HEALTHY START

Delivering Healthy Start

A guide for health professionals
About this leaflet
This leaflet is for health professionals and provides information about the Healthy Start scheme. It describes how the scheme could help health professionals deliver more targeted, individualised care for pregnant women and mothers with young children.

It also provides health professionals with the key public health messages for pregnancy, the postnatal period and the early years of a child’s life, covering:
► diet and nutrition
► breastfeeding
► weaning
► allergies
► smoking
► alcohol
► drug misuse.
What is Healthy Start?

Healthy Start is a government scheme that encourages pregnant women and families from low-income groups to eat a more nutritious diet. It does this by giving them vouchers to buy healthier foods as well as free vitamin supplements. It also encourages them to make earlier contact with health professionals.

Those eligible for Healthy Start can get vouchers to exchange for milk, fresh fruit, fresh vegetables and infant formula milk at participating retailers. To get the vouchers, they will need to have their application signed by a health professional, who will in turn be able to identify potentially vulnerable women more easily.

Who qualifies?
The qualifying criteria for Healthy Start (below) describe who can benefit from the scheme.

You qualify for Healthy Start if you are pregnant or have a child under four years old and:

▶ you or your family are receiving Income Support
▶ you or your family are receiving income-based Jobseeker’s Allowance
▶ you or your family are receiving Child Tax Credit (but not Working Tax Credit) and have an annual family income of below £14,155 (2006/07).

Or:

▶ you are pregnant and under 18 years of age.

Where to get the application forms
You can download or order the forms and other resources about Healthy Start from:
Website: www.healthystart.nhs.uk
Telephone: 08701 555 455
“After I’d had my baby, I called the Healthy Start helpline and found out that I now qualify for an extra £2.80 a week!”
Healthy Start and health professionals
A health professional is required to complete and sign Part B of the application form to confirm the expected date of delivery (EDD) and/or the date(s) of birth of any children under four years old. It is important that Part B is fully completed, or the application form cannot be processed.

You are not required to check that an applicant is getting the benefits they claim to be, nor to report any subsequent changes in their circumstances once they are on the scheme.

Healthy Start will give you an opportunity to identify women who may be at risk of poor health outcomes and offer services to meet their needs. You will also have an opportunity to pass on important messages about nutrition and health at a time when the woman is likely to be interested and receptive.

Midwives and GPs should have the Healthy Start application form available for the first contact, for example a booking appointment, to encourage them to make their application early. Pregnant women can receive vouchers from the tenth week of pregnancy. Health professionals working with parents and carers of children under four years old should also make the application form available to encourage them to find out if they are eligible for Healthy Start.
Nutrition, health and health inequalities

There is a growing body of evidence to suggest that good nutrition during pregnancy and in the early years of a child’s life can prepare them for healthy adulthood. A healthy diet can help reduce the risk of obesity, heart disease and some cancers.

The Panel on Child and Maternal Nutrition of the Committee on Medical Aspects of Food and Nutrition Policy (DH, 2002) produced a report on the Welfare Food Scheme and acknowledged that good maternal and child nutrition affects long-term health outcomes. This view is also held by the World Health Organization.

Health inequalities
While many people eat well, a large number do not, particularly among the more disadvantaged and vulnerable in society (DH, 2004a). The Independent Inquiry into Inequalities in Health (Acheson, 1998) emphasised the influence of poverty, education and early nutrition on health inequalities. The report recommended policies to improve nutrition, reduce food poverty and prevent childhood obesity.
The health departments in England, Scotland and Wales consider that maternity services should be proactive in engaging all women, but particularly those women from disadvantaged groups and communities, early in pregnancy and maintaining contact up to and after birth (DH, 2004b; NAW, 2005).

Women in disadvantaged groups are significantly less likely to:
- access maternity services early
- maintain contact throughout their pregnancies
- have a well-balanced diet
- breastfeeding their babies.

Women from disadvantaged, vulnerable or excluded groups – including pregnant teenagers – are more likely to have poorer maternal and neonatal outcomes, for example:
- infant mortality
- low birthweight
- smoking in pregnancy
- postnatal depression.

Consequently, the outcomes for their own and their babies’ health and well-being are worse than for the population as a whole.

