

VITAMIN D GUIDELINES

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VALIDITY – Guidelines should be accessed via the Trust intranet to ensure the current version is used.

CHANGE RECORD

Version	Date	Change details
1.0	Jan 2023	<i>Reviewed. Approved by 0-19 Clinical Network Group (Jan 2023).</i>
1.1	April 2024	<i>Reviewed. Amended:</i> <ul style="list-style-type: none"> • <i>to include comments from divisional network meeting.</i> • <i>to include more in depth staff responsibilities and child centred sun safe information.</i> • <i>to include comments from Rebecca Price</i> • <i>to include SystemOne ammendments</i> • <i>to include Harmonised SystemOne ammendments for ISPHNS and IPHNS and monitoring advice</i> <i>Approved at 0-19 Clinical Governance Meeting (11 April 2024).</i>

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1. INTRODUCTION

The purpose of this document is to provide standardised guidance across the Trust on the supplementation of Vitamin D for the East Riding 0-19 Integrated Specialist Public Health Nursing Service (ISPHNS) and the Hull 0-19 Integrated Public Health Nursing Service (IPHNS). This document supports the recommendations advised by the Department of Health and provides staff with the guidance to offer to clients that is both safe and evidence based. The majority of the information contained within this document is taken from current NICE guidance. However to ensure staff can both access and deliver evidence based information consistently to service users, this SOP has been produced.

In the interests of inclusivity, any reference to breastfeeding within this policy, also relates to chest feeding. The traditionally female pronouns also include those who identify as male and those who wish to identify as genderfluid or non-binary. We also recognise those who choose to express breast milk for their baby or others and feed human milk via another method.

Any reference to mothers also includes those who do not identify as mothers but do breast/chestfeed their child. We also support and recognise the family unit which is made from any combination of genders/sexual orientation/biological sex. When a referral is made to 'baby' or 'infant' it is acknowledged that we support natural term breastfeeding and recognise that toddlers and children breastfeed or chestfeed.

2. SCOPE

This standard operating procedure outlines the roles and responsibilities of key individuals and the process for the East Riding ISPHN and Hull IPHN teams at Humber Teaching NHS Foundation Trust with regards to vitamin D supplementation, specific groups are identified in more detail within the document.

3. BACKGROUND

This SOP outlines guidance for Vitamin D supplementation for children, pregnant women and those seen as at risk.

Vitamin D is essential in the maintenance of skeletal growth and bone health as it is required for the mineralisation of bone and calcium homeostasis. It regulates the amount of calcium and phosphate in the body.

About 90% of Vitamin D is made in the body through skin synthesis from sunlight; the remaining 10% of Vitamin D is obtained through dietary sources.

These nutrients are needed to keep bones, teeth, and muscles healthy.

A lack of vitamin D can lead to bone deformities such as rickets in children, bone pain and tenderness as a result of osteomalacia in adults (Vitamin D and Health Report, 2016).

Since 2000, there has been documented evidence of a re-emergence of Vitamin D deficiency diseases, e.g. rickets.

There are well-documented consequences of vitamin D deficiency which include rickets and hypocalcaemia in children and osteomalacia in adults (SACN 2007). Emerging evidence suggests that vitamin D could be a factor in other diseases, such as osteoporosis, some cancers, cardiovascular disease, TB, diabetes and multiple sclerosis (SACN 2007, Kulie et al 2009, Zipitis 2006).

Poor maternal vitamin D status is associated with softening of the skull in new-borns and is thought to have an adverse effect on infant skeletal growth and tooth enamel formation. In infants' symptoms also include growth and developmental delays (SACN 2007)

From about late March/early April to the end of September, most of us should be able to get all the vitamin D we need from sunlight on our skin. The vitamin is made by our body under the skin in reaction to sunlight. Between October and early March, we don't get any vitamin D from sunlight.

Vitamin D is also found in a small number of foods.

Good food sources are:

- Oily fish – such as salmon, sardines, herring and mackerel
- Red meat
- Liver
- Egg yolks
- Fortified foods such as most fat spreads and some breakfast cereals

Another source of vitamin D is dietary supplements.

