect to

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 may be important to consider focussing interventions in deprived areas when implementing 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 pregnant women, mothers 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 pregnant women, mothers and pre-school children to improve nutritional status. If appropriate, professionals should ensure that family members and carers are involved in the decision-making process on ways to improve nutritional status in pregnant women, mothers and pre-school children.

List of quality statements

[Statement 1](#). Women who request pre-conception advice and have a BMI of 30 or more are advised to lose weight before becoming pregnant.

[Statement 2](#). Pregnant and breastfeeding women are given information on how to access Healthy Start maternal vitamin supplements.

[Statement 3](#). Parents and carers of children aged 6 months to 4 years are offered Healthy Start children's vitamin supplements if they are eligible.

[Statement 4](#). Parents and carers receiving Healthy Start food vouchers are given advice on how to use them to increase the amount of fruit and vegetables in their family's diet.

[Statement 5](#). Women receive breastfeeding support from a service that uses an evaluated, structured programme. See Statement [five](#) of the postnatal care Quality Standard.

[Statement 6](#). Parents and carers are given advice on starting their baby on solid food at 6 months of age and gradually establishing a varied diet.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

Question 3 For each quality statement what do you think could be done to support improvement and help overcome barriers?

Questions about the individual quality statements

Question 4 For draft quality statement 2: Is this focus on the correct area for quality improvement or should the focus be on folic acid or vitamin D specifically? Please clarify your response in detail.

Question 5 For draft quality statement 4: In order to make the statement measurable and achievable, can you please state who in practice would deliver this advice?

Quality statement 1: Pre-conception health

Quality statement

Women who request pre-conception advice and have a BMI of 30 or more are advised to lose weight before becoming pregnant.

Rationale

Excess body weight in women before pregnancy can have adverse effects on both a mother's health and that of her baby.

Improving the diet of women who are hoping to become pregnant can help to ensure that their nutritional status at conception is adequate to support optimal fetal growth. Women should have a healthy balanced diet, consuming a variety of different foods daily to provide enough energy and the correct balance of nutrients to meet their needs and the growth and development of their baby.

Quality measures

Structure

Evidence of local arrangements to ensure that healthcare professionals advise women who request pre-conception advice and have a BMI of 30 or more to lose weight before becoming pregnant.

Data source: Local data collection.

Process

Proportion of women who request pre-conception advice and have a BMI of 30 or more who are advised to lose weight before becoming pregnant.

Numerator – the number in the denominator who are advised to lose weight before becoming pregnant.

Denominator – the number of women who request pre-conception advice and have a BMI of 30 or more.

Data source: Local data collection.

Outcome

a) Obesity rates in pregnancy.

Data source: Local data collection.

b) Healthy diet in pregnancy.

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 who request pre-conception advice and have a BMI of 30 or more to be advised to lose weight before becoming pregnant.

Healthcare professionals ensure that they advise women who request pre-conception advice and have a BMI of 30 or more to lose weight before becoming pregnant.

Commissioners (clinical commissioning groups, NHS England and local authority commissioners) ensure that the services they commission have processes in place to advise women who request pre-conception advice and have a BMI of 30 or more to lose weight before becoming pregnant.

What the quality statement means for patients, service users and carers

Women who ask for advice on becoming pregnant and are overweight (with a BMI of 30 or more) are given advice to lose weight before becoming pregnant, both

for themselves and for their baby. Their healthcare professional, for example their GP or health visitor, will discuss this with them at a suitable time.

Source guidance

- [Weight management before, during and after pregnancy](#) (2010) NICE guideline PH27, recommendation 1

Definitions of terms used in this quality statement

Advice about losing weight before becoming pregnant

The healthcare professional should explain to women requesting pre-conception advice, who have a BMI of 30 or more, that losing 5–10% of their weight (a realistic target) would have significant health benefits and could increase their chances of becoming pregnant. Further weight loss, to achieve a BMI within the healthy range (between 24.9 and 18.5 kg/m²) should also be encouraged, using evidence-based behaviour change techniques.

[Adapted from [Weight management before, during and after pregnancy](#) (NICE guideline PH27), recommendation 1]

Equality and diversity considerations

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 2: Healthy Start maternal vitamin supplements

Quality statement

Pregnant and breastfeeding women are given information on how to access Healthy Start maternal vitamin supplements.

Rationale

The Healthy Start maternal supplements contain vitamins which help to reduce the risk of the baby developing serious health problems during pregnancy, including neural-tube defects such as spina bifida. These vitamins also support the mother and baby's general health and immune systems, and help to prevent bone problems.

