Public Health England

Protecting and improving the nation's health

Consistent messaging to promote a healthier weight

Skills and core messages to support health and care professionals to deliver brief conversations

Birth to age four

Contents

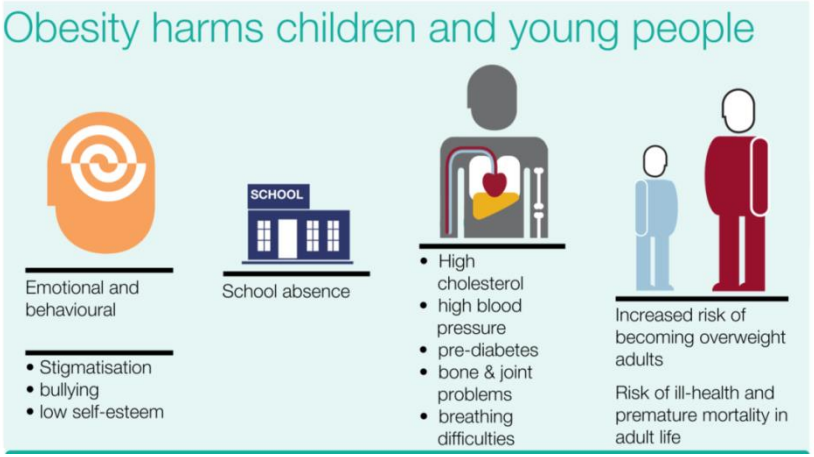
	Slide
Why is healthy weight management important	3
What factors influence healthy weight management	4
Skills to deliver brief interventions	9
Core messages from birth to six months	14
Core messages from six months to one year	29
Core messages from six months to four years old	32
Resources	48

Why is healthier weight important?

What happens before, during and after pregnancy through to adolescence impacts on physical and emotional health all the way through to adulthood [1.]

Research shows that children who stay a healthy weight and lead a healthy lifestyle tend to be fitter, healthier, have better attendance in school, and, be more self-confident [2.]

They're also much less likely to have health problems in later life. Obese children are more likely to become obese adults and have a higher risk of morbidity, disability and premature mortality in adulthood [2.]



2.

What factors influence healthy weight management?

Diet and physical inactivity

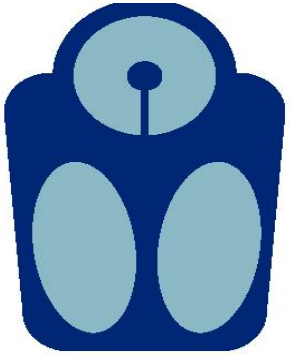


Causes of obesity are multi-factorial, including biological; physiological; psycho-social; behavioural; and environmental factors.

Obesity is generally caused by consuming more calories – particularly those in fatty and sugary foods – than you burn off through physical activity. The excess energy is stored by the body as fat. Consumption of free sugars is a risk factor both for obesity and dental caries. Tooth decay is caused by increased consumption and frequency of eating foods with high levels of sugar. Poor dental health impacts on children and families' wellbeing [3]. Tooth extraction was the most common reason for hospital admission for children aged 5 to 9 years old [4].



Physical activity for children is critical for motor development, cognitive improvement, psychosocial health, and cardio-metabolic health; reduces body fat and can increase academic achievement.
Fewer than one in ten 2-4 year olds (9%) and two in ten 5-15 year olds (22%) met the Chief Medical Officers' physical activity guidelines in 2015 [5].

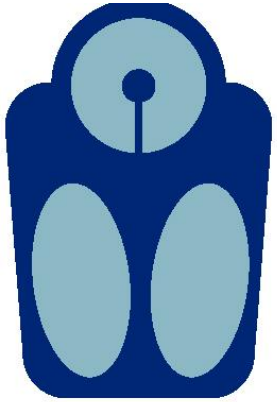


Smoking

Women who smoke find it harder to get pregnant. Men, as well as having reduced quality sperm, can have erection difficulties. Smoking during pregnancy is the main modifiable risk factor for a range of poor pregnancy outcomes, including miscarriage, stillbirth, premature birth, low birth weight as well as development and behavioural problems in childhood [6.] Smoking damages fertility in women and men.



Research suggests that some people may gain weight when they stop smoking. Some of the reasons for this include; smoking can suppress an individual's appetite and food may taste better after they stop smoking. It's possible to mistake nicotine cravings for feeling hungry, or to eat to distract away from the cravings. Eating a healthier diet and increasing physical activity can help minimise weight gain [7.]

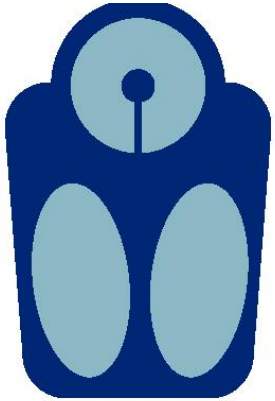


Alcohol consumption

In England, 10.4 million people consumed alcohol at levels above the UK Chief Medical Officers' low-risk guideline and increase their risk of alcohol-related ill health. Alcohol misuse impacts not just on the drinker but also those around them. Children affected by parental alcohol misuse are more likely to have physical, psychological and behavioural problems [8]. Alcohol impairs ability to parent and respond to emergencies.



Alcohol is also high in calories and can contribute to weight gain. Regularly drinking, more than the Chief Medical Officers' low risk guidelines can have a noticeable impact on an individuals waistline as well as cause less obvious but more serious health problems [8].



Mental health



The relationship between obesity and common mental health disorders is complex. Evidence suggests that there are bi-directional associations between depression and obesity [9,10].

Mental health problems in the perinatal period are very common, affecting up to 20% of women. Examples of these illnesses include antenatal and postnatal depression, anxiety, obsessive compulsive disorder, post-traumatic stress disorder (PTSD) and postpartum psychosis. Perinatal mental health problems occur during the period from conception to the child's first birthday [11].

Children of affected mothers and fathers are at higher risk of poor mental health, physical health, social and educational outcomes. Perinatal mental illness can impact on a mother's and father's ability to bond with their baby and be sensitive and attuned to the baby's emotions and needs. This in turn will affect the baby's ability to develop a secure attachment. Untreated perinatal mental illness can have a devastating impact on mothers, fathers and their families [11].

Skills to deliver brief interventions

Skills for healthy weight conversations

What can I do in my role?

As a health and care professional, you are in a unique position to raise awareness and motivate children, young people and families to achieve or maintain a healthier weight.. Making Every Contact Count (MECC) enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health [12.]

By utilising your skills to deliver brief healthy weight conversations through MECC you can help to inform, engage and support children, young people and their families to make healthier choices which could significantly reduce the risk of ill-health [12.]

MECC is an approach to behaviour change that uses day-to-day interactions to support individuals in making positive changes to their physical and mental health and wellbeing. It provides an opportunity to actively engage individuals in a brief intervention that will support positive change. This can help an individual in increasing their psychological capability for behaviour change e.g. by helping raise awareness of their risk factors for activity such as smoking, whilst also contributing to their motivation to take action [12].