In the UK, cows' milk is generally not a good source of vitamin D because it isn't fortified, as it is in some other countries.

Daily Recommendations of Vitamin D

Babies from birth to one year need 8.5 to 10 micrograms (8.5-10mcg) of vitamin D a day.

Children from the age of one year and adults need 10 micrograms (10mcg) of vitamin D a day.

This includes pregnant and breastfeeding women and population groups at risk of vitamin D deficiency (those with minimal exposure to sunshine and those from minority ethnic groups with dark skin).

Vitamin D Supplementation Advice for infants and young children

The Department of Health recommends that:

- **Breastfed babies from birth to one year of age** should be given a daily supplement containing 8.5 to 10mcg of vitamin D whether or not the mother is taking supplements.
- **Children aged 6 months to 5 years old** should be given a daily supplement of vitamins A, C & D. This should contain 10mcg of vitamin D.
- **Babies fed infant formula** should not be given a vitamin D supplement until they are receiving less than 500ml (about a pint) of infant formula a day, because infant formula is fortified with vitamin D and other nutrients.

Advice for adults and children over five years old

Because vitamin D is found only in a small number of foods, it might be difficult to get enough from foods that naturally contain vitamin D and/or fortified foods alone. So, everyone, including pregnant and breastfeeding women, should take a daily supplement containing 10mcg of vitamin D.

Between late March/April to the end of September, most people aged five years and above will probably obtain sufficient vitamin D from sunlight when they are outdoors. So, they may choose not to take a vitamin D supplement during these months.

However, some groups of people will not get enough vitamin D from sunlight because they have very little or no sunshine exposure. The Department of Health recommends that they should take a daily supplement containing 10mcg of vitamin D throughout the year.

Those known to be most at risk from vitamin D deficiency due to lack of exposure to sunlight and other reasons are:

- People from South Asian, African, African Caribbean and Middle Eastern backgrounds,
- Those that have a low exposure to sunlight due to wearing concealing clothing or spending time indoors
- Those with someone else in the family with vitamin D deficiency
- Teenagers
- Strict sunscreen users
- People who are obese
- Pregnant or breastfeeding women
- Breastfed and some formula fed babies
- Children during periods of rapid growth such as in infancy
- Children with chronic conditions (malabsorption, juvenile idiopathic arthritis, rheumatic conditions, chronic steroid use, diabetes, disability and reduced mobility)
- People on medications interfering with Vit D metabolism: phenytoin, carbamazepine, steroids, rifampicin (DoH, 2009)

There is growing evidence to suggest that the white population is also at risk, particularly during winter and spring and periods of rapid growth, such as infancy (Hypponen and Boucher 2010).

Risk Assessment

Taking too many vitamin D supplements over a long period of time can cause more calcium to be absorbed by the body than can be excreted. This leads to high levels of calcium in the blood (hypercalcaemia).

Too much calcium in the blood can weaken the bones and damage the kidneys and the heart.

Vitamin D supplements, 10mcg a day will be enough for most people.

Some people have medical conditions that mean they may not be able to safely take as much. If in doubt, advise they consult their doctor.

If the doctor has recommended that the client takes a different amount of vitamin D, they should follow their advice.

As the body doesn't make too much vitamin D from sun exposure, remind the client to cover up or protect their skin if they are out in the sun for long periods, to reduce the risk of skin damage and skin cancer.

There is no known risk of overdose when supplementing with vitamin D from birth, regardless of feeding method as long as the recommended dose is followed.

Healthy Start vitamins also contain vitamins A and C and similarly there is no risk of overdose.

Vitamin D supplements will:

- Help to prevent cases of rickets and vitamin D deficiency in infants and children.
- Improve maternal vitamin D status and improve maternal, infant and child health across the whole population
- Increase awareness of the importance of vitamin D supplementation and the Healthy Start vitamin programme.
- Help to reduce inequalities in birth outcomes and infant health.