Healthy Start aims to help health professionals redress this imbalance by encouraging contact earlier in pregnancy and by giving nutritional support through milk, fresh fruit, fresh vegetables, infant formula milk and vitamin supplements.
A Healthy Start during pregnancy

Healthy Start encourages pregnant women from disadvantaged groups to eat a variety of fresh fruit and vegetables. Teenage girls, who have higher nutritional requirements, are at greater risk of deficiencies during pregnancy. That is why any pregnant woman under 18 years old is eligible for Healthy Start.

Diet

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

A balanced diet that includes fresh fruit and vegetables helps reduce the risk of heart disease and some cancers.
Pregnant women should eat:

- at least five portions of a variety of fruit and vegetables a day
- starchy foods like wholemeal bread, potatoes, rice, pasta, chapatis, yams and breakfast cereals as the main part of every meal
- one or two portions of foods high in iron – lean meat, fish, poultry, cooked eggs, beans or pulses – a day
- two to three servings of calcium-rich foods a day, for example milk, yoghurt, fromage frais or hard cheese (preferably reduced fat).

Foods to be avoided during pregnancy include:

- soft mould-ripened cheese
- unpasteurised milk
- pâté (of any sort)
- liver
- uncooked or under-cooked ready meals, including raw or partially cooked meat, especially poultry
- raw or partially cooked eggs
- raw shellfish
- shark, swordfish and marlin.

Foods to limit during pregnancy include:

- oily fish (eg mackerel, sardines, salmon and trout) to two portions per week
- tuna to less than four cans or two fresh portions per week because of the levels of mercury in this fish and because fresh tuna counts as oily fish
- food and drinks containing caffeine – no more than three cups of coffee or six cups of tea or eight cans of cola or eight bars of chocolate per day.
**Vitamin A**

Pregnant women should avoid supplements containing vitamin A.

**Vitamin D**

Vitamin D is made in the body when skin is exposed to sunlight during the months April–September. Dietary sources of vitamin D include oily fish, margarines and fortified breakfast cereals.

Some pregnant women are vulnerable to vitamin D deficiency, including women from the Indian sub-continent, African women and those of Middle Eastern origin, especially those who for cultural reasons do not spend time outdoors, or wear fully covered clothing and therefore limit their exposure to sunlight.

Women in Scotland may also be at extra risk of vitamin D deficiency in the winter months due to the country’s northern latitude.

All women should take a supplement during pregnancy and while breastfeeding. Reports on the re-emergence of rickets make it particularly important to identify pregnant women and breastfeeding mothers who are known to be vulnerable to vitamin D deficiency.

Vitamin D status of the newborn is largely determined by the vitamin D status of the mother. If maternal vitamin D status is poor during pregnancy or breastfeeding, the newborn will also have low stores of vitamin D at birth and has a greater risk of developing deficiency. Vitamin D deficiency can cause rickets in toddlers. Supplementary vitamin D during pregnancy will ensure a mother supplies enough to her baby before birth and a supplement while breastfeeding will ensure adequate vitamin D in breastmilk (DH, 2004).

The UK health departments recommend taking additional vitamin C and D and folic acid in pregnancy. Vitamin supplements are available from local chemists and supermarkets. Free vitamin supplements are an important part of Healthy Start. Health professionals should signpost where they can be obtained locally or refer women to a GP for an appropriate prescription. Pregnant women should be advised that if they wish to use any other vitamin products, they should only take those specifically marketed for pregnant women.
“Now that I’m pregnant, I get one Healthy Start voucher a week. It’s more than enough to buy three pints of milk, some bananas and some apples.”
**Toxoplasmosis**
Pregnant women should reduce the risks of toxoplasmosis by:
- avoiding contamination with cat faeces in the cat litter tray or soil
- washing all fruit and vegetables before eating
- washing hands before handling food
- thoroughly cooking raw meats and ready-prepared chilled meals.

**Smoking**
Smoking during pregnancy increases the risk of miscarriage, premature birth, low birthweight and stillbirth. It also trebles the risk of cot death and can lead to children developing asthma and respiratory infections in later life.

Emphasise the benefits of stopping smoking at any stage. It is easier to give up smoking with support. If women want help or advice to stop smoking in pregnancy, direct them to:

- NHS Pregnancy Smoking Helpline (England)
  > 0800 169 9 169

- Smokeline (Scotland)
  > 0800 84 84 84

- Smokers Helpline Wales
  > 0800 169 0 169

- Smoking Helpline (Northern Ireland)
  > 0800 85 85 85
**Alcohol**

Front line staff should ensure that their advice regarding alcohol and pregnancy is in line with current CMO recommendations.

