NICE Guideline: Maternal and child nutrition
Stakeholder scoping workshop collated notes
Workshop: Wednesday 21st July 2021

Stakeholder Attendees	Organisation
Chloe Tucker	Royal College of Midwives
Louise Stanthanam	GP Infant Feeding Network
Saffron Hives	Kettering General Hospital NHS Foundation Trust
Sue Ashmore	UNICEF UK
Themis Von-Blanc	Big Birthas
Victoria Louise Moran	University of Central Lancashire
Victoria Sibson	First Steps Nutrition Trust
Amanda Avery	Slimming World
Amena Warner	Allergy UK
Dr Mary Fewtrell	Royal College of Paediatrics and Child Health
Emma Thomas	The Breastfeeding Network
Hassan Kahal	North Bristol NHS Trust
Hilda Mulrooney	British Dietetic Association
Andrea Wright	Portsmouth City Council
Charlotte Wright	University of Glasgow (GLA)
Jane Denton	Multiple Births Foundation
Katie Merrick	Greater Manchester Health and Social Care Partnership
Naomi Brown	British Specialist Nutrition Association
Nicola Heslehurst	Association for the Study of Obesity (ASO) UK
Sue Jordan	Swansea University
Amin Salem	Barking, Havering and Redbridge Hospitals NHS Trust

Amy Greenhalgh	Blackburn with Darwen Borough Council
Dr Yubraj Sharma	Faculty of Homeopathy
Jeszemma Garratt	Fatherhood Institute
Linda Armstrong	Thornton & Ross Ltd
Maria Mulhern	Northern Ireland Centre for Food and Health, University of Ulster (NICHE)
Susan Mollan	Neuro-Ophthalmology Society (UKNOS)

Other Attendees	**Role**
Eva Gonzalez	Senior Systematic Reviewer
Joanne Warner	Project Manager
Lisa Boardman	Guideline Lead
Ted Barker	Systematic Reviewer
Elise Hasler	Information Scientist
Kate Maslin	Topic Advisor
Ifigeneia Mavranesouli	Senior Health Economist
Tim Reeves	Information Scientist
Charlie Fairhurst	NGA Clinical Advisor
Sharonjeet Chohan	NICE Guideline Coordinator
Jill Peacock	NICE Guideline Coordinator
Victoria Axe	NICE Guideline Commissioning Manager
Martin Allaby	NICE Clinical Adviser
Christina Barnes	NICE Guideline Coordinator

Presentations

The group were welcomed to the meeting and informed about the purpose of the day. The Stakeholder Scoping Workshop is an opportunity for stakeholders to review the draft scope and give their input into whether it is clinically appropriate. The group received presentations about NICE's work and the work of the National Guideline Alliance. The Topic Advisor of the guideline development group also presented the key elements of the draft scope. Following questions, the stakeholder representatives were then divided into four groups, which included a facilitator and a scribe. Each group had a structured discussion around the key issues.

Q1 Scope: population (section 3.1 p. 4)

Concerns regarding clarity/extent of scope and overlap with other NICE guidelines:

- Alignment with other guidelines/coverage of other guidelines, particularly in relation to pre conception supplementation (folic acid).
- Importance of cross references to other guidelines.

Concerns regarding 'missing'/overlooked groups:

- Women who start with a healthy BMI but go on to put on excessive weight during pregnancy.
- Underweight women.
- Women who are already overweight/trying to lose weight before pregnancy (high proportion of unplanned pregnancies).
- Women who have had bariatric surgery (not a large population but numbers are increasing). If the guideline excludes women who have had bariatric surgery (before becoming pregnant), this should be clarified, as there is an increasing need for guidance on this.
- Multi-fetal pregnancies – should be included, as management of pregnancy does not vary according to numbers. Although this is a relatively small group, (2-3%) complications can arise, although there is little evidence in relation to this group. If this guideline excludes preterm births and neonatal care this will by default exclude multiple fetal pregnancies, as these are often 'preterm.' Reconsider definition of 'preterm'.
- Women undergoing assisted conception
- Children with developmental problems should be included explicitly.
- Need to include vegans/vegetarians (as subgroups) as this is on the increase. More appropriate to use the term plant-based diets.
- Exclusion of women with Type 2 diabetes diagnoses – increasing numbers are being diagnosed during pregnancy; however, this is excluded. Suggested that this may be covered in other NICE guidelines.
- Women with physical and or learning disabilities. This is a very complicated area and if these groups are included there was a worry regarding the level of expertise required and if it would be possible to ensure that this is covered in the detail needed.