Skills for healthy weight conversations

There is a 3 step framework at the core of delivering brief intervention. The three steps are Ask, Advise & Assist [12.]

1. **ASK –** Be alert to opportunities to raise the issue sensitively and listen for any verbal cues e.g. “how would you feel about discussing your weight?”
2. **ADVISE –** Listen for verbal cues and try to reflect on things that have been mentioned/are important for the individual. Adopt a positive approach that conveys belief in the individual when speaking about improving their lifestyle. Provide information if relevant.*
3. **ASSIST –** Supporting the person to take the first steps, to feel in control of their choices e.g. by providing information and signposting to support services.

If the individual isn't interested at this time – leave the door open to support them to make positive lifestyle changes in future e.g. "I *understand that this can be difficult to talk about. If this is something you want to talk about in the future, I’m here to help and keen to support the family.”*

Training and support available

A brief intervention can support and empower people to make change; helping raise an individual's awareness of their risk factors, while contributing to their motivation to take action.

- The '**Let's Talk About Weight' tools** provides a step by step guide to conversations on weight management, offering practical tips and guidance on raising the issue of weight, referral considerations, making the offer of referral and following up with patients https://www.gov.uk/government/publications/child-weight-management-short-conversations-with-patients [13,14.]

- The **Childhood Obesity Animation** demonstrates for all health and care professionals their vital role in supporting children, young people and families in maintaining a healthy lifestyle to prevent and reduce childhood obesity https://www.youtube.com/watch?v=gQK4vj1Lzlg [15.]

- There are a suite of **MECC practical resources** to support training and implementation of MECC https://www.gov.uk/government/publications/making-every-contact-count-mecc-practical-resources [12.]

- The MECC website includes links to **e-learning, guidance, shared learning** and **practice examples** and a national MECC community of practice http://www.makingeverycontactcount.co.uk/ [12.]

Training and support available

E-Learning for healthcare modules available https://www.e-lfh.org.uk/;

Healthy child (pregnancy – age 5)

- Nutrition before and during pregnancy
- Infant feeding
- Healthy eating for toddlers 1 -4 years
- Weighing and measuring infants and children
- Growth charts and their interpretation
- Feeding children with development difficulties
- Obese toddlers and infants
- Obesity prevention in children

Healthy school child (school age children)

- Growth and nutrition
- Understanding and tackling obesity

Adolescent health

- Development of normal eating behaviour
- Body shape and body image in adolescence
- Obesity in young people
- Public health and community management of adolescent obesity
- Medical assessment and management of obesity

General E- learning modules

- Introduction to obesity
- Identifying unhealthy weight and risk factors for weight gain
- Managing obesity: supporting behaviour change
- Guiding and enabling behaviour change

Core messages from birth to six months

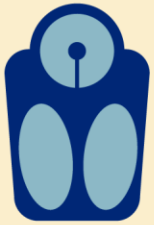
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Core messages to promote a healthier weight from birth to six months

Why is a healthier weight important?

Research shows that children who stay a healthy weight and lead a healthy lifestyle tend to be fitter, healthier, have better attendance in school, and, be more self-confident.

They are also much less likely to have weight-related health problems in later life.



Ensure babies are weighed at birth and in the first week. Healthy babies should usually be weighed at 8, 12 and 16 weeks. If there is concern, weigh more often, but no more than once a month. Record all growth measurements in the parent-or carer- held Personal Child Health Record.



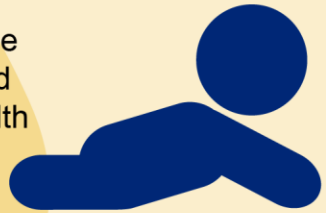
Exclusive breastfeeding is recommended for around the first 6 months.



Before six months, if individuals feel that their baby is not satisfied with their usual milk feeds, **encourage additional milk feeds rather than giving solids too early.**



From birth to 6 months, all breastfed babies should be given a daily supplement of vitamin D (8.5 to 10mcg). But if your baby is having more than 500ml (about a pint) of infant formula a day, they do not need a supplement because formula is already fortified with vitamin D.



Babies need to **be active from birth** particularly through supervised floor based play including tummy time when they are awake and water-based activities in a safe environment.



Parents should take their child to the **dentist when the first tooth erupts**

Parents should be advised to brush teeth with a tiny smear of fluoride toothpaste.

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Core messages to promote a healthier weight for parents and carers

How can parents/ carers support children and young people to achieve a healthier weight?

One of the most powerful ways to encourage children and young people to eat a healthy balanced diet and be active is to advise parents/carers to lead by example and be positive role models. Any changes to a child's diet and lifestyle are much more likely to be accepted if they involve the whole family.



Eat healthier - Promote the Eatwell Guide. Foods and drinks high in fat, salt or sugars should be eaten infrequently.



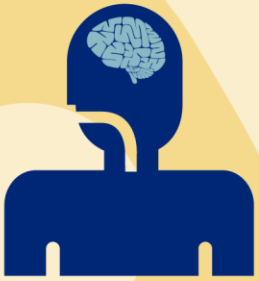
Healthier weight - Individuals with excess weight or who are at particular risk of obesity can be supported by a health and care professional. Offer to make a referral to a local weight management service.



Be active - Aim to achieve 150 minutes of moderate intensity physical activity a week.



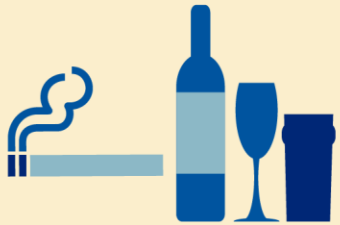
Oral health - Women are entitled to free NHS dental treatment during pregnancy and before the baby is one year old. NHS dental treatment is free for individuals 18 or under 19 years and in qualifying full-time education.



