**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| Association for the Study of Obesity | General | There appears to be an exclusion of significant other members of the family in the consultation process albeit this is unintentional. Fathers are an important influence in the approach to nutrition of the young child both in families where parents are together and probably more so where the parents have separated. It is essential that any advice that comes out from NICE is inclusive and should acknowledge the importance of other members of the family including fathers and grandparents. | Noted, thank you. We will take into account the influencing role of fathers and other carers when considering the nutrition of young children. |
| Association for the Study of Obesity | General | When reviewing the literature for nutritional interventions which are helpful for children it will be important to remember that there is still a great deal of uncertainty as to how to identify the young child who is at risk of developing clinically significant obesity or who will persist in being obese as they go into adult life where most of the morbidity arises. The definition of a child who is 'failing to thrive' is much clearer. Another NICE programme is examining childhood obesity and is likely to examine these definitions of excessive weight gain in childhood. However it will still be important for the reviewers to bear these deficiencies in mind when assessing the importance of some data in the literature. | Thank you for this helpful comment. We will want to consider the evidence on this issue. The forthcoming NICE guidance on obesity will make recommendations on the prevention and treatment of obesity in children from 2 years old. |
| Baby Milk Action | General | In its expose of myths surrounding breastfeeding1, the Department of Health identified that parents make decisions | Thank you for your comments. We acknowledge the |

[1] During National Breastfeeding Awareness Week 2004, the Department of Health released figures showing that serious misunderstandings may be stopping women, particularly young women, from breastfeeding, http://www.breastfeeding.nhs.uk/

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | about how they feed their infants on the basis of many things – their social situation, the information they have received (and believed), on the availability and affordability of products, out of habit and sometimes out of preference for certain flavours.<br><br>The guidance should address the whole environment into which women become pregnant and give birth, using an integrated approach that reaches beyond the health care system into the community, the education system, to policy makers, local authorities, social services, voluntary agencies and to the legal system.<br>.<br>Baby Milk Action takes the view that all parents want to do the best for their children, but many are thwarted in their efforts. In addition to looking at what support systems are needed to support breastfeeding, the guidance must examine the obstacles to it. Based on IBFAN's experience, one important factor which must be addressed is the impact of commercial promotion on parents and children's understanding of what is and is not a healthy diet. The extent to which parents are bombarded with commercial messages, either directly via idealised packaging (health and nutrition claims), advertising and information materials or indirectly through the educators and health professionals, is often overlooked.<br><br>In our submission to the Department of Health's Healthy Start Consultation Baby Milk Action joined 20 other NGOs in | importance of the wider social and cultural factors in influencing parents feeding choices and will make recommendations for the NHS and their partners, the wider public health system and for primary care in particular. We will consider those most directly related to the topic but areas such as advertising and the education system, are beyond the scope of this current guidance. Some broader areas may be considered for future NICE guidance, but in the meantime, this guidance will take account of ongoing work being led by other agencies, such as the DFES and the Food Standards Agency. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | stressing that poverty-related health inequalities would not be solved unless welfare benefits are adequate to support optimum maternal and child health. We also stressed that there must be a commitment to annual updating the benefits. | |
| Baby Milk Action | 1, Title | The title should reflect the above points and include references to the education system, policy makers, local authorities, social services, voluntary bodies and the legal system, | Thank you for your helpful suggestions.<br><br>We are aware of the issues you raise but we are unable to amend the guidance title as this was referred to us directly from the Department of Health and we do not have authorisation to change it. |
| Baby Milk Action | 2 b | INSERT the above list after 'local authorities."<br><br>It seems illogical not to mention of Healthy Start in the list of papers.<br>It should also be assumed that the Guidance will support the WHO Global Strategy on Infant and Young Child Feeding and subsequent relevant World Health Assembly resolutions2, the Blueprint for Action on the protection, promotion and support of breastfeeding in Europe, the Convention on the Rights of the | <br><br>Noted.<br><br>Yes, the guidance will be supportive of these strategies. |

2

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | Child and the WHO Global Strategy on Diet and Physical Activity,<br><br>The UK was one of the strongest supporters of the International Code of Marketing of Breast milk Substitutes when in was adopted in 1981 and has since endorsed the adoption of eleven subsequent WHA resolutions on infant feeding and the two Global Strategies.<br><br>Its worth recalling that the Resolution which adopted the International Code ( WHA 34.22) stated that:<br>"...the adoption of and adherence to the International Code...is a minimum requirement and only one of several important actions required in order to protect health practices in respect of infant and young child feeding... [WHA] urges all Member States to give full and unanimous support to the ...International Code in its entirety as an expression of the collective will of the membership of the World Health Organisation." | |
| Baby Milk Action | 3 | In seeking to improve the nutrition of pregnant women and nursing mothers, the guidance should be careful to approach this subject in a way that does not undermine the confidence of parents in their ability to breastfeed. The guidance should seek to reassure parents that the quality of human breast milk, even on a poor diet, provides optimal nutrition for infants and is far superior to any artificial substitute. | Thank you, we are aware that this is an area of concern and will seek to make recommendations which address this issue. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | Unless steps are taken to ensure full and frank labelling of breast milk substitutes and the removal of the commercial promotion from the infant feeding arena, this task will be made impossible. The guidance<br>Should look at the way commercial companies (and the media) exploit parents concerns about maternal diet and environmental contaminants.<br>Although they have not arrived in the UK yet in other countries companies promote 'mothers milks'. | We note your concern, however please see our response to your second point, which outlines the parameters of this guidance. |
| Baby Milk Action | 4.1.1 a | We warmly welcome the intention to investigate interventions across the broader social gradient, rather than focussing on the poor.<br>We feel sure that it will be important to make a link from this guidance to the moves being made to improve school meals and ensure that diet throughout the lifecycle is optimum. | Thank you. As stated above in making recommendations we will take account of relevant activities being led by other agencies. |
| Baby Milk Action | 4.1.2 | There is much confusion about what conditions require medical attention and special Medical foods. It is vital that sick babies are protected from commercial exploitation. | We will not be making recommendations for mothers, infants and children with clinical conditions as they fall outside the scope of this guidance. |
| Baby Milk Action | 4.2 a Women | Add new bullet points: Commercial promotion of breast milk substitutes, including the sponsorship of facilities and services. | Please see our response to your second comment. |
| Baby Milk Action | 4.2 b Children | Remove the specific reference to follow-on milks and replace the wording with the following:<br>"Infant and young child feeding (including exclusive | Thank you. We will do our best to be as clear and explicit as we can, choosing the most |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | breastfeeding, partial breastfeeding, artificial feeding, breast milk substitutes (including bottled waters, specialised formulas and formulas for older babies and young children), information on infant and young child feeding, labelling, warnings and instructions for safe, hygienic preparation of artificial feeds, " Baby Milk Action takes the view that follow on milks are not necessary and would warn against references which could be read as an endorsement.<br><br>Delete 'weaning'. Replace with 'Complementary feeding' | appropriate terminology. |
| Baby Milk Action | 4.5 | See comments on the Title and include education system and the legal system | Thank you for your comment.<br><br>We are aware of the issues you raise but we are unable to amend the guidance title as this was referred to us directly from the Department of Health and we do not have authorisation to change it. |
| Blackpool PCT | General | Sent to all local stakeholders, who felt there was nothing further to add | Thank you. |
| BMFMS | General | Obesity and under nutrition are both mentioned in the scope. The emphasis seems to be under nutrition yet obesity is the major health problem so there should be a shift in emphasis | The guidance will consider all aspects of diet and weight. |
| BMFMS | 3.2 (g) | Refers to excessive weight gain in pregnancy. Routine weighing in pregnancy no longer takes place so guidance for routine | Noted thank you. We will consider the evidence on this |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | weighing in pregnancy should be provided especially for obese women | issue. |
| British Association of Perinatal Medicine | Title | Shorten narrative to avoid mentioning any healthcare workers in particular, or use complete list as in 4.5 (or refer to 4.5 list) | Thank you for your comment.<br><br>We are aware of the issues you raise but we are unable to amend the guidance title as this was referred to us directly from the Department of Health and we do not have authorisation to change it. |
| British Association of Perinatal Medicine | 3.2 b | The relationship between SES and energy intake and obesity is complex and may follow the pattern in north America where lower SES is now associated with obesity – can give refs if needed | Thank you for highlighting this issue. |
| British Association of Perinatal Medicine | 4.2 a | Energy intake is a further key factor to consider | Thank you. |
| British Dental Association | 3.1 | The BDA is pleased that the draft scope recognises the importance of ensuring children are well nourished in the early years. The scope highlights dental caries as a short term effect of poor diet. However, lack of proper nutrition can also lead to longer term effects on oral health which have social and psychological impact on the individuals concerned, for example tooth loss. This should also be mentioned. | Thank you. We will be considering the evidence on this issue. |
| British Dental Association | 3.2 | Social inequalities are mentioned in the document, and these need to be carefully considered when preparing the guidance, to | Noted, thank you. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | ensure that all pregnant women and children have access to a healthy diet. | |
| British Dental Association | 4.2 | It is encouraging that both oral health during pregnancy and prevention of diet-related dental caries and dental erosion in children are to be covered in the guidance. | Thank you. |
| British Dental Association | 4.5 | It is reassuring that dentists and dental professionals are included in the target audience. | Again, thank you. |
| British Dental Association | General | The guidance will need to include advice to pregnant and breast feeding mothers about the care of their dentition, information on the effects of diet on the developing dentition both pre and postpartum and guidance on the effects of the diet of young children on their dental health. | Thank you. We will be considering the evidence on this issue and make recommendations accordingly. |
| Centre for International Child Health | General wide scope | The proposed guidance has a very wide and ambitious scope. Clearly pregnancy, breastfeeding, infant and young child feeding (0-2) years are inextricably linked and should be considered together. However, feeding of the pre-school child (2-5 years) is rather distinct. If the decision is taken to continue with a 0-5 years scope, then it may be advisable to separate the guidance for infants and young children from pre-school children in the structure of the review. | Thank you, this is a useful suggestion. |
| Centre for International Child Health | Guide title i | Action: Insert comma after “breastfeeding mothers,”<br>.<br>Rationale: Scope should be to improve the nutrition of ALL | Thank you for your comments.<br><br>We are aware of the issues |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | pregnant and breastfeeding mothers, AND children in low income households.<br>We make this suggestion for several reasons as below:<br>1. Although mothers from low income groups are more vulnerable to poor nutrition in pregnancy and breastfeeding, all mothers are at risk. The guidance needs to have the potent to be applied to pregnant and breastfeeding mothers in general. A two-tier system of practice recommendations according to income group is unacceptable.<br>2. Currently a very low proportion of mothers from low-income groups breastfeed, so improving their nutrition will not have a significant public health impact.<br>3. Action to improve nutrition for pregnant and breastfeeding mothers needs to be mainstreamed, to support wider Government initiatives to promote breastfeeding for all. | you raise but we are unable to amend the guidance title as this was referred to us directly from the Department of Health and we do not have authorisation to change it.<br><br>The guidance will address the nutritional needs of all postpartum mothers.<br>.<br>It is our intention to consider the evidence across the social spectrum, but with particular reference to those in low income/ disadvantaged groups. |
| Centre for International Child Health | Guide Title ii | Action: Rephrase " Guidance to improve the nutrition of mothers when they are pregnant, breastfeeding and after giving birth, and …"<br>Rationale: The nutritional needs of ALL women post-pregnancy, needs to be considered, not just those who breastfeed. This is particularly true if one of the aims of the guidance is to address obesity. Women who do not breastfeed may need more help with weight management after having children. | Thank you for your helpful suggestion.<br><br>We are aware of the issues you raise but we are unable to amend the guidance title as this was referred to us directly from the Department of Health and we do not have authorisation to change it |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | | The needs of all women post-partum will be considered, in particular with reference to weight management. |
| Centre for International Child Health | Short Title | Action: Insert '0-5 years'.<br><br>Rationale: Need to be given an indication of the age scope covered by the guidance. | Thank you for this helpful suggestion. |
| Centre for International Child Health | 4.1.1 a | Action: rephrase as follows. "post-pregnancy, including the nutritional needs of mothers for nutritional replenishment and breastfeeding, (for up to one year following birth, or up to two years or beyond for breastfeeding mothers).<br><br>Rationale: Post-pregnancy needs to encompass nutritional replenishment (ready for next healthy pregnancy) for all mothers, as well as nutritional needs for breastfeeding. Many breastfeeding mothers breastfeed for longer than 12 months, and this is encouraged by policy initiatives from Dept of Health and WHO advocating continued breastfeeding for up to two years or more. | Again thank you for this helpful suggestion. |
| Centre for International Child Health | 4.1.1b | Action: consider inserting "infants from birth and pre-school children….(regardless of body weight and including those born preterm") | Thank you for raising this important point.<br><br>The nutritional needs of low |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | Rationale: Once the majority of preterm infants are discharged from hospital they do not receive or require specialist nutritional care or advice. They are discharged once they are able to breast or formula feed. | birth weight babies (defined by the WHO as a birth weight less than 2.5 kg) will not be covered by this guidance as they require specialist dietary management which is outside the remit of this guidance. We may be able to address this important issue in some future guidance. |
| Centre for International Child Health | 4.2 a women | Action: Rephrase “Diet/nutrition post-pregnancy, including the nutritional needs of mothers for nutritional replenishment, breastfeeding and weight management.<br><br>Rationale: As 4.1.1 | See above |
| Centre for International Child Health | 4.2 b children i | Action: Replace “weaning”, with ‘Complementary Feeding’.<br><br>Rationale: In infant feeding circles, there has been a great effort to stop using the term ‘weaning’ because it is taken to imply ‘weaning off the breast’ as well as ‘weaning onto solids’. Current advice is to continue breastfeeding alongside giving solid foods. Formula fed infants would similarly be advised to continue taking formula in addition to solids. The term ‘complementary feeding’ is preferred because it implies that the foods given should ‘complement’ – make complete – the energy and nutrients provided by breast milk, rather than replace it. | Thank you. We will do our best to be as clear and explicit as we can, choosing the most appropriate terminology. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | | |
| Centre for International Child Health | 4.2 b children ii | Action: rephrase " preschool children aged 2-5 years"<br><br>Rationale: The dietary patterns of young children aged 12 – 24m may still be rather different from the 2-5 year age group, depending on how fast they made the transition from breastfeeding/formula feeding to solid foods. Some young children 12-24 may be partially breastfed, or still being fed 'special infant foods', with a higher nutrient density and different consistency than foods for the older child. Most "healthy eating" recommendations do not apply directly to children under 2 years. | Thank you. Other stakeholders have also queried this and we will consider this point. |
| Centre for International Child Health | 4.3 Areas not covered | Action: Insert, 'Due consideration will be given to any recent developments in the field that have yet to be reviewed by the Governments advisory committees'.<br><br>Rationale: Whilst it is understandable that it is not the remit of NICE to review national nutrition policies, some of these policies have become rather outdated. This is of particular importance with regarded to one of the priorities identified by the Independent Inquiry into Inequalities in Health (Acheson 1998) to reduce obesity. Since the UK COMA committee last looked into Dietary Recommended Allowances in 1991 or reviewed the Weaning Diet in 1994, there has been a substantial downward shift in estimates of energy requirements, (FAO/WHO/UNU, 2004i). This has implications for both interpreting the outcome of | Thank you. The guidance will consider the evidence base for maternal and child nutrition up to and post 1994, however the guidance will not be examining population-based dietary recommendations. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | interventions to improve nutrition, and for information and advice given to mothers. Current estimates of energy requirements for young infants are around 20% lower than 1994 figures. | |
| Centre for International Child Health | 4.4 Key questions | Action. Insert " Consideration of wider socio-cultural influences and constraints which may have influenced the projects outcome.<br><br>Rationale. It is well know that wider socio-cultural factors have a great influence on feeding patterns, particularly decisions to breastfeed or feed infant formula. Very often, micro-level, health based interventions aimed at changing women's behaviour are constrained by the wider influence of living in a bottle-feeding culture. Influences such as advertising, health claims and labelling on tins (e.g. for the hungrier baby), free sample of follow-on milk etc all serve to undermine the best efforts of health professionals to support breastfeeding. Consideration of these macro-level influences needs to be included in NICE's review, as an overarching concern, and also by looking at specific studies, possibly from other countries, where some of these commercial influences have been controlled. | Thank you. We acknowledge the importance of the wider social and cultural factors in influencing parents feeding choices We will consider those most directly related to the topic but areas such as advertising and promotion , are beyond the scope of this current guidance. Some broader areas may be considered for future NICE guidance, but in the meantime, this guidance will take account of ongoing work being led by other agencies, such as OFCOM and the Food Standards Agency. |
| Centre for International Child Health | 4.7 | Action: Insert 'and relevant grey literature, conference proceedings etc'<br><br>Rationale: Many of the interventions taking place are not | Thank you for offering your services to this guidance. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | formally evaluated, let alone written up and published. However, valuable information and practice experience exists. The suggestion at the Stakeholder Organisation meeting, that NICE may be able to commission small scale research to help evaluated on going projects is welcome. Very often, funding constraints prevent practitioners, particularly in the voluntary sector, from evaluating their work.<br>We would like to formally offer our services as a technical based agency which could assist in such research. | |
| Centre for Pregnancy Nutrition, University of Sheffield | General | The scope for maternal and child nutrition guidance is primarily aimed at improving the nutrition of low-income pregnant and breastfeeding women – how will these women be identified locally and nationally? | The guidance is intended for use at a local level by all those who work with these groups. |
| Centre for Pregnancy Nutrition, University of Sheffield | General | It is critical that the guidance documents and recommendations produced are seen to be realistic to implement in practice. This will require consideration of the process of service provision by commissioners of maternity services. | Noted, thank you. |
| Centre for Pregnancy Nutrition, University of Sheffield | General | There is concern over how well the vast workload involved in developing and implementing this guideline is matched with the capacity of those charged with these tasks. | The final guidance will be accompanied by implementation support tools which will address the resource implications arising from the final guidance recommendations. Your comments have been logged by the Implementation Team. |
| Centre for Pregnancy | General | We suggest that the guideline development group look at public | We will consider the evidence |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| Nutrition, University of Sheffield | | information approaches which have proved successful in other countries e.g. WIC and EFNEP in the USA. | on this issue. |
| Centre for Pregnancy Nutrition, University of Sheffield | General | The guidance should include a section addressing health practitioner's attitudes and beliefs about healthy eating before during and after pregnancy and during breastfeeding. | Thank you for this useful suggestion. |
| Centre for Pregnancy Nutrition, University of Sheffield | General | Pregnant women and new mothers may be vulnerable at the point at which nutrition advice is offered. Services should be sensitive to this vulnerability and not respond with judgement or blame. | Noted, thank you. |
| Centre for Pregnancy Nutrition, University of Sheffield | General | The scope for maternal and child nutrition should include recommendations and mandatory funding arrangements for the implementation of the guideline. Currently clinical guidelines are advisory and do not have mandatory funding instructions to support their implementation – will this also be the case with public health guidelines? | Currently, public health guidance has the same status as clinical guidelines and as such will not have mandatory funding to support their implementation. The final guidance will be accompanied by implementation support tools, which will address the resource implications arising from the final guidance recommendations. Your comments have been logged by the Implementation Team. |
| Centre for Pregnancy Nutrition, University of Sheffield | 2 b | The scope suggests that it is designed for implementation by those working in the NHS and also be relevant to local authorities and the wider public, private and voluntary sector. It is essential that non-NHS organisations such as Sure Starts and | Agreed – our Programme Development Group will draw upon a wide range of individuals with experience of |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | Children's Centres are involved in the development of the guideline. | all these sectors. |
| Centre for Pregnancy Nutrition, University of Sheffield | 3.2 | It is stated that there are concerns about good maternal and child nutrition, particularly within lower socio-economic groups. How will these vulnerable women and children be identified? From 2006, a pregnant woman will be eligible for Healthy Start vouchers if she is at least 10 weeks pregnant, and<br>Either she or her family receives one of the following benefits:<br>Income support<br>Income-based jobseeker's allowance<br>Child tax credit with a family income below £13,900, and the family does not receive working tax credit<br>Or she is a pregnant teenager under 18, whatever her financial circumstances<br>If it is proposed that the same criteria is used to identify vulnerable pregnant women, new mothers and children then it is likely that the guidance will be focussed on those in the poorest circumstances and those in the poorest health rather than the broader social gradient. | Please see the first response above.<br><br>Our intention is to look at the broader social gradient which would include these groups. |
