South Gloucestershire Council

2nd Edition of South Gloucestershire Maternal and Child Nutrition Guidelines

Summary of key changes since 1st edition March 2011

February 2014

Complied after consultation with:

- **Dr Helen Crawley, Reader in Nutrition Policy, City University London Registered Public Health Nutritionist and Dietitian**
- **Elizabeth Luckett, Specialist Health Improvement Practitioner, South Gloucestershire Council**
- **Lisa Bryant, Specialist Health Improvement Practitioner, South Gloucestershire Council**
- **Matt Pearce, Commissioning & Service Development Manager, Obesity & Physical Activity, South Gloucestershire Council**
- **Dr Jane Schulte, Designated Doctor (Safeguarding Children)**
- **Paul Harwood, Bristol, Somerset and South Gloucestershire Dental team,**

Please note the following websites used throughout the 1st edition of the guidelines no longer exist:

www.sglos-pct.nhs.uk
www.avon.nhs.uk/kris/default.htm
www.eatwell.gov.uk replaced by **www.nhs.uk/Livewell/healthy-eating/Pages/Healthyeating.aspx**
www.idfa.org.uk
www.cwt-chew.org.uk replaced by **www.cwt.org.uk**

New useful websites include:

www.firststepsnutrition.org
www.vegansociety.com
http://guidance.nice.org.uk/PH27

(The following page numbers are the amendments to the relevant pages in 1st draft document).

iv

South Gloucestershire breastfeeding data

Breastfeeding has a positive impact on the short and long term health for both mother and baby beyond the period of breastfeeding (see page 22), and is known to help reduce the risk of developing type 2 diabetes.

The maps (to the right) show ward level initiation rates of breastfeeding, and rates of infants who were breastfed (exclusive or partial), at 6-8 weeks during 2010 – 2012.

The breastfeeding initiation rate for South Gloucestershire during this period was 74.5%.

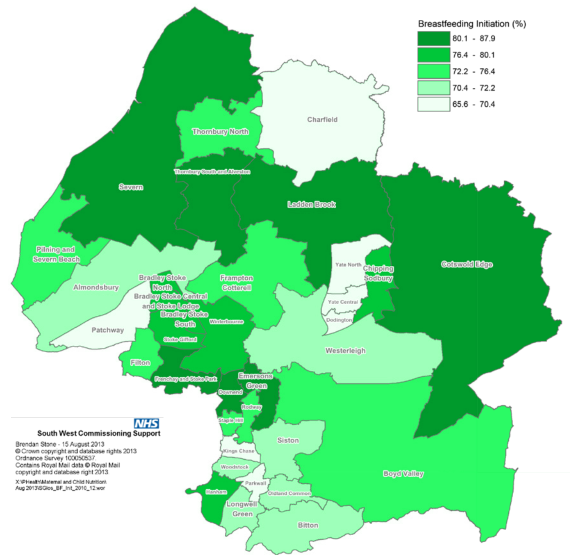
The highest initiation rates were found in Emersons Green, Thornbury South, Alveston, Downend, Frenchay, Stoke Park, Severn, Cotswold Edge and Ladden Brook. In contrast Charfield, Kings Chase, Dodington, Yate Central, Patchway and Yate North wards had the lowest initiation rates.

The overall continuation rate for South Gloucestershire at 6-8 weeks for this period was 45.1%. Charfield, Thornbury North, Downend, Ladden Brook, Boyd Valley, Cotswold Edge and Severn wards had the highest rates, with Dodington, Parkwall, Kings Chase, Yate North, Patchway and Woodstock wards having the lowest continuation rates.