4. ROLES AND RESPONSIBILITIES

Authors / Reviewers of the document

To review this document on an annual basis to ensure it is in line with emerging evidence and information

ISPHN and IPHN Team members

All staff to familiarise themselves with the Vitamin D SOP and discuss both Vitamin D and Healthy Start Vitamin provision at contacts as outlined below.

Recommended Vitamin D supplementation for pregnant women and babies to be discussed at the:

- Antenatal contact

Recommended Vitamin D supplementation for babies and breastfeeding women to be discussed at:

- Primary Birth visit
- 6-8 week follow up contact
- 3-4 month clinic contacts
- 6-12 month review
- 2 year review
- Key public health contacts such as child health clinics / promotional events

Staff are then required to document that they have had a discussion with the client regarding Vitamin D, and Healthy Start Vitamins. Each of the listed contacts has an accompanying SystemOne template, within which there is a section regarding Vitamins and Healthy Start. Staff should tick the boxes as appropriate to display that a discussion has taken place. An example is provided below:

The screenshot displays the 'Antenatal Assessment 2' template in SystemOne, specifically page 4 of 5 under the '4. Information and advice' tab. The form is titled 'Antenatal Information and Advice' and contains several sections with checkboxes and edit icons:

- Local health visitor service and amenities explained** (checkbox)
- Parent held child health record discussed with parents and issued** (checkbox)
- Maternal well-being discussed in relation to:**
 - Alcohol - Discussion about maternal wellbeing (checkbox)
 - Dental health - maternal wellbeing discussed (checkbox)
 - Diet - maternal wellbeing discussed (checkbox)
 - Drugs - maternal wellbeing discussed (checkbox)
 - Exercise - maternal wellbeing discussed (checkbox)
 - Postnatal depression - maternal wellbeing discussed (checkbox)
- Health education and parenting issues discussed in relation to:**
 - Bonding and attachment advice (checkbox)
 - General contraceptive advice (checkbox)
 - Home safety - health education (checkbox)
 - New born hearing program discussed (checkbox)
 - Parental smoking - health education (checkbox)
 - Registration of birth - Health education (checkbox)
 - Prevention of cot death, SIDS - health education (checkbox)
 - 'ICON programme' advice and support; advice about shaking babies (checkbox)
 - Please comment on other advice given (text area)
 - Advice (text area)
- Vitamin D supplement discussed** - Select both options required for reporting on Vitamin D
 - Vitamin education (checkbox)
 - Vitamin D (checkbox)
- Healthy Start vitamins discussed**
 - Provision of information about Healthy Start vitamins (checkbox)

At the bottom of the form, there are buttons for 'Event Details', 'Information', 'Print', 'Suspend', 'Ok', 'Cancel', and 'Show Incomplete Fields'. On the right side, there is a section for 'Local health visitor service and amenities explained' with a 'Date' dropdown and a 'Checked' status, and a note 'No previous values'. At the bottom right, there are checkboxes for 'Show recordings from other templates' and 'Show empty recordings'.

Healthy Start Vitamins

ISPHNS and IPHNS need to ensure that they have a basic understanding of the Healthy Start Scheme and local knowledge of where to signpost clients to receive Healthy Start Vitamins or to purchase appropriate Vitamin D supplements. The link below enables staff or clients to enter their postcode and a list of local venues who both give out and sell Healthy Start Vitamins will be displayed.

Where to access: [Find Healthy start vitamins services - NHS \(www.nhs.uk\)](https://www.nhs.uk)

Healthcare professionals play an important part in promoting the Healthy Start scheme. They can inform eligible families about the online application and promote the free Healthy Start vitamins. When people learn about Healthy Start from a healthcare professional, they're more likely to understand the scheme and make better use of it. This is because healthcare professionals can explain the health benefits of the scheme.

For further information please see the following link:

[Healthcare professionals – Get help to buy food and milk \(Healthy Start\)](#)

Women and children who qualify for the Healthy Start scheme can get free supplements containing the recommended amounts of vitamin D. Women and children who not qualify can purchase these vitamins at all venues that supply them.