| Centre for Pregnancy | 3.2 b | How will the dietary deficiencies of pregnant women in low- | Noted. Thank you |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| Nutrition, University of Sheffield | | income households be identified? The University of Sheffield has developed and is currently validating a nutrition-screening tool for low-income pregnant women that can be administered by practitioners with little nutrition knowledge or training. | |
| Centre for Pregnancy Nutrition, University of Sheffield | 3.2 c | Data collected by the University of Sheffield shows that less than 20% of low-income Caucasian and Pakistani women take periconceptional folic acid supplements and also have dietary intakes well below that recommended. | This is useful information, thank you. |
| Centre for Pregnancy Nutrition, University of Sheffield | 3.2 f | Data collected by the University of Sheffield shows that the dietary intakes of low-income Pakistani women is substantially worse than that of low-income Caucasian women. Dietary intakes of iron, folate and a number of other vitamins were particularly worrying in the Pakistani group. | Noted, thank you. We will be considering the evidence in relation to interventions which are effective in improving dietary intakes among women from all ethnic groups, in particular those from BMEG or low income households. |
| Centre for Pregnancy Nutrition, University of Sheffield | 3.2 g | In the UK many pregnant women are only weighed once i.e. at the booking clinic at 10-14 weeks gestation, in order to calculate their BMI. This information on BMI is then used for the interpretation of screening tests in early pregnancy, screening for the need for glucose tolerance tests and for identifying obese women who may need specialised care during labour and delivery.<br><br>The information on the BMI of pregnant women is recorded on the patient record but is not usually collated onto any information system. Therefore a great opportunity to monitor | Noted, thank you. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | rates of obesity in this population is being missed.<br><br>In the UK gestational weight gain is not usually recorded therefore pregnancy weight gain cannot be monitored and excessive weight gain as a risk factor for the future burden of obesity cannot be identified.<br><br>There are currently no recommended gestational weight gain targets available in the UK.<br>There is no mechanism currently available for excessive postpartum weight retention to be identified in the UK. | We will consider the evidence on this issue. |
| Centre for Pregnancy Nutrition, University of Sheffield | 4.1.1 | Many teenage mothers are often not from households in receipt of benefits but may be at nutritional risk because they are not currently eligible for income-related benefits.<br><br>It is important to note the gynaecological age when assessing nutritional risk in teenage mothers.<br><br>The information about the importance of nutrition during pregnancy should be given in schools to young girls i.e. before pregnancy. | Noted thank you.<br><br>We will not be extending the scope of this guidance to education in schools. We may be able to address this important issue in some future guidance. |
| Centre for Pregnancy Nutrition, University of Sheffield | 4.1.2 | It is important to remember that women with clinical conditions that require specialist advice may still be nutritionally vulnerable because of having a low income. Therefore it may be | Women with clinical conditions which require specialist advice are outside of the scope of this |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | appropriate to include all low-income women whatever their clinical condition. | guidance, but links will be made where appropriate to other NICE guidance such as diabetes in pregnancy, antenatal care, routine post-natal care etc. |
| Centre for Pregnancy Nutrition, University of Sheffield | 4.3 | A potential paradox exists between identifying pregnant women, new mothers and children at nutritional risk without using population-based screening | Thank you for your comments. However, recommendations regarding population-based screening fall outside of the scope of the guidance and indeed the remit of NICE. The recommendations will be implemented by professionals working at local level who will be well-placed to identify groups of disadvantaged women and children. |
| Centre for Pregnancy Nutrition, University of Sheffield | 4.6.2 | It is difficult to envisage how cost-effectiveness analyses will an appropriate health-outcome measure. In the WIC programme in the USA a cost-consequence approach has been more successful. | Thank you. We will ensure an appropriate health-related outcome measure is used in this guidance. |
| Centre for Rural Health | 3.2 | Suggest adding a sentence on alcohol consumption and the evidence that it is increasing amongst young women. Alcohol is mentioned in section 4.2 as an area that will be covered by the guidance. | Noted, thank you. We will consider the evidence on alcohol consumption as it relates to the health and nutrition of mothers and their |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | | children but will not extend to the wider social and cultural attitudes to alcohol consumption. However, this may a topic for NICE guidance in the future. |
| Centre for Rural Health | 4.4 | We would suggest an additional element prior to point 1 outlining the theoretical basis for the intervention and who decided the content, aims and objectives of the intervention. Was there any lay involvement? What are the backgrounds of the intervention designers? How might their academic or clinical discipline influence the intervention and the outcomes? This is important in maternal and child nutrition, as a wide range of academic and clinical disciplines conduct research in this field, interventions are often complex and the theoretical background and assumptions can differ | These are important issues and will be considered during the development of the guidance. |
| Centre for Rural Health | 4.4 no 6 | We would like qualitative research to be specifically mentioned here, so that it is not overlooked | Noted, thank you |
| Centre for Rural Health | General | It is well laid out and seems comprehensive. | Thank you |
| Chesterfield Royal Hospital | 3.1 | There is a recognised need for good nutrition amongst all women who have had babies and not just breast feeding women | Noted, thank you. We will consider the evidence on this issue |
| Chesterfield Royal Hospital | 3.1 | Second paragraph – it mentions 'future breast feeding needs' and that seems linked with the need for sufficient energy. This gives the impression that mothers w2ithout energy may have difficulty breast feeding. Mothers do need energy and a good food – for their own health – not specifically for breast feeding. | We are aware that this interpretation is made. We expect to make recommendations to address the arguments and issues you |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | Malnourished women are able to breastfeed successfully as their bodies become more energy efficient. | raise. |
| Chesterfield Royal Hospital | General | There is a need to improve the health of disadvantaged women irrespective of their feeding choice. Women can breastfeed even when their diet is poor. It is important to get away from giving the impression that you have to eat well to be able to breastfeed because this will put off many disadvantaged women if they think they have to eat all the best food.<br>All women should look after themselves and this is the most important point. Women don't need to do anything special just because they are breastfeeding. They will feel more hungry and thirsty but we should not make breastfeeding into something out of the ordinary. | We are aware that this interpretation is made. We expect to make recommendations to address the arguments and issues you raise.<br><br>This is a helpful observation. |
| Chesterfield Royal Hospital | General | Using the word 'diet' often gives the impression of 'controlled eating' – should we be using different language to parents? | Noted, thank you. |
| Chesterfield Royal Hospital | 4.4 | Again, the mention of pregnant and breast feeding mothers needing to improve their health – this should be women during pregnancy and after the birth – irrespective of their feeding choice. We should not give the impression that mothers who bottle – feed don't need to eat well! | This is not our intention. |
| Chesterfield Royal Hospital Trust NHS Foundation | 3.2 g | Refers to excessive weight gain in pregnancy. Routine weighing in pregnancy no longer takes place so guidance for routine weighing in pregnancy should be provided especially for obese women | Thank you. We will be considering the evidence on this issue. |
| Chesterfield Royal Hospital Trust NHS Foundation – Janet Cresswell | General | Obesity and under-nutrition are both mentioned in the scope. The emphasis seems to be under-nutrition yet obesity is the major health problem so there should be a shift in emphasis | Thank you. We will be considering the evidence on obesity as well as under- |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | | nutrition. |
| Child Growth Foundation | General | It is ironic that Stakeholder Comments on the Scope should be closed on the very day that the BMJ publishes a substantive paper " Being Big or growing fast: a systematic review of size and growth in infancy and later obesity " which clearly points to bad infant nutrition as being responsible for infants growing into obese children and adults. Whilst there are big infants who are on a high centile – weight/length - quite appropriately because they have inherited a big build, there are those who climb to a high centile as a result of inappropriate feeding. The tragedy is that this practice has been in being for some considerable time and shows little sign of abating. In the Foundation's opinion NICE Guidance is urgently required to provide recommendations for good practice not only for professionals but also for parents.<br><br>The Foundation is under no illusions that many other Stakeholders will be more competent to comment on the Scope and will therefore be brief in highlighting only a few points:- | Thank you for highlighting this issue. |
| Child Growth Foundation | 2 b | The guidance should not support the implementation of the new health promotion policy of the NSF/Children. Unbelievably this document, supposedly the bees-knees for child health for the next ten years, requires absolutely no weight gain monitoring in infancy. The Foundation has never seen a document which is so crass. It is not as if the omission of growth monitoring was an editorial slip: growth monitoring is recommended but not until AGE 4 – by which time children at risk of obesity are well on | Noted, thank you. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | their way.<br><br>In basing its recommendations the Guidance should quote Health For All Children, Jan 2003]all infants are weighed a minimum of 5 times in their 1st year [Health For All Children, Jan 2003] or, more appropriately, follow the recommendations of the Coventry Consensus. This 1998 workshop of experts called specifically to consider the best protocol for monitoring infant weight gain elected that 6 weights be taken [Arch Dis Child 2000]. | Thank you for this information. |
| Child Growth Foundation | 3.1 | NICE was asked for its definition of “pre-conception “at the Stakeholders’ meeting and we underline the need for the Guidance to take account of the age that pre-conception increasing refers to – the early teen years. It is imperative that NICE considers the age at which sex education is delivered in UK schools and that parenthood appears on the Curriculum. It is disgraceful that UK schools fail properly to teach/prepare girls [and boys for that matter] in the responsibilities and practicalities of raising children, particularly in the preparation for conception, nutrition during pregnancy, breastfeeding and pre-school nutrition. | We will not be extending the scope of this guidance to education in schools. We may be able to address this important issue in some future guidance. |
| Child Growth Foundation | 3.1 | The Foundation believes that once NICE has called for proper 1st yr health surveillance it should recommend that all UK infants’ weight gain is monitored on charts derived from breastfeeding - the feeding method that nature intended. The | Thank you. We will be considering the evidence on this issue. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | current UK charts are based on weight data derived from formula feeding and their net effect is to make babies heavier than nature ever intended. By the time NICE produces its Guidance the World Health Organisation will be recommending that the world's babies be assessed on its international " breastfeeding " chart[s]: the only decision remaining to be made will be to choose between the forthcoming WHO charts and charts based on UK breastfed infants which already exist but are not in standard use. | |
| Child Growth Foundation | 3.2 e | Hopefully NICE will propose recommendations that will allow breastfeeding to become the standard method of infant nutrition in the UK. The Foundation organised a day-long workshop in May to examine what was needed to establish breastfeeding as a means of reducing childhood obesity in the UK – and discovered what a pitiful state it is in England. The Foundation trusts that NICE will take advice from the three other UK-countries which seem to be far more advanced in the issue. If only the recommendations made by Mary Renfrew were could be implemented, a sea-change might be established "south of the Border ". | Thank you. NICE will consider the world wide evidence as part of the guidance including those from the other UK countries. |
| Community practitioners & Health Visitor's Association | General | We welcome the range and inclusiveness of the scope as it proposes to be relevant across the board and not just focussed on women and children from socio-economically-disadvantaged groups. The completed guidance will be invaluable to a broad range of key stakeholders working with ante and postnatal mothers and children up to the age of five years. Hopefully this | Thank you for your comment. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | will reduce inconsistencies of approach amongst health professionals and help ensure a level of equity in service provision. It should also improve preventative approaches and therefore contribute to a reduction in nutrition-related morbidity in this target group. | |
| Contact a Family | General | Contact a Family provides advice information and support to families with disabled children across the UK<br>Our Family support Services visits families in their own homes. The Support Service was in touch with over 1,000 families during the last year. In addition, our London community projects offer face to face support and deal with around 8,000 enquires. We estimate that we assisted 8,5 families during the last year. During the last year, our staff organised over 70 workshops attended by over 800 parents. Our staff and volunteers also gave talks at over 150 meetings attended by over 3,000 parents and professionals. In addition, we organised over 100 social trips involving around 3000 families. We estimate that we reached at least 6500 families through workshops, meetings and trips<br><br>Our freephone Helpline and staff at our offices dealt with around 18000 enquires which came in via telephone and e-mail. Detailed statistics are kept and we know that during the year at least 9000 enquires were from families.<br><br>In a year we distribute 43,000 copies our parent fact sheets and 33.000 guides for parents. Some parents will have asked for two | Thank you for this useful information. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | or more of our publications on different topics so we estimate that 38,000 families obtained our publications during the year.<br><br>Our website had over 1.2m visits/sessions. However, many of these were repeat visits, visits from overseas, or from UK professionals. From out computer logs and a snapshot user survey in March we estimate that 238,000 UK families used our website during the year.<br><br>Al together we estimate that we will assist around 300,000 families a year.<br><br>A vital component of our work is to encourage families to claim the benefits that they are due. We are committed to an anti-poverty agenda because of our commitment to implementing a practical equality strategy which includes low income families.<br><br>Parents of disabled children are more likely to be poor. They have higher expenses and lover incomes (Dobson and Middleton 'Paying to Care' 1998; DSS 'Households Below average Incomes' July 2001). This is especially true of minority ethnic families who are less likely to claim benefits and when they do, are refused more often and get given lower rates, routinely, than white families (Chamba 'On the Edge' 1999). We want to make sure that our families get what they are entitled to. Welfare benefits advice work makes you less poor, but also has health benefits. It also improves physical functioning, self | |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | reported general health, vitality, social functioning and emotional functioning and improves mental health. This has been verified in a number of studies, such as Abbott's & Hobby 'Welfare Benefits Advice in Primary Care' 2000; Moffatt 'The impact of Welfare Advice Provided in General Practice' 1999. A growing body of health research shows a range of direct an indirect positive of welfare rights take world, such as claimants reducing their visits to the GP.<br><br>We would very much like to see an analysis of interventions aimed at increasing the incomes of low-come and socially excluded households. Maximising benefit entitlement as a beneficial health intervention was highlighted by the Acheson Report (Independent Enquiry into Inequalities in Health 1998) and further endorsed by the Department of Health the next year in 'Reducing health Inequalities: an action report;.<br><br>Making parents less poor means they are better able to afford a decent nutritious diet fro their children. Of course, some parents will need additional encouragement to make healthy choices, whether they have additional income or not. But having enough to live on, and the health improvements that this brings, will mean that parents may be more receptive to health eating messages.<br><br>The greater health and energy levels may also encourage parents to undertake other positive behaviours such as attend a | The guidance will address interventions to improve the diets of mothers and children in disadvantaged/ low income households. It is beyond the scope of this guidance to consider national fiscal policy. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | support group.<br><br>We think that the involvement of key health professional in families' lives puts them in an ideal position to encourage families to claim the benefits that they are entitled to. No-one expects , or even desires, that health professional should know and understand the complex benefit rules that pertain to all the client groups that they work with: pregnant women, single parents, asylum seekers and families with disabled children to name but a few. But it would be very easy for health professionals to have a few key contacts for organisations that can provide in depth support on issues, for example Contact a Family, for families with disabled children or One Parent Families fro single parent Households. Merely encouraging families to ask got advice and have a 'welfare benefit check up' as well as check ups on their health would mean that many families would not spend years struggling on a low income because they simply did not know that there were benefits they could claim, charitable grants they could apply for or reduction and concessions that they could benefit from.<br><br>For example, health visitors in North Yorkshire identifies that they ere unaware of how to qualify for the Sure Start Maternity Grant during a training day. As a result North Yorkshire Benefits Unit undertook a campaign to promote it via Health Visitors, involving infor5mation, poster and leaflets. | |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | Wakefield Metropolitan District Council provided a welfare rights service in GP surgeries in partnerships with the CAB service. In three years over two million pounds was generated for claimants and the extra benefit income was mainly used by clients to pay for travel and buy better food.<br><br>We would like to see guidance encouraging health professional to refer people to practical advice and help which will support their own efforts to encourage people to choose a health diet and lifestyle.<br><br>We understand that the NHS is already working on 'information prescriptions' although we are concerned that this could turn into a vast bureaucracy which would be unwelcome to overburdened professionals There must be a simple way of developing referral sheets for the main categories of patients with GPSs and other see- elderly people, disabled people, single parents etc. which can be kept p to date by the NHS and simply handed out to appropriate patients. This would signpost those agencies that can help clients to maximise income.#<br><br>We strongly believe that this would improve maternal and child health. | |
| Derby City General Hospital | 1 | ?inequalities in health rather than low incomes. | Noted, thank you. |
| Derby City General Hospital | 3.1 | Good nutrition for breastfeeding. Women who successfully breastfeed do NOT have to have a healthy diet, she needs | We will be considering the evidence on this issue in detail |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | adequate support by health care professionals to teach her good positioning and attachment technique, she does NOT need to eat well to have sufficient energy. It's about health professionals having the skills to teach breastfeeding mothers. | and making recommendations accordingly |
| Derby City General Hospital | General | Comment at the stakeholder meeting regarding obese women who are apparently lass likely to breastfeed, if adequate support on positioning and attachment is given in the postnatal period then these women will be successful. | Noted, thank you |
| Derby City General Hospital | General | Pre term babies even more important to support the mother to give expressed breast milk. | The nutritional needs of low birth weight babies (defined by the WHO as a birth weight less than 2.5 kg) will not be covered by this guidance as they require specialist dietary management which is outside the remit of this guidance. We may be able to address this important issue in some future guidance. |
| Derby City General Hospital | General | Pre-pregnancy weight, where is the evidence. | We will be gathering and assessing the available evidence during the guidance development process. |
| Derby City General Hospital | 3.2e | Peer support shown to help to increase breastfeeding rates in disadvantaged areas. Teenage pregnancy groups etc. If health professionals are trained adequately and that the UNICEF UK | Noted, thank you |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | Best practise standards are implemented then more "disadvantaged" women would breastfeed for longer. | |
| Derby City General Hospital | General | Through out the document I feel that the emphasis from the Department of Health is that if women eat a GOOD DIET then she will successfully breastfeed, that is why so many "disadvantaged" women chose not to breastfeed because of this portrayal. If all mothers are properly supported by health professionals then more women will be successful. | We are aware that this interpretation is made. We expect to make recommendations to address the arguments and issues you raise. |
| Derby City General Hospital | 4.2b | Add to weaning-appropriate introduction to solid food, | Noted, thank you |
| Derby City General Hospital | General | Multiple births need adding | Agreed. |
| Derby City General Hospital | General | Put the emphasis on training health professionals with the skills not on eating a healthy diet. | Noted, thank you |
| DfES Sure Start | 1., 3.1 (p.3 para 3) & 4.1.1 | Suggest considering the role of other carers in particular fathers. | The guidance will consider the important role of fathers. |
| DfES Sure Start | 3.1 | Suggest that the benefits of breast-feeding could also refer to research linking breast-feeding with optimal brain development and IQ (particularly for low-birth, pre-term infants) as well as that on emotional well-being. | Thank you for these suggestions. |
| DfES Sure Start | 3.1. (p3 para 2) | Suggest children are referred to as 'he/she/they/their' rather than 'its'. | Noted, thank you. |
| DfES Sure Start | 4.1.1 | Vulnerable group - suggest also include disabled parents. | Noted, thank you. |
| DfES Sure Start | 2b) & 4.5. | The guidance may also be relevant to staff working in Sure Start children's centres. | The guidance will make recommendations for the NHS, |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | | the wider public health system and those working in Sure Start, Children's Trusts and Children's Centres. |
| DfES Sure Start | 4.5 | Suggest also include general practitioners. | Noted, thank you. |
| DfES Sure Start | 4.4 Q2. | Will the guidance consider the effectiveness of parenting programmes and healthy eating courses/programmes? | We will examine the effectiveness of health education and promotion interventions to improve the nutrition of pregnant women, mothers and children. |
| DfES Sure Start | General | Suggest highlighting the role of cigarette smoking - important in terms of effect on nutritional and economic status. | There will also a programme of public health guidance, due to be published in August/ September 2007 which will be able to consider a broader range of evidence related to maternal smoking. |
| Diabetes UK | 3.2c | In relation to folic acid intake, there is a greater requirement for groups who have an increased risk of diabetes (i.e. those women who are overweight/ obese, those who have had gestational diabetes). We would like this specified within the guidance. | We will be considering all the evidence on this issue and making recommendations accordingly. |
| Diabetes UK | 3.2g | We would like included that excessive weight gain during pregnancy is an implication for gestational diabetes | Noted, thank you |
| Diabetes UK | 3.2g | Correction of the way Type 2 diabetes is written (it is written type II in the text but it should be as above) | Thank you |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| Diabetes UK | 4.2a | Recommendations for folic acid should include that there is a greater requirement for folic acid intake for those groups who have an increased risk of diabetes. | Please see our response to you first general comment. |
| Diabetes UK | 4.4 | When it states 'what nutritional interventions are effective in improving the health of pregnant and breastfeeding mothers', it should include pre-pregnancy and also should state post natally rather than breastfeeding because there are other methods often used, as mentioned previously in the draft scope. | Thank you for this suggestion |
| Diabetes UK | 4.4(10) | It states that 'in addition to examining the effectiveness of each intervention, their differential impact will be considered in terms of inequalities in health.' We would like to point out that there is a need to cover all groups of women, not just those who are in lower socio economic groups. This is because there needs to be a comparison between groups or we will not be able to see what the different effects are for different socio economic groups. | Noted, thank you. We intend to cover all groups but particularly disadvantaged groups. |
| Dr Helen Crawley CWT | 4.1.2 | Will the needs of children with physical and/or learning disabilities be covered? | We will consider the evidence on this issue. |
| Dr Helen Crawley CWT | 4.2 | Could vitamin D be specified somewhere in relation to maternal health rather than grouped in with 'vitamins'. | Yes, we will consider the evidence on this issue. |
| Dr Helen Crawley CWT | 4.2 | Is vitamin supplementation (specifying vitamin D) among infants and children under 5 a topic worth having as a sub-heading? | Yes, we will consider the evidence on this issue. |
| Dr Helen Crawley CWT | 4.2 | Will the scope cover eating behaviours e.g. food refusal in children? | Yes, we will consider the evidence on this issue. |
| Ealing Primary Care Trust | 3.1 page 3 | Please consider this wording "prevent short-term diet-related conditions such as dental caries, iron deficiency anaemia and rickets" | Noted, thank you |
| Ealing Primary Care Trust | 4.2.b | Please add: | Thank you |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | page 10 | Prevention of iron deficiency anaemia<br>Prevention of rickets | |
| Ealing Primary Care Trust | 4.2.a<br>page 9 | Please consider during the pre-pregnancy things that have the greatest impact in the first few months of pregnancy, e.g. food safety, weight management, vitamin supplements, alcohol, and drug and dietary interactions. | We intend to consider the evidence on most if not all of the above. A full consideration of drug and dietary interactions is beyond the scope of this guidance. |
| Faculty of Health & Social Work, University of Plymouth | General | This is a very timely and appropriate public health programme as the issue of maternal and child nutrition is becoming an increasing area of concern among health care professional working with women and children from low income households. Fetal growth in utero and hence birth weight is largely dependent upon the mother's capacity to provide adequate nutrition and if this is compromised for any reason this with result low birth weight. Conversely, over nutrition can result in large for gestational age babies. | Thank you for this information. |
| Faculty of Health & Social Work, University of Plymouth | 3.2 a | This is an extremely important point and needs to be emphasised. Mothers' aged <19years has been shown to have a higher incidence of small for gestational age (SGA) babies. As stated low body mass index (BMI) and poor weight gain in pregnancy is known to be contributory factors, women in London who had a BMI < 20 had a higher incidence of low birth weight and SGA babies (Sebire et al, 2001).<br>However it is not standard procedure in some maternity services to weigh women throughout pregnancy. If monitoring mothers weight gain in pregnancy this practice needs to be reinstated in | We will consider the evidence on this issue. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | many maternity services. | |
| Faculty of Health & Social Work, University of Plymouth | 3.2 b | Research has shown that there may be an order of food distribution within the family with low socio economic status with men allocated high protein and larger portions than the women, which may affect her nutritional state in pregnancy (Charles and Kerr, 1997). A dietary assessment in the ante natal period and throughout the early years needs to be undertaken by an appropriately trained health care professional who may identify disproportionate food distribution and give appropriate advice. | Thank you for raising this issue. |
| Faculty of Health & Social Work, University of Plymouth | 3.2 f | There are many dietary and nutritional differences between ethnic groups i.e. some Muslims are vegetarians and studies have suggested that this affects BW (Gatrad et al, 1994). Therefore this guidance needs to examine the influence ethnicity on birth weight, infant and childhood growth. Micronutrients and trace elements i.e. iron cannot be viewed in isolation and seldom can one variable be explored in isolation but rather needs studying within the complexities of the individuals' culture and life style. | We will consider the evidence on this issue. |
| Faculty of Health & Social Work, University of Plymouth | 4.2 | There are several areas that are not covered in this guidance that may be considered for inclusion:<br>Women with a short inter-pregnancy interval have a higher incidence of LBW and SGA babies (King, 2003)<br>Mothers over 35 years had a higher incidence of poor weight gain in the second and third trimester (Strauss and Dietz, 1999).<br>In an extensive review of the determinants of LBW, women of short stature are shown to have babies with a lower mean BW and a higher incidence of LBW (Kramer, 1987). However | We will consider the evidence on this issue. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | women may not be measured in pregnancy and it is a self disclosed height that is recorded. Recent research has shown that adults under/over estimate their heights. Well maintained and frequently calibrated instruments are required for anthropometric measurements<br>Cigarette smoking during pregnancy results in a decreased BW, by around 150 – 300g (Cogswell et al, 2003; Habek et al, 2002; Caulfield et al, 1996; Lambers and Clarke, 1996; Abell et al, 1991). This decrease is compounded by maternal age as a high proportion of mothers < 19 and > 35years old smoke during pregnancy (Wen et al, 1990). Therefore in conjunction with nutritional assessment smoking cessation programmes may be appropriate<br>Maternal Substance Misuse During Pregnancy<br>Cannabis use and its effect on pregnancy outcome was studied in a sample of 12,000 women, of whom 5% self-reported cannabis use Examining many parameters, they found cannabis use throughout pregnancy (defined as at least once per week) resulted in babies 216g lighter than non-users. (Fergusson et al, 2002). Intervention related to substance misuse could prove effective in enhancing maternal nutritional state. | We will consider the evidence on this issue.<br><br>There will also a programme of public health guidance, due to be published in August/September 2007 which will be able to consider a broader range of evidence related to maternal smoking.<br><br>Substance misuse during pregnancy is outside the remit of this guidance. |
| Faculty of Public Health | 1 | The guidance title suggests that the review will focus on 'low income households'. However this omits other important inequalities which are covered in detail in the background to the scope. We agree with comments made at the stakeholder meeting that the use of the term 'inequalities' in the guidance title would be more appropriate. | Thank you for your comment.<br><br>We are aware of the issues you raise but we are unable to amend the guidance title as this was referred to us directly |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | | from the Department of Health and we do not have authorisation to change it. |
| Faculty of Public Health | 4.2 & 4.4 | Both sections suggest that the review will focus only on 'nutritional interventions'. However it was clear from the presentation of the scope that the interventions considered would be much broader than this, including for example educational and other 'upstream' interventions. The Faculty of Public Health supports a broad approach that considers any intervention that improves the nutrition of mothers and children. A broader approach is necessary to secure the wider societal changes and the social and cultural attitude necessary to support e.g. increased levels of breastfeeding | We will not be extending the scope of this guidance to education in schools. We may be able to address this important issue in some future guidance.<br><br>We will examine the effectiveness of health education interventions to improve the nutrition of pregnant women, mothers and children. |
| Faculty of Public Health | 4.2 & 4.3 | We would welcome a review of the evidence on the effectiveness of nutritional education as part of this guidance. In particular we would like to see an examination of the guidelines for nutritional education of mothers and children that are currently in use by health visitors. | We will examine the effectiveness of health education interventions to improve the nutrition of pregnant women, mothers and children. |
| Faculty of Public Health | 4.2 | Vitamin D deficiency in Asian and Afro-Caribbean mothers and children is a major problem and we believe that the guidance should consider the need for Vitamin D supplementation in pregnancy and childhood. | Thank you. We will be considering the evidence on this issue. |
| Faculty of Public Health | 4.2 | Inadequate calcium levels in pregnancy are another problem in | Thank you. We will be |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | Asian women. We would like to see this considered within the scope. | considering the evidence on this issue. |
| Faculty of Public Health | 4.2 | Food fortification is an important public health strategy for improving nutrition and we would welcome its consideration within the scope. | National maternal and child nutrition policies such as the fortification of foods are outside of the remit of this guidance. |
| Faculty of Public Health | 4.7 | It would be helpful to have details of the proposed inclusion criteria for 'selecting studies'; will the review be restricted to RCTs? or will the review be more inclusive and include a variety of studies originating from different epistemological and methodological paradigms? This will be particularly appropriate for exploring 'key question (6) in section 4.4. | The evidence considered for this guidance will not be restricted to RCTs and we will look at a broad range of evidence including qualitative to ensure that we answer the key questions outlined in the scope. |
| Faculty of Public Health | 4.4 | For additional consideration under the 10 areas in section 4.4:<br>What are the iatrogenic or unanticipated effects of interventions?<br>Are there any ethical concerns?<br>Is the intervention based upon a theoretical model or framework? | Noted, thank you for these suggestions. These issues will be considered. |
| Food Standards Agency (Food Allergy Branch) | General | There are particular nutritional concerns for those with food allergies, who need to avoid certain foods or groups of foods. If these are major food groups, such as cereals or dairy products, then specialised dietary and nutritional advice may be necessary. | The guidance will only be concerned with the evidence on the prevention, in infancy of food allergies and intolerances. It will not be |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | | addressing dietary advice or treatment. |
| Food Standards Agency (Food Allergy Branch) | Section 4.1.2 | Could this section clarify whether mothers and/or children with food allergies are included or excluded from the guidance? | Mothers and children with food allergies are outside the scope of this guidance |
| Food Standards Agency (Food Allergy Branch) | Section 4.2 b) Children | Will the sub-section on food allergies and intolerances cover weaning practices for infants where there is a family history of allergy? The British Dietetic Association Food Allergy and Intolerance Specialist Group has recently produced a Consensus Statement entitled 'Practical Dietary Prevention Strategies for Infants at Risk of Developing Allergic Diseases' which should be taken into account as the guidance is developed. | We anticipate that the guidance will make recommendations for infants at risk of allergy. Thank you for this helpful suggestion which we will follow up. |
| Heart of Birmingham Teaching PCT | General | How will this fit with Nov 2003 NICE guidance on routine antenatal care which advocated that there was not enough evidence to recommend vitamin D supplementation in pregnancy (a recommendation which is contrary to current DoH policy)? | The NICE clinical guideline on antenatal care will shortly be due for review and this issue may be taken forward as part of the public health guidance on maternal and child nutrition. We are keen to ensure that all NICE guidance is consistent. |
| Heart of Birmingham Teaching PCT | 4.1.1 | Vitamin D deficiency is an important issue for both BME groups and those religious groups who cover up | Noted, thank you. |
| Heart of Birmingham Teaching PCT | 4.2 | Good to see that vitamin supplementation gets a mention here. Can we be assured that vitamin D will be covered here? | Please see the first response above. |
| Heart of Mersey, University of Liverpool | General | Heart of Mersey warmly welcomes the opportunity to comment on the draft scope for guidance to improve the nutrition of | Thank you. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | pregnant and breastfeeding mothers. Non-communicable diseases including coronary heart disease and type II diabetes originate in childhood, and it is therefore important that those working with expectant mothers and those with young children provide the best possible support and information to enable children to have the best possible dietary start in life. | |
| Heart of Mersey, University of Liverpool | 2 | We strongly recommend that the target audience for the guidance is extended beyond professionals working in the NHS because:<br>Over 40% of pregnancies are unplanned and are thus likely to occur before the expectant mother makes contact with health services<br>Some socially excluded groups (including black and minority ethnic groups) have much lower access and engagement rates with the health services compared to those from more privileged backgrounds.<br>Therefore it is essential that interventions involving other partners who come into contact with women of childbearing age are considered in the development of this guidance. Changing the environment is one of the keys to increasing breastfeeding uptake and working with partners particularly Local Authorities is essential to driving the agenda forward. Examples include Children's Centres and schools – considering the role of teachers and those responsible for Personal Social and Health Education for example; the media; other voluntary and community support networks for women; and young people (community and youth services) and the role of peers. | NICE guidance makes recommendation for the NHS, the wider public health system and for primary care in particular. We recognise that this guidance will also be relevant outside of the NHS.<br><br>We will not be extending the scope of this guidance to education in schools. We may be able to address this important issue in some future guidance. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| Heart of Mersey, University of Liverpool | 4 | We agree with the intention to support and inform local practice with both women and children in low income households and groups with particular attention to:<br>Lower SES groups<br>Vulnerable groups (Young adults; teenage mothers)<br>Black and minority ethnic groups<br>Cultural and religious practices<br>Any potential activity should address the important need for social and cultural support for breastfeeding and therefore include awareness raising and encouraging the development of cultural support amongst 'males, particularly young males, and the general community. | Noted, thank you. |
| Heart of Mersey, University of Liverpool | 4.1 | We recommend that the guidance should also cover secondary school children (both males and females) – to ensure that all future parents receive the basic information and understanding of the issues. Also in light of schools providing wrap-round care 8-6pm & becoming more community focussed. | We will not be extending the scope of this guidance to education in schools. We may be able to address this important issue in some future guidance. |
| Heart of Mersey, University of Liverpool | 4.2 | The current focus only on 'nutritional interventions' is totally inappropriate. A broader approach is necessary to secure the wider societal changes and the social and cultural attitude necessary to support e.g. increased levels of breastfeeding. | Thank you for raising this issue. We will be taking a broader socio-cultural approach to all our work. |
| Heart of Mersey, University of Liverpool | 4.2 | In addition to a focus on women and children, HoM recommends that the guidance covers wider issues which affect feeding (in particular breastfeeding) practices – including:<br>Baby and breastfeeding friendly hospitals | Thank you. We will consider the evidence on these issues. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | Baby and breastfeeding friendly public environments including – public transport, health centres, workplaces etc.<br><br>As above: Any potential activity should address the important need for social and cultural support for breastfeeding and therefore Include awareness raising and encouraging the development of cultural support amongst 'males, particularly young males, and the general community | |
| Heart of Mersey, University of Liverpool | 4.3 | We strongly recommend that the guidance cover population-based screening programmes in addition to the current health focus because:<br>The low breastfeeding rates in the UK are to a great extent due to cultural and environmental factors (breastfeeding is not 'the norm,') there are very few breastfeeding facilities in public places, few workplaces have policies / environments which support breastfeeding<br>Choosing Health, highlights the importance of partnerships other than the NHS in developing health. This guidance is an excellent opportunity to help facilitate this process between wider partners for the benefit of maternal and child health.<br>If this is not the case, we strongly recommend that NIHCE works closely with other lead bodies e.g. Department of Health, SACN, and Department for trade & Industry to ensure that these organisations simultaneously produce complementary cost-effectiveness guidance to support these wider partners and initiatives. | Population-based screening programmes for particular disease and conditions are not within the remit of NICE and are governed by the UK National Screening Committee. Please refer to the Department of Health website for more details.<br><br>Noted, thank you. |
| Heart of Mersey, University | 4.4 | As above, the current focus only on 'nutritional interventions' is | Thank you for this suggestion. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| of Liverpool | | inappropriate. A broader approach is necessary to secure the wider societal changes and the social and cultural attitude necessary to support e.g. increased levels of breastfeeding. HoM recommends that the overarching question be broadened to "What interventions are effective in improving the health of pregnant and breastfeeding mothers and children, especially amongst those in low income households?" | |
| Heart of Mersey, University of Liverpool | 4.4 | For additional consideration under the 10 areas in section 4.4:<br>What are the iatrogenic or unanticipated effects of interventions?<br>Are there any ethical issues?<br>Is the intervention based upon a theoretical model or framework? Can the intervention be replicated? | Noted, thank you. |
| Heart of Mersey, University of Liverpool | 4.5 | The target audience for the guidance should be extended beyond professionals working in health – including:<br>Local authority employees, architects and planners (to include mother & baby and breastfeeding facilities in the design of public places)<br>School teachers<br>Further Education: relevant nutrition advice/training/promotion is given to appropriate courses e.g. NNEB<br>Health & Safety and Occupational Health professionals<br>Environmental Health<br>Partners from the voluntary and community sector who work with women of childbearing age and young children | NICE guidance makes recommendation for the NHS, the wider public health system and for primary care in particular. We recognise that this guidance will also be relevant outside of the NHS.<br><br>We will not be extending the scope of this guidance to education in schools. We may be able to address this |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | Partners/Fathers/supporting families – essential in encouraging & supporting women in continuing breastfeeding<br>Youth and community services; Youth offending and probation services etc. | important issue in some future guidance.<br><br>Noted, thank you. The guidance will consider the important role of fathers/ partners and families. |
| Heart of Mersey, University of Liverpool | 4.7 | HoM strongly recommend that the review is not restricted to RCTs. The review should be more inclusive and include a variety of studies originating from different epistemological and methodological paradigms (e.g. qualitative studies). This will be particularly appropriate for exploring key question 6 in section 4.4, on the views of those receiving the intervention. | The evidence considered for this guidance will not be restricted to RCTs and we will look at a broad range of evidence including qualitative to ensure that we answer the key questions outlined in the scope. |
| Infant & Dietetic Foods Association | General | The Infant and Dietetic Foods Association (IDFA) welcomes the NICE role in the area of public health. We believe that the rigorous, objective evidence based approach adopted by NICE will lead to appropriate and effective guidance for healthcare professionals, which in turn, will improve the health and well-being of pregnant women, mothers and children. In particular we believe that the measurable outcomes that NICE interventions intend to provide are the key elements which will make this guidance valuable and effective. IDFA would be pleased to support the preparation of this guidance by contributing resources to the Programme Development Group (e.g. scientific or technical expert insight into the attitudes of | Thank you for offering your services to this guidance. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | pregnant women and mothers, educating pregnant women and mothers on nutrition and so on). These are areas where we have long maintained relevant and high quality expertise and experience.<br><br>We will, of course, provide greater detail on this as part of the evidence we intend to submit, but should resourcing gaps be identified, we would consider helping in anyway that you believe appropriate. | |
| Infant & Dietetic Foods Association | General | The aim of the guidance is to address general issues related to maternal, infant and child feeding and will not cover the feeding of those infants with special dietary requirements resulting from a medical condition (section 4.1.2 specifically states that this area is not in the scope of the guidelines)<br><br>Foods for special medical purposes (FSMPs) for infants and children are designed for the dietary management of infants and children with special dietary requirements resulting from a medical condition and, as such, do not logically fit within the scope of this document. However, FSMPs may be used in certain areas that are covered within the scope e.g. food allergies and intolerance in children (see 4.2.b). Such FSMPs will be known to midwives, health visitors, pharmacists and others in the primary care services, as they could be involved in the care of an infant or child with specialist dietary needs. These children, and their requirements, cover a broad spectrum of special dietary needs e.g. cow's milk allergy, failure to thrive, | Thank you for highlighting the use of these products by practitioners. We will be considering the evidence on this issue. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | phenylketonuria through to being very sick e.g. infants in the Special Baby Care Units of hospitals or with very rare metabolic conditions. Food manufacturers will supply products and can also offer guidance, information materials, background research details and training or education relevant to the medical condition for which the special medical food has been formulated. | |
| Infant & Dietetic Foods Association | General | The area of infant and young child nutrition is, quite rightly, extremely heavily regulated. This regulation is covered under the Infant and Follow on Formula Regulations 1995 and the Processed Cereal-based Foods and Baby Foods for Infants and Young Children Regulations 1997. The IDFA take all regulatory issues extremely seriously and is currently working on a range of infant nutrition projects together with the Food Standards Agency designed to further improve safety and education in the area of preparation of the products they manufacture. | Thank you for this useful information. |
| Infant & Dietetic Foods Association | General | No scoping exercise on the subject of infant nutrition can ignore the issue of freedom of choice and the subject of Health Care Professionals influencing the sociological environment.<br><br>IDFA support DOH targets to improve the current levels of breastfeeding over the next 5 years by 2 % per annum in the lower socio-economic groupings. However, there needs to be recognition in the evidence review that there will always be mothers who cannot or choose not to breastfeed and, therefore, the focus of this review should not solely be to drive higher | Noted, thank you.<br><br>Noted, thank you. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | levels of breastfeeding in the population.<br><br>In addition, the scope of these guidelines must evaluate and monitor the incidence of maternal marginalisation, deliberate limiting of choice and the effects on mood and mental health at a key point in a mothers' life. We recognise that these issues are not directly nutrition based but it is vital in the context of the advice given to Health Care Professionals about what they say to pregnant and nursing mothers. It also has relevance to the Baby Friendly Initiative (BFI) Hospitals and to their approach to this subject. | Thank you for highlighting this. |
| Infant & Dietetic Foods Association | 4.1.2 | This section defines the groups that will not be covered and includes children with clinical conditions that require specialist advice. With regards to this, IDFA are of the opinion that they require both specialist advice and secondary dietary management for their condition.<br><br>Immediately after birth an infant whose weight is considered to be low (usually below 2.5kg) receive either breast milk that is fortified with protein, minerals and vitamins or an infant formula whose composition is tailored to meet the special needs of this category of infants. Once these infants are discharged from hospital, those that still require secondary dietary management are prescribed a post-hospital discharge formula that is formulated to meet their needs at the stage of development in order that they may catch up in terms of growth (weight, length, head circumference etc) for their gestational age. For this | Noted, thank you.<br><br>The nutritional needs of low birth weight babies (defined by the WHO as a birth weight less than 2.5 kg) will not be covered by this guidance as they require specialist dietary management which is outside the remit of this guidance. We may be able to address this important issue in some future |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | reason these formulae contain higher levels of protein for muscle and tissue deposition, minerals for bone development and growth, as well as higher levels of fat and carbohydrate to supply the increase in energy required. During this period the feeding requirements of those infants requires specialist advice. | guidance. |
| Infant & Dietetic Foods Association | 4.2 b Children | IDFA suggests that the groupings are re-categorised as follows:<br><br>* Infant feeding 0 - between 4 and 6 months<br>* Infant feeding 6- 12 months<br>* Young child feeding 12-36 months<br>* Young child feeding 36 -60 months<br><br>IDFA believe that this more closely follows the main development stages of infant and child nutrition and is more aligned to the different nutritional requirements of infants and children at different ages. It also provides a more equal balance, as was highlighted at the stakeholders meeting, to the 1-5 years of age grouping where nutritional deficiencies are becoming increasingly widespread. | Thank you for these suggestions. The Programme Development Group will consider how the guidance is grouped to reflect the current evidence base and practice. |
| Infant & Dietetic Foods Association | 4.2 b Children | It is not clear from the document whether consideration of this subject will address measures that should be taken to avoid development of food allergies, either in general or in “at risk populations” or whether it will cover in any detail, how food allergic children should be managed. FSMPs (Foods for Special Medical Purposes) may be used for the management of food allergic infants but, as highlighted in paragraph 2 of our | The guidance will consider the evidence relating to the prevention, in infancy, of food allergies and intolerance. Treatment of these conditions is outside the scope of the guidance. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | second General point comments, FSMPs do not fit logically within the scope of these guidelines. | |
| Infant & Dietetic Foods Association | 4.6.2 | The IDFA believe that the scope may need to more fully recognise the potential difficulties in calculating Quality Adjusted Life Year's (QALYS) in this situation. One might be able to understand quality of life changes from a parental point of view, but we believe it is virtually impossible to calculate the utilities of infants or children. This situation needs to be recognised within the scope of the guidelines. | We are aware of the concerns regarding the use of QALYs in this area of maternal and child nutrition. We will ensure an appropriate health-related outcome measure is used in this guidance. |
| Lactation Consultants of Great Britain | 1 | Should include preconception and all mothers, both non-breastfeeding and breastfeeding and all children, focussing on those in lower income households. Also asylum seekers and other minority groups. Include schools and other child-care facilities e.g. childminders. | Noted, thank you. We will not include a consideration of school-based education though this may be included in some future public health guidance.<br><br>The guidance is intended to apply to all those socially excluded and disadvantaged groups at risk of poor health including refugees and asylum seekers. |
| Lactation Consultants of Great Britain | 2 b) | We already know what works in terms of increasing breastfeeding rates from the 79 evaluated projects up and down the country and changes in hospital labour practices in Sweden. A properly conducted health economic evaluation of the difference between breastfed and artificially fed children is long | Thank you for this suggestion. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | overdue in this country. So is the impact on illness rates of the baby's age at introduction of breast milk substitutes, and the dose dependent relationship of that impact. | |
| Lactation Consultants of Great Britain | 3.1 | It is not helpful to single out breastfeeding mothers as it gives the impression that breastfeeding is 'special' when the focus should be to make breastfeeding normal. It is no more important for breastfeeding mothers to eat healthily than bottle feeding mothers and a breastfed baby will in most cases be healthier than any artificially fed baby. | We are familiar with this argument and will consider the evidence before making recommendations to address the issue. |
| Lactation Consultants of Great Britain | 3.2e) | Will the guidelines address the lack of consistent focus on promoting and supporting breastfeeding? A much more effective and high-profile on-going campaign is required than one week annually | Thank you for raising this. We will be considering the evidence relating to a wide range of interventions and making recommendations as appropriate. |
| Lactation Consultants of Great Britain | 3.2g) | When looking at obesity in the first year of life will the guidelines embrace the issue that exclusively breastfed infants often gain a huge amount of weight in the first 6 months which generally disappears by a year and is not an issue for future health? | Growth and weight gain of infants will be considered. |
| Lactation Consultants of Great Britain | 3.2h) | Will the outdated COMA report inform the guidelines? It biased towards formula-fed babies in its advice about iron requirements and introduction of solids. | The Scientific Advisory Committee on Nutrition has replaced COMA as the independent advisory body to the government on nutrition. We will take proper account of |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | | their recommendations in the development of this guidance. |
| Lactation Consultants of Great Britain | 4.1.1 | Vulnerable groups should include asylum seekers, mothers of twins & multiple births.<br>Post-pregnancy should go beyond one year, WHO recommends breastfeeding should continue up to at least 2 years. Some women may be tandem breastfeeding. | Noted, thank you |
| Lactation Consultants of Great Britain | 4.2b) | There is no evidence to support the use of follow-on milks<br>Rather than using the term 'weaning', it would be more appropriate to refer to 'the timely introduction of complementary feeding' That is the introduction of foods along with the continuation of breastfeeding or breast milk substitutes<br>Consideration should be given to the length of breastfeeding as some babies are fed for longer than the first year of life.<br>How will you ensure that the recommendations will not exclude those who think that if they cannot afford much food they cannot breastfeed?<br>Will the guidelines make some mention of the role fathers play in influencing their children's nutrition? | Thank you for this suggestion. We will adopt the most explicit and appropriate terminology<br><br>The guidance will consider the important role of fathers. |
| Lactation Consultants of Great Britain | General | Will the guidelines look at the relationship between too early introduction of foods and allergies? The focus needs to be on the prevention rather than treatment of food allergies and intolerances.<br>Will the guidelines address under-nutrition and those groups vulnerable to diseases such as rickets? | The focus is on prevention. We will not be looking at the treatment of allergies.<br><br>We will be looking at the needs of nutritionally vulnerable groups |
| Lactation Consultants of | 4.4 | Again, not helpful to single out breastfeeding mothers. The aim | Noted, thank you |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| Great Britain | | should be to encourage and support breastfeeding so it becomes the norm and focus on improving the nutrition of all mothers | |
| Lactation Consultants of Great Britain | 4.5 | Include schools and other child-care facilities e.g. nurseries, childminders<br><br>. Care needs to be taken in involving commercial interests. Commercial promotion which subtly undermines breastfeeding is flooding the market place with pregnancy and feeding 'advice'. This fills a gap where professional support is absent or lacking. Formula manufacturers could see this as a way of endorsing their products at the expense of breastfeeding. | The guidance will consider the nutrition of pre-school children<br><br>We are aware that this is a concern to many. |
| Lactation Consultants of Great Britain | General | We need clearly defined mandatory action nationally to increase breastfeeding rates. Guidelines tend to be ignored, like the guidance to<br>the NHS on breastfeeding back in 1995. Very little changes unless action is mandated, evaluated and there are consequences to those in authority if it is ignored. | Noted, thank you |
| Leeds Teaching Hospital Trust | General | This document and programme is very welcome. I am troubled by the absence of any mention of the preterm infant. 6% of newborn infants are preterm. 1 5 are very low birth weight and use a considerable NHS Resource. Amidst the high-tech intensive care setting, their nutrition if profoundly important. They are uniquely the group in whom there is randomised, controlled, trial evidence of the benefit of breast milk. The advantages relate to milk tolerance, ease of feeding, a 7- fold reduction in potentially lethal NEC and long term benefits, | The nutritional needs of low birth weight babies (defined by the WHO as a birth weight less than 2.5 kg) will not be covered by this guidance as they require specialist dietary management which is outside the remit of this guidance. We may be able to address this |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | principally improved neuro-developmental outcome. While sharing the advantages of the term infant, in Europe, this is the group which benefits most from breast feeding. It is the reason for the rebirth of the breast milk bank. | important issue in some future guidance. However, your important points are noted with interest. |
| Leeds Teaching Hospital Trust | General | I see that this is called scope. I assume that you are aware that SCOPE is also the name of the UK disability organisation that focus on people with cerebral palsy. | Noted, yes we are aware of this. Thank you. |
| Marie Allen Women & Children's Directorate | General | Obesity and under nutrition are both mentioned in the scope. The emphasis seems to be under nutrition yet obesity is the major health problem so there should be a shift in emphasis | Thank you. We will be considering the evidence on obesity as well as under-nutrition. |
| Marie Allen Women & Children's Directorate | 3.2 g | Refers to excessive weight gain in pregnancy. Routine weighing in pregnancy no longer takes place so guidance for routine weighing in pregnancy should be provided especially for obese women | Thank you. We will be considering the evidence on this issue. |
| Maternal & Fetal Research Unit, Guy's, King's & St. Thomas's Hospitals | 3.1 para 5 | Encouragement of exclusive breast feeding is commendable. However, in such cases the infant is completely reliant on the mother's nutritional status and therefore supplementation may be advisable in cases of maternal Vitamin D deficiency. (1) | We will consider the evidence on this issue. |
| Maternal & Fetal Research Unit, Guy's, King's & St. Thomas's Hospitals | 3.2 para 2 | Whilst maternal under nutrition is an important risk factor for adverse pregnancy outcomes, excessive weight and weight gain are just as significant (2-5). Therefore we would encourage the idea of 'optimal weight' and 'optimal weight gain' as targets to ensure adequate maternal energy stores and intake. | Thank you for raising this issue. We will consider the evidence on this issue. |
| Maternal & Fetal Research Unit, Guy's, King's & St. | 3.2 General | There is no mention of the effects of morning sickness or NVP in this section. Patients and health workers should be advised | We will consider the evidence on this issue. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| Thomas's Hospitals | | that moderate NVP is a positive indicator of pregnancy outcome and is associated with a lower incidence of miscarriage, premature birth and IUGR (6-9). | |
| Maternal & Fetal Research Unit, Guy's, King's & St. Thomas's Hospitals | 3.2 a | 'teenage girls……. Are at greater risk of deficiencies'. Which types of nutritional deficiencies are associated with younger maternal age? There is some evidence to suggest that teenagers from developed countries are more likely to be deficient in iron (10), folate (11), vitamin D (12), and zinc (13), but data from the UK is scarce. | Thank you. We are aware that teenagers are an important at risk group. We will consider the evidence on this issue. |
| Maternal & Fetal Research Unit, Guy's, King's & St. Thomas's Hospitals | 3.2 c | This paragraph implies that unintentionally conceiving is likely to be associated with failure to comply with folic acid recommendations. GP's should be strongly encouraged to persuade patients of the need to take folic acid both pre-conceptually and at least for the first trimester (though there is also a growing body of evidence that indicates that adequate folic acid status throughout pregnancy is protective (14 – 16)) and should always prescribe them free-of-charge rather than recommend the patient purchase commercial supplements themselves as often happens. | We will consider the evidence on this issue. |
| Maternal & Fetal Research Unit, Guy's, King's & St. Thomas's Hospitals | 3.2 g | The prevalence of maternal obesity is every increasing and is not only associated with poor perinatal outcomes (gestational diabetes, pre-eclampsia, C-Section) but also with larger babies (17) who are more likely to develop insulin resistance, hypertension and CHD in childhood, adolescence and adulthood (18 – 20) Reference should be made to the potentially very considerable long-term effects of developmental programming to public health. | Thank you. We will consider the evidence on this issue. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| Maternal & Fetal Research Unit, Guy's, King's & St. Thomas's Hospitals | General | Vitamin D supplementation during pregnancy and lactation should be encouraged for all high-risk women (dark skin and/ or heavily-clothed (21-23)) | We will consider the evidence on this issue. |
| Maternal & Fetal Research Unit, Guy's, King's & St. Thomas's Hospitals | General | Optimal birth weight should be one of the main target outcomes, rather than merely a decrease in the prevalence of low birth weight. Rates of macrosomia are increasing (24) and this has important perinatal implications (25). | We will consider the evidence on this issue. |
| Maternal & Fetal Research Unit, Guy's, King's & St. Thomas's Hospitals | General | There is currently a debate about the effect that rapid catch up growth in neonates has on adult health (26-27). Previously it was considered that getting a low birth weight infant 'back on track' was the most appropriate feeding regime. However, recent data indicate that this may in fact reinforce the effects of developmental programming. A discussion of this subject might be beneficial. | Thank you for raising this. We will consider the evidence on this issue. |
| Maternal & Fetal Research Unit, Guy's, King's & St. Thomas's Hospitals | General | A discussion of the beneficial role of moderate levels if exercise during pregnancy would be useful (28). | We will consider the evidence on this issue. |
| Maternal & Fetal Research Unit, Guy's, King's & St. Thomas's Hospitals | General | The risks associated with alcohol intake during pregnancy have been well proven in those with high intakes (29). However, the effect of low moderate intakes are less certain (30/ 31). There is a need for clear guidance on this issue as advice is extremely variable. | Noted, thank you. We will consider the evidence on alcohol consumption as it relates to the health and nutrition of mothers and their children. |
| Medicines, Pharmacy & Industry, Department of Health | General | We are content with the draft scope and have nothing further to add. | Thank you. |
| National Childbirth Trust | Guide | In order to impact public health, this guidance needs to address | Thank you for your comment. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | title | audiences outside the health services as well as the midwives, health visitors, pharmacists and other primary care providers mentioned in the title. The impact of cultural and social mores is particularly important in the field of food choice. In order to be effective, the messages in this guidance need to be co-ordinated across all sectors including:<br><br>the education system—both the foods provided/permitted in schools and the messages conveyed by the curriculum are vital in developing attitudes and behaviours as are the skills necessary for budgeting and cooking a healthy diet.<br><br>policy makers and practitioners in local authorities, social services, voluntary agencies and other support groups,<br><br>the legal system.<br><br>Elimination of food poverty and supporting healthy lifestyles will also need continued priority within government.<br><br>This is recognised in passing in 2b) ('local authorities, the wider public, private and voluntary sectors'). However, as NICE guidance has previously been directed mainly to the health service and even the National Service Framework for children, young people and maternity services seemed unclear how much it could influence service provision outside the NHS, we feel it is important to address these groups within the title of the | We are aware of the issues you raise but we are unable to amend the guidance title as this was referred to us directly from the Department of Health and we do not have authorisation to change it<br><br>We anticipate that our recommendations will extend more broadly than perhaps the title implies.<br><br>We will not be extending the scope of this guidance to education in schools. We may be able to address this important issue in some future guidance.<br><br>Thank you for these suggestions.<br><br>Implementation support tools provided by NICE will be targeted to audiences |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | documents. | identified within the scope and appropriate to the final recommendations of the guidance. Your comments have been logged by the Implementation Team. |
| National Childbirth Trust | 3.1 | Regarding the reduced risk of breast cancer for women who breastfeed, 'pre-menopausal' should be deleted. A well-recognised, collaborative study demonstrated in 2002 that the protective effects of breastfeeding also apply post menopause. 1<br>(Breast cancer and breastfeeding: collaborative reanalysis of individual data from 47 epidemiological studies in 30 countries, including 50302 women with breast cancer and 96973 women without the disease. Lancet 2002;360(9328):187-95.) | Thank you for drawing our attention to this. We anticipate that these particular issues may be addressed in the forthcoming NICE postnatal care guideline which does address infant feeding in the first six weeks. This guideline will be published in July 2006. |
| National Childbirth Trust | 3.2 b | If women's energy intakes are low, it is more important for them to have a good knowledge of nutrition and a good quality diet in order to meet all nutrient requirements. It is of particular concern that energy intakes are low in this group (those in receipt of benefits) as the cheapest sources of energy, high sugar, and high fat foods, are also low in key nutrients such as iron, zinc, antioxidants and water soluble vitamins. | Thank you for raising this issue. |
| National Childbirth Trust | 3.2 h | The group reviewing this work will, we feel certain, be aware of the controversy surrounding the definition of iron deficiency anaemia and the best method of measuring this in babies and young children. We hope that the Intrapartum Care guideline | We will consider the evidence on iron deficiency anaemia.<br><br>This issue may be addressed |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | development group are considering the evidence on early cord clamping but they may not feel it is part of their remit to cover the potential impact on iron status and anaemia in babies. This is particularly an issue for low birth weight and premature babies or where mothers are anaemic. | in the NICE intrapartum care: management and delivery of care to women in labour clinical guideline, currently in development. |
| National Childbirth Trust | 4 b | As discussed above regarding section 1, the scope will need to be wider than that mentioned in the original referral from the Department of Health if it is to make a real difference. Is it possible for the Department of Health to review their referral? Although health visitors and midwives do have a public health role, and their work in Sure Start and Children's Centres provides greater opportunities to focus on this, they cannot be held responsible for influencing children's mind set, school curricula, public attitudes, etc. At the stakeholders' meeting there was mention of NICE's exploratory work with local authorities and schools as it was recognised that public health issues will need to have wider influence than the clinical guidelines. | Thank you for these suggestions. |
| National Childbirth Trust | 4.1.1 | Refugees and asylum seekers are not specifically mentioned in this list although they are vulnerable to food poverty, have particular needs for both culturally sensitive information and access to suitable foods that they can prepare. We suggest they be included in the list.<br><br>We also suggest that interventions with fathers with the objective of improving child nutrition be included. | Thank you. The guidance is intended to apply to all those socially excluded and disadvantaged groups at risk of poor health including refugees and asylum seekers.<br><br>Noted, thank you. The guidance will consider the |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | | important role of fathers in improving child nutrition. |
| National Childbirth Trust | 4.1.1 a | Although it is the nutritional status of women of childbearing age that is fundamental, the most effective time to influence eating patterns may be much earlier. The current emphasis on school meals and the school fruit and vegetable programme acknowledges this is a sensitive period in which to influence long term eating habits. In addition there is now recognition that potentially toxic compounds build up in body fat over the lifetime (e.g. the FSA advice to limit oily fish consumption in girls). We assume therefore that public health activities to improve diets prior to conception will include work with children. | We will not be extending the scope of this guidance to education in schools. We may be able to address this important issue in some future guidance. |
| National Childbirth Trust | 4.1.1 b | Although premature babies are not mentioned specifically, we assume this particularly nutritionally vulnerable group will be included in the guidance. It may be that 4.1.2 covers the specialist advice and treatment that they need in hospital. Continuing nutritional needs should probably be covered by this guidance.<br>Younger women and women on low incomes are more likely to have premature babies and parents have expressed concern at the lack of consistent information and advice available to them around feeding premature babies. Current nutrition advice is often based on deduction rather than on good evidence. For instance assumptions are made about when to start premature babies on solid foods. | The nutritional needs of low birth weight babies (defined by the WHO as a birth weight less than 2.5 kg) will not be covered by this guidance as they require specialist dietary management which is outside the remit of this guidance. We may be able to address this important issue in some future guidance. |
| National Childbirth Trust | 4.2 a | Pre- pregnancy and early pregnancy guidance needs to include prevention of anaemia, advice on oily fish consumption, vitamin | Noted, thank you. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | D and vitamin A supplements.<br><br>Guidance on healthy eating and recommendations for women who are breastfeeding need to take account of the possibility that some women may perceive following a 'healthy' diet is a disadvantage which could deter them from breastfeeding. They may feel it would not be possible for them and deduce inappropriately that formula feeding would be preferable for their baby. | We are aware that this interpretation is made. We expect to make recommendations to address the arguments and issues you raise. |
| National Childbirth Trust | 4.2 b | As discussed at the stakeholders' meeting it seems inappropriate to mention follow-on formula specifically without mentioning formula milk. So much of the research in this area is sponsored by the manufacturers, but it is not clear that there is any need for follow-on formula milk. Comparison of the nutrient content shows higher levels of some minerals, particularly iron. The disadvantages of high levels of iron, much of which is not absorbed, should also be considered.<br><br>Weaning—this needs to be clarified or renamed. It could include both the introduction of complementary foods and the cessation of breastfeeding. We recommend that both of these topics are covered. Many mothers would welcome clear information of the value of continued breastfeeding, as recommended by UNICEF and WHO. We hear from mothers who have been told that their milk has no value after 6 months and are considerably heartened to learn about the international recommendation. | Thank you for highlighting this issue.<br><br>We will do our best to be as clear and explicit as we can, choosing the most appropriate terminology. |
| National Childbirth Trust | 4.4.9 | Cost effectiveness of some interventions will need to take | This is a helpful observation. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | account of the possible long term and knock-on effects, e.g. increasing the initiation and duration of breastfeeding will have economic and environmental benefits in terms of formula milk, sterilisers, boiling water, etc. as well as to the families and the NHS through reduced GP visits and hospital stays. In the long term even small impacts on blood pressure and obesity could have significant financial and quality of life effects. | We are aware of the concerns regarding the use of QALYs in this area of maternal and child nutrition. We will ensure an appropriate health-related outcome measure is used in this guidance. |
| National Childbirth Trust | 4.5 | For the reasons discussed under 1 above, we suggest policy makers and teachers are included in this list. The recommendations for national Policy from the Effective Action briefing on the initiation and duration of breastfeeding are particularly relevant here. When women are told that they cannot bring their babies to court in case they need to breastfeed and that they cannot breastfeed in Job Centres or housing benefit offices, it is not surprising that breastfeeding rates are not increasing. | Thank you. |
| National Osteoporosis Society | General | The National Osteoporosis Society would ask that this work programme gives due consideration to the importance of calcium, vitamin D and other macronutrients for maternal, pre and post- natal bone health, and that it also considers the importance of a calcium rich diet throughout childhood for the development of healthy bones. | Thank you. We will be considering the evidence on this issue. |
| National Perinatal Epidemiology Unit | 3.2 c | (Peri-conceptional) folate supplementation of food. This should be evaluated and considered as an option | National maternal and child nutrition policies such as the fortification of foods are outside of the remit of this guidance. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| National Perinatal Epidemiology Unit | 4.2 a | Include vitamin D deficiency, include nutritional needs of non-breast feeding mothers | We will consider the evidence on this issue. |
| National Perinatal Epidemiology Unit | 4.2 b | Definition of weaning – clarify that this is introduction of complementary foods as opposed to cessation of breast feeding | Thank you for this suggestion. We will adopt the most explicit and appropriate terminology. |
| National Perinatal Epidemiology Unit | General (4.2) | The following were not specifically mentioned in the scope, either because they will be automatically included or because they will be covered in the clinical guideline. Please clarify;<br>Multiples – clarify that scope includes multiples i.e. that guidance will apply to multiples as well as singletons?<br>Feeding premature babies – perhaps covered by clinical guideline?<br>Fathers – Their role in influencing breast feeding initiation/ duration and children's diet | Any evidence relating to multiple births and the experience of mothers with multiple births will be considered in the development of this guidance.<br><br>The nutritional needs of low birth weight babies (defined by the WHO as a birth weight less than 2.5 kg) will not be covered by this guidance as they require specialist dietary management which is outside the remit of this guidance. We may be able to address this important issue in some future guidance.<br><br>Noted, thank you. The guidance will consider the important role of fathers. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| National Perinatal Epidemiology Unit | 4.4 | Definition of short term, mid term and long term may need to vary according to the intervention being considered. | Thank you for your suggestion. The time scales in the draft scope were listed as an example. We will revisit timescales again during the development of the guidance. |
| National Perinatal Epidemiology Unit | 4.7 methods | Clarify whether evidence from outside the UK will be considered:<br>If no then some important evidence may be missed (particularly regarding some of the questions for which the evidence base is limited)<br>If yes, then this will greatly increase the time required for literature searching and evidence synthesis; would be helpful to produce a strategy for dealing with this and also for deciding how generalisable the findings are to the UK setting. | Thank you. NICE will consider the world wide evidence as part of the guidance development process. |
| National Perinatal Epidemiology Unit | General | Nutritional stress in pregnancy and the relationship to preterm birth should be considered. Se work by Calvin Hobel and colleagues at UCLA | Noted, thank you. |
| National Perinatal Epidemiology Unit | General | Improving nutrition during pregnancy is often considered as part of a home visiting intervention. Broad interventions like this might be better than specifically targeting nutrition or obesity? Is there a role for public health midwifery? | We will consider the evidence on this issue. |
| North West Leeds PCT | Title | Felt to be confusing, it is felt that it needs to be clearer that the scope includes all pregnant women not just those intending to breast feed | Thank you for your comment.<br><br>We are aware of the issues you raise but we are unable to amend the guidance title as |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | | this was referred to us directly from the Department of Health and we do not have authorisation to change it. |
| North West Leeds PCT | Title | Felt that Low Income assumes that e.g. teenage mums, BME populations will be covered. What about a broader term around health inequalities. What about the population groups e.g. disabled women | Thank you for your comment.<br><br>We are aware of the issues you raise but we are unable to amend the guidance title as this was referred to us directly from the Department of Health and we do not have authorisation to change it. |
| North West Leeds PCT | 4.1.1 | Felt it would be helpful to specify what other groups e.g. disabled, homeless, refugees | The guidance is intended to apply to all those socially excluded and disadvantaged groups at risk of poor health including the disabled, homeless, refugees and asylum seekers. |
| North West Leeds PCT | 4.1.1 a | Pre-conception, evidence for school education in relation to this | We will not be extending the scope of this guidance to education in schools. We may be able to address this important issue in some future guidance. |
| North West Leeds PCT | 4.2 | Clarity was asked on whether it is clinical guidance on advising | Thank you. This guidance will |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | regarding nutrition of individuals or public health guidance to guide improvement of nutrition across a population | make recommendations at both the individual and population level. |
| North West Leeds PCT | General | Felt it was unhelpful to have breastfeeding guidance in two guidances, i.e. this one and postnatal guidance. Feels it lessens the importance of breastfeeding | Noted, thank you. |
| North West Leeds PCT | General | Is the scope going to look at the impact of Formula Milk companies marketing on breastfeeding | We will consider the evidence on this issue. |
| North West Leeds PCT | General | Comment at Stakeholder meeting regarding health visitor no longer doing the two year check. This is a fairly new development within the profession, who is battling with the development of its public health role and the targeting of the limited resources. If it is felt that routine screening is required, then it will need resourcing and not assumed that health visitors should be doing this as well as developing their public health role | Thank you for raising this issue. |
| North West Leeds PCT | General | As a sentinel site I feel that we could have been instrumental with the development of this guidance. In relation to consultation with certain hard to reach groups. I feel this would be very hard for an organisation like NICE to do without these connections | Thank you for your comment. |
| Nursing & Midwifery Council | General | The Nursing & Midwifery Council (NMC) is the UK regulatory body for nurses and midwives. Its primary function is public protection and does this by setting standards for entry to, remaining on and removal from the register. The NMC would like to thank the National Institute for Health and Clinical Excellence for providing the opportunity to respond to the above | Thank you for your response. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | draft scope. This is an officer response on behalf of the NMC. From the perspective of regulatory issues for nurses and midwives, this draft scope does not appear to have any direct impact on the standards set by the NMC.<br>Any guidance that is produced relating to the topic under consideration, should take into account the legislation and professional code of conduct nurses and midwives are required to practice in accordance with.<br>While the NMC supports inter-professional education and practice it must be remembered there is a legislative remit for the role of the midwife.<br>We look forward to the opportunity to comment on the consultation when it is published. | |
| Nursing & Midwifery Council | Title | The title is quite narrow in respect of the clients this project is attempting to address. Nutrition should be considered as important for all women who are pregnant or have recently given birth, not just for those who are breast feeding. | We are aware of the issues you raise but we are unable to amend the guidance title as this was referred to us directly from the Department of Health and we do not have authorisation to change it. The guidance will address the needs of all postpartum mothers. |
| Nursing & Midwifery Council | Title | The title also refers to Health Visitor. The NMC has three parts to the register; nursing, midwifery and specialist community public health nursing (SCPHN). Health visitors automatically migrated to the SCPHN part of the register. This means the MC | Thank you for raising this. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | no longer regulates SCPHN of which health visitors are part of. | |
| Nutrition and Allergy Clinic | 3.2 | Zinc deficiency affects fertility, pregnancy outcome and immunity. It is of particular concern in low income groups, teenagers and vegetarians. | Noted, thank you |
| Nutrition and Allergy Clinic | 3.2 | Less food is now prepared from fresh ingredients than in the past. Packaged food is often poor in micronutrients, and oversupplied with additives. | Noted. thank you |
| Nutrition and Allergy Clinic | 4.1.1 | Those giving advice to minority groups need to learn about the culinary traditions of those groups. | Agreed. |
| Nutrition and Allergy Clinic | 4.1.1 | Those giving advice to vegans need to address deficiencies of zinc, calcium and vitamin B12. | We will consider the evidence relating to vegans and vegetarians |
| Nutrition and Allergy Clinic | 4.1.1 | Those giving advice to women of childbearing age need to ensure adequate magnesium intake to prevent pre-eclampsia. | Noted, thank you |
| Nutrition and Allergy Clinic | 4.1.1 | Breastfeeding prepares the infant for the food the mother is eating. The infant should then be weaned onto the mother's diet liquidised. | Noted, thank you |
| Nutrition and Allergy Clinic | 4.1.1 | Cookery classes need to be provided in schools and in the community, to teach how to prepare healthy meals from fresh ingredients. | We will not be extending the scope of this guidance to education in schools. We may be able to address this important issue in some future guidance |
| Nutrition and Allergy Clinic | 4.1.1 | Health professionals should refer their clients to cookery classes, when they need them. | Noted, thank you |
| Positively Women | 3.3.1 | Breastfeeding no reference to the exception of HIV positive mothers who should be advise not to breastfeed. | Thank you for your comment. However, it is beyond the |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | | scope of the guidance to make recommendations for women with clinical conditions that require specialist advice. |
| Positively Women | 4.4.5 | Time scale seem rather short, could it not be extended to ensure a healthier childhood i.e.<br>Short-term 6-20 weeks<br>Mid-term 20 weeks -18 months<br>Long-term over 2 years | Thank you for your suggestion. The time scales in the draft scope were listed as an example. We will revisit timescales again during the development of the guidance. |
| Public Health Collaborating Centre for Maternal and Child Nutrition | General | This programme guidance is an important opportunity to contribute to improving maternal and child health. The current scope, however, seems to offer limited opportunity to examine wider policy/social/cultural issues such as maternity leave provision, advertising and retail issues, and education for schoolchildren, despite the recognition that such issues are critical in improving public health | The social and cultural factors affecting maternal health and food choice are very important and we will consider those most directly related to the topic. Advertising and marketing of foods, and education of schoolchildren are beyond the scope of this guidance |
| Public Health Collaborating Centre for Maternal and Child Nutrition | General | There appears to be little on ways of changing behaviour – either for health professionals, or for women and families. This is critically important if interventions are to be introduced in practice. In particular, are there ways of enhancing behaviour change in nutritionally vulnerable groups? | There is a programme of public health guidance currently in development which is considering behaviour change in detail. See http://www.publichealth.nice.org.uk/page.aspx?o=BehaviourChange |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | | Main for more information |
| Public Health Collaborating Centre for Maternal and Child Nutrition | General | What work will be conducted to ensure that the views of women and of children will be sought at appropriate stages of this process, and especially to ensure that the views of vulnerable groups will be sought? Such work, if it is to be conducted appropriately, will need proper investment of resources and skills. | This is an important issue which will be decided addressed when the draft recommendations are tested during the fieldwork phase of the guidance development process. |
| Public Health Collaborating Centre for Maternal and Child Nutrition | General | How will recent NICE work on breastfeeding (systematic review and public health guidance) and food support programmes (systematic review) be linked with this programme? | The food support programmes systematic review will be considered in the development phase of this guidance.<br><br>The breastfeeding effective action briefing commissioned by the Health Development Agency will be consulted on in tandem with the draft NICE postnatal care clinical guideline. |
| Public Health Collaborating Centre for Maternal and Child Nutrition | Section 4.1.1 | The following groups should be included: if they are not, a rationale is needed:<br>Low birth weight and premature babies: their nutritional needs are especially important, and there is a clear association with low income groups<br>Babies who are nutritionally vulnerable, including those who are of concern due to under or over weight (including failure to | The rationale for excluding issues or groups from consideration will either be because the issue is too far removed from the topic under consideration or that the issue has already been considered |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | thrive and those deemed to be 'overfed')<br>Babies with particular problems with breastfeeding, such as those with cleft lip and palate, Down's syndrome, etc<br>Mothers with particular problems with breastfeeding, such as those with maternal health problems, prescription and non-prescription drug use, and breast surgery<br>Women at particular nutritional risk, including refugees and asylum seekers, and prisoners<br>Multiple births<br>Health professionals (e.g. education, organisation of care and behaviour change) | in depth during the development of other NICE guidance or clinical guidelines either published or due to be published before this public health guidance is issued.<br><br>The nutritional needs of low birth weight babies (defined by the WHO as a birth weight less than 2.5 kg) will not be covered by this guidance as they require specialist dietary management which is outside the remit of this guidance. We may be able to address this important issue in some future guidance. |
| Public Health Collaborating Centre for Maternal and Child Nutrition | Section 4.2 | Will links with smoking be examined? - especially with regard to alcohol consumption, and weight management | Public health intervention guidance due to be published in March 2006 will address some of these issues. There will also a programme of public health guidance, due to be published in August/September 2007 which will be able to consider a |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | | broader range of evidence related to maternal smoking. |
| Public Health Collaborating Centre for Maternal and Child Nutrition | | The wording 'safe hygienic preparation' should be reframed as 'ways of minimising the risks of formula feeding' . Formula feeding is never truly 'safe', and always carries inherent risks vs. breastfeeding | Noted, thank you |
| Public Health Collaborating Centre for Maternal and Child Nutrition | Section 4.2 | Two issues, food allergies and intolerance, and oral health, while very important, are very large and rather different fields from nutrition as a whole. They are unlikely to be properly addressed as part of this programme of work, and should not be included in this scope. | The evidence for the prevention, in infancy, of food allergies and intolerance will be considered, as will the effect of the introduction of foods other than milk on the dental health of babies and young children. We will not address these topics in their entirety. |
| Public Health Collaborating Centre for Maternal and Child Nutrition | | Care needs to be taken with the issue of nutrition for breastfeeding women – this should simply be framed as nutrition for postpartum women and mothers of babies and toddlers | This is helpful, thank you. |
| Public Health Collaborating Centre for Maternal and Child Nutrition | Section 4.3 | Growth monitoring and especially the use of growth charts will be important issues underlying decisions such as stopping breastfeeding, introducing supplementary feeds and solids, and identification of babies who are nutritionally vulnerable. The interface with population-based screening programmes should be reconsidered. | Agreed.<br><br>Population-based screening programmes for particular disease and conditions are not within the remit of NICE and are governed by the UK |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | | National Screening Committee. Please refer to the Department of Health website for more details. |
| Public Health Collaborating Centre for Maternal and Child Nutrition | Sections 4.4-4.7 | There is very limited information on how this work will be conducted – its scale and depth, especially in regard to economic evaluation. This is very important as high quality research to inform public health in general is limited, and it will be a time consuming task to explore the range of material needed. | This is indeed very important. We and will be working with experts from the beginning of the development process to address this in the most effective and appropriate manner. |
| Regional Neonatal Intensive Care Unit<br>St James's University Hospital | General | This document and programme is very welcome. I am troubled by the absence of any mention of the preterm infant. 6% of newborn infants are preterm. 1% are very low birth weight and use a considerable NHS resource. Amidst the high-tec intensive care setting, their nutrition if profoundly important. They are uniquely the group in whom there is randomised, controlled, trial evidence of the benefit of breast milk. The advantages relate to milk tolerance, ease of feeding, a 7-fold reduction in potentially lethal NEC, and long-term benefits, principally improved neurodevelopmental outcome. While sharing the advantages of the term infant, in Europe, this is the group which benefits most from breast feeding. It is the reason for the rebirth of the breast milk bank.<br><br>In my view, the preterm infant and their mother merits specific mention. | The nutritional needs of low birth weight babies (defined by the WHO as a birth weight less than 2.5 kg) will not be covered by this guidance as they require specialist dietary management which is outside the remit of this guidance. We may be able to address this important issue in some future guidance. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| Regional Neonatal Intensive Care Unit<br>St James's University Hospital | General | I see that this is called scope. I assume that you are aware that SCOPE is also the name of the UK disability organisation that focus on people with cerebral palsy. www.scope.org.uk. | Noted, yes we are aware of this. Thank you. |
| Royal College of General Practitioners | 3.2 | Suggest adding a sentence on alcohol consumption and the evidence that it is increasing amongst young women. Alcohol is mentioned in section 4.2 as an area that will be covered by the guidance. | Thank you for this suggestion. We will consider the evidence on alcohol consumption as it relates to the health and nutrition of mothers and their children, but will not extend to the wider social and cultural attitudes to alcohol consumption. However this may be a topic for future NICE guidance. |
| Royal College of General Practitioners | Page 3 | It states a reduced risk of pre-menopausal breast cancer. A study in the Lancet, around 2 years ago, suggested a reduction in all breast cancers. Also, in the next paragraph, would need to question the claim about heart disease. Our understanding is that there is evidence of reduced cholesterol levels but this has not been translated into a reduced risk of heart disease. This has possibly been presumed but not proven. Perhaps it could be highlighted as an issue which requires further clarification. | Thank you for this helpful information. Regarding protection from breast cancers, we anticipate that the forthcoming NICE guideline on post-natal care which considers infant feeding in the first six weeks, will address this issue.<br><br>Regarding a reduction in the |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | | risk of CHD, in addition to making recommendations for practice, NICE guidance also highlights areas where further research is needed and will consider issues such as this accordingly. |
| Royal College of General Practitioners | 4.4 | We would suggest an additional element prior to point 1 outlining the theoretical basis for the intervention and who decided the content, aims and objectives of the intervention. Was there any lay involvement? What are the backgrounds of the intervention designers? How might their academic or clinical discipline influence the intervention and the outcomes? This is important in maternal and child nutrition, as a wide range of academic and clinical disciplines conduct research in this field, interventions are often complex and the theoretical background and assumptions can differ. | This is a useful suggestion, thank you. |
| Royal College of General Practitioners | General | It is well laid out and seems comprehensive. Additional things to think of are:<br>Context of health information advice e.g. free goody bags on maternity wards sponsored by food manufacturers<br>Influence of manufacturers via direct and indirect means<br>Present level of knowledge about breast feeding amongst primary health workers is currently quite low – are there plans to look at how this could be enhanced?<br>How can PCTs be influenced to provide better services for promoting breast feeding? | The guidance will make recommendations for the NHS, the wider public health system and for primary care in particular and will consider the practicalities of implementing the recommendations during the development of the guidance. In addition implementation resources will |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | | be made available to health professionals. |
| Royal College of General Practitioners | 4.6 | We would like qualitative research to be specifically mentioned here, so that it is not overlooked. | We will consider qualitative research when we examine the effectiveness of maternal and child nutrition interventions. |
| Royal College of Midwives | General | Why is the referencing in the Harvard Referencing System in 'Maternal and child nutrition draft scope' and in the Vancouver referencing system in the 'Knowledge, attitude and behaviour change draft scope? This could be confusing for practitioners. | Noted, thank you for highlighting this issue. |
| Royal College of Midwives | General | Advice on what constitutes healthy eating/nutrition may not be appropriate for some groups. This is likely to be dictated by income, level of education and culture. This is why it is important to consider the issue of inclusiveness in developing the guidance. For example, the proposed constitution of the PDG is likely to exclude some minority groups and we may end up with recommendations that target them without consultation. NICE should be able to facilitate inclusion and not lay down tight criteria which exclude some of these groups. | We will examine the effectiveness of health education interventions to improve the nutrition of pregnant women, mothers and children. |
| Royal College of Midwives | General | It is important that the Terms of Reference will include the nutritional needs/healthy eating for asylum seekers' and perhaps address the wider issues around affordability. | Thank you. The guidance is intended to apply to all those socially excluded and disadvantaged groups at risk of poor health including |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | | refugees and asylum seekers. |
| Royal College of Midwives | General | Reference needs to be made in the guidance to weaning and vitamin supplementation in infancy – and perhaps clarify the issue of vitamin D supplementation. | Noted, thank you. |
| Royal College of Midwives | Page 2<br>3.1 | The need for guidance<br>(First paragraph- first line) Need for good nutrition,(to add) prior to pregnancy, during pregnancy, breastfeeding…..<br>Preconception healthy eating is also important particularly for socially deprived/low income families.<br><br>The first para re; folic acid supplementation '…. Significantly reduces the risk of neural tube defects (NTD) needs a reference.<br>2nd paragraph - ------ future breast feeding needs insert of the infant | Thank you for these useful suggestions. |
| Royal College of Midwives | Page 3 | Good acknowledgment that the women has a central position and plays a key role in ensuring children establish healthy eating patterns, (depends on what income she has though!)<br><br>Second paragraph - There is recent evidence that obese mothers are more likely to have obese children – need to reference this. | Noted, thank you. |
| Royal College of Midwives | Page 4 | First paragraph - DoH references 1991 & 1994. Are there any later reports of healthy eating recommendations?<br>3.2. First sentence too long! Spilt into a short sharp statement 'Good maternal and child nutrition is considered essential. There are, however, concerns… | These two DH references are the most recent national advice relevant to this age group. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | 3.2 (a) - second sentence) to remove 'A dose-response relationship…<br>(it repeats itself and confuses the statement) Change to; There is a relationship between increased nutrient intake among, socially disadvantaged pregnant women and an increase…… | Thank you for these suggestions. |
| Royal College of Midwives | Page 5 | First paragraph, second line- Change the word nutritionally vulnerable to nutritionally deprived…'<br>(C) Line 3/4 - "Women who at greatest risk of having babies with NTD…... Needs reference<br>(Health Education Authority, 1998) then followed by (Opcite). | Thank you for these suggestions. |
| Royal College of Midwives | Page 11 4.4.5 | Target (with whom?) How does the effectiveness vary with age gender, class, income, socio-economic group, ethnicity, etc. ? relevant<br>Is the target population low income households? | Noted, thank you. |
| Royal College of Midwives | Page 12 | 10. Laudable – but how is it going to be sustained. Consider individual family resources and effective use<br><br>Third paragraph needs clarity. How are the short, mid and long-term times worked out? Why is short term 6-12 weeks, mid term over 12weeks, long term (over one year)?<br><br>No gap between short and mid-term but a 9 month gap between mid- and long term. Usually short term is 0-6months, mid-term is 6-12 months and long-term > 12 months. | Thank you.<br><br>The time scales in the draft scope were listed as an example. We will revisit timescales again during the development of the guidance. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | The issue of resource needs to be properly addressed. | |
| Royal College of Midwives | Page 14 | First paragraph - first line 'group will have discretion to take into account…' Would this introduce bias? | The economic evaluation methodology will be open and transparent, without the introduction of bias. |
| Royal College of Nursing | General | With a membership of over 370,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. The RCN promotes patient and nursing interests on a wide range of issues by working closely with Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.<br><br>Thank you for the opportunity to comment on the draft scope for this guidance. | Noted, thank you. |
| Royal College of Nursing | 4.1.1 | Perhaps it would be useful to add Addictive Behaviour Groups (Drugs and Alcohol etc.) as many young pregnant women attend these groups. | Alcohol use will be covered by the guidance but not drug misuse. |
| Royal College of Nursing | 4.1.1 | Generally, the Royal College of Nursing will support this guidance development, however, the resource implications should be taken into account – successful implementation needs professionals who have the training, expertise and sound working knowledge of breast feeding and how to support new | The final guidance will be accompanied by implementation support tools, which will identify the resource implications arising from the |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | mothers and who are available to offer advice and support when required.<br><br>This would mean availability for 24 hours, as problems are just as likely to occur during the night as during the day.<br><br>It may require telephone advice lines with specialist personnel, for example the National Childbirth Trust (NCT) breast feeding counsellors are able to provide such a service, but only to a few individuals. | final guidance recommendations. Your comments have been logged by the Implementation Team. |
| Royal College of Nursing | 4.1.1 | One would expect that all interventions, both within the NHS as well as with specialist external organisations would be included. We would support learning from good practice. | Noted, thank you. |
| Royal College of Nursing | 4.2 b | As above, we need really sound and up to date advice and examples of where this is working well in order to stem the tide of obesity and encourage breast feeding and healthy eating. | Thank you. |
| Royal College of Nursing | General | Will this look at the new free welfare scheme (Sure Start Maternity Grant) for pregnant and nursing mothers, who are on benefits? | NICE guidance makes recommendation for the NHS, the wider public health system and for primary care in particular. It does not however affect statutory change.<br><br>We will be considering all relevant evidence in relation to |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | | the scope. |
| Royal College of Nursing | General | As breastfeeding mothers are being addressed there are issues of concern:<br><br>In lower socio-economic groups there may be a risk that women perceive breastfeeding as 'special', i.e. something which is out of reach to them. In addressing dietary issues in breastfeeding women in particular the 'special' view may be reinforced, thus deterring some women from initiating breastfeeding. | We are aware that this interpretation is made. We expect to make recommendations to address the arguments and issues you raise. |
| Royal College of Nursing | General | Surely the diet and health of bottle feeding women is also important, but this document does not address this. | We will consider the evidence on this issue. |
| Royal College of Nursing | General | The document states: 'breastfed babies are less likely to be admitted to hospital for.....'<br><br>Whilst this is the case, is it not more accurate to say that 'bottle fed babies are more likely to be admitted to hospital for.....'<br><br>Breastfeeding is the physiological norm, therefore bottle fed babies should be compared to them, not the other way around. | Thank you, agreed. |
| Royal College of Nursing | General | Please add Royal College of Nursing to Registered Stakeholder list | Noted, thank you. |
| Royal College of Obstetricians and Gynaecologists | General | Guidance to improve nutrition of pregnant and breastfeeding mothers and children of low income households is welcomed but will evidence be available for low income populations only? In any event, why restrict the guidance to low income families when there are some concerns about nutrition in pregnancy | This is a helpful observation. The guidance will cover all mothers and children but will focus on the needs of disadvantaged and |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | which span across all income groups, low and high BMI, folic acid fortification of food.<br><br>We would also like to see the inclusion of maternal age as this affects BMI and diabetes, so is likely to have an adverse effect in intrauterine nutrition in the future. | nutritionally vulnerable groups in particular.<br><br>This is a clinical issue and will be addressed by the NICE diabetes in pregnancy guideline currently in development. |
| Royal College of Obstetricians and Gynaecologists | 3.2(e) | Issues other than income affect the rates of breastfeeding, for example ethnic differences. | Agreed |
| Royal College of Obstetricians and Gynaecologists | 3.2(g) | Other factors, such as polycystic ovarian syndrome, should not be underestimated when considering difficulties in conception. | This is a clinical issue and is outside the scope of the guidance. It was addressed in the clinical guideline by the NICE Clinical Guideline - Fertility: assessment and treatment for people with fertility problems, published February 2004. |
| Royal College of Obstetricians and Gynaecologists | 4.5 | As school nurses are included in the target audiences, it would be important to include local education authorities. | Noted, thank you |
| Royal College of Obstetricians and Gynaecologists | 4.6.2 | We can see difficulties in applying the QALY analysis to this programme. A successful nutrition intervention in one pregnancy may be having its principal beneficial effects in the next pregnancy! | This is a helpful observation. We are aware of the concerns regarding the use of QALYs in this area of maternal and child |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | | nutrition. We will ensure an appropriate health-related outcome measure is used in this guidance. |
| Royal College of Paediatrics & Child Health – Intercollegiate Nutrition Committee | General | This review seems to be attempting to embrace a wide range of important subjects, but many will have little if any high grade evidence. There is the potential to gather together important evidence where it exists, while identifying areas in need of further research. However, we would caution that there is also the real risk that if the topics pursued are too broad ranging, that important evidence may be missed and much effort wasted pursuing topics with no real evidence base. | Noted, thank you. |
| Royal College of Paediatrics & Child Health – Intercollegiate Nutrition Committee | General | There is no mention in the scope of the training implications of the recommendations. If they are to be successfully disseminated there will need to be thought about how they can be incorporated into professional training for all the practitioner groups involved. At present, training in nutrition for doctors and nurses at various levels is patchy and disorganised with the result that some training schools cover it well, while others offer little or no nutritional training at all. We would suggest that a review of evidence of the existing competences of health care staff involved in implementation of dietary advice to these populations is needed, to identify best practise in terms of staff competences and supporting educational or training aids in delivering any recommendations from the review. | A review of the competencies of health care staff in this area is beyond the scope of this guidance. However, the final guidance will be accompanied by implementation support tools which will address the resource implications arising from the final guidance recommendations. Your comments have been logged by the Implementation Team. |
| Royal College of Paediatrics & Child Health | 4.1.1 | We endorse your intention to extend the review more widely than studies only undertaken in low income or otherwise | Thank you for your helpful suggestions. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| – Intercollegiate Nutrition Committee | | vulnerable households. By casting the net more widely a richer evidence base will become available and may allow you to explore how effectiveness varies in relation to a wide range of possible factors. We hope this may be reflected in the title which is currently both stigmatising and too narrowly defined.<br>We support the central importance of infant milk feeding in this review. However we would propose that referring to the 'nutritional needs of breastfeeding mothers' tends to inadvertently perpetuate the image of breastfeeding as a minority activity associated with risk, as opposed to the normal physiological state. We suggest instead referring to the special nutritional needs of mothers of young infants, without specifying that they are breastfeeding. | The guidance will address the nutritional needs of all post partum mothers.<br><br>We are aware of the issues you raise but we are unable to amend the guidance title as this was referred to us directly from the Department of Health and we do not have authorisation to change it. |
| Royal College of Paediatrics & Child Health – Intercollegiate Nutrition Committee | 4.2 b | The topics specified for childhood are extremely broad ranging, which will make complete searching and summarisation difficult. Since the subject of the review is intervention, we suggest that the topics covered should reflect important nutritional conditions or states where the intended outcome of intervention is reasonably clear. We would suggest that the review should concentrate on the following topics in childhood:<br>Interventions to promote the initiation and continuance of exclusive breastfeeding for 4 – 6 months.<br>The safety and efficacy of infant formulas as breast milk substitutes<br>Interventions to support a timely transition from milk feeding to a healthy balanced diet suitable for young children<br>The prevention of vitamin D deficiency | Thank you for your helpful suggestion. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | The prevention, diagnosis and treatment of iron deficiency<br>The prevention of dental caries and erosion<br>The prevention and diagnosis of food allergy and intolerance<br>The prevention, diagnosis and treatment of under nutrition in infancy (weight faltering, failure to thrive)<br>The role of early interventions to prevent later obesity | |
| Royal College of Paediatrics & Child Health – Intercollegiate Nutrition Committee | 4.2 b | Please note that a SIGN guideline on the prevention of dental caries in this age range will be published shortly – this should have already reviewed most of the evidence relevant to the prevention of dental caries and erosion | This is very helpful, thank you. |
| Royal College of Paediatrics & Child Health – Intercollegiate Nutrition Committee | 4.3 | While accepting that screening programmes will not be the subject of this review, there is a need to consider aspects of screening as they relate to the identification to important conditions. In particular the question of which thresholds for referral or intervention are used in cases of possible under- or over- nutrition, as well as iron deficiency, is critical to the assessment of how effective subsequent treatments are.. | This is beyond the scope of the current programme of work, however may be considered in future NICE guidance. For example, the forthcoming NICE guidance on obesity, will consider aspects of identification of obesity in children aged 2 years and over. |
| Royal College of Paediatrics & Child Health – Intercollegiate Nutrition Committee | 4.4 | We hope that the review will include interventions in the form of legislative or local regulatory change – such as water fluoridation or regulating sugar consumption in nurseries in order to prevent dental caries, or the implementation of 'baby friendly' status in maternity hospitals to promote breastfeeding. | NICE guidance makes recommendation for the NHS, the wider public health system and for primary care in particular. It does not however affect statutory change. |
| Royal College of | General | The College believes the objectives of this work are worthy. We | Thank you for your comments |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| Physicians | | hope the economic arguments are realistically related to the income or lack of it in the target populations. The objectives certainly accord with those previously expressed by the RCP in its reports on Obesity and the DH Choosing Health document. | |
| Scientific Advisory Committee on Nutrition Subgroup on Maternal and Child Nutrition | General | The Committee commends NICE for taking the approach that will look at the effectiveness of interventions "across the social gradient" and hope that interventions that tackle the whole sub-population will be reported irrespective of whether analysis has been presented by class differences. We generally support the scope of the proposal. | Thank you. |
| Scientific Advisory Committee on Nutrition Subgroup on Maternal and Child Nutrition | General | The importance of improving nutrition to pregnant and breast feeding mothers and children of low income households is obvious but there is going to be some difficulty in defining low income. Indeed in the literature search identifying papers of importance about nutrition breakdown by family income has not been studied or specified.<br><br>There are some concerns about nutrition in pregnancy which span the income groups, for instance women who have unusual eating habits and there are some potential interventions for which an improvement may be beneficial across the whole income spectrum e.g. increasing the intake of folate/folic acid particularly in women of child-bearing age. | Thank you for highlighting these difficulties.<br><br>Thank you for raising these issues. |
| Scientific Advisory Committee on Nutrition Subgroup on Maternal and | Page 1 Pharma-cists | This group may require a different approach to other health professionals in that some of them sell breast milk substitutes. Thus in terms of the Code covering marketing of breast milk | Thank you for this important comment. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| Child Nutrition | | substitutes some pharmacists are also “distributors”. Indeed the Code considers retail pharmacies to be outside the healthcare system. Guidance provided should recognise and be sensitive to this point. | |
| Scientific Advisory Committee on Nutrition Subgroup on Maternal and Child Nutrition | 3.1 | Comment on breastfeeding and breast cancer. The world-wide data show that breastfeeding reduces breast cancer risk (in the mother) among both pre and postmenopausal women (i.e. protection is not restricted to pre- as stated). Reference is: Collaborative Group on Hormonal Factors in Breast Cancer. Breast cancer and breastfeeding: collaborative reanalysis of individual data from 47 epidemiological studies in 30 countries, including 50302 women with breast cancer and 96973 women without the disease.<br>Lancet. 2002 Jul 20;360(9328):187-95. | Thank you for this helpful information. Regarding protection from breast cancers, we anticipate that the forthcoming NICE guideline on post-natal care which considers infant feeding in the first six weeks, will address this issue. |
| Scientific Advisory Committee on Nutrition Subgroup on Maternal and Child Nutrition | Page 4 section 3.2 a | The sentence is an overstatement as the evidence is not yet definitive. The citation is given as Bull et al 2003, which is the HDA review on LBW prevention. As I read it that grades most of the evidence as inconsistent or of low quality. This statement requires fuller justification. | We will look at this statement in light of your comment. |
| Scientific Advisory Committee on Nutrition Subgroup on Maternal and Child Nutrition | 3.2 b | Low consumption of fruit & vegetables among low income families is a recognised problem in UK and should be mentioned here. | Noted, thank you. |
| Scientific Advisory Committee on Nutrition Subgroup on Maternal and Child Nutrition | 3.2 e | There are important ethnic differences with regard to both initiation and continuation of breast feeding which are in many cases independent of income. | Noted, thank you. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| Scientific Advisory Committee on Nutrition Subgroup on Maternal and Child Nutrition | 3.2 f | Significant need to include a paragraph on vitamin D to highlight its importance for pregnant and breastfeeding women and under 5s particularly from vulnerable groups. | Noted, thank you. |
| Scientific Advisory Committee on Nutrition Subgroup on Maternal and Child Nutrition | 3.2 g | Amongst women with a BMI above 30 who are having problems with conception there are probably important differences between those with and without Polycystic Ovarian Syndrome. | Noted, thank you. |
| Scientific Advisory Committee on Nutrition Subgroup on Maternal and Child Nutrition | 4.1.1 & 4.1.2 | Will post-discharge nutrition of infants of low birth weight be considered separately? Most do not receive any specialist advice as normal course and are managed in primary care. | The nutritional needs of low birth weight babies (defined by the WHO as a birth weight less than 2.5 kg) will not be covered by this guidance as they require specialist dietary management which is outside the remit of this guidance. We may be able to address this important issue in some future guidance. |
| Scientific Advisory Committee on Nutrition Subgroup on Maternal and Child Nutrition | 4.2 b | The term 'weaning' is too narrow. We suggest that this is broadened to 'Complementary feeding'.<br>Specific mention of vitamin supplements is needed to reflect current advice on supplementation. A new bullet point on "Vitamin supplementation including vitamin D" should be added. | We will do our best to be as clear and explicit as we can, choosing the most appropriate terminology as part of this.<br><br>Noted, thank you. |
| Scientific Advisory Committee on Nutrition | 4.3 | Although it is accepted that other agencies may be reviewing some parts of this programme increasing intake of folate/folic | Thank you. We will be considering the evidence on |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| Subgroup on Maternal and Child Nutrition | | acid amongst women of childbearing age should be included in the scope particularly when the subject is low income families. | this issue in detail and making recommendations accordingly |
| Scientific Advisory Committee on Nutrition Subgroup on Maternal and Child Nutrition | 4.4 | It would be helpful to state the age in the 3rd bullet point. Should it be up to 5 years?? | Yes, thank you for highlighting this. |
| Scientific Advisory Committee on Nutrition Subgroup on Maternal and Child Nutrition | 4.5 | The target audience includes school nurses but not Local Education Authorities. An important opportunity for provision of relevant education in this matter surely exists for teenage boys and girls. | We will not be extending the scope of this guidance to education in schools. We may be able to address this important issue in some future guidance. |
| Scientific Advisory Committee on Nutrition Subgroup on Maternal and Child Nutrition | 4.6.2 | Some difficulties are foreseen in applying the QALY analysis to this programme. A successful nutrition intervention in one pregnancy may be having its principal beneficial effects in the next pregnancy. With regard to the Early Life Origins of Adult Disease it would be very difficult and involve a lot of assumptions to try to model a cost effectiveness analysis. | We are aware of the concerns regarding the use of QALYs in this area of maternal and child nutrition. We will ensure an appropriate health-related outcome measure is used in this guidance. |
| Scientific Advisory Committee on Nutrition Subgroup on Maternal and Child Nutrition | General | It is extremely important that studies reviewed in relation to nutrient intake of pregnant women take account of dietary survey methods, under-reporting and mis-reporting. There are very few robust studies of nutrient intake during pregnancy and no national data. Therefore the pitfalls need to be considered carefully before jumping into conclusions. Some reviews have made fairly strong comments about nutrient intake, when it is | Thank you for raising these methodological problems. We will advise the Programme Development Group to take these issues into account when examining the evidence base for interventions. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | clear that the estimated figures are unlikely to be representative of habitual intake during pregnancy. Few studies of pregnant women have considered the use of energy / PAL cut offs. This point cannot be made strongly enough and is often ignored by people reviewing dietary interventions without understanding the basics of energy metabolism. | |
| Scientific Advisory Committee on Nutrition Subgroup on Maternal and Child Nutrition | General | Issues emerging from LIDNS will be used as a background to discussing general issues about poverty and diet. It is important that this work is cross referenced in the same way that NDNS has been. | Thank you. We consider the forthcoming LIDNS to be an important source of evidence. |
| Scientific Advisory Committee on Nutrition Subgroup on Maternal and Child Nutrition | General | Whilst excessive weight gain during pregnancy is raised as an issue, we know little about (true) under-eating during pregnancy, especially in women with low BMI who are able to conceive – the few existing data could be usefully reviewed. | Noted, thank you. |
| Scientific Advisory Committee on Nutrition Subgroup on Maternal and Child Nutrition | General | It is unclear how effectiveness will be defined – is it reported diet intake, biochemical/physiological data, pregnancy outcome or other? Assessment of effectiveness should take account of other elements beyond just cost effectiveness. Particular care is needed when interpreting biochemical measures of nutritional status as reference changes may change significantly in pregnancy (e.g. haemoglobin) | The guidance will consider a range of effectiveness outcomes, not just cost effectiveness. Thank you for highlighting the problems associated with interpreting biochemical measures. |
| Scientific Advisory Committee on Nutrition Subgroup on Maternal and Child Nutrition | General | Guidance for pregnant women should include a note on vitamin A (food and supplement sources). Guidance might extend to considering other supplements including omega 3 which is fairly topical at the moment. A note on iron would be useful. | Noted, thank you. |
| Scientific Advisory Committee on Nutrition | General | The paradox about food intake during pregnancy is that many women change their diet in response to physical symptoms | Noted, thank you. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| Subgroup on Maternal and Child Nutrition | | experienced during pregnancy. Although these are largely not relevant to the well-being of the mother they may have greater effects on food choice than all the best nutrition education. There are also existing Cochrane reviews in some of these areas (e.g. constipation during pregnancy) which really should be included. Specific topics are nausea and vomiting, heartburn and constipation. This area is a classic area for the inclusion of patient representatives to be involved in defining the scope. | |
| Slimming World | 3.2 a | Obesity is also more prevalent in women from lower socio-economic groups and is also probably linked to the nutritional quality of their diet. Should the scope not also address this area in terms of birth out-comes? | Thank you. We will be considering the evidence on this issue. |
| Slimming World | 3.2 g | Obesity and excess weight gain during pregnancy is linked to increased problems during birth and labour e.g. gestational diabetes and pre-eclampsia. But we welcome the fact that excess weight gain during pregnancy and poor weight loss post pregnancy has been identified as a critical period for the development of obesity in later years. | Thank you. |
| Slimming World | 3.2 e | The data relating to number of mothers breastfeeding would appear to be quite high – higher than anticipated. Do we have any data on numbers of mothers who exclusively breast-feed for the given periods of time? And what do we mean by still breast-feeding – is it just one feed per day end the rest are formula feeds for example? | The Infant Feeding Survey 2000 was unable to analyse information on exclusive breastfeeding as defined by the WHO. The Infant Feeding Survey 2000 defines breastfeeding initiation as 'all babies who were put to the breast at all, even if this was |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | | on one occasion only' and duration as 'the length of time for which breastfeeding continued at all, regardless of when non-breast milk and other drinks or foods were introduced.' |
| Slimming World | 3.2 h | Again equate to the nutritional quality of the diet and link also to poor weaning and drinking practices. | Noted, thank you. |
| Slimming World | General | We welcome the scope; Slimming World welcoming pregnant women to their weekly groups, working in partnership with the person's mid-wife. Many of our members are people who have put on an excess amount of weight during pregnancy and need support to lose this weight afterwards. | Thank you for this information. |
| Tamba (Twin and Multiple Birth Association) | General | To amend the term fetus to fetus(s) and make explicit that multiple births are included | Agreed. |
| Tamba (Twin and Multiple Birth Association) | 1 | Possible title: Guidance to improve the nutrition of pre-conception, pregnant, feeding mothers and children experiencing health inequalities.<br><br>Health inequalities may make a difference in terms of achieving effective delivery considering existing professional remits. | Thank you for your comment.<br><br>We are aware of the issues you raise but we are unable to amend the guidance title as this was referred to us directly from the Department of Health and we do not have authorisation to change it. |
| Tamba (Twin and Multiple Birth Association) | 4.1 | Inclusion of role of fathers re nutrition of mother, to establish and maintain breastfeeding and feeding of children | Thank you for this helpful suggestion. The guidance will |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | Suggestion: This guidance will support and inform local practice with women, fathers/partners and children in low income. | consider the important role of fathers. |
| Tamba (Twin and Multiple Birth Association) | 4.1 | Make explicit if refugee/asylum seekers are included or not | Thank you. The guidance is intended to apply to all those socially excluded and disadvantaged groups at risk of poor health including refugees and asylum seekers. |
| Tamba (Twin and Multiple Birth Association) | 4.2 a | Include: Advice of healthy birth intervals (to achieve maternal nutritional replenishment between pregnancies) | We will consider the evidence on this issue. |
| Tamba (Twin and Multiple Birth Association) | 4.2 b | Change weaning to complementary feeding | We will do our best to be as clear and explicit as we can, choosing the most appropriate terminology as part of this. |
| Tamba (Twin and Multiple Birth Association) | 4.2b | Consider splitting the age group specified from 1 to 5 years to 6mth – 2 years and 2 – 5 years. | This is a useful suggestion thank you. |
| Tamba (Twin and Multiple Birth Association) | 4.2b | Food allergies and intolerance…specify guidance will cover prevention not treatment | The guidance will consider the evidence relating to the prevention, in infancy, of food allergies and intolerance. Treatment of these conditions is outside the scope of the guidance. |
| Tamba (Twin and Multiple Birth Association) | 4.4 | Q.6. Views of those receiving the intervention. Should the views of those receiving the intervention include other members of the household whose attitudes etc undoubtedly will have an effect | Where this is appropriate we anticipate that it will be taken into account |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | on what food is purchased, prepared and eaten in the home i.e. fathers/ partners, the target age children and other siblings | |
| Tamba (Twin and Multiple Birth Association) | 4.4 page 12 | Re broad mechanism of delivery…include consideration of the suspension of the 2 year developmental checks carried out by Health Visitors in some areas currently too short staffed to offer this service | We will consider the evidence on this issue. |
| Teenage Pregnancy Unit DfES | General | We welcome the proposed guidance including the recognition that teenage mothers are a vulnerable group at particular risk of poor maternal and child nutrition.<br><br>We also welcome the recognition that interventions need to be assessed within the broader mechanisms for delivery. Interventions with teenage mothers are more successful when they are provided as part of a holistic package of support that addresses a range of issues that many teenage mothers experience during the pregnancy and following the birth. Until the most pressing issues around benefits, housing, and help with mediating family relationships (which often become strained as a result of the pregnancy) are addressed, interventions around health issues including breast-feeding, smoking and nutrition are unlikely to be successful. | Noted thank you. |
| Teenage Pregnancy Unit DfES | 3.1 | The infant mortality rate for babies of teenage mothers is 60% higher than for babies of older mothers. | Thank you for this helpful information |
| Teenage Pregnancy Unit DfES | 3.2 c | 75% of teenage pregnancies are unplanned. | Thank you for this helpful information |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | | |
| Teenage Pregnancy Unit DfES | 3.2 d | Teenage mothers are 25% more likely than average to have a low birth weight baby. | Thank you for this helpful information |
| Teenage Pregnancy Unit DfES | 3.2 e | Teenage mothers are half as likely to breastfeed as older women. | Thank you for this helpful information |
| Teenage Pregnancy Unit DfES | 4.2 a | We welcome the fact that the guidance will cover 'general healthy eating advice for the whole family'. For teenage mothers a number of them will still be living at home and therefore food choices will be influenced by what is being cooked in the home. However the Maternity Alliance's report 'Good Enough to Eat? The Diet of pregnant teenagers' suggests that those living at home are likely to have better diets than those who live independently. | Noted thank you. |
| Teenage Pregnancy Unit DfES | 4.4 | The evaluation of the Sure Start Plus pilot programme, a programme to improve poor health and social outcomes for teenage parents and their children, suggests that many young parents have intensive support needs which need to be met through a holistic package of support. Personal Adviser providing such support worked within multi-disciplinary teams, referring on to specialist workers where appropriate.<br><br>The evaluation has shown that to improve health outcomes a number of issues of more immediate concern to the pregnant teenagers and teenage mothers need to be addressed (such as | This is helpful information thank you. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | issues around benefits, housing, and relationships with partner and family). Any interventions based on improving nutritional outcomes will need to recognise some of the wider issues these young women face, which they consider more pressing, and ensure links are made to services that will address these issues.<br><br>Despite the obstacles, young women do want the best for their children and welcome support that is provided appropriately. However, pregnant young women and young mothers are often stigmatised by other service users and professionals and are therefore reluctant to access services. Services therefore need to be sensitive to their needs, develop the service in consultation with young mothers, and where possible provide services specific to them. The experience of Sure Start Plus suggests that pregnant young women and young mothers are more likely to access services if they trust the staff providing the service and are provided with activities of interest to them. For instance, smoking cessation services have initially got pregnant young women to access the service by putting on events such as days out and then once a relationship has been established with the women they move on to discussion about giving up smoking.<br><br>For further details please see 'Sure Start Plus National Evaluation: Final Report' (Wiggins, M et al, May 2005) and 'Reaching out to pregnant teenagers and teenage parents: Innovative practice from Sure Start Plus pilot programmes' | |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | (Sawtell, M et al, May 2005) available from the Teenage Pregnancy Unit's website: www.teenagepregnancyunit.gov.uk | |
| The Breastfeeding Network | Title – reference to "breastfeeding mothers" | Assumes nutrition of breastfeeding mothers in low income households needs to be improved. We are not sure that the evidence supports this assumption.<br><br>By restricting the scope of the programme to "breastfeeding mothers" rather than "mothers" the assumption that breastfeeding mothers have special nutritional needs may not be challenged by NICE's analysis of the evidence.<br><br>This is dangerous for several reasons:<br>some mothers may decide to bottle feed if they believe that they need to eat a special diet for breastfeeding – a diet which they may not like or may not be able to afford;<br>it may support the common practice among some health professionals of giving priority to talking to breastfeeding mothers about their diet over interventions which are more likely to help them succeed with breastfeeding, like help with positioning and attachment and management of breastfeeding;<br>some companies would find recommendations about what a breastfeeding mother should eat very helpful for marketing purposes: formula companies tell mothers that it is important to eat a healthy and balanced diet for breastfeeding; and there is a large market for vitamin supplements and drinks for breastfeeding women. All of this has a negative impact on | Thank you for your comment. We will consider the available evidence regarding the nutritional needs of all postpartum mothers including those from low income households and make recommendations on this issue. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | breastfeeding. | |
| The Breastfeeding Network | Section 3.1, paragraph 5 | Up-to-date research suggests breastfeeding protects mothers from breast cancer in general, and not just pre-menopausal breast cancer. It may be worth referring to the link between artificial feeding and development of type 1 diabetes. | Thank you for raising this. We anticipate that these particular issues may be addressed in the forthcoming NICE postnatal care guideline which does address infant feeding in the first six weeks. This guideline will be published in July 2006. |
| The Breastfeeding Network | 3.2 g) | There is evidence to link breastfeeding with a reduced risk of childhood obesity. Without dieting, breastfeeding mothers tend to return to pre-pregnancy weight quicker than those who are not breastfeeding. | The guidance will include all considerations of diet and weight management for mothers. |
| The Breastfeeding Network | 3.2 h) | Iron in breast milk has greater bio-availability to the infant, due to the presence of lactoferrin in breast milk.<br><br>Iron is present in greater quantities in infant formula, but most of this iron is not capable of being absorbed by the baby. The "free iron" which results presents an infection risk to the artificially-fed baby. | Noted, thank you |
| The Breastfeeding Network | 4.1.1 | Another reference to the "nutritional needs of mothers especially those who are breastfeeding". | Noted, thank you. |
| The Breastfeeding Network | 4.2 a) | Another reference to the "nutritional needs of breastfeeding mothers". Should the evidence in fact support the development of guidance on this topic, its presentation will need to be extremely clear, and enable both mothers and health | These are important questions, thank you for putting them to us. We will be considering the relevant |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | professionals to understand the answers to the following key questions:<br>does the diet of a breastfeeding mother affect the quality of her breast milk?<br>if so, how does the breast milk of a poorly nourished mother compare with infant formula in terms of overall risks and benefits to infant and maternal health?<br>or does the diet of a breastfeeding mother only affect her general health and well-being?<br><br>Also, the guidance must not assume that babies are only breastfed during the first year of life. WHO/UNICEF recommend breastfeeding into the second year and beyond. | evidence and making recommendations. |
| The Breastfeeding Network | 4.2 b) | "Weaning" should be "complementary feeding" as weaning means stopping breast/milk feeding which is not what this guidance intends to cover. | Thank you. We will make every effort to use clear and transparent terminology and language. |
| The Breastfeeding Network | General | It may be useful to cover nutritional needs of breastfeeding mothers in certain specific, rare circumstances such as:<br>breastfeeding and anorexia/bulimia<br>breastfeeding and iron deficiency anaemia<br>breastfeeding and vitamin d deficiency anaemia<br>diet for mothers of babies who have allergic reactions to substances from mother's diet secreted into breast milk<br>preventing allergy in families with a history of atopy<br>mothers who are fasting for religious reasons | Noted, thank you. We will consider the available evidence on these issues. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| The Breastfeeding Network | General | It may also be useful to address some common myths about what breastfeeding mothers in general “may” or “may not” consume, covering the safety during breastfeeding of foods which mothers are advised to avoid during pregnancy – such as unpasteurised cheeses, pate, moderate alcohol consumption etc.<br><br>Overall, we welcome the development of this programme guidance, and hope to be able to assist NICE in its development.<br><br>However, we feel strongly that in order for more UK mothers to succeed with breastfeeding, it needs to be treated as a normal activity, not requiring any special preparation or behaviour.<br><br>We would hope that any nutritional advice for breastfeeding mothers is presented in such a way that all mothers, and especially disadvantaged mothers, are left feeling confident in their body’s ability to make the perfect milk for their babies, clear that their milk is superior to infant formula, and confident that they can eat whatever they like without diminishing this.<br><br>They should know that the need for a special diet is extremely rare and that for the vast majority of breastfeeding mothers, they do not need to worry about it. If women are having problems with breastfeeding, they are most likely to need support with technique and not diet. | This is a helpful suggestion, thank you<br><br>Thank you<br><br>Agreed<br><br>We share the hope that our guidance will enable mothers to feel more confident.<br><br>We are aware of this issue and will make recommendations to address it. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | Of course, everyone, and new mothers in particular, is likely to feel better if they have a healthy, balanced diet, but if this is unattainable this should not change their views about breastfeeding. | |
| The British Dietetic Association | General | Thank you for giving the British Dietetic Association the opportunity to comment on the draft scope. This is an important area where nutrition can be crucial to a child's future health and well-being. We welcome that vulnerable groups, e.g. low income and ethnic minorities are highlighted. | Thank you for your comment. |
| The British Dietetic Association | General | It is critical that the guidance documents and recommendations produced are seen to be realistic to implement in practice. This will require consideration of the process of service provision by commissioners of maternity services. | Noted, thank you. |
| The British Dietetic Association | General | The back ground and need for the guidance are comprehensive, but there are some areas that it may be worth expanding. The reasons for Low Birth weight are multi-factorial and include smoking, drugs and low socio-economic status, as well as employment status. Therefore more thought needs to be given to combining this work with much of the work to improve health for low socio-economic groups, such as Sure Start, Children's Trusts and Children's Centres. | Thank you for raising this issue. The guidance will make recommendations for the NHS, the wider public health system and those working in Sure Start, Children's Trusts and Children's Centres. |
| The British Dietetic Association | General | Whilst the scope suggests that it is designed for implementation by those working in the NHS, and is also relevant to local authorities and the wider public, private and voluntary sector, it does appear focussed on the NHS. | The guidance will make recommendations for the NHS but also outside of the NHS working within the wider public health system. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| The British Dietetic Association | General | Much of the work could be done in schools; particularly those in the deprived areas were there are high levels of teenage pregnancy. Local Authorities/Councils will also be targeting these groups for Physical Activity and well being; some of this work could be expanded to education on nutrition for women of child bearing age. It is essential that non-NHS organisations such as Sure Starts and Children's Centres are involved in the development of the guideline. | We will not be extending the scope of this guidance to education in schools. We may be able to address this important issue in some future guidance. |
| The British Dietetic Association | General | The scope for maternal and child nutrition should include recommendations and mandatory funding arrangements for the implementation of the guideline. Currently clinical guidelines are advisory and do not have mandatory funding instructions to support their implementation – will this also be the case with public health guidelines? | Currently, public health guidance has the same status as clinical guidelines and as such will not have mandatory funding to support their implementation. The final guidance will be accompanied by implementation support tools, which will address the resource implications arising from the final guidance recommendations. Your comments have been logged by the Implementation Team. |
| The British Dietetic Association | General | We suggest that the guideline development group look at public information approaches which have proved successful in other countries e.g. WIC and EFNEP in the USA. | Noted, thank you. |
| The British Dietetic Association | General | The guidance should include a section addressing health practitioner's attitudes and beliefs about healthy eating before | Noted, thank you. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | during and after pregnancy and during breastfeeding. | |
| The British Dietetic Association | General | Pregnant women and new mothers may be vulnerable at the point at which nutrition advice is offered. Services should be sensitive to this vulnerability and not respond with judgement or blame. | Noted, thank you. |
| The British Dietetic Association | General | The scope for maternal and child nutrition guidance is primarily aimed at improving the nutrition of low-income pregnant and breastfeeding women as there are concerns about good maternal and child nutrition, particularly within lower socio-economic groups. How will these vulnerable women and children be identified? From 2006, a pregnant woman will be eligible for Healthy Start vouchers if she is at least 10 weeks pregnant, and<br>Either she or her family receives one of the following benefits:<br>Income support<br>Income-based jobseeker's allowance<br>Child tax credit with a family income below £13,900, and the family does not receive working tax credit<br>Or she is a pregnant teenager under 18, whatever her financial circumstances<br>If it is proposed that the same criteria is used to identify vulnerable pregnant women, new mothers and children then it is likely that the guidance will be focussed on those in the poorest circumstances and those in the poorest health rather than the broader social gradient. | The guidance is intended for use at a local level by all those who work with these groups.<br><br>Our intention is to look at the broader social gradient which would include these groups. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| The British Dietetic Association | General | How will the dietary deficiencies of pregnant women in low-income households be identified? The University of Sheffield has developed and is currently validating a nutrition-screening tool for low-income pregnant women that can be administered by practitioners with little nutrition knowledge or training. | Noted. Thank you |
| The British Dietetic Association | General | Data collected by the University of Sheffield shows that less than 20% of low-income Caucasian and Pakistani women take peri-conceptional folic acid supplements and also have dietary intakes well below that recommended. | This is useful information, thank you. |
| The British Dietetic Association | General | Data collected by the University of Sheffield shows that the dietary intakes of low-income Pakistani women is substantially worse than that of low-income Caucasian women. Dietary intakes of iron, folate and a number of other vitamins were particularly worrying in the Pakistani group. | Noted, thank you. We will be considering the evidence in relation to interventions which are effective in improving dietary intakes among women from all ethnic groups, in particular those from BMEG or low income households. |
| The British Dietetic Association | General | In the UK many pregnant women are only weighed once i.e. at the booking clinic at 10-14 weeks gestation, in order to calculate their BMI. This information on BMI is then used for the interpretation of screening tests in early pregnancy, screening for the need for glucose tolerance tests and for identifying obese women who may need specialised care during labour and delivery. The information on the BMI of pregnant women is recorded on the patient record but is not usually collated onto any information system. Therefore a great opportunity to monitor rates of obesity in this population is being missed. | Noted, thank you. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| The British Dietetic Association | General | In the UK gestational weight gain is not usually recorded therefore pregnancy weight gain cannot be monitored and excessive weight gain as a risk factor for the future burden of obesity cannot be identified. | We will consider the evidence on this issue. |
| The British Dietetic Association | General | There are currently no recommended gestational weight gain targets available in the UK. | We will consider the evidence on this issue. |
| The British Dietetic Association | General | There is no mechanism currently available for excessive postpartum weight retention to be identified in the UK. | We will consider the evidence on this issue. |
| The British Dietetic Association | General | Many teenage mothers are often not from households in receipt of benefits but may be at nutritional risk because they are not currently eligible for income-related benefits. | Thank you. All teenage pregnant women and mothers regardless of income will be entitled to Healthy Start. |
| The British Dietetic Association | General | It is important to note the gynaecological age when assessing nutritional risk in teenage mothers. | Noted, thank you. |
| The British Dietetic Association | General | The information about the importance of nutrition during pregnancy should be given in schools to young girls i.e. before pregnancy. | We will not be extending the scope of this guidance to education in schools. We may be able to address this important issue in some future guidance. |
| The British Dietetic Association | General | It is important to remember that women with clinical conditions that require specialist advice may still be nutritionally vulnerable because of having a low income. Therefore it may be appropriate to include all low-income women whatever their clinical condition. | Women with clinical conditions which require specialist advice are outside of the scope of this guidance, but links will be made where appropriate to other NICE guidance such as diabetes in pregnancy, |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | | antenatal care, routine post-natal care etc. |
| The British Dietetic Association | General | A potential paradox exists between identifying pregnant women, new mothers and children at nutritional risk without using population-based screening | Thank you for your comments. However, recommendations regarding population-based screening fall outside of the scope of the guidance and indeed the remit of NICE. The recommendations will be implemented by professionals working at local level who will be well-placed to identify groups of disadvantaged women and children. |
| The British Dietetic Association | General | It is difficult to envisage how cost-effectiveness analyses will an appropriate health-outcome measure. In the WIC programme in the USA a cost-consequence approach has been more successful. | Thank you. We will ensure an appropriate economic evaluation method and health-related outcome measure is used in this guidance. |
| The British Dietetic Association | 4.1.1 | Cultural and religious practices may well affect nutrition but they are not mentioned before this point in the text. We suggest that these need to be discussed and the evidence presented in Section 3. The need for guidance. | Noted, thank you. |
| The British Dietetic Association | 4.2 b | Food Allergies and intolerance. It may not be appropriate to take a Public Health Approach to Food Allergy and intolerance, as this requires the specialist knowledge of a health care professional specialising in this area e.g. a Paediatric Dietician. | The guidance will consider the evidence relating to the prevention, in infancy, of food allergies and intolerance. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | | Treatment of these conditions is outside the scope of the guidance. |
| The British Dietetic Association | General | In addition to the involvement of the BDA as a stakeholder we would also recommend the input of a Paediatric Dietician into the development of the guidance | Thank you for this suggestion. |
| The Multiple Births Foundation | General | The Multiple Births Foundation supports families with twins, triplet or more by raising awareness of their special needs with health care and other professionals and providing education and training to meet those needs.<br>We were very pleased to hear confirmation from Professor Kelly, at the Stakeholder Meeting, that multiple births will be included in this guideline.<br>Multiple birth babies across the spectrum of society are more vulnerable as there is a greater risk of preterm birth (about 50% of twins are born before 37 weeks gestation) and low birth weight (50%of twins and 90% of triplets are of low birth weight compared with 6% of singletons).<br><br>As maternal nutrition and infant feeding has implications for all mothers and babies, our view is that the guideline should be extended to all social groups and not just those in low income households. | Thank you. The guidance is intended to apply to all those socially excluded and disadvantaged groups at risk of poor health.<br><br>The nutritional needs of low birth weight babies (defined by the WHO as a birth weight less than 2.5 kg) will not be covered by this guidance as they require specialist dietary management which is outside the remit of this guidance. We may be able to address this important issue in some future guidance. |
| The Multiple Births Foundation | 4.1 Populati | We suggest that multiple births are included as a specific group with different needs, especially education and support with | Thank you for these comments. Any evidence |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | on | breast feeding. The NSF for Children, Young People And Maternity Services advocates particular support for mothers with a multiple birth or premature or sick babies.<br><br>At present, feedback is that advice and information from professionals is often inconsistent and even inaccurate. Many mothers report being discouraged from breastfeeding twins and triplets by health care professionals on the basis that it is too time consuming and difficult.<br><br>There is a clear need for more professional training and consistent advice and support for multiple birth mothers. The MBF has a booklet for parents on feeding twins and more and is planning more research for evidence - based guidance on feeding multiples but much remains to be done to achieve acceptable national standards. | relating to multiple births and the experience of mothers with multiple births will be considered in the development of this guidance. |
| The Obesity Awareness & Solutions Trust (TOAST) | General | Fertility issues for obese people | Thank you, however this issue has been covered by the NICE Clinical Guideline - Fertility: assessment and treatment for people with fertility problems, published February 2004. |
| The Obesity Awareness & Solutions Trust (TOAST) | General | Physical issues around different positioning during breast feeding that might be needed if a woman is obese. | Thank you. We will be considering the evidence on this issue. |
| Thurrock Community | 1 | Scope guidance title should not refer specifically to | Thank you for your comment. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| Mothers | | breastfeeding mothers. It should refer to all mothers. | We are aware of the issues you raise but we are unable to amend the guidance title as this was referred to us directly from the Department of Health and we do not have authorisation to change it. However, the guidance will address the nutritional needs of all postpartum mothers. |
| Thurrock Community Mothers | 1 | There should also be reference to preconception. | Noted, thank you. |
| Thurrock Community Mothers | 3.1 | There needs to be reference to the important role of fathers in influencing family eating habits. There are many single fathers that are the sole providers responsible for feeding their children. | Noted, thank you. The guidance will consider the important role of fathers. |
| Thurrock Community Mothers | 4.2 | The crucial issue of health literacy needs to be included in the guidance. There is a strong socio-educational gradient associated with breastfeeding. Less well educated mothers are less likely to breastfeed. Included within this group are those with very poor literacy and numeracy skills (refer to Skilled for Health in the Choosing Health White Paper). This group of mothers cannot access information via mainstream leaflets etc. They also have great difficulty following instructions on infant formula tins about how to make up feeds. Guidance needs to draw attention to the fact that professionals often assume that parents can read and that Skilled for Health projects could address this issue. | Thank you for raising this important issue. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | Mothers with poor literacy and numeracy will be excluded from your lay consultation process that underpins the guidance development. During the stakeholder meeting the plan to carry out focus groups with parents was mentioned as a way of addressing this. This would be a very useful way of trying to include views of mothers with poor literacy skills (those whom this guidance is particularly aiming to reach). We would be happy to assist you in trying to arrange focus groups with mothers in this group (we also have 4 community mothers who have been trained by Anglia Polytechnic University to carry out focus groups)! Contact Celia Suppiah communitymothers@btconnect.com if you would like us to assist. | This is a very helpful offer, thank you |
| Thurrock Community Mothers | General | Media. Our experience is that one negative reference to breastfeeding on soaps such as East Enders can often undermine hours of breastfeeding promotion work by our breastfeeding supporters. Infant formula companies get round the advertising restrictions by advertising follow-on milks. We are wasting our time with guidance if these strong influences persist. | We will want to consider the evidence on the role of the media and make appropriate recommendations. |
| Thurrock Community Mothers | General | Ethical considerations need to be included. Infant formula is promoted via health professionals via diary covers, free gifts etc. Formula companies regularly run Infant 'Nutrition' conferences etc. for health professionals. This appears to 'legitimise' links between infant formula and good health and influences the information passed onto parents. | Noted, thank you |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | | |
| Thurrock Community Mothers | General | Interventions should include staff training and clinical governance frameworks – particularly in relation to GPs. In our experience GPs often give poor breastfeeding advice and do not have adequate training about infant nutrition. This also applies to NHS Direct – a key contact point for mothers experiencing difficulties with breastfeeding and weaning. | The guidance will make recommendations for the NHS, the wider public health system and for primary care in particular. It will be accompanied by the implementation resources which will consider the issues you raise. |
| Thurrock Community Mothers | General | We have certainly had some anecdotal evidence from some low income mothers that they decided not to breastfeed because health professionals had stressed the importance of a good diet and they felt unable, or could not afford to achieve this. This is also the case with smoking. Mothers know that it is better to give up smoking but in our experience many low income mothers are unable to give up smoking but do not know that it is better to smoke and breastfeed than to smoke and bottle feed. | We are aware that these beliefs may be widely held. We need to examine the evidence and make recommendations to address them. |
| UKPHA | Guide Title | The focus on health inequalities and the central place of maternal and child nutrition in influencing this is both welcome and important. However, whilst section 4.1.1 stresses that a range of inequalities, such as those arising from ethnicity, age (teenaged mothers) and culture are to be included, the title refers only to low-income households. It would be cause difficulties if interventions were limited to this group. In practice, services are not usually delivered to low-income households | Thank you for your comment.<br><br>We are aware of the issues you raise but we are unable to amend the guidance title as this was referred to us directly from the Department of Health and we do not have |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | only and it seems unlikely that there would be much take-up if they were to be labelled as such – the dictum of 'services for poor people are poor services' needs to be borne in mind. There would be practical problems around identifying databases of 'poor people' and the stigma of means testing and criteria for entry to services would be very inhibitory. Having said that, the idea of focusing interventions in a way that reduces inequalities across the board, particularly taking a 'gradient approach' as proposed in 4.1.1, yet including those that arise from poverty is supported. It may be that one question addressed by the guidance should be: how are services best designed to reach those most in need?<br><br>A second concern arising from the title is the focus on providing guidance for named NHS/primary care professionals. Public health programmes, by their nature and by definition, are multi-disciplinary and multi-sectoral. The importance of the named occupational groups is not disputed and the evidence and fieldwork seem very likely to point to them as key practitioners in implementation, but they should not be named exclusively.<br><br>An alternative form of words for the title might be:<br><br>'Guidance on a public health programme to reduce health inequalities arising from the nutrition of pregnant women, mothers and pre-school children' | authorisation to change it. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| UKPHA | 2 b | Again, the wording of those to whom the guidance is directed needs adjusting to reflect the collaborative nature of public health and may be better directed at those commissioning services. The DfES is the lead government agency for children and families, and directors of children services sit within local authorities. Prioritising NHS staff in the guidance is unlikely to lead to good partnerships; local children services plans and Children's Trusts will lead on implementation. Also, bearing in mind the recent directive to PCTs to pull back from their provider function1, named key professionals (e.g., health visitors) who are currently employed by the NHS may have moved to other employers by the time this guidance is complete, even if their services are still commissioned by PCTs. Clear guidance about minimum standards and expectations of services commissioned from a range of providers would be a welcome protection of the quality across a range of different providers.<br><br>An alternative form of words might be:<br><br>'It (the guidance) is designed for implementation within services delivered directly through children's services and Trusts, to inform commissioning of those services and the development of plans influencing the determinants of health within local areas.'<br><br>2 (b). The wording in this paragraph is more restrictive than that applied in the stakeholder event. Although it is important to | Noted, thank you. We recognise that a wide range of professionals will be involved in the implementation of the guidance and that this will require partnerships between agencies.<br><br>Noted. We will amend this paragraph to make our approach clearer. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | grade the evidence, it was welcome to hear that a broad and inclusive definition of evidence would be used, drawing from a range of methodological traditions. Also, decoupling the final recommendations from evidence seems not only sensible, but essential in such a complex field. | |
| UKPHA | 3 | This section makes the case for the guidance well, although many of the problems are prevalent across socio-economic groups. Paragraph (f) about ethnicity and culture again emphasises the need to concentrate on health inequalities more widely than on focusing on low income households alone. Missing from the scope, presumably because it will be the majority work of the guidance, is any information about interventions designed to ameliorate this problem. It would be ideal if the guidance could look, not only at what is achievable under research conditions, but at how proposals are to be implemented. There is, for example, a huge range of evidence about the importance of breast feeding and how best to encourage initiation and continuation, yet these studies are often not implemented in practice. There is far less research about weaning, except in relation to how it affects breast feeding, and very little is known about the how food behaviours develop, except in very broad terms about dietary strictures in certain faith groups. | The practicality of the recommendations will be an important consideration during their development. Alongside the Guidance, resources will be developed to facilitate their implementation. |
| UKPHA | 4 | 4.1 1 Although there is reference to the need to investigate the effectiveness of interventions across the broader social gradient | Noted, thank you |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | there is insufficient acknowledgement that poor nutritional knowledge will need to be addressed across the social divides<br><br>4.2.b: the third bullet point refers to 'weaning,' which is a term used to describe the point at which infants are offered food other than breast milk. Ideally, the time-lines used to group the guidance should match natural groupings, which will inevitably include some overlap. Three suggestions, which are similar to those proposed, are:<br>Infant feeding, which importantly encompasses not only breast-feeding but breast-milk substitutes used for at least the first year of life.<br>Weaning and the toddler diet needs to encompass the stage between breast or formula milk only (e.g. 6 months onwards although weaning often occurs earlier, despite professional advice to the contrary) to the point at which the child is eating predominantly the same diet as the rest of the family. This is usually at about aged two, and is a critical period for establishing eating patterns and food behaviour. Links between child discipline, family interpersonal relationships and food are all very significant at this time.<br>Diet and nutrition for the pre-school child is the third critical stage of development, which includes not only the intra-family socialisation, but also coping with food outside the home. Although many children are cared for in day nurseries before the age of two, the diversity of situations in which children encounter food prepared outside the home increases rapidly as | Thank you for your useful suggestions.<br><br>The guidance will consider |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | they approach school age.<br>Good diet and patterns of eating are very important building blocks for health, and contribute to the prevention of many specific problems, such food intolerance and dental caries. Treatment of specific food-related problems would be best dealt with through a clinical guideline, rather than a public health plan. | food allergies and intolerance from the aspect of prevention only. The treatment of allergies and intolerance are a clinical issue and as you suggest fall outside of the scope of this guidance. |
| UKPHA | 4.4 | These are all appropriate; in addition to identifying suitable interveners, the question should be considered about which sector is best placed to take the lead in particular aspects of the public health programme; as indicated above, this is not only about NHS staff. Having said that, two key groups of professionals are midwives and health visitors, both of whom are in very short supply; a point that will need to be taken into account when developing recommendations.<br><br>Point (6) is very important in terms of ensuring the practicality of delivering a programme and the acceptability of planned interventions.<br><br>As indicated at the start, one important question addressed by the guidance might be: how are services best designed to reach those most in need?<br><br>General Comment on Section 4 | Noted, the practicality of implementing the recommendations will be an important consideration during their development.<br><br>We agree that the views of those receiving the intervention are particularly important.<br><br>We will not be extending the scope of this guidance to education in schools. We may be able to address this |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | We are concerned that there is little mention of the role that education plays in 'setting the scene' for interventions and for providing the basic information during critical stages of the child's development | important issue in some future guidance. |
| UNICEF UK Baby Friendly Initiative | General | Care needs to be taken that any recommended interventions to improve the nutrition of breastfeeding mothers cannot undermine breastfeeding promotion messages.<br>There is at least a theoretical risk that informing mothers of the importance for a good diet while breastfeeding may be interpreted as meaning that this is essential for producing adequate milk in terms of either quality or quantity. Similarly it may be perceived that infant formula is of better quality than the breast milk of mothers who don't eat a good diet. As neither of these interpretations is accurate, care should be taken to ensure that nutrition messages to breastfeeding mothers are delivered in a manner which clearly reinforces the importance of breastfeeding, even among mothers who don't eat a good diet.<br>I am unaware of any published evidence to support or counter this argument. However, given the theoretical risk of undermining a very important public health campaign, it would appear sensible to ensure that the risk is analysed before interventions are recommended. | We are aware that this interpretation is made. We expect to make recommendations to address the arguments and issues you raise. |
| University of Southampton | 4.1 | In order to break the cycle of disadvantage and address health inequalities, the life course must be considered. The development of the fetus to its potential can only occur if the mother is healthy and well- nourished before as well as after conception. Her nutrition, her growth and development since | Agreed, we fully appreciate this perspective. Our remit is more limited but we will try where possible to take a life course approach. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | birth, as well as her adult circumstances, are all important determinants of her adult status – and each merits consideration within this consultation. A focus only on women preparing for pregnancy, pregnant women and young children is too narrow to understand fully the cumulative effects of continued disadvantage from birth to adult life that contribute to intergenerational and perpetuated inequalities in health. | |
| University of Southampton | General | The guidance will evaluate the scientific evidence that will provide support for its programme. This evaluation must address a series of issues: | |
| University of Southampton | | 1. The evidence that links current diet and reproductive success does not show consistent relationships. There are many reasons for this, and it is essential that these are taken into account in any consideration of the scientific evidence. For example, many studies have sought to define simple linear relationships between dietary intake and pregnancy outcome, whereas the nature of this relationship is far more complex. Pregnant women differ in terms of their nutritional status, their innate metabolic characteristics and in their ability to cope with other environmental stressors that allow them to support the nutritional demands of the pregnancy to a greater or lesser degree. An understanding of the importance of variations in dietary intake must allow for the heterogeneity in the women studied | Thank you for raising these complexities. We will highlight these issues to the Programme Development Group. |
| University of Southampton | | 2. Most studies have used birth weight as the outcome to define reproductive success. Section 3.1 refers to the importance of low birth weight (<2,500g), but the associations | Agreed, our review process will do this. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | between lower birth weight and infant mortality and adult ill-health are graded across the range of size at birth. These normal variations in size at birth are therefore of immense importance for population health. Moreover, there is now much experimental and epidemiological evidence that maternal nutrition can influence long-term outcomes in the offspring without necessarily affecting size at birth. The consultation must therefore have a much wider focus – and include the health of mother and the longer – term outcomes in the current and future offspring. | |
| University of Southampton | | 3. Review of the evidence must take account of methodological differences between studies – for example in the methods of measurement of dietary intake, and in timing of gestation. For example, several sources of evidence point to differing effects of maternal diet in early, mid and late pregnancy. | Thank you for raising these complexities. We will highlight these issues to the Programme Development Group. |
| University of Southampton | | 4. The evaluation should take account of the recent review of food support programmes for low income women (Health Development Agency – University of York). | We will be examining this evidence in this guidance. |
| University of Southampton | | 5. The evidence considered should not focus solely on well – controlled scientific studies but must be broader in its approach. Whilst the quality of other types of study may be variable, important insights will be gained by inclusion of a wide variety of types of evidence – both quantitative and qualitative | The evidence considered for this guidance will not be restricted to RCTs and we will look at a broad range of evidence including qualitative to ensure that we answer the key questions outlined in the scope. |
| University of Southampton | | 6. The evidence considered should include coherent | Agreed, we will draw these |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | consideration of the woman's body composition, both in terms of what a woman brings to her pregnancy, the changes that occur during and after pregnancy and that of their offspring – as well as their dietary intake. Considerations of body composition should extend beyond simple expressions of fatness or thinness, to recognise how body composition relates to metabolic behaviour and other risks of ill- health, such as cardio- metabolic risk | issues out in our consideration of the evidence. |
| University of Southampton | | 7. The data from the National Diet and Nutritional Surveys show that for young women, their micronutrient status in preparation for, or anticipation of, pregnancy is very poor. There is a remarkable paucity of current data on dietary intakes in pregnant women, infants and pre-school children. During pregnancy, women may change their diet and requirements for a number of nutrients are increased as a result of the demands for fetal growth; pregnant women have, however, been excluded from the National Diet and Nutrition Survey and there is little information on maternal micronutrient status in pregnancy. Surveys of infants have focused on milk feeding practices and have little information on diet as a whole, and there has been a lack of investment in methodologies to characterise the diet of large numbers of preschool children. | Thank you. We are aware of the paucity of research in this area. |
| University of Southampton | 3.2 | Poor Vitamin D status during pregnancy has a high prevalence in both white- British and ethnic minority groups in the UK. This is arguable a greater concern than is poor iron status. There is now evidence that inadequate maternal vitamin D status in pregnancy can have important long- term effects on the | We will consider the evidence on this issue. |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | offspring. | |
| University of Southampton | 3.2 f | Migrant mothers from other ethnic minority populations (Caribbean and African) are also more likely to have an infant of lower birth weight than with infants born in the UK (Harding et al, Int J Epidemiol 2004, 33; 1279 – 1285). | Thank you for this reference. We will consider the evidence on this issue. |
| University of Southampton | 4.4 | Non nutritional interventions to improve nutrition of women and children must also be considered. Disadvantaged women and their families are forced to cope with difficult circumstances – where food may not be a priority. Interventions must be considered in relation to the social contexts of poor families – with a view to evaluating how changes in external factors could impact on their nutrition. Moreover, Section 4.1.1 correctly states the critical aspect that “In relation to health inequalities, this guidance will investigate the effectiveness of interventions across the broader social gradient, rather than focusing on those in the poorest circumstances and those in the poorest health”, which is at variance with the “overarching question” in Section 4.4<br>This overarching question in section 4.4 should therefore be revised to read: “What interventions are effective in improving the nutrition and health of pregnancy and breast feeding mothers and children?” | Thank you for this suggestion. |
| Yorkshire & Northern Lincolnshire Supervisors of Midwives | Guide title | Will this guidance apply to midwives in secondary care settings also, as it currently just states “and other primary care services”. Some of the most ill and deprived women, are more likely to have longer in-patient episodes of care than other women | Thank you for your comment.<br><br>We are aware of the issues you raise but we are unable to amend the guidance title as |

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | | this was referred to us directly from the Department of Health and we do not have authorisation to change it.<br><br>This guidance will be relevant to all midwives with a remit for child and maternal nutrition. |
| Yorkshire & Northern Lincolnshire Supervisors of Midwives | 2 b | The guidance states it is designed for implementation by those working in the NHS, but we feel it is crucial that this is a multi-agency agenda and as such needs to include education in schools also | We will not be extending the scope of this guidance to education in schools. We may be able to address this important issue in some future guidance. |
| Yorkshire & Northern Lincolnshire Supervisors of Midwives | 3.1 | The references for the Department of Health nutrient requirements and healthy eating recommendations are quite dated, will the scope aim to cover updated guidance on these. | These two DH references are the most recent national advice relevant to this age group. It is not within the remit of this guidance to update these publications, however the guidance will be based on the most up-to-date evidence on this topic. |
| Yorkshire & Northern Lincolnshire Supervisors of Midwives | 3.2 