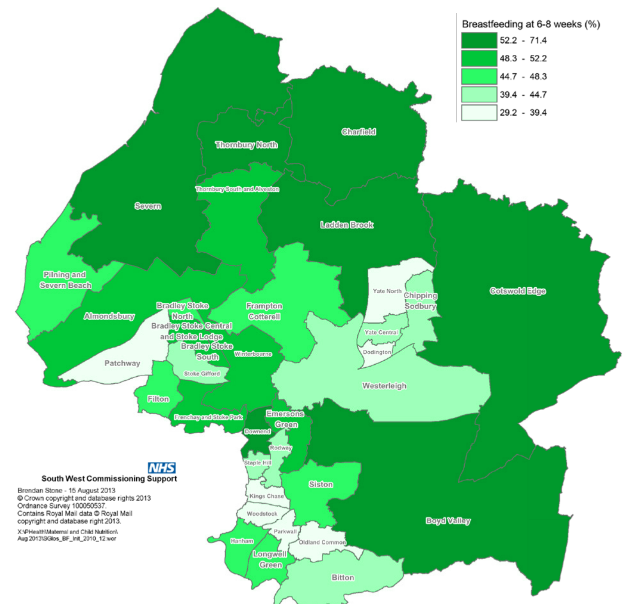
Breastfeeding initiation and continuation rates at 6-8 weeks vary with varying levels of deprivation. With the exception of Filton, all wards within the Priority Neighbourhoods had lower levels of initiation and continuation rates at 6-8 weeks than South Gloucestershire as a whole.

The initiation rate for Filton ward was 73.6% which is slightly lower that the South Gloucestershire rate of 74.5%. However, Filton ward's continuation rate at 6-8 weeks was higher than the South Gloucestershire rate (48% and 45.1% respectively).

Prevalence of breastfeeding initiation by ward, South Gloucestershire, 2010-2012 pooled



Prevalence of breastfeeding at 6-8 weeks by ward of residence, South Gloucestershire, 2010-2012 pooled



v

Dental Health

In a recent Oral Health Survey for 2011/2012, 28% of five year olds in England, were found to have dental caries(tooth decay). Children with dental caries had on average between 3-4 teeth affected, treated or untreated. Levels of dental caries varied regionally: more children in the north west of England had dental caries (34.8%) than in the south east (21.2%). Dental caries levels were also higher in more deprived local authorities.

In South Gloucestershire 22% of children had decayed, missing or filled teeth. For these children the average number of teeth involved was 1.88.

Historical data from 2005/2006 showed the average number of decayed, missing or filled teeth in reception aged children in South Gloucestershire varied widely by ward of residence. Although more recent data is not available at ward level, anecdotal evidence confirms that Health inequalities exist across South Gloucestershire, with dental caries being most prevalent in the most deprived areas.

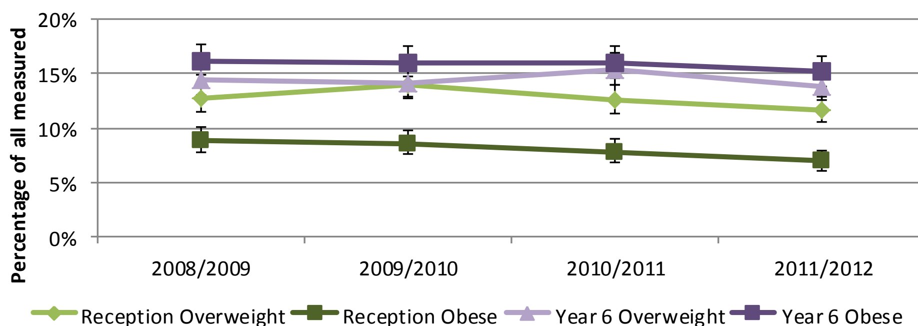
Practitioners need to be aware of children in their care that may be vulnerable to dental decay and promote good dental health during their work. For more information:

www.nwph.net/dentalhealth/

vi

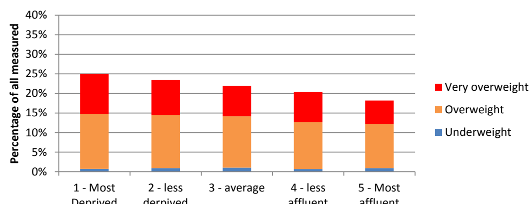
South Gloucestershire obesity data

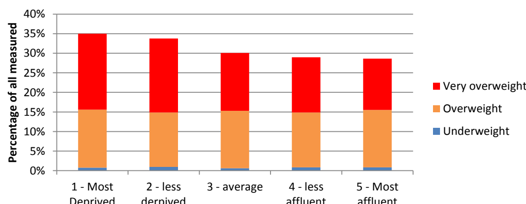
Although there has been a sharp increase in the rate of childhood obesity over the last 20 years, recent data supports the emerging evidence that the rate of increase in child obesity has at the very least slowed amongst the under 11's. However, prevalence has remained stubbornly high for both reception and Year 6 Children.



Data from the National Child Measurement Programme (NCMP) for South Gloucestershire in 2011/12 shows that 19% of reception age children and 29.2% of Year 6 Children were overweight or obese. These figures are lower than the national average of 22.6% and 33.9% respectively.

Local analysis of child obesity data by deprivation quintile continues to show a clear socio-economic gradient, where prevalence of obesity is higher amongst our more deprived communities.





The rise in childhood obesity over the last two decades has been mirrored by a steady increase in the number of women of child bearing age being overweight or obese. Data for South Gloucestershire indicates that approximately 21.9% of pregnant women have a BMI of over 30 at the time of booking with the midwife. This is a public health concern as research shows that maternal obesity is associated with a variety of adverse outcomes for both mother and child.

Page 5

Preconception and Pregnancy

'The National Institute for Health and Clinical Excellence' should read:
'The National Institute for Health and Care Excellence'

http://guidance.nice.org.uk/PH27

Page 6

Folic acid and preparation for pregnancy

Women who are planning a pregnancy should take 400μg of folic acid a day in preparation for pregnancy.

If pregnancy has not been planned women should take 400μg of folic acid as soon as they think they are pregnant and continue until 12 weeks.

The Healthy Start supplements provided at local health clinics are the best supplements to take as they contain the right amount of folic acid as well as vitamin D and vitamin C. Young pregnant women and some women in low income households can obtain these vitamins free and should ask their Midwife, Health Visitor or GP for information about the Healthy Start scheme.

Who should take a higher dose of folic acid in pregnancy?

Some women may need a higher dose of folic acid of 5mg / day if:

- **The woman or her partner have had a neural tube defect or a previous pregnancy affected by a neural tube defect**
- **There are previous babies affected with neural tube defects on either maternal or paternal sides**
- **The woman has diabetes or coeliac disease**
- **Some women who are very overweight are also advised to take a higher dose of folic acid**
- **Some women who are taking anti-epileptic medication may need to take a higher dose of folic acid and should consult their GP for advice on this**

Page 13

Vegetarian diet in pregnancy

Vegetarians can easily obtain enough nutrients from a range of foods as most vegetarians include milk and dairy products and eggs in their diets. It is important that women who choose a vegetarian diet eat a good variety of foods every day and follow the same advice as other women in terms of supplementation. Healthy Start vitamins for pregnant women are suitable for vegetarians.

Vegan diet in pregnancy

Some women may choose to exclude all animal products and follow a vegan diet. This means they will not eat milk, other dairy products or eggs and other animal products such as honey. It is possible to eat well as a vegan during pregnancy but care has to be taken to get all the nutrients needed and it is strongly advised that pregnant vegan women seek advice from a Dietitian or Midwife. Vegan women need to take folic acid and vitamin D in pregnancy as do all women, but Healthy Start vitamins are not suitable for vegan women as the vitamin D is sourced from sheep's wool. It is also likely that vegan women will need to supplement their diet with vitamin B12 and iodine.