There are two products available:

Healthy Start children's vitamin drops (contain vitamins A, C & D)
Daily dose of 5 drops contains:

- 233mcg of vitamin A
- 20mg of vitamin C
- 10mcg of vitamin D3

Children who have 500 ml or more of formula do not need Healthy Start vitamins. Suitable for vegetarians and free from milk, egg, gluten, soya and peanut residues and have a shelf life of 10 months from manufacture. They come in 10ml bottles, which contain around 56 doses. Children who qualify are entitled to 1 bottle every 8 weeks.

Since September 2018 Healthy Start vitamins for children have been available containing the recommended dose of 10mcg and will be classed as a 'food supplement' and suitable from birth.

Healthy Start vitamins for women (contain folic acid and vitamins C & D)
Daily dose of 1 tablet contains:

- 70mg of vitamin C
- 10mcg of vitamin D
- 400mcg of folic acid

Suitable for vegetarians and free from wheat, fish, egg, salt and has no gluten containing ingredients. They have a shelf life of 2 years from manufacture. Women who qualify are entitled to one bottle of 56 tablets every 8 weeks.

Healthy Start maternal vitamins are the supplement recommended for pregnant and breast feeding women as other supplements may have a different balance of nutrients added.

For more information to share with families see below:

How to apply: [How to apply – Get help to buy food and milk \(Healthy Start\)](#)

Families can buy single vitamin D supplements or vitamin drops containing vitamin D (for use by under-fives) at most pharmacies and supermarkets.

Vitamin D and Sun Protection

From about late March/early April to the end of September, the majority of people should be able to make all the vitamin D they need from sunlight on their skin. This excludes those at risk as documented in section 3 (please see page 5).

The Sunshine Message

Cancer Research UK and seven other prominent organisations have issued a joint statement advising that while excessive sun exposure is dangerous, it is also important that people get enough sun to synthesise vitamin D. They advise that people should expose themselves to sunshine around solar noon in summertime for less time than it takes for the skin to redden and burn.

Regularly going outside for a matter of minutes around the middle of the day without sunscreen should be enough. Little and often is best, and the more skin that is exposed, the greater the chance of making sufficient vitamin D before burning. However, people should get to know their own skin to understand how long they can spend outside before risking sunburn under different conditions (Consensus Vitamin D position statement 2010).

Consensus vitamin D position statement

The best way to boost vitamin D levels is through direct exposure to sunlight without sunscreen or covering up, advice which until now contradicted sun- safe messages given by cancer and dermatology specialists. However, in December 2010 Cancer Research UK and the British Dermatology Association, alongside several other organisations including Diabetes UK, issued a joint position statement advising that while excessive sun exposure is dangerous, it is also important that people get enough sun to synthesise vitamin D. The new advice is that people should expose themselves to sunshine around solar noon in summertime for less time than it takes for the skin to redden and burn. The position statement consensus is that:

“Regularly going outside for a matter of minutes around the middle of the day, without sunscreen should be enough. When it comes to sun exposure, little and often is best, and the more skin that is exposed, the greater the chance of making sufficient vitamin D before burning.” (Consensus Vitamin D position statement 2010)

This information relates to Adults only.

Children and Sun Exposure

Take extra care to protect babies and children. Their skin is much more sensitive than adult skin, and damage caused by repeated exposure to sunlight could lead to skin cancer developing later in life.

Children under 6 months should always be kept out of direct strong sunlight.

From March from October in the UK children should:

- Cover up with suitable clothing
- Spend time in the shade, particularly from 11am to 3pm
- Wear at least SPF30 Sunscreen.

Apply sunscreen to areas not protected by clothing such as the face, ears, feet and backs of hands.

NHS (2021) [Keeping your baby safe in the sun - NHS \(www.nhs.uk\)](#)

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Appendix A: UNICEF Baby Friendly Initiative Info Sheet

STATEMENT ON VITAMIN D SUPPLEMENTATION FOR BREASTFED BABIES UPDATED JANUARY 2017

Introduction

The whole UK population is at risk of low Vitamin D status due to living much of our life indoors and in a country with limited sunlight. Our main source of vitamin D is from the action of sunlight on our skin but in countries in the Northern Hemisphere, such as the UK, the sunlight is not strong enough to make vitamin D in the winter months (September to April).