The earlier in pregnancy and breastfeeding a woman starts to take Healthy Start maternal vitamin supplements, the greater the benefit to both the woman and her baby.

Quality measures

Structure

Evidence of local arrangements to ensure that pregnant and breastfeeding women are given information on how to access Healthy Start maternal vitamin supplements.

Data source: Local data collection.

Process

a) Proportion of pregnant women who are given information on how to access Healthy Start maternal vitamin supplements.

Numerator – the number in the denominator who receive information on how to access Healthy Start maternal vitamin supplements.

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

Data source: Local data collection and [NICE clinical audit support for maternal and child nutrition](#), audit criterion 5 for women.

b) Proportion of breastfeeding women who are given information on how to access Healthy Start maternal vitamin supplements.

Numerator – the number in the denominator who receive information on how to access Healthy Start maternal vitamin supplements.

Denominator – the number of breastfeeding women attending their first appointment with their health visitor after their baby is born.

Data source: Local data collection.

Outcome

a) Neural tube defects.

Data source: Local data collection.

b) Vitamin D deficiency.

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) ensure that systems are in place to ensure that pregnant and breastfeeding women are given information on how to access Healthy Start maternal vitamin supplements.

Healthcare professionals ensure that pregnant and breastfeeding women are given information on how to access Healthy Start maternal vitamin supplements.

Commissioners (clinical commissioning groups, NHS England and local authorities) ensure that providers give pregnant and breastfeeding women information on how to access Healthy Start maternal vitamin supplements.

What the quality statement means for patients, service users and carers

Pregnant and breastfeeding women are given information on how to get Healthy Start vitamins. Healthy Start vitamins help to reduce the risk of the baby developing serious health problems during pregnancy, such as spina bifida, support the mother and baby's general health and immune systems, and help to prevent bone problems.

Source guidance

- [Maternal and child nutrition](#) (2008) NICE guideline PH11, recommendation 4 (key priority for implementation)
- [Vitamin D: increasing supplement use among at-risk groups](#) (2014) NICE guideline PH56, recommendations 6 and 8

Definitions of terms used in this quality statement

Healthy Start

The Healthy Start scheme provides food vouchers and vitamin supplements to pregnant women, children under 4 years, new mothers and mothers with young children (under 4 years) who are on low incomes or aged under 18. 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 vouchers to obtain these vitamin supplements free of charge. Women who are not eligible for the Healthy Start scheme can buy them from community pharmacies.

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

Healthy Start eligibility criteria

Women qualify for Healthy Start if they:

- are under 18 and pregnant or
- are at least 10 weeks pregnant or have a child under 4 years and she or her family is in receipt of one of the following:
 - Income Support
 - Income-based Jobseeker's Allowance
 - Income-related Employment and Support AllowanceChild Tax Credit and have an annual family income up to a specified amount (see the [Healthy Start](#) website for more information).

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

Risk of neural-tube defects

The risk of a neural tube defect developing is high if:

- either partner has a neural tube defect
- either partner has had a previous pregnancy affected by a neural tube defect
- the woman has malabsorption, diabetes, coeliac disease, sickle cell anaemia, is taking antiepileptic medication or is obese.

[Expert opinion]

Equality and diversity considerations

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 and breastfeeding women should have access to an interpreter or advocate if needed.

Question for consultation

Is this focus on the correct area for quality improvement or should the focus be on folic acid or vitamin D specifically? Please clarify your response in detail.

Quality statement 3: Healthy Start children's vitamin supplements

Quality statement

Parents and carers of children aged 6 months to 4 years are offered Healthy Start children's vitamin supplements if they are eligible.

Rationale

Growing children, especially those who do not eat a varied diet, sometimes do not get enough vitamins A and C. The best source of vitamin D is sunlight so it can be difficult for babies and young children to get enough, particularly during winter months, and it is not easy to get enough through food alone. The Healthy Start children's supplements contain these vitamins which support the child's general health, immune system, promote healthy skin and prevent bone problems such as rickets. Taking these vitamin supplements is especially important when children are learning to eat a variety of foods with limited diets.

Quality measures

Structure

Evidence of local arrangements to ensure that parents of children aged 6 months to 4 years are offered Healthy Start children's vitamin supplements if they are eligible.

Data source: Local data collection.

Process

a) Proportion of parents and carers of children aged 6 months who are offered Healthy Start children's vitamin supplements if they are eligible.

Numerator – the number in the denominator whose parents are offered Healthy Start children's vitamin supplements when their child has their vaccinations aged 16 weeks.

Denominator – the number of children aged 16 weeks who are eligible.