Page 13 continued

Vegan diet in pregnancy (continued)

Information on vitamin supplements suitable for vegan pregnant women, and good sources of all nutrients from non-animal sources can be found in the publication:

'Eating well for a healthy pregnancy, a practical guide', produced by First Steps Nutrition Trust found at:

www.firststepsnutrition.org

More information on vegan diets can be obtained from:

www.vegansociety.com

More information on vegetarian diets can be obtained from:

www.vegsoc.org

Page 14

Food intake in pregnancy

Managing weight in pregnancy

Women should not diet in pregnancy and should be encouraged to follow a healthy balanced diet and seek support for weight loss once the baby is born. For fuller guidance please refer to NICE Guidance: Weight management before, during and after pregnancy (PH27 2010).

http://guidance.nice.org.uk/PH27

Food avoidance in pregnancy

Some women may restrict their food choice in pregnancy because of an allergy or food intolerance. Where the foods restricted do not make a significant contribution to the diet this is unlikely to cause a problem, but if whole food groups are omitted (for example dairy foods, wheat based foods) then advice should be sought from a Dietician, please refer to NICE Guidance Maternal and Child Nutrition (PH11 2008).

http://guidance.nice.org.uk/PH11

Page 18

Foods to avoid during pregnancy

www.firststepsnutrition.org/newpages/Pregnancy/eating_well_in_pregnancy.html

Page 35

Breastfeeding

The new number for the National Breastfeeding Helpline is:

0300 100 0212
www.nationalbreastfeedinghelpline.org.uk

Other useful helplines are:

Breastfeeding Network
0300 100 0210

NCT Breastfeeding Helpline
0300 330 0771

La Leche League Helpline
0845 120 2918

Association of Breastfeeding Mothers
08444 122 949

Medication during lactation

Information about what medications are safe to use while breastfeeding can be obtained from:

Wendy Jones
Pharmacist
The Breastfeeding Network
Telephone: 0844 412 4665
Email: drug-information@breastfeedingnetwork.org.uk

www.breastfeedingnetwork.org.uk/drugs-in-breastmilk.html

Page 36

Nutritional requirements for breastfeeding mothers

It is currently recommended that women who exclusively breastfeed require about 300kcal extra per day.

Vitamin D supplementation when breastfeeding

All pregnant and breastfeeding women are recommended to take a daily supplement of 10 micrograms of vitamin D.

From six months of age, breastfed babies, or babies drinking less than 500ml of infant formula, are recommended to have vitamin D supplementation in the form of children's vitamin drops. If the mother's vitamin D status is likely to be low because she didn't take vitamin D supplements in pregnancy, has limited exposure to sunlight on the skin or is considered at risk by a health professional, then supplements should be given to the baby from one month of age.

Page 48

Complementary feeding

The addition of foods other than milk to the diet of an infant is now called complementary feeding.

The move to use this term rather than 'weaning' or 'introduction of solid foods' has come from the WHO Global Strategy for infant and young child feeding which can be found at:

www.who.int/nutrition/topics/complementary_feeding/en/

(World Health Organisation 2013)

'Weaning' is used as a term for the baby being 'weaned off the breast', and the transition from exclusive breastfeeding to family foods, is now referred to as 'complementary feeding'.

It is suggested that these terms are adopted locally in South Gloucestershire. 'Complementary feeding' is now seen as the most useful term to ensure that breastfeeding is still actively encouraged beyond six months of age.

The WHO recommend exclusive breastfeeding during the first 6 months of life and the introduction of complementary foods from 6 months with continued breastfeeding throughout the first and second year if mothers choose to do that. It is important that complementary foods are introduced at about 6 months of age so that the infant learns to enjoy a range of foods and textures, and learns to swallow and chew food.

From 1 year of age children can eat the full range of foods. Whilst care needs to be taken that these foods are low in salt and sugar and are of the appropriate texture normal family foods and whole animal milk can make up the majority of the diet.

Feeding Patterns in the first 2 years of life

It is generally recommended that infants are introduced to a range of pureed foods and soft finger foods between 6-7 months of age when they are responsive to trying them.

From 7-12 months infants should have 3 meals a day alongside their breastfeeds or formula feeds. They can be offered a range of savoury foods and finger foods, adding fruit and desserts to meals as the infant's appetite increases.

By 1 year of age toddlers will need 3 meals a day and two 'mini-meals' between meals as well as about 400ml of milk, this can be in the form of full fat pasteurised cows milk.