In July 2016, The Scientific Advisory Committee on Nutrition (SACN) updated recommendations on vitamin D supplementation for the whole population, including new-born babies. It is now recommended that everyone over one year of age should take a 10µg/d vitamin D supplement daily and, **as a precaution**, breastfed babies from birth up to one year of age also be given a supplement of 8.5 to 10µg/d vitamin D per day. Babies who are formula fed do not require vitamin D if they are having 500ml/day of infant formula or more, as infant formula already has added vitamin D.

How can we support pregnant women to take vitamin D?

The National Institute for Health and Clinical Excellence (NICE) and the Scientific Advisory Committee on Nutrition (SACN) recommend that pregnant and breastfeeding women take a vitamin D supplement of 10 micrograms (or 400 units) daily and that health professionals inform all pregnant and breastfeeding women about the importance of this for their health and the future health of their baby.

It is essential that maternal vitamin D deficiency is prevented and/or corrected during pregnancy in order to prevent babies being born with depleted stores. In some cases pregnant woman may require a higher dose of vitamin D – this should be discussed with her GP. A baby born deficient in vitamin D will not restore their levels from breastmilk alone.

Unicef UK Baby Friendly Initiative Statement | Vitamin D supplementation for breastfed babies

There are local variations in the provision of vitamin supplementation available to pregnant and breastfeeding mothers and their infants across the UK – in some areas Healthy Start **maternal** vitamins (which provide Vitamin D, folic acid and Vitamin C) are provided universally to all pregnant women and infants, whereas in other areas this is only provided free to those eligible through the Healthy Start Scheme. Healthy Start maternal vitamins are the supplement recommended for pregnant and breastfeeding women as other supplements may have a different balance of nutrients added. The current Healthy Start maternal vitamins contain 10ug of Vitamin D, and, where possible, health professionals should encourage their local pharmacies, children's centres and other settings to stock these and recommend their use.

Why do breastfed babies need to be given Vitamin D?

A new-born baby's vitamin D status depends on their mother's vitamin D status during pregnancy and recommendations remain that all pregnant women should take a supplement of 10µg/day during pregnancy and continue to take this when breastfeeding. The amount of vitamin D in the mother's breastmilk will depend on her vitamin D intake and vitamin D stores; therefore, **as a precaution**, it is now suggested that breastfed babies be given additional vitamin D as well as their mother.

How do we protect breastfeeding?

Breastfeeding has a positive impact on the short, medium and long-term health of children and has an important and lasting impact on women's health. Not breastfeeding contributes to infant mortality, hospitalisation for preventable diseases, increased rates of childhood diabetes and obesity, and adult disease.

There is a risk that messages around vitamin D supplementation will give the impression that infant formula is superior to breastmilk because supplementation is not required if a baby is bottle fed. It is therefore very important that health professionals give some thought as to how the message is relayed to parents. Emphasising that the potential problem is related to a lack of sunlight in the UK, not to dietary insufficiencies is important. Also relevant is the fact that it affects the whole population, not just breastfed babies. Explaining that vitamin D is already added to infant formula, meaning that further supplementation is not needed, is also recommended. It may also be worth mentioning that, whilst there is little evidence of significant vitamin D deficiency among breastfed babies, the Government is taking a 'precautionary' approach to protect everyone.

Keeping the messages clear and simple will aid understanding and encourage uptake.

How can we support parents to give their baby vitamin D?

Healthy Start Vitamins for **infants** now contains 10µg/d of vitamin D, as well as vitamin A and vitamin C. The recommended preventative dose is 8.5-10µg/d of vitamin D.

Unicef UK Baby Friendly Initiative Statement | Vitamin D supplementation for breastfed babies

In December 2016 Public Health England announced that from September 2018 a new product will be available containing the recommended dose of 10mcg of vitamin D. The children's product will be a 'food supplement' and suitable from birth.