Q2 Guideline title

Stakeholders suggested that:

- The title does not accurately represent what is in scope.
- Change 'child nutrition' to 'early year's nutrition' to make it clear that the guideline includes children up to the age of 5 years.
- The title implies a very broad area but the content actually seems quite fragmented.
- Concerns regarding significance given to breastfeeding in both the guideline and the title.
- The title needs to reflect weight management content, however, there were some concerns regarding perceptions of this as a negative phrase.
- The title of the guideline should reflect weight management during pregnancy, as it is a key component of the guideline/scope.

Q3 Scope: the key areas (section 3.3, p.5)

Overall, stakeholders agreed with the key areas listed, however there were some concerns regarding:

Key areas – areas that will not be covered:

- Healthy start programme is not explicitly mentioned – is there a reason?

- Medicines impact – lack of information and the need to provide some guidance in this area
- Weight management – excluding pre conception and postnatal causes difficulties with some topics as it all links together, whereas nutrition includes all timeframes
- Complementary feeding should be included more specifically/avoid the use of 'weaning' – use introduction of complimentary/solid foods instead

Concerns regarding life phases/timing:

- Is weight management after pregnancy covered?
- High chance that many women within this population group will become pregnant again (given that it extends to 5 years post baby)
- Lancet has some useful definitions on phases e.g. pre conception, etc.
- There were concerns regarding the exclusion of weight management in the pre and post pregnancy periods. This was felt by some stakeholders to be at odds with the content on nutrition, which covers these two phases. Obesity in pregnancy is linked to pre conception obesity.

Q4 What are the main issues around folic acid supplementation for the guideline to tackle? (key area 1 and questions) (key area 1 and section 3.5, p.13)

Concerns regarding 'missing'/overlooked groups:

- Women with epilepsy.
- Women who have previously had a baby with a neural tube defect.
- SACN identified this as a gap i.e. women with a BMI over 30.
- NHS website includes a list but overweight women were not included
- Reliance on BMI (perhaps not appropriate), may be an issue when identifying women from ethnic minority groups as the 'thresholds' for overweight and obese may be different.

Concerns regarding focus of question:

- There seems to be inconsistency between recommendations made by various groups/organisations, for example, RCOG advice differs from government advice.
- It is helpful to have everything in one guideline rather than cross-referencing and clinicians having to search in other guidelines for information. The recommendation dose/supplement should cover *all* women, rather than solely the higher risk groups such as those with a high BMI
- What does indication mean?
- There are two separate questions. Which women should receive a higher dose? What dose should that be?
- Dosage is probably the key issue as everyone is 'lumped together' in the 5mg group.
- Need to clarify whether question focuses on women who are obese or women with a BMI over 25.

Dosage:

- Concerns regarding evidence base for 5mg. In Canada the recommendation is 1mg. SACN recommends 5mg and NICE will probably need to defer to this. SACN recommendation seems to come from 1992 COMA (Committee on Medical Aspects of food and nutrition policy)

- RCOG advice for women with a BMI over 30 does not align with SACN recommendations and this does cause problems for practitioners. There is no trial evidence for women with a BMI over 30 but RCOG guidance indicates there is a benefit of supplementation for women with type 2 diabetes and no evidence of harm (based on epidemiological data)

Q5 Do our questions in key area 2 nutrition and healthy lifestyle in pregnancy cover the key issues you would expect us to look at? *(key area 2 and section 3.5, p.13)*