Page 49

The developmental signs that an infant is ready to accept solid foods are:

- **Staying in a sitting position and holding their head steady**
- **Co-ordinating their eyes, hand and mouth so that they can look at the food, pick it up and put it in their mouth all by themselves**
- **Swallowing food. Babies who are not ready will push their food back out, so they get more round their face than they do in their mouths! (Wait for the tongue thrust to go)**

All these developmental landmarks should be present before complementary food is introduced.

Page 55

The use of pureed foods in pouches should be discouraged as many of these contain sugar, even the savoury flavours, and this could damage teeth if sucked from a pouch.

Information about the sorts of foods and amounts of foods suitable for infants can currently be found in the report 'Eating well: first year of life' which can be accessed as a pdf at:

www.cwt.org.uk

An updated version of this will be available in 2014 at:

www.firststepsnutrition.org

Page 71

Energy and nutrient requirements: SACN (2011) energy guidance: Children 1-4

	Boys		Girls		Average 1-4 years
	1-2 years	3-4 years	1-2 years	3-4 years	
Energy (MJ)	3.7	5.35	3.45	4.95	4.36
(kcal)	883	1277	824	1182	1041
Fat g (about 35% energy)	34.3	49.7	32.0	46.0	40.5
Sat fat g (about 11% energy)	10.8	15.6	10.1	14.5	12.7
CHO g (about 50% energy)	117.7	170.3	109.9	157.6	138.8
NMES g (11% energy)	25.9	37.5	24.2	34.7	30.5
Protein g	14.5	17.1	14.5	17.1	15.8
Vitamin A ug	400	450	400	450	425
Thiamin mg	0.5	0.6	0.5	0.6	0.6
Riboflavin mg	0.6	0.7	0.6	0.7	0.7
Folate ug	70	85	70	85	80
Vitamin C mg	30	30	30	30	30
Vitamin D ug	7	7	7	7	7
Iron mg	6.9	6.5	6.9	6.5	6.7
Calcium mg	350	400	350	400	375
Zinc mg	5	5.8	5	5.8	5.4
Iodine ug	70	85	70	85	80
Sodium mg	800	1000	800	1000	900
Salt g	2	2.5	2	2.5	2.3

Page 76

Vitamin supplements

The Department of Health recommends that all children between 1-4 years are given a Healthy Start vitamin supplement containing vitamins A, C & D as they have high requirements for these vitamins and some children may be unable to access enough of these vitamins from the diet if the diet is poor.

Page 80

Dental Health

Since April 2006 individuals are only actually registered with a dentist while they are undergoing a course of treatment.

All patients who require dental treatment and do not have a regular dentist (in a current course of treatment) should contact **NHS111** or **NHS Choices** for the South Gloucestershire area, to source information on dental practices that are accepting new NHS Patients. All infants and young children should be registered with a dentist, and have regular check ups.

To find a dentist in South Gloucestershire contact:

NHS 111 – dial 111

www.nhs.uk

Pages 79-80

Water and plain milk are the only drinks to give infants and young children between meals as they do not cause tooth erosion or dental decay. Sweet or acidic food and drink, including squashes and fruit juices, given up to an hour before bedtime or during the night are particularly harmful to teeth even when diluted.

Page 83

Healthy weight strategy

Preventing and treating obesity in under fives in South Gloucestershire

In July 2013, the Health and Wellbeing Board published a Joint Health and Wellbeing Strategy (JHWS) that sets out the priorities and actions to improve the health and wellbeing of people living and working in South Gloucestershire.

Obesity and healthy eating have been identified as key strategic actions that form part of wider set of actions around 'making the healthy choice the easy choice'. To deliver against these key actions a healthy weight strategy for South Gloucestershire is being developed that will outline evidenced based interventions across the life course to prevent overweight and obesity, and improve the support for those children and adults who are above the healthy weight range. The strategy will be produced by South Gloucestershire's Healthy Weight Strategy Group which consists of a wide range of partners from statutory and voluntary organisations.