**Alcoholic units**

Alcopops (5% ABV) – Smirnoff Ice, WKD  
1.4 units per bottle  

Beer/lager (3.5–4% ABV) – John Smiths, Fosters  
1.3 units per bottle, 1.8 units per can, 2.3 units per pint  

Cider (6% ABV) – Strongbow  
2 units per bottle, 2.6 units per can, 3.4 units per pint  

Shots – tequila, sambuca  
1 unit per small measure (25ml),  
1.3 units per large measure (35ml)  

Wine  
2 units in a standard glass (175ml)

**Drugs**

Illegal drugs can be very harmful for both mother and baby. Women who are pregnant or breastfeeding should aim to be completely drug free. Health professionals need to encourage drug users to quit, and direct them to rehabilitation programmes if necessary. Drug users can also get confidential advice from: **FRANK** (UK-wide) – 0800 77 66 00,  
**www.talktofrank.com** and **Know the Score** (Scotland) – 0800 587 587 9, **www.knowthescore.info**
A Healthy Start during the early postnatal period

Breastfeeding
There is clear evidence of the health benefits of breastfeeding for both the mother and her baby. Breastfeeding can make a major contribution to infant health and development, and research indicates that the risk of some cancers, heart disease, and childhood obesity would be reduced by breastfeeding.

Women do not need to make the decision about how they are going to feed their baby until the birth. Furthermore, there is clear evidence that a combination of interventions by health professionals during a pregnancy is the most effective way to encourage the initiation of breastfeeding (Fairbank et al., 2000).

Maintaining a healthy diet
Breastfeeding mothers should be encouraged to try a variety of fruit and vegetables and include some milk as part of a balanced diet. Vitamin supplements are also important and health professionals should signpost free Healthy Start supplements or refer women to a GP for an appropriate prescription.
The research shows that the most effective interventions are:

- informal, small-group health education
- single, informal antenatal sessions on breastfeeding targeting low-income, black and minority ethnic groups
- peer support programmes and support groups, particularly for pregnant women on low incomes, so that they can meet other mothers in their area to talk about their experiences of infant feeding.

There is also evidence that influencing grandmothers or partners could help.

**Breastfed babies are less likely to:**

- be admitted to hospital in the first year of life with infections such as gastroenteritis
- develop respiratory tract infections
- develop allergies such as eczema and asthma particularly where there is a family history of atopy
- develop juvenile-onset diabetes
- become obese in later childhood.

**Mothers who breastfeed are:**

- more likely to regain their pre-pregnancy weight
- less likely to develop breast cancer.

Mothers from disadvantaged groups are less likely to start breastfeeding and more likely to stop. Hamlyn *et al.* (2002) found that 25% of women from higher occupations stopped breastfeeding by six weeks, compared with 50% of those who were from lower occupations.
There are a number of interventions that have been shown to increase the duration of breastfeeding (NICE, 2005).

**In immediate postnatal care:**
- unrestricted feeding from birth onwards
- unrestricted mother and baby contact from birth onwards
- only giving additional fluids to babies when medically indicated.

**In postnatal care:**
- skilled breastfeeding support – peer or professional – proactively offered to women who want to breastfeed
- regular breast drainage/continued breastfeeding for women with mastitis
- antibiotics for infective mastitis.

**In the community:**
- skilled breastfeeding support – peer or professional – offered on an ongoing basis.

**Infant formula milk**
Babies who are fed on infant formula milk have a greater risk of ill health. Powdered infant formula milk is not sterile. Ensure that all mothers who choose to feed their babies with infant formula milk are told about:

- the importance of sterilisation
- how to make up an infant formula feed
- the storage and handling of infant formula milk once reconstituted.
To reduce the microbiological risks when making up infant formula milk feeds in the home, advise mothers to:

- prepare infant formula milk fresh for each feed
- reconstitute formula powder in water hotter than 70°C – by filling the kettle with fresh tap water and, after it has boiled, cooling for no longer than half an hour before using
- if a feed is required for later, keep freshly boiled water in a sealed flask and make up fresh formula milk when needed.

**Follow-on formula**

Follow-on formula:

- has a higher concentration of protein than infant formula and therefore is not suitable to be given to infants before six months
- is not included in the Healthy Start scheme because research has not found clear benefits for its use as an alternative to breast milk or infant formula milk (DH, 2002).

