

Maternal and Child Nutrition

Improving the nutrition of pregnant and breastfeeding women and children in low-income households

NICE public health guidance 11 March 2008

Aim

- to improve the nutrition of pregnant and breastfeeding women and children in low income households
- to address disparities in nutrition of low income and other disadvantaged groups
- to promote exclusive breastfeeding for 6 months to benefit long term health of mother and child
- to provide guidance for all who have a direct or indirect role in nutrition of pregnant and breastfeeding mothers and pre-school children

Recommendations

1. Training

All healthcare professionals should have appropriate knowledge and skills to give advice on:

- nutritional needs of pregnant women including use of folic acid, vitamin D
- nutritional needs of infants and young children
- strategies to change eating behaviour
- promoting and supporting breastfeeding

2. Folic acid

All healthcare professionals should use every opportunity to encourage uptake of folic acid supplements to any woman who may become pregnant (50% of pregnancies unplanned) and until 12 weeks pregnancy.

3. Vitamin D

All healthcare professionals should understand the importance of vitamin D supplements for pregnant and breastfeeding women, for those at greatest risk of deficiency due to limited skin exposure, ethnic origin, dietary insufficiency. Everyone should be aware that the incidence of rickets is increasing

4. Healthy Start

All healthcare professionals should promote the Healthy Start Scheme and utilise Healthy Start vitamins for pregnant women and pre-school children, or advocate purchase by mothers ineligible for the scheme. Healthy Start schemes may also be used for practical support and advice on good family nutrition.

5. Breastfeeding

Interventions to increase breastfeeding rates including training, use of peer supporters, written, audited and well publicised breastfeeding policy with professional responsible for implementation. Mothers should be shown how to hand express and given information on storage of expressed breast milk. They should be supported to breastfeed in public without criticism if they wish.

6. Obesity and diet

Women who may become, or are, pregnant with BMI > 30 should be informed of increased risks to themselves and the baby and offered information and support to lose weight by healthy eating and increased physical exercise.

7. Prescribing during lactation

BNF should be used as guide to safety of drugs in breast milk and other specialist information sources consulted. Mothers should have information from an evidence based source on risks and benefits of breastfeeding while on a drug and encouraged to continue to breastfeed if possible. Interruption of breastfeeding has implications which should not be underestimated.

8. Weighing

Babies should be weighed naked at birth, 5 and 10 days as part of assessment of feeding. Thereafter healthy babies should be weighed no more than fortnightly and at 2, 3, 4 and 8-10 months. Weighing should be on maintained and calibrated digital scales. Those weighing babies should be trained in interpreting data and understanding results and implications.

9. Allergies

Mothers with a history of allergy should be encouraged to exclusively breastfeed for 6 months and to continue whilst introducing solids. There is no evidence that infant formula partially or extensively based on hydrolysed cow's milk protein helps to prevent allergies.

10. Oral Health

Where bottles are being used parents should be encouraged to use them only for expressed breast milk, infant formula or cooled boiled water. Feeding from bottles after the age of 1 year should be discouraged and drinks offered from a non valve, free flowing cup offered from 6 months onwards. Sugary foods should be offered only at mealtimes, biscuits and sweets reserved for treats, and vegetables and fruit encouraged as snacks. Parents should be discouraged from adding sweetening agents or salt to any infant food.

Implications for Healthcare Practitioners and Commissioners

- Awareness of importance of breastfeeding to health of mother and child.
- Ways to promote and support breastfeeding through multi-disciplinary working and possible need to undertake additional continued professional development or training
- Increased awareness of Healthy Start Scheme
- Prescribing of folic acid at appropriate dose to women who may become pregnant (not necessarily planning pregnancy)
- Prescribing of vitamin D supplements in pregnancy and to mothers at risk of deficiency
- Awareness that BNF provides insufficient data to inform many prescribing decisions in lactation

Taken from NICE guidelines Maternal and Child Nutrition. www.nice.org.uk

Summary produced April 2008 by Wendy Jones PhD MRPharmS BfN Supporter