Data source: Local data collection and [NICE clinical audit support for maternal and child nutrition](#), audit criterion 8 for children.

b) Proportion of parents and carers of children aged 8 - 12 months who are offered Healthy Start children's vitamin supplements if they are eligible.

Numerator – the number in the denominator whose parents are offered Healthy Start children's vitamin supplements when their child has their 8 -12 months developmental review.

Denominator – the number of children aged 8 – 12 months who are eligible.

Data source: Local data collection and [NICE clinical audit support for maternal and child nutrition](#), audit criterion 8 for children.

c) Proportion of parents and carers of children aged 2 – 2 ½ years who are offered Healthy Start children's vitamin supplements if they are eligible.

Numerator – the number in the denominator whose parents are offered Healthy Start children's vitamin supplements when their child has their 2 – 2 ½ years health review.

Denominator – the number of children aged 2 – 2 ½ years who are eligible.

Data source: Local data collection and [NICE clinical audit support for maternal and child nutrition](#), audit criterion 8 for children.

d) Proportion of parents and carers of children aged 3 years 5 months – 4 years who are offered Healthy Start children's vitamin supplements if they are eligible.

Numerator – the number in the denominator whose parents are offered Healthy Start children's vitamin supplements when their child has their vaccination aged 3 years 5 months – 4 years,

Denominator – the number of children aged 3 years 5 months to 4 years who are eligible.

Data source: Local data collection and [NICE clinical audit support for maternal and child nutrition](#), audit criterion 8 for children.

Outcome

a) Childhood illnesses.

Data source: Local data collection.

b) Vitamin D deficiency.

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) ensure that systems are in place to identify parents and carers of children aged 6 months to 4 years who are eligible and for them to be offered Healthy Start children's vitamin supplements.

Healthcare professionals ensure that parents and carers of children aged 6 months to 4 years who are eligible are offered Healthy Start children's vitamin supplements.

Commissioners (clinical commissioning groups, NHS England and local authorities) ensure that providers identify parents and carers of children aged 6 months to 4 years who are eligible and offer them Healthy Start children's vitamin supplements.

What the quality statement means for patients, service users and carers

Parents and carers of children aged 6 months to 4 years who are eligible are offered Healthy Start children's vitamins. The Healthy Start vitamins contain supplements to support the child's general health, immune system and prevent bone problems.

Source guidance

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

Definitions of terms used in this quality statement

Healthy Start Scheme

The Healthy Start scheme provides food vouchers and vitamin supplements to pregnant women, children under 4 years, new mothers and mothers with young children (under 4 years) who are on low incomes or aged under 18. 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 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 eligibility criteria for parents, carers and children

Parents and carers qualify for Health Start if they:

- are under 18 and pregnant or
- are at least 10 weeks pregnant or have a child under 4 years and they or their family is in receipt of one of the following:
 - Income Support
 - Income-based Jobseeker's Allowance
 - Income-related Employment and Support Allowance
 - Child Tax Credit and have an annual family income up to a specified amount(See the [Healthy Start](#) website for more information).

A child under 4 years from a family that meets the criteria above is eligible for the Healthy Start infant vitamin supplements.

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

Equality and diversity considerations

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. Parents and carers should have access to an interpreter or advocate if needed.

Quality statement 4: Advice on Healthy Start food vouchers

Quality statement

Parents and carers receiving Healthy Start food vouchers are given 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. Giving advice to parents and carers helps to ensure that they use the food vouchers to increase the amount of fruit and vegetables their family eats and may help to reduce outcomes associated with poor nutrition.

Quality measures

Structure

Evidence of local arrangements to give 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

Proportion of parents and carers receiving Healthy Start food vouchers who are given 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 who receive advice on how to use the vouchers to increase the amount of fruit and vegetables in their family's diet.

Denominator – the number of parents and carers 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 [National diet and nutrition survey \(2011/12\)](#) and local data collection.

b) Premature deaths.

Data source: Local data collection.

c) Childhood illnesses.

Data source: Local data collection.

d) 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 trained staff are available to provide parents and carers receiving the Healthy Start food vouchers with 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 the ways 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 have trained staff that can provide parents and carers receiving Healthy Start food vouchers with advice on using them to increase the amount of fruit and vegetables in their family's diet.

What the quality statement means for patients, service users and carers

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

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

The Healthy Start scheme provides food vouchers and vitamin supplements to pregnant women, children under 4 years, new mothers and mothers with young children (under 4 years) who are on low incomes or aged under 18. 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 means tested and provides vouchers to spend with local retailers. Pregnant women and mothers of children over 1 year and under 4 years get 1 voucher per week. Mothers 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

- infant formula milk suitable from birth.