**Soya/goat’s milk**

Soya-based infant formula should only be used on the advice of a GP and is prescribable.

Milks based on goat’s milk protein are not suitable for infants as they have not been legally approved for use in Europe.

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

Infancy is a period of very rapid growth led by nutritional intake. Nutrition in the early years of a child’s life will affect his or her long-term health. Good nutrition in the early years can reduce the risk of developing iron and vitamin D deficiency, dental caries and obesity (DH, 2002).

When to start weaning
Solid foods should be introduced when a baby is taking an interest in food, picking food up and putting it into their mouth; or if a baby appears to still be hungry even though milk
feeds have been increased for a few days. Babies ready to take solids will also use their tongue to push back food placed in their mouth. Babies who are born prematurely should not be introduced to solid foods just because they have reached a certain age or weight. They will need individual assessment before weaning.

The Department of Health recommends introducing solid foods at six months (26 weeks) (DH, 2003a). If a mother does choose to introduce solid foods before 26 weeks, there are some foods they should avoid giving their baby. These include:

- foods containing gluten, which is in wheat, rye, barley, oats
- eggs
- fish and shellfish
- liver
- citrus fruit juices
- nuts and seeds.

**Note on nuts:** If there is no history of allergy in the family, nuts can be given after 6 months but should always be crushed or flaked. No whole nuts should be given to children under 5 in case of choking.

**Note on honey:** Babies under one year old should not be given honey because it is not pasteurised and can cause infant botulism.
Salt
The Government recommends that infants under the age of one year should have no more than one gram of salt per day. Encourage mothers not to add any salt or sugar to their baby’s food. Mothers should also avoid giving their babies processed foods that are not made specifically for babies, such as gravy and other sauces, foods tinned in brine and crisps and other salty snacks because these can be high in salt.

Drinks
Babies will continue to need breast milk or infant formula milk alongside solid food from six months until they are at least one year old. Cow’s milk, as a drink, is not suitable for babies under one year, although it can be used in cooking. After one year, babies can continue to breastfeed or change to drinking whole cow’s milk; and after two years they can drink semi-skimmed cow’s milk if they are eating well.

Once infants have an established eating pattern, water can be offered as a drink with the meal. A milk pudding or milk feed should be offered at the end of the meal. Infants do not need fruit juice. However, if juice is used, it should be diluted one part fruit juice to ten parts water.
Cups should be introduced from six months with the aim of having a baby off the bottle by their first birthday. Cups are better for a baby’s teeth and comfort sucking on a bottle can become a habit that is hard to break.

**Allergies**
Babies are more likely to develop allergies where there is a family history of eczema, asthma or hayfever. For these families in particular, exclusive breastfeeding is recommended for the first six months (Fewtrell, 2004; Saarinen and Kajosaari, 1995).

Foods that are known to cause allergic reactions include:
- peanuts
- other nuts
- wheat
- seeds
- fish and shellfish
- eggs

These should be introduced one at a time so any reaction can be easily identified. These foods should not be introduced before six months.

Children under three years with parents or siblings who suffer allergy, asthma, eczema or hayfever should not be given peanuts or foods containing peanuts.

**Vitamin supplements**
The UK health departments recommend that breastfed infants be given supplements containing vitamins A, C and D from six months. Formula-fed infants should be given supplements containing vitamins A, C and D when they are drinking less than 500ml of formula each day. Supplements are available free to children through Healthy Start and health professionals should signpost where they can be obtained locally.
A Healthy Start for children

Every child deserves a healthy start in life. Diet is central to health, and a child’s diet can be an important influence on their health now and in the future. Feeding children a healthy diet will teach them good eating habits that they can use as young adults and parents themselves.

Diet
Young children should be offered a wide variety of healthy foods – to introduce them to different tastes and textures. These foods should include:

- milk, cheese and yoghurt
- bread, cereals, potatoes, yams, chapatis, plantains, green bananas, rice and pasta
- fruit and vegetables
- meat, fish, eggs, ground or chopped nuts and pulses (like beans, lentils and dhal)

Children also need foods containing some fats. Small amounts of these should be offered in addition to the foods above, not instead of them.