- Suggestion to use 'healthier' rather than 'healthy'
- 'Lifestyle' indicates a wider range of issues beyond nutrition such as smoking and alcohol consumption.
- 'Lifestyle' is suggestive of personal choice but inequality can be the real driver of poor nutrition. The phrase can lead to stigmatisation. 'Behavioural' interventions may be a more appropriate term.
- Concerns regarding the use of words such as 'safe' and 'acceptable.' These may mean different things to women and health professionals.
- Health professionals need support on this issue, and there is a lot of misunderstanding in relation to this.
- Focusing on diet rather than weight may be more appropriate (e.g. managing energy levels)
- Guidance is needed in the area of gestational weight gain but the old guideline didn't cover this and it may be more appropriate to include it in a weight management guideline rather than here.
- 'Effectiveness' question should focus on pregnancy outcomes, e.g. 'what are the benefits to the mother and baby of improving diet and physical activity'. This should be irrespective of gestational weight gain.

Inclusion of healthy birth intervals:

- Possibly contentious
- Evidence currently suggests that shorter intervals are associated with longer-term weight gain and poor nutritional outcomes.
- Difficult to include given that this guideline focuses on weight gain *during* pregnancy (would need to include preconception and postnatal period and splitting these up would be too difficult).

Interventions and removal of 'physical activity':

- Support for physical activity to be included. Evidence suggests that moderate exercise whilst pregnant is ok but many women are concerned about this.
- If 'physical activity' is included, it needs to be reflected in the title. Perhaps 'interventions for weight management' is better.
- Concerns regarding scope of this – could end up being a very large review.
- Multicomponent interventions may be effective for the general population but there is emerging evidence to suggest that single component interventions (i.e. diet only, rather than diet and physical activity) are more effective for pregnant women. The review would therefore need to include single component interventions.
- Interventions should focus on both physical and mental wellbeing
- Should consider wider interventions to the whole family (family approach)
- Most important component is diet

- There is wide heterogeneity in interventions; these include education on issues such as food and food insecurity, nausea & fatigue, family relationships, co-parenting, sleep, eating behaviour, mental health
- Should ideally include counselling and general assessment
- Should also aim at prevention and early identification of weight management issues – general assessment is needed.
- Add sleep, alcohol to the examples of lifestyle interventions
- May exacerbate lack of clarity on clinical/public health issue. Need to be clear regarding the audience for this guideline.

Q6 Do our questions in key area 3 vitamin supplementation cover the issues you would expect us to look at? *(key area 3 and section 3.5, p.13)*

- There was support for inclusion of this issue however, a number of stakeholders noted that given low levels of uptake of Healthy Start, this is the key issue. There were concerns that this falls into the remit of public health, however it was noted that health professionals do not work in isolation – a much wider network is being influenced.
- 'Vitamin deficiencies' may be a more appropriate term as diet should have greater weight/focus than supplements.
- Wording on fortification of infant formula normalises use of formula. This should be discouraged.

Population:

- Concerns regarding focus on obesity. Better to emphasise the risks for this population rather than focus on them specifically as the requisite dose might be the same anyway. Supplementation should be done on a case by case basis.
- 'Missing groups' – needs to reference breastfeeding women, women with pre-eclampsia, those with darker skin, BAME, vegetarians and vegans
- Include early nutritional needs of a baby born through caesarean section.

Interventions:

- Some support for inclusion of macronutrients but also some concerns regarding what exactly this would cover e.g. carbohydrates (Med diet, SACN report on low carb diets), protein, fat, etc. Are these issues specifically relevant to pregnancy?
- Interventions tend to be characterised according to dietary pattern rather than focusing on a specific macro or micronutrient.
- Some support for inclusion of trace elements/micronutrients e.g. iodine, iron, etc.
- Vitamin D is perhaps the more important issue as there are concerns regarding excessive intake of vitamin A in children between the ages of 0 and 1.
- Important to take into account licensed versus unlicensed doses of vitamin D
- Some multivitamins are not suitable for women who have previously had weight loss surgery.