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

Provision of advice

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

- The shops and local delivery services where the vouchers can be used and how they can be accessed, for example, by public transport, online ordering.
- The types of food that 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, 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 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 opinion]

Equality and diversity considerations

The information given 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.

Question for consultation

In order to make the statement measurable and achievable, can you please state who in practice would deliver this advice?

Quality statement 5: Breastfeeding

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

For further details please see [statement five](#) of the Quality Standard on [postnatal care](#)

Quality statement 6: Advice on introducing solid food to babies at 6 months of age

Quality statement

Parents and carers are given advice on starting their baby on solid food at 6 months of age and gradually establishing a varied diet.

Rationale

It is important that babies aged 6 months are started on solid food, with the introduction of suitable foods in addition to milk, and the gradual introduction of different food to establish a healthy and varied diet. This ensures that a varied and nutritionally adequate diet is in place when breast milk or infant formula are no longer given. Actively involving parents and carers in discussions about starting solid food helps them to introduce solid food when their baby is 6 months, minimising the poor infant outcomes associated with starting solid food earlier or later.

Quality measures

Structure

Evidence of local arrangements to give advice to parents and carers on starting their baby on solid food at 6 months of age and gradually establishing a varied diet.

Data source: Local data collection.

Process

a) Proportion of parents and carers who are given advice during the first three weeks of their baby's life on starting their baby on solid food at 6 months of age and gradually establishing a varied diet.

Numerator – the number in the denominator who receive advice on starting their baby on solid food at 6 months of age and gradually establishing a varied diet.

Denominator – the number of parents or carers attending their first appointment with their health visitor after their baby is born.

Data source: Local data collection.

b) Proportion of parents and carers who are given advice when their baby is 6 – 8 weeks old on starting their baby on solid food at 6 months of age and gradually establishing a varied diet.

Numerator – the number in the denominator who receive advice on starting their baby on solid food at 6 months of age and gradually establishing a varied diet.

Denominator – the number of parents or carers attending their child's 6 – 8 week check up appointment.

Data source: Local data collection.

Outcome

a) Introduction of solid food at 6 months.

Data source: Local data collection.

b) Infant obesity rates.

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, secondary, tertiary and community care and public health providers) ensure that systems are in place for parents and carers of babies to be provided with advice on starting their baby on solid food at 6 months and gradually establishing a varied diet.

Health and public health practitioners ensure that they work with parents and carers, providing them with advice on starting their baby on solid food at 6 months and gradually establishing a varied diet.

Commissioners (such as clinical commissioning groups, NHS England and local authorities) specify that providers give parents and carers advice on starting their baby on solid food at 6 months and gradually establishing a varied diet.

What the quality statement means for patients, service users and carers

Parents and carers are given advice on starting their baby on solid food at 6 months and gradually introducing different types of food to give their baby a healthy and varied diet, in addition to milk. This will help the baby to be healthy, stay at a healthy weight and 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 provided to parents and carers

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

- The reasons for continuing breastfeeding.
- The reasons for starting solid food at 6 months.
- The possible effects on the baby of starting solid food earlier or later.
- Ways to cope with an baby under 6 months who is feeding more frequently, particularly those who are breast fed.

This information can be given on a one-to-one basis by the midwife in the early postnatal period and by the health visitor at the primary and subsequent visits. It can also be given by GPs and in a group delivered by the health visiting service before the infant is 26 weeks old. The child health protection team can also provide this information. This can be followed up with printed and online information.

[Expert opinion]

Equality and diversity considerations

This information 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.

People from some religious groups introduce solid food to babies considerably older than 6 months of age. Healthcare professionals in contact with these people should be mindful of their beliefs while highlighting the importance of introducing food at 6 months. This requires sensitive communication to inform parents of the possible impact on the baby's health.

Status of this quality standard

This is the draft quality standard released for consultation from 6 March to 7 April 2015. It is not NICE's final quality standard on maternal and child nutrition: improving nutritional status. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5 pm on 7 April 2015. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the [NICE website](#) from July 2015.

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](#).

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 (2013) [Giving all children a healthy start in life](#)
- 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 [National diet and nutrition survey](#)

Related NICE quality standards

Published

- [Postnatal care](#) (2013) NICE quality standard 37
- [Antenatal care](#) (2012) NICE quality standard 22

In development

- [Obesity: prevention and lifestyle weight management in children and young people](#) Publication expected June 2015

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)
- Obesity – prevention and management in 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

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Associate Director, Assurance and Accreditation, CASPE Health Knowledge Systems

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

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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](#).

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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