It is normal for children between the ages of one and five years to go through a phase of fussy eating. This usually resolves with time and is helped by eating as a family as often as possible and with other children, such as in a nursery.
Fat
Children – particularly those under two years old – need foods containing some fat because it is necessary to provide essential vitamins such as A, D and E.

Low-fat foods – such as skimmed milk, yoghurt, low-fat cheese or spreads – are not suitable for babies and children under two years old.

Every day, after the age of one, children should have about three servings of milk, cheese and yoghurt, for example:

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

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

Children growing up in disadvantaged families are about 50% less likely to eat fruit and vegetables than those in higher income families. Research has found that a person’s socio-economic status in childhood is as good a predictor of cardiovascular disease risk as socio-economic status in adulthood (National Heart Forum, 1997).
Vegetarianism

Children who don’t eat meat or fish need to eat foods that have a good source of protein and iron every day. They need two or three portions of foods high in protein and iron a day, such as:

- pulses (such as lentils and beans)
- nuts and seeds
- eggs.
Iron can also be found in:

- green vegetables, such as watercress, broccoli, spring greens and okra
- fortified breakfast cereals.

It’s easier to absorb iron if eaten with foods that contain vitamin C, so children should be offered vegetables, fruit or diluted fruit juices that are rich in vitamin C with meals, such as citrus fruit, tomatoes, peppers and kiwi fruit.

In addition, vegetarian children need foods high in calcium, such as:

- milk
- cheese
- yoghurt
- tofu and calcium-enriched soya products.

**Vitamin supplements**
The UK health departments recommend that children aged between one and five years be given supplements containing vitamins A, C and D. Supplements are available free to children under 4 through Healthy Start and health professionals should signpost where they can be obtained locally.
Find out more

Healthy Start resources – all available to order at www.healthystart.nhs.uk or from 08701 555 455

- Healthy Start application leaflet HS01
- Healthy Start poster HS50
- Information for health professionals (2 pages) HS51
- Healthy Start website: www.healthystart.nhs.uk

England
- *The Pregnancy Book*  
- *Birth to Five* book  
- Breastfeeding, Bottle feeding and Weaning leaflets  
- NHS breastfeeding website: www.breastfeeding.nhs.uk  
- NHS Direct: 0845 46 47  
- 5 A DAY website: www.5aday.nhs.uk  
- Department of Health website: www.dh.gov.uk

Scotland
- Off to a Good Start – all you need to know about breastfeeding your baby  
- Ready Steady Baby and online www.readysteadybaby.org.uk  
- Breastfeeding and Returning to Work  
- Fun First Foods – an easy guide to introducing solid foods  
- NHS Health Scotland website: www.healthscotland.com  
- Healthyliving website: www.healthyliving.scotland.gov.uk  
- Breastfeeding in Scotland website: www.show.scot.nhs.uk/breastfeed  
- NHS 24: 08454 24 24 24  
- Healthyliving helpline: 08452 78 88 78

Wales
- *The Pregnancy Book*  
- *Birth to Five* book  
- Breastfeeding Your Baby  
- Feeding Your New Baby  
- Easy to Cook Family Foods for Your Baby – stages 1–3  
- Welsh Assembly breastfeeding website: www.show.scot.nhs.uk/breastfeed

Northern Ireland
- *The Pregnancy Book*  
- *Birth to Five* book  
- Breastfedbabies.org  
- Off to a Good Start  
- Feeding Your Baby  
- Bottle Feeding  
- Weaning Made Easy  
- Nutrition Matters for Early Years

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- Breastfeeding, Bottle feeding and Weaning leaflets  
- NHS breastfeeding website: www.breastfeeding.nhs.uk  
- NHS Direct: 0845 46 47  
- 5 A DAY website: www.5aday.nhs.uk  
- Department of Health website: www.dh.gov.uk

Scotland
- Off to a Good Start – all you need to know about breastfeeding your baby  
- Ready Steady Baby and online www.readysteadybaby.org.uk  
- Breastfeeding and Returning to Work  
- Fun First Foods – an easy guide to introducing solid foods  
- NHS Health Scotland website: www.healthscotland.com  
- Healthyliving website: www.healthyliving.scotland.gov.uk  
- Breastfeeding in Scotland website: www.show.scot.nhs.uk/breastfeed  
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- Bottle Feeding  
- Weaning Made Easy  
- Nutrition Matters for Early Years
References

**Books**


**Articles in journals**


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