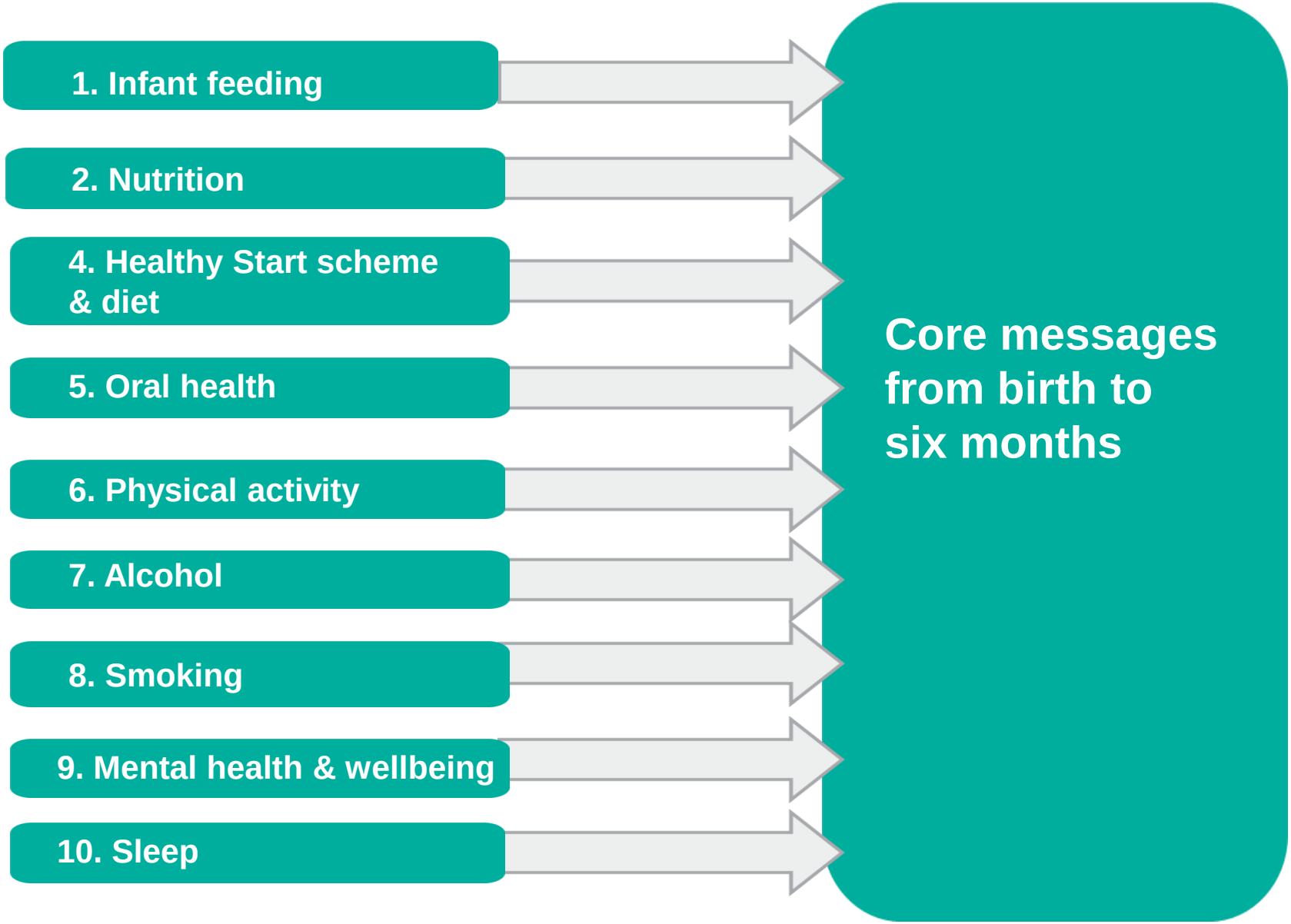
Mental health - Encouage parents and carers to be aware of their emotional wellbeing, knowing when they should seek help and have support systems in place can help prevent issues becoming more serious.



Sleep - Advise individuals about sleep hygiene (including having a healthy bedtime routine, avoiding caffeine and reducing activity before sleep).



Smoking and alcohol - Offer a referral to a local stop smoking service. The safest approach is not to drink alcohol at all. For those who do drink recommend no more than 14 units per week.


1. Infant feeding
2. Nutrition
4. Healthy Start scheme & diet
5. Oral health
6. Physical activity
7. Alcohol
8. Smoking
9. Mental health & wellbeing
10. Sleep
Core messages from birth to six months

Infant feeding - birth to six months



Parents should be made aware that **breast milk is perfectly designed for baby's needs**. Exclusive breastfeeding is recommended for around the first 6 months [16].

Breastfeeding boosts a baby's ability to fight illness and infection. Breastfeeding also lowers a mothers risk of breast cancer and may reduce the risk of ovarian cancer.

Not breastfeeding is linked to an increase risk of diarrhoea and respiratory infections in baby. There is growing evidence that NOT breastfeeding may increase the risk of overweight/obesity in later life [16].

For around the first six months, parents/carers should feed their baby only breast milk or first infant formula. Infant formula made from cows' and goats' milk are suitable, however soya based infant formulae should not be given unless prescribed by a GP [17].

Before six months, if individuals feel that their baby is not satisfied with their usual milk feeds, encourage additional milk feeds rather than giving solids too early [16].

Infant feeding - birth to six months



Fully breastfeed babies do not need any water until they have started eating solid foods. Formula-fed babies may need some extra water in hot weather [18.]

For babies under 6 months, use water from the mains tap in the kitchen. You will need to boil and then cool the tap water as it is not sterile straight from the tap. Water for babies over 6 months does not need to be boiled [18.]

Emphasis their baby's usual milk (i.e. breast or infant formula) is the only suitable drink for babies aged 0 – 6 months [18.]

Inform parents/carers that **follow-on formula isn't suitable for babies under six months old**. There is no need to introduce **follow on formula after 6 months and good night milks are not necessary** [18]

Babies under 6 months old should not be given fruit juices. Squashes, flavoured milk, 'fruit' or 'juice' drinks and fizzy drinks are not suitable for babies [18]

Nutrition - birth to six months



Advise parents/carers that from birth to 6 months all breastfed babies should be given a daily supplement of vitamin D (8.5 to 10mcg). Babies who are having more than 500mls (a pint) of infant formula a day do not need a supplement because formula is already fortified with vitamin D [19].



Growing children, especially those who don't eat a varied diet, sometimes don't get enough vitamins A and C.

All children aged 6 months to 5 years should be given **vitamin supplements (drops) containing vitamins A, C and D everyday** [20].

Healthy Start scheme and diet - birth to six months

Promote the **Healthy Start scheme**. This provides **vouchers to pregnant women and families who qualify** [21].



The weekly vouchers can be used to buy plain cow's milk and some fresh and frozen fruit and vegetables, and infant formula milk at local shops [21].

Women with a child under 12 months who are receiving Healthy Start vouchers are entitled to **free Healthy Start vitamins** containing folic acid and vitamins C and D [21].



Eating healthily is important for parents/carers and will give them the energy to care for their new baby. **Promote the Eatwell Guide** to support individuals to get a healthy balanced diet. Foods which are high in fat, salt and sugars should be eaten infrequently and in small amounts [22].

Oral health – birth to six months



Inform **pregnant and postnatal women** that they are **entitled to free NHS dental treatment** and any treatment started before baby is one year old [3,23].

Parents should **take their child to the dentist when the first tooth erupts** and then visit regularly, as often as your dentist recommends [3,23].



Parents should be encouraged to **brush their child's first teeth as soon as they erupt with a smear of no less than 1000 ppm fluoride toothpaste**. Brush teeth twice daily with fluoride toothpaste, last thing at night and on at least one other occasion [3,23].

Physical activity for mother and baby - birth to six months



Support parents/carers **to encourage their babies to be physically active from birth,** particularly through supervised floor-based play including tummy time when they are awake and water based activities in a safe environment [24.]



26.

