

# Nutrition: improving maternal and child nutrition

Quality standard

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This standard is based on PH11, PH27 and NG201.

This standard should be read in conjunction with QS22, QS37, QS112, QS127, QS134 and QS197.

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

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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

## 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 different audiences

**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 or integrated care systems, 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.

**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

- [Antenatal care. NICE guideline NG201 \(2021\)](#), recommendation 1.3.9
- [Maternal and child nutrition. NICE guideline PH11 \(2008, updated 2014\)](#), recommendation 5

## 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. [[NICE's guideline on maternal and child nutrition](#), 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 website](#). [Adapted from the NHS website and expert opinion]

## 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 woman 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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

#### 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- to 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- to 8-week health visitor appointment.

Data source: Local data collection.

## Outcome

a) Obesity rates in pregnancy.

Data source: Local data collection. The [Maternity Services Data Set](#) collects data on maternal height, weight and BMI during pregnancy. [Public Health England's Obesity Profile](#) presents data on obesity in early pregnancy in an online tool to show patterns and trends at local authority level.

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 different audiences

**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 or integrated care systems, 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.

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. NICE guideline PH27 (2010), recommendation 4

## Definitions of terms used in this quality statement

### 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 to 24.9 range. A BMI in the range of 25 to 29.9 is overweight, 30 to 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 the [NHS website](#)]

### 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. [[NICE's guideline on weight management before, during and after pregnancy, recommendation 4](#)]

## 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.

For people with additional needs related to a disability, impairment or sensory loss, information

should be provided as set out in NHS England's Accessible Information Standard or the equivalent standards for the devolved nations.

## 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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

### 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 who receive information and support to apply when they attend their antenatal booking appointment.

**Numerator** – the number in the denominator who receive information 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. The [Maternity Services Data Set](#) collects data on booking appointments.

b) Proportion of 6- to 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 information and support to apply is given.

Denominator – the number of 6- to 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- to 12-month development 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 information and support to apply is given.

Denominator – the number of 8- to 1-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 information 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 information 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.

b) Neural tube defects.

Data source: Local data collection.

c) Iron and calcium absorption.

Data source: Local data collection.

## What the quality statement means for different audiences

**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 an application form.

**Commissioners** (clinical commissioning groups or integrated care systems, 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.

**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 an 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. NICE guideline PH11 (2008, updated 2014), recommendation 4 (key priority for implementation)

## 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 opinion]

### 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, executive summary]

### 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 opinion]

## 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 opinion]

## 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.

For women with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in [NHS England's Accessible Information Standard](#) or the equivalent standards for the devolved nations.



## Quality statement 4: Breastfeeding

Women receive breastfeeding support from a service that uses an evaluated, structured programme. [This statement is from NICE's quality standard on postnatal care. For the rationale, quality measures, what the quality statement means, source guidance and definitions, please see [statement 5 of the NICE quality standard on 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- to 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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

## 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- to 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- to 8-week health visitor appointments.

**Data source:** Local data collection. The number of 6- to 8-week health visitor appointments at national, regional and local level in England is collected in [Public Health England's Health visitor service delivery metrics](#) (2017 onwards). This data is submitted on a voluntary basis.

b) Proportion of 6- to 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- to 8-week health visitor appointments.

**Data source:** Local data collection. The number of 6- to 8-week health visitor appointments at national, regional and local level in England is collected in [Public Health England's Health visitor service delivery metrics](#) (2017 onwards). This data is submitted on a voluntary basis.

## 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 different audiences

**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- to 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 or integrated care systems, 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.

**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. NICE guideline PH11 (2008), recommendations 4 (key priority for implementation) and 22

## 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 babies under 6 months who are feeding more frequently.

This information can be given by the health visitor at the mandated 6- to 8-week appointment.  
[Expert opinion]

## 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.

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in [NHS England's Accessible Information Standard](#) or the equivalent standards for the devolved nations.

# 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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

## 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- to 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- to 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- to 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- to 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 National diet and nutrition survey (2008 to 12) and local data collection.

b) Obesity.

Data source: Local data collection.

## What the quality statement means for different audiences

**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.

**Healthcare and public health professionals** 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 or integrated care systems, 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.

**People 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 health. NICE guideline PH11](#) (2008, updated 2014), 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](#), executive summary]

### 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.

### Advice on how to use Healthy Start 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 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 opinion]

## 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.

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in [NHS England's Accessible Information Standard](#) or the equivalent standards for the devolved nations.

## Update information

### Minor changes since publication

**August 2021:** Recommendation numbers, references and links to source guidance have been updated to align statements 1 and 3 with the updated [NICE guideline on antenatal care](#). Data sources and references have been updated throughout.

## 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.

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, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standard advisory committees](#) for details of standing committee 4 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

This quality standard has been included in the [NICE Pathways on antenatal care, maternal and child nutrition, postnatal care, diet and physical activity](#) which bring together everything we have said on a topic in an interactive flowchart.

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

## Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the

source guidance. Organisations are encouraged to use the resource impact products for the source guidance to help estimate local costs:

- [resource impact statement for NICE's guideline on antenatal care](#)
- [costing statement for NICE's guideline on Vitamin D: supplement use in specific population groups](#).

## Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

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.

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## Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, 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 \(RCGP\)](#)
- [Royal College of Midwives](#)
- [Royal College of Paediatrics and Child Health](#)
- [First Steps Nutrition Trust](#)