Q7 What are the main issues in key area 4 breastfeeding and infant formula to tackle? *(key area 4 and section 3.5, p.13)*

- Interventions or barriers and facilitators – facilitators are very important
- Such a complicated subject – includes cultural issues/need to encourage a culture of breastfeeding. Need to consider the range of socioeconomic and cultural factors that influence breastfeeding.

- Mixed feeding needs to be properly addressed, and discouraged due to the risks associated with it. The priority should be to support breastfeeding.
- Interventions need to be continuous from new-born to toddler – these will be the same interventions throughout effectively
- Implementation of WHO code across the board would make a huge impact – women constantly see advertisement of alternatives (formula)
- Need for highly qualified support across the board – health professionals need to be aware of what is available, how to access/refer to it and how to encourage women to access it
- A wide range of professionals have a role to play in this area, not just midwife/health visitor but those working in education, early years settings etc.
- Need to consider issue of medicines and breastfeeding and the lack of information in relation to this (perhaps add a new question on this). Late medicine prescription affects the physiology of lactation and there is a distinct lack of support for long-term medicine use within pregnancy and during breastfeeding. SmPCs don't give any information leaving clinicians with difficult decisions for prescribing.
- Question 4.2. Is it about information regarding different types of formula? Seems strange because of the 8 weeks qualifier, from birth it would make sense – change to weaning. Safety issues e.g. bottle prepping - may be relevant here/after 8 weeks as parents are likely to be trying to establish routines, have set feeding times, sleep through the night, etc. Distinction between formula issues and complementary feeding i.e. clarify that the review only covers babies who are being formula fed.

Interventions:

- Support for inclusion of workplace interventions – an important issue – should be included but may not be lots of evidence
- Could include herbal supplements that stimulate lactation, voucher schemes
- Include fathers / family-focused interventions
- Consider assessment of lactation failure
- Mixed feeding (breastfeeding in conjunction with formula feeding) is a real need – cannot ignore
- Importance of peer support
- Needs to emphasise the importance of maintaining and supporting breastfeeding for as long as possible
- Support and advice needed on discharge in terms of maintaining milk supply
- Breastfeeding anatomy and physiology
- Input from healthcare should be provided earlier (covered in PNC guideline)
- Antenatal expression of breast milk
- Consider mothers who are breastfeeding more than one child.

Q8 Do our questions in key area 5 diet and nutrition for children up to 5 cover the areas that are most important? *(key area 5 and section 3.5, p.13 and 14)*

- Importance of making professionals aware of start for life weaning hub
- Change 'preschool settings' to 'early years' throughout guideline – captures more settings.
- Settings and concept of healthy eating is a very broad concept.
- Use 'complementary feeding' rather than 'weaning.'

- Need to place greater emphasis on complementary feeding.
- Is Q5.1 needed? This is already widely covered and the question seems a bit generic/unlikely to change practice.
- Age at which solids are introduced – more difficult for pre-term as there is a need to adjust for gestational age; need to consider risk factors for obesity.
- Need to consider allergies as introduction of solids may undermine breastfeeding.
- In cases where there are multi pregnancies each child should be assessed/seen separately to ensure that their specific needs are covered.
- Need to consider children with developmental issues.

Q9 Additional review questions:

- Weighing – mixed feedback. Some stakeholders felt this was important and that advice on this lacks clarity (although were concerned regarding lack of evidence) whilst others felt that this was routine practice and that it was unnecessary to include a specific question on monitoring.
- Atopic children – some support.

Introduction of solid foods/diversification of diet:

- Some suggestions that advice differs between clinical and public health professionals.
- Need to consider allergies (tied in with age).
- May need to cover the issue of snacking as this is an important issue.
- WHO review found that there are high levels of sugar in some commercial baby food (PHE currently reviewing). Any question related to this will need to consider the quality of baby food and the quality of the food that it is compared to.
- Need to consider wide variety in growth charts (by disease and for BAME groups).
- Potential additional question on role of antibiotics [received by mother/baby] on baby's gut health; there may be long impact on nutrition
- Add new question on iron/iodine/trace elements to vitamin supplementation section.