It's usually a good idea for women to wait until after their six week postnatal check before they start any high impact exercise such as running or aerobics. If they feel fit and well, they may be able to start earlier. Recommend that they talk to their midwife, health visitor or GP [24.]

Following the six week postnatal check women should be **encouraged to be active daily and aim to achieve at least 150 minutes of moderate intensity physical activity over a week** through a variety of activities. Recommend parents/carers to be active with their babies. For example, take them to the swimming pool, or go for walks in the park [24.]

Alcohol - birth to six months



No-one can say that drinking alcohol is absolutely safe, but the Chief Medical Officers' guideline for both men and women is that you are **safest not to drink regularly more than 14 units per week**, to keep health risks from drinking alcohol to a low level [26.]

If you do drink as much as 14 units per week, it is best to spread this over 3 days or more. A good way to help achieve this is to have several drink-free days each week [26.]

Advise parents/carers that **alcohol can be passed to your breastfeeding baby, can contribute to weight gain** in parents and also **impair their ability to parent** and respond to emergencies [26.]

Smoking - birth to six months



Breathing in second hand smoke is harmful. Children who breathe in second hand smoke have an increased risk of cot death (sudden infant death syndrome, or SIDS) [27].

Smoking can also trigger asthma attacks in children who already have the condition, serious respiratory (breathing) conditions such as bronchitis and pneumonia - younger children are also much more likely to be admitted to hospital for a serious respiratory infection, meningitis, coughs and colds, a middle ear infection (otitis media), which can cause hearing loss [27].

Offer to make a referral or recommend for them to contact their local stop smoking service to make an appointment with a stop smoking adviser [6]. If they don't want to take up this option, suggest stop smoking aids (prescription tablets, nicotine replacement therapy or e-cigarettes) to improve their chances of quitting successfully.

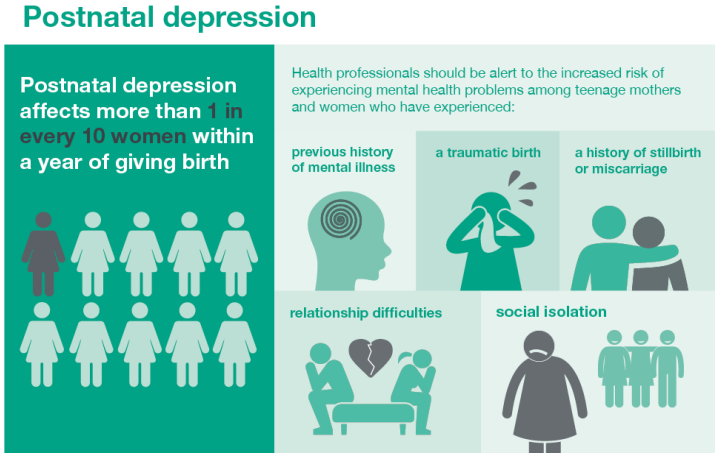
Mental health and wellbeing - birth to six months

It’s not unusual for women to have mental health issues after pregnancy, even if they have not experienced these before. Mental illness in pregnancy and the first year after birth is experienced by up to 20% of women in the UK [28.]

Encourage women and their partners to be aware of their emotional wellbeing, knowing when they should seek help and have support systems in place can help prevent issues becoming more serious. Promote the Five Ways to wellbeing (connect, be active, take notice, keep learning, give) [29.]

At a woman's first contact with services in pregnancy and the postnatal period, ask about:

- any past or present severe mental illness
- past or present treatment by a specialist mental health service, including inpatient care
- any severe perinatal mental illness in a first-degree relative (mother, sister or daughter) [11.]



Mental health and wellbeing - birth to six months



Refer to a secondary mental health service (preferably a specialist perinatal mental health service) for assessment and treatment, all women who:

- have or are suspected to have severe mental illness
- have any history of severe mental illness (during pregnancy or the postnatal period or at any other time).
- ensure that the woman's GP knows about the referral [11.]

If a woman has any past or present severe mental illness or there is a family history of severe perinatal mental illness in a first-degree relative, be alert for possible symptoms of postpartum psychosis in the first 2 weeks after childbirth [11.]

If a woman has sudden onset of symptoms suggesting postpartum psychosis, refer her to a secondary mental health service (preferably a specialist perinatal mental health service) for immediate assessment (within 4 hours of referral) [11].

Sleep

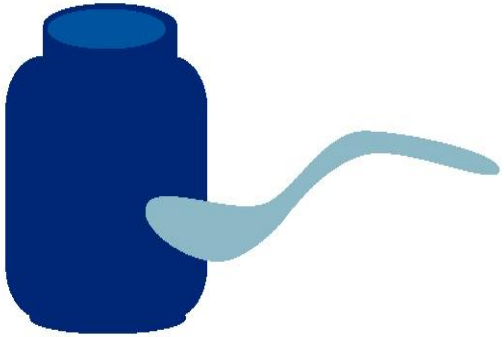
Advise parents /carers about sleep hygiene (including having a healthy bedtime routine, avoiding caffeine and reducing activity before sleep) [30.]

https://www.nhs.uk/conditions/pregnancy-and-baby/sleep-and-tiredness/



Core messages from six months to one year

Diet - babies six months to one year



At around six months old babies will need to start solid foods. It's really important that babies are introduced to a range of flavours and textures from the start [32,33].

Babies don't need three meals a day at first, so you can start by offering them a small amount, at a time that suits you both [31,32]

Encourage parents/carers to introduce a range of vegetables and fruit; starchy foods, such as potato, bread, rice and pasta; protein foods, such as meat, fish, well-cooked eggs, beans and pulses; and pasteurised unsweetened dairy foods such as plain full-fat yoghurt [31,32.]

Breast milk or first infant formula is still important and gives babies useful energy and nutrients. Advise parents/carers to **keep offering their baby's usual milk feeds alongside solid foods** [31,32.]

Some babies need a while to get used to new textures, so start with smooth or blended foods on a spoon at first. To help your baby progress to a range of textures and tastes quickly, try to move onto mashed foods as soon as your baby is ready [31,32.]

Diet - babies six months to one year

Your baby may be able to manage mashed foods with some small soft lumps in it. Finger foods can also help them learn how to bite and chew their food [31,32].

Gradually, you'll be able to increase the amount and variety of food your baby eats. By 10-12 months, your baby should be having three meals a day and enjoying a wide range of tastes and textures. **Ensure salt or sugar is not added to babies food or drinks** [31,32].

Babies do not need follow-on formula such as toddler milks, growing-up milks or goodnight milks [31,32].

Inform parents/carers that only milk or water should be drunk between meals. Squashes, flavoured milk, 'fruit' or 'juice' drinks and fizzy drinks are not suitable for babies [31,32].



From six months, encourage your baby to drink from a cup, instead of a bottle. By the time your baby is a year old, they should have stopped using bottles with teats altogether [31,32].

Start off with a cup, or beaker, with a free-flow lid (without a non-spill valve). Then move onto an open cup (with no lid) – this will help them learn to sip rather than suck drinks (which is better for their teeth) [31,32].

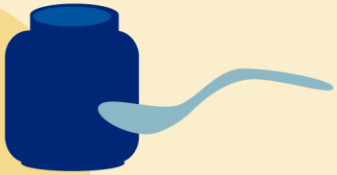
Core messages from six months to four years old

Public Health England

Core messages to promote a healthier weight from six months to aged four

Why is a healthier weight important?

Research shows that children who stay a healthy weight and lead a healthy lifestyle tend to be fitter, healthier, have better attendance in school, and, be more self-confident. They are also much less likely to have weight-related health problems in later life.



At around six months old babies will need to start solid foods – introduce a range of flavours and textures from the start. Ensure salt or sugar is not added to food or drinks.



From six months onwards, encourage drinking from a free-flow cup, instead of a bottle. Many fruit and juice drinks (including baby and toddler ones) are high in sugar and should be avoided (to prevent tooth decay). Water is a much healthier option.



Breast or formula milk should be your baby's main drink until one years old. Continue offering usual milk feeds alongside solid foods from 6 months to one year. There's no need to offer toddler milks, growing-up milks or goodnight milks.



How much an infant eats depends on their appetite. Signals for when they might be full include, turning their head away from the food or clamping their mouth shut.



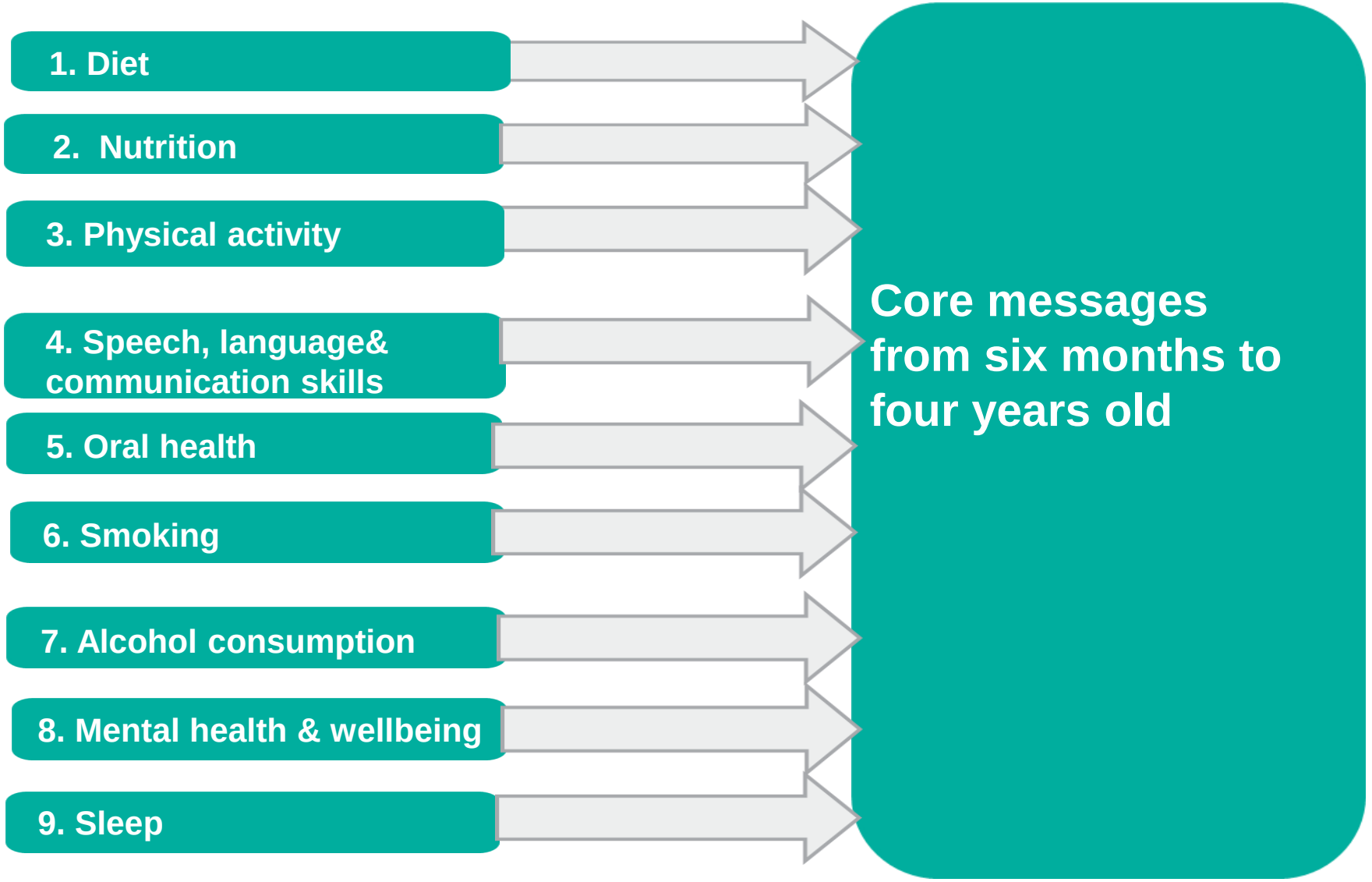
All children should be encouraged to be physically active from birth. **Children who are capable of walking unaided should be physically active daily for at least 180mins.**



If weight is a concern, parents/carers can assess the BMI centile of an individual child from age 2 years using the NHS Choices Healthy Weight Calculator.



All children aged six months to five years should be given **daily vitamin supplements containing vitamins A, C and D.** Promote the Healthy Start scheme for those eligible.


1. Diet
2. Nutrition
3. Physical activity
4. Speech, language& communication skills
5. Oral health
6. Smoking
7. Alcohol consumption
8. Mental health & wellbeing
9. Sleep
Core messages from six months to four years old

Diet - children six months to age four

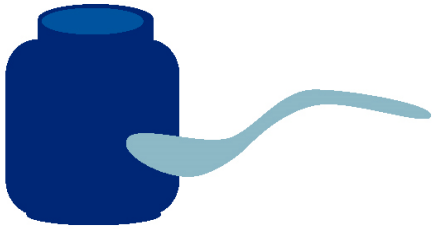
Inform parents/carers that **from 1 years old, babies need less breast milk to make room for more food**, but mothers can keep breastfeeding for as long as it suits them and their baby, alongside giving them a balanced and varied diet. **There's no need to offer toddler milks, growing-up milks or goodnight milks** 16,17,18.

From the age of one, pasteurised whole (full-fat) cows' milk, or goats' or sheep's milk can be offered as a babies main milk drink alongside a varied and balanced diet. Recommend choosing pasteurised full-fat dairy foods as these foods contain higher levels of the nutrients that children under two need 16,17,18.





Diet - children six months to age four



From the start of the introduction to solid foods, children should gradually move to eating the same foods as the rest of the family. Promote the Eatwell Guide to support parents/carers to get a healthy balanced diet [22].



From 12 months your baby should now be eating three meals a day, containing a variety of different healthy and nutritious foods. They may also need two snacks in-between meals – stick to things like fruit, vegetable sticks, toast, bread or plain yogurt etc. [31,32].

Recommend that allergenic foods be introduced into the infant's diet in very small amounts and one at a time, watching carefully for any symptom of an allergic reaction. Examples of allergenic foods include peanuts, nuts, seeds, egg, cows' milk, soya, wheat (and other cereals that contain gluten, for example, rye and barley), fish and shellfish. Where parents offer complementary foods before six months of age, it is advised that commonly allergenic foods are avoided until the infant is six months old [32].

Diet - children six months to age four



Recommend that parents who believe their child may have a food allergy speak to their GP who may refer them to a dietitian. Discourage parents from experimenting on their own by cutting out foods. It would also be sensible to encourage those with a history of food allergy within their family to speak to their GP before the introduction of peanuts for example [31,32].

How much infants eat depends on their appetite. Encourage parents to let their infants guide them on how much food they need and never force them to eat. Advise them to look out for signs that infants might be full, such as turning their head away from the food or clamping their mouth shut. Allow plenty of time for eating, especially in the beginning and allow infants to eat at their own pace and stop eating when they are full [31,32].



Nutrition - children six months to age four

Growing children, especially those who don't eat a varied diet, sometimes don't get enough vitamins A and C [20,21.]

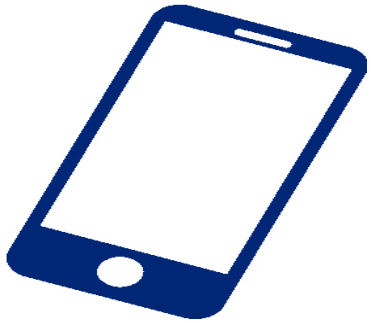
Advise parents that all children aged 6 months to 5 years should be given **vitamin supplements (drops) containing vitamins A, C and D everyday** [20,21.]



Promote the **Healthy Start scheme**. This provides **vouchers to pregnant women and families who qualify**. The weekly vouchers can be used to buy plain cow's milk and some fresh and frozen fruit and vegetables, and infant formula milk at local shops [21.]

Women with a child under 12 months and children aged from six months to four years who are **receiving Healthy Start vouchers are entitled to free Healthy Start vitamins** [21.]

Healthy growth – children six months to age four



As a minimum, ensure babies are weighed at birth and in the first week, as part of an overall assessment of feeding. Thereafter, healthy babies should usually be weighed at 8, 12 and 16 weeks and at 1 year, at the time of routine immunisations. If there is concern, weigh more often, but no more than once a month up to 6 months of age, once every 2 months from 6–12 months of age and once every 3 months over the age of 1 year [33].

If there is parental or professional concern about a child's growth or risk to normal growth (including obesity), an assessment should be carried out. If weight is a concern, parents/carers can assess BMI centile of an individual child from aged 2 years using the NHS Choices Healthy Weight Calculator, or alternatively the UK CPCM BMI growth charts, 2-20 years for boys and girls.

Parents/carers of children who are at particular risk of obesity should be supported by a health professional to encourage healthy eating behaviours and physical activity habits [2].

Physical activity - children six months to age four

One of the most powerful ways to encourage children to eat a healthy balanced diet and be active is to **encourage parents/ carers to lead by example and be positive role models.**

Support parents/carers to encourage their babies to be **physically active from birth**, particularly through supervised floor-based play including tummy time when they are awake and water based activities in a safe environment [24,25.]

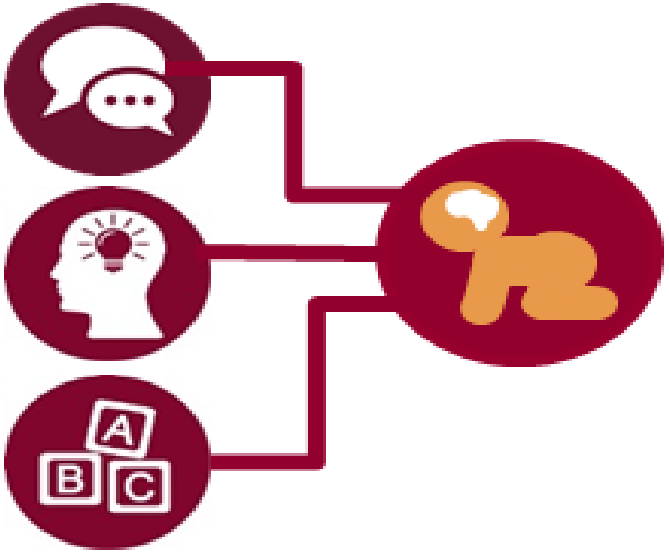
All children should be encouraged to be physically active from birth. **Children who are capable of walking unaided should be physically active daily for at least 180mins**. All activities should make children breathe faster and feel warmer. Encourage parents to be active with their child [24,25.]



Parents/carers should look to **minimise the amount of time children spend being sedentary** (sitting) for extended periods. Activities such as watching television and playing computer games should be limited to a maximum of two hours per day [24,25.]

Speech and language and communication skills - children six months to age four

Parents/carers should be made aware that babies are born with the ability to communicate and their speech and language skills develop through everyday interaction with other people. Recommend for parents/carers to spend time getting to know their baby, responding to their early signs of communication. Babies should be encouraged to explore the world physically, rather than rely on television or screen time [34]



Oral health - children six months to age four

Recommend for parents/carers **to brush or supervise brushing children's teeth twice daily with fluoride toothpaste,** last thing at night and on at least one other occasion. For maximum protection from tooth decay use a family toothpaste containing 1350 to 1500 ppm of fluoride but only a small amount [3,23.]

Children under 3 years old should use a smear of toothpaste and 3 to 6 year olds should use a pea-sized amount brushing for at least two minutes. After brushing spit don't rinse. You should brush or supervise tooth brushing until at least 7 years of age [3,23]



Recommend for parents/carers to always ask for sugar-free medicines.

Recommend for parents/carers to ask their dentist about fluoride varnish - all children over 3 years should have this applied to their teeth. If younger children are at particular risk of tooth decay the dentist may apply fluoride varnish to their teeth [3,23.]

Smoking - messages for parents/ carers



Parents/carers should be made aware that breathing in second-hand smoke is particularly harmful for children [27.]

Children who breathe in second-hand smoke have an increased risk of cot death (sudden infant death syndrome, or SIDS), smoking can also trigger asthma attacks in children who already have the condition, serious respiratory (breathing) conditions such as bronchitis and pneumonia [27.]

Younger children are also much more likely to be admitted to hospital for a serious respiratory infection, meningitis, coughs and colds, a middle ear infection (otitis media), which can cause hearing loss [27.]

Offer to make a referral or recommend for them to contact their local stop smoking service to make an appointment with a stop smoking adviser [6.] If they don't want to take up this option, suggest stop smoking aids (prescription tablets, nicotine replacement therapy or e-cigarettes) to improve their chances of quitting successfully.

Alcohol consumption - messages for parents/carers



No-one can say that drinking alcohol is absolutely safe, but the Chief Medical Officers' guideline for both men and women is that you are s**afest not to drink regularly more than 14 units per week**, to keep health risks from drinking alcohol to a low level [26.]

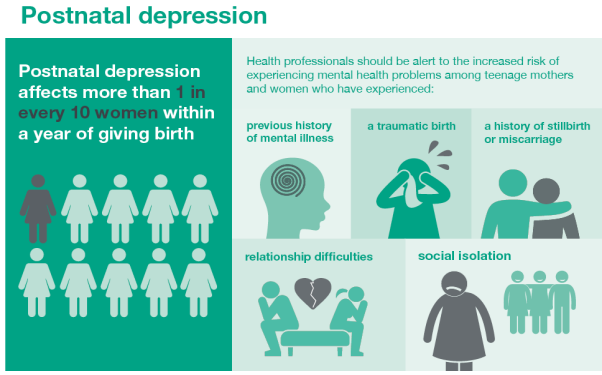
If parents/carers do drink as much as 14 units per week, advise them that it is best to spread this over 3 days or more. A good way to help achieve this is to have several drink-free days each week [26.]

Advise parents/carers that alcohol can be passed to their breastfeeding baby, can contribute to weight gain and also impair their ability to parent and respond to emergencies.

Mental health and wellbeing - messages for parents/carers

It's not unusual for women to have mental health issues during and after pregnancy, even if they have not experienced these before. Mental illness in pregnancy and the first year after birth is experienced by up to 20% of women in the UK [28.]

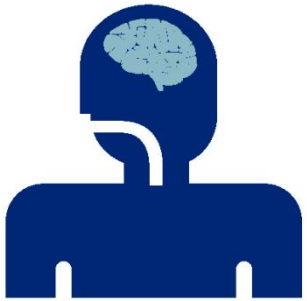
Encourage women and their partners to be aware of their emotional wellbeing, knowing when they should seek help and have support systems in place can help prevent issues becoming more serious. Promote the Five Ways to wellbeing (connect, be active, take notice, keep learning, give) [29.]



At a woman's first contact with services in pregnancy and the postnatal period, ask about:

- any past or present severe mental illness
- past or present treatment by a specialist mental health service, including inpatient care
- any severe perinatal mental illness in a first-degree relative (mother, sister or daughter) [11.]

Mental health and wellbeing - messages for parents/carers



Refer to a secondary mental health service (preferably a specialist perinatal mental health service) for assessment and treatment, all women who:

- have or are suspected to have severe mental illness
- have any history of severe mental illness (during pregnancy or the postnatal period or at any other time).
- ensure that the woman's GP knows about the referral [11].

If a woman has any past or present severe mental illness or there is a family history of severe perinatal mental illness in a first-degree relative, be alert for possible symptoms of postpartum psychosis in the first 2 weeks after childbirth [11]

If a woman has sudden onset of symptoms suggesting postpartum psychosis, refer her to a secondary mental health service (preferably a specialist perinatal mental health service) for immediate assessment (within 4 hours of referral) [11].

Sleep - messages for parents/carers

Advise parents /carers about sleep hygiene (including having a healthy bedtime routine, avoiding caffeine and reducing activity before sleep) [30].

https://www.nhs.uk/conditions/pregnancy-and-baby/sleep-and-tiredness/



Resources

Resources

SKILLS

1. MECC, for more information on Free training and resources to support you with healthy conversation skills check out - https://www.e-lfh.org.uk/programmes/making-every-contact-count/ or www.makingeverycontactcount.co.uk
2. The 'Lets talk about weight' resources provide practical advice and tools to support health and care professionals make brief interventions in weight management with adults - https://www.gov.uk/government/publications/adult-weight-management-a-guide-to-brief-interventions and with children, young people and families - https://www.gov.uk/government/publications/child-weight-management-short-conversations-with-patients

KNOWLEDGE

3. All Our Health Childhood Obesity consistent messages animation https://www.youtube.com/watch?v=gQK4vj1Lzlg
4. Evidence and guidance on childhood obesity, to help families and communities intervene and help change eating and activity habits. Childhood obesity: applying All Our Health https://www.gov.uk/government/publications/childhood-obesity-applying-all-our-health/childhood-obesity-applying-all-our-health
5. High impact areas: These documents identify 6 areas where health visitors have the highest impact on the health and wellbeing of children aged 0 to 5 years https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children

Resources

6. Healthy Start vouchers can be used to help families on a low-income buy basic foods such as milk and fresh or frozen fruit
7. Physical activity infographics - https://www.gov.uk/government/publications/start-active-stay-active-infographics-on-physical-activity
8. Measuring impact – Everyday Interactions Toolkit https://www.rsph.org.uk/our-work/policy/measuring-public-health-impact.html
9. Infographic: Improving AOH for children and young people for health visitors, school nurses and practice nurses https://vivbennett.blog.gov.uk/wp-content/uploads/sites/90/2016/11/Improving-oral-health-for-children.pdf
10. All Our Health - Children's oral health https://www.gov.uk/government/publications/child-oral-health-applying-all-our-health/child-oral-health-applying-all-our-health
11. A quick guide to a healthy mouth in children/ a quick guide to a healthy mouth in adults https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention
12. The Eatwell Guide shows the proportions of different types of foods which are needed to have a well-balanced and healthy diet: www.gov.uk/government/uploads/system/uploads/attachment_data/file/510366/UPDATED_Eatwell-23MAR2016_England.pdf
13. Healthy weight and pregnancy, visit NHS choices https://www.nhs.uk/conditions/pregnancy-and-baby/pages/overweight-pregnant.aspx

Resources

14. Vitamin, supplements and nutrition before and during pregnancy, visit NHS choices https://www.nhs.uk/conditions/pregnancy-and-baby/pages/vitamins-minerals-supplements-pregnant.aspx
15. Physical activity guidance - https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day/health-matters-getting-every-adult-active-every-day
16. Royal College of Physicians (2010), Passive Smoking and Children,
17. https://www.rcplondon.ac.uk/sites/default/files/documents/passive-smoking-andchildren.pdf
18. NICE (2010) Quitting Smoking in Pregnancy and Following Childbirth (PH26) http://www.nice.org.uk/guidance/ph26
19. Smoking in Pregnancy Challenge Group (2015). Shared Key Messages http://smokefreeaction.org.uk/wp-content/uploads/2017/06/SiPKeyMsgs.pdf
20. The Chief Medical Officers low risk drinking guidelines - https://www.gov.uk/government/consultations/health-risks-from-alcohol-new-guidelines
21. To find an NHS dentist visit NHS Choices www.nhs.uk/NHSEngland/AboutNHSservices/dentists/Pages/find-an-NHS-dentist.aspx
22. For lifestyle tips for healthy teeth, visit NHS Choices: www.nhs.uk/Livewell/dentalhealth/Pages/Keepteethhealthy.aspx

Resources

23. Public Health England. Delivering better oral health: an evidence-based toolkit for prevention (updated 2017) this is an evidence based toolkit to support dental teams in improving their patient's oral and general health https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf.
24. Public Health England (2017) Guidance, Health Matters: Child Dental Health. Available at: https://www.gov.uk/government/publications/health-matters-child-dental-health/health-matters-child-dental-health
25. Use of electronic cigarettes in pregnancy: a guide for midwives and other healthcare professionals http://smokefreeaction.org.uk/wp-content/uploads/2017/06/eCigSIP.pdf

References

References

1. Public Health England (2016) Guidance: Health matters: giving every child the best start in life. Available at: https://www.gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-matters-giving-every-child-the-best-start-in-life
2. Public Health England (2015) Childhood obesity: applying All Our Health. Available at: https://www.gov.uk/government/publications/childhood-obesity-applying-all-our-health/childhood-obesity-applying-all-our-health#guidance
3. Public Health England (2017) Guidance, Health Matters: Child Dental Health. Available at: https://www.gov.uk/government/publications/health-matters-child-dental-health/health-matters-child-dental-health
4. Public Health England (2016) School aged years 5-19 High Impact Area 3: Improving lifestyles. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/564093/School_aged_years_high_impact_area3_promoting_healthy_lifestyles.pdf
5. Health Survey for England 2015, NHS Digital http://www.content.digital.nhs.uk/catalogue/PUB22610
6. National Institute for Health and Care Excellence (2010) Public Health Guidelines 26: Smoking: stopping in pregnancy and after childbirth. Available at: https://www.nice.org.uk/guidance/ph26
7. Farley, A.C., Hajek, P., Lycett, D., and Aveyard, P. (2012) Interventions for preventing weight gain after smoking cessation (Review). Cochrane Database of Systematic Reviews
8. Department of Health. UK Chief Medical Officers' Alcohol Guidelines Review: summary of the proposed new guidelines. London: DH; 2016 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/489795/summary.pdf https://files.digital.nhs.uk/publication/m/c/hse2016-child-health.pdf
9. National Obesity Observatory (2011) Obesity and mental health. NHS
10. Patalay P & Fitzsimons E. Mental ill-health and wellbeing at age 14 – Initial findings from the Millennium Cohort Study Age 14 Survey. May 2018. Centre for Longitudinal Studies: London
11. National Institute for Health and Care Excellence (2014) Clinical Guidance 192: Antenatal and postnatal mental health: clinical management and service guidance. Available at: https://www.nice.org.uk/guidance/cg192

References

12. Public Health England (2016) Making Every Contact Count (MECC): practical resources. Available at: https://www.gov.uk/government/publications/making-every-contact-count-mecc-practical-resources
13. Public Health England (2017) - Child weight management: short conversations with families. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/649095/child_weight_management_lets_talk_about_weight.pdf
14. Public Health England (2017) Adult weight management: short conversations with patients. Let's talk about weight: a step-by-step guide to brief interventions with adults for health and care professionals. Available at: https://www.gov.uk/government/publications/adult-weight-management-a-guide-to-brief-interventions
15. Public Health England (2018) - Child Obesity. Available at: https://www.youtube.com/watch?v=gQK4vj1Lzlg
16. Scientific Advisory Committee on Nutrition (2017) Draft Report "Feeding in the First Year of Life Report". Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/629221/Feeding_in_the_first_year_of_life_draft_report.pdf
17. National Health Service Choices (2016) Your Pregnancy and baby guide: Types of Formula milk. Available at: https://www.nhs.uk/conditions/pregnancy-and-baby/types-of-infant-formula/
18. National Health Service Choices (2015) your pregnancy and baby guide: Drinks and cups for babies and toddlers. Available at: https://www.nhs.uk/conditions/pregnancy-and-baby/drinks-and-cups-children/
19. National Institute for Health and Care Excellence (2014) Public Health Guidelines 56: Vitamin D: supplement use in specific population groups. Available at: https://www.nice.org.uk/guidance/ph56/chapter/glossary
20. National Health Service Choices (2018). Your pregnancy and baby guide: Vitamins for children. Available at: https://www.nhs.uk/conditions/pregnancy-and-baby/vitamins-for-children/
21. Public Health England (2017). Financial help if you have children: Healthy Start. Available at: https://www.gov.uk/healthy-start

References

22. The Eatwell Guide (2016) A guide to show how much of what we eat overall should come from each food group to achieve a healthy, balanced diet. Available at: http://www.nhs.uk/Livewell/Goodfood/Pages/the-eatwell-guide.aspx
23. National Health Service Choices (2015): Children's teeth. Available at: https://www.nhs.uk/Livewell/dentalhealth/Pages/Careofkidsteeth.aspx
24. Public Health England (2011) Start active, stay active: report on physical activity in the UK. Available at: https://www.gov.uk/government/publications/start-active-stay-active-a-report-on-physical-activity-from-the-four-home-countries-chief-medical-officers
25. Infographic: Chief Medical Officer (2011) UK Physical Activity Guidelines. Available at: https://www.gov.uk/government/publications/uk-physical-activity-guidelines
26. Department of Health. UK Chief Medical Officers' Alcohol Guidelines Review: summary of the proposed new guidelines. London: DH; 2016 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/489795/summary.pdf
27. Royal College of Physicians London (2010). A report of the Tobacco Advisory Group of the Royal College of Physicians: Passive smoking and children. Available at: https://cdn.shopify.com/s/files/1/0924/4392/files/passive-smoking-and-children.pdf?15599436013786148553
28. Public Health England (2017) Guidance better mental health: JSNA toolkit- Perinatal mental health. Available at: https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/4-perinatal-mental-health
29. Five ways to wellbeing (2008) Government office for science. https://www.gov.uk/government/publications/five-ways-to-mental-wellbeing
30. National Health Service Choice (2016) Your Pregnancy and Baby Guide: Sleep and tiredness after having a baby. Available at: https://www.nhs.uk/conditions/pregnancy-and-baby/sleep-and-tiredness/

References

31. National Health Service Choices (2018): your pregnancy and baby guide: Your baby's first solid foods. Available at: https://www.nhs.uk/conditions/pregnancy-and-baby/solid-foods-weaning/
32. National Health Services (2018) - Start4life: complementary feeding. Available at: https://www.nhs.uk/start4life/baby/first-foods
33. National Institute for Health and Care Excellence (2008) Public Health Guidelines 11: Maternal and Child Nutrition. Available at: https://www.nice.org.uk/guidance/ph11
34. Public Health England (2017) Language and Communication Development in Early Childhood blog. Available at: https://vivbennett.blog.gov.uk/2017/10/10/language-and-communication-development-in-early-childhood-eustace-de-sousa/

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Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000
www.gov.uk/phe
Twitter: @PHE_uk
Facebook: www.facebook.com/PublicHealthEngland

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