Vitamin drops can be given on a sterilised spoon. 'Droppers' are hard to sterilise compared to spoons and there are issues with getting the correct number of drops into the dropper – so it is easier to drop the vitamins on to a sterilised spoon. Alternatively, the vitamin drops can be 'dropped' onto the mother's breast, near the nipple, so that the baby can swallow the drops whilst breastfeeding, however, anecdotally, there could be a risk that babies dislike the taste and so reject the breast. Vitamin drops should not be given to breastfed babies via a bottle with water or flavoured drinks or on a dummy.

Local discussions will need to take place, across services, to discuss procurement, storage and distribution of Healthy Start vitamins for children so that all families can access them easily. In some areas these are not available and local arrangements will need to be discussed.

All messaging about vitamin D supplementation should continue to promote, support and protect breastfeeding.

What happens if the baby is formula fed?

All babies living in the northern hemisphere are vulnerable to low vitamin D status, as described above; however, infant formula has vitamin D added as part of the mix of vitamins and minerals that must be added by law. Therefore, babies who receive infant formula (over 500mls per day) do not require any extra supplementation of vitamin D. However, if a baby is being both breastfed and given infant formula they may still need a supplement of vitamin D if they have less than 500mls of infant formula a day.

Who is at risk of low vitamin D status?

Most of us are able to synthesise vitamin D through normal exposure of the skin to summer sunlight but, living indoors, in the northern hemisphere and using sun creams increases the risk of deficiency. In addition, some mother and infant groups have been shown to be at increased risk, including:

- Babies of mothers with darker skin types
- Pregnant and breastfeeding women
- Babies born in the winter months and not exposed to the sun
- Babies and mothers who wear concealing clothing, preventing skin exposure to sunlight

- Babies and mothers who spend a lot of time indoors or use sun creams, reducing exposure to sunlight
- Babies of obese mothers (BMI >30)
- Babies of mothers with gestational diabetes

Unicef UK Baby Friendly Initiative Statement | Vitamin D supplementation for breastfed babies

Further information

There are a range of other vitamin preparations that are marketed for infants and many of these contain a range of nutrients that are not currently recommended. They may include flavourings, added ingredients such as peanut oil, or they be recommended to be fed from a dropper'.

Please also see guidance from Scotland, Northern Ireland and Wales, as well as Public Health England.

A review of other preparations and further information can be found at:

First Steps Nutrition [First Steps Nutrition Trust](#)

Breastfeeding Network [The Breastfeeding Network | Independent Breastfeeding Support](#)

Monitoring

Adherence to the SOP will be monitored by way of annual record keeping audits carried out by the Infant Feeding Leads to identify that discussions have taken place. The SOP will be reviewed annually to ensure current evidence is being used. Staff will be given updates as required via the usual reporting systems and at the Annual Infant Feeding updates

Appendix B: Equality Impact Assessment

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name:
2. EIA Reviewer (name, job title, base and contact details):
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other?

Main Aims of the Document, Process or Service To provide clear evidence based information regarding vitamin D supplementation
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	This guidance is applicable to all persons of child bearing age who are pregnant or lactating, children and babies
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental health (including cancer, HIV, multiple sclerosis)	Low	This guidance is applicable to all persons of child bearing age who are either pregnant or lactating and children and babies regardless of disability
Sex	Men/Male Women/Female	Low	This guidelines applies to any person who is lactating, children and babies
Marriage/Civil Partnership		Low	This guidelines is not affected by marital status
Pregnancy/ Maternity		Low	This guideline is applicable to any person of child bearing age who is either pregnant or lactating
Race	Colour Nationality Ethnic/national origins	Medium	Persons of particular race who are at risk of vitamin D deficiency are detailed within the guideline.
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	This guideline is not affected by religion or belief

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Sexual Orientation	Lesbian Gay men Bisexual	Low	This guideline is applicable to any person who is pregnant or lactating regardless of the sexual orientation
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	This guideline is applicable to any person who is pregnant or lactating

Summary

Please describe the main points/actions arising from your assessment that supports your decision.	
Not applicable.	
EIA Reviewer: Louise Shafei, Ellie Talbot-Imber, Debbie Jackson	
Date completed: 25/05/2023	Signature: Louise Shafei, Ellie Talbot-Imber, Debbie Jackson