Q9 We will review the economic evidence and carry out economic analyses, using an NHS and personal social services (PSS) perspective, as appropriate. We will consider a wider, public health perspective, where relevant, if appropriate cost data are identified."

- Economics of breastfeeding.
- Need to model long term benefits of interventions within the pregnancy period.
- Area with most resource implications: lifestyle interventions
- Costs of supplementation
- Voucher schemes ('waste')
- NICE has done some work on cost of Healthy start vitamins/additional supplements which may need updating

Q9 Have we covered the right equality considerations? Are there any others? *(section 2, p.5)*

- Age
- Lower socio-economic groups
- Access limitations
- Vulnerable groups, such as young adults, refugees and asylum seekers
- Black and minority ethnic groups

- Religious and cultural considerations

- BMI and BAME
- LGBTQ
- Geographical variation e.g. places without adequate access to primary care (outside cities).
- Food insecurity is important – around 1 in 3 children – has a huge impact.
- Explicitly women with physical and mental health disorders
- Include fathers/partners
- Consider women in assisted conception
- Explicitly include children with developmental problems

Q10 Which outcomes are the most important ones for this population and for us to look for in the research evidence? *(section 3.6 p.14, note if running out of time skip this one and move to membership of committee)*

Suggestions:

- Need to include long-term outcomes
- Add uptake of vitamins, BMI, weight retention after pregnancy (baseline often changes)
- Breastfeeding outcomes/more detailed breastfeeding outcomes e.g. length of exclusive breast feeding, mothers breastfeeding goals, breastfeeding up to 2 years and beyond.
- Clarify what practical feeding means. 'Responsive feeding' may be a better term to use.
- Change insulin resistance (a surrogate marker) to gestational diabetes.
- Clarify what is meant by glucose control (too vague)
- Move neural tube defects from weight management list to folic acid list (not relevant to weight management).
- Include 'nutritional status' under maternal and child nutrition
- Include 'maternal weight' under woman's outcomes under weight management interventions
- Include 'weight of child up to age of 5' plus 'neurodevelopmental disorders' under infant's outcomes under weight management interventions

Q11 membership of the committee – who do we really need on the committee? *(see MCN Committee draft constituency doc)*

- Medicines specialist or pharmacist with expertise in breastfeeding impacts
- Professionals with background/expertise in breastfeeding issues and breastfeeding support given the importance of this – must be included. Will help to address issue of overreliance on health visitors in practice. Other professionals can/should offer support for breastfeeding.
- Health visitor; nursery nurse
- Specialists - endocrinologist with expertise in metabolism; clinician with expertise in brain development (more in depth knowledge/expertise than community paediatricians). Both could be co-opted.
- Lay members – importance of including parents (not only mothers), particularly in relation to breastfeeding but caution regarding lay members who are 'influencers'
- Academic/researcher
- Private sector – caution regarding conflict of interests.

- "Someone with a deep understanding of infant nutrition is desperately needed"

Removes table:

Concerns regarding removal of training recommendations:

- Training is fundamental in ensuring that parents are given consistent and evidence based advice. This does not currently seem to be the case. Training should be regularly updated.
- There is value in NICE recommendations on these issues.
- Services/remits often planned and commissioned in response to NICE guidance. If there is no guidance on an issue then they will cease to exist. This makes things difficult for those working on the ground, especially in areas where there is no representative professional body.

Concerns regarding removal of prescribing recommendations:

- Many women are unsure of whether it is safe to breastfeed when taking certain medications.
- Role of BNF, UKDILAS (UK Drugs in Lactation Advisory Service), etc. BNF does not have prescribing information for pregnant and breastfeeding women and there are a lack of resources to in this area.
- The old guideline makes reference to other sources of information, so if the recommendations are removed, there will be no reference to these sources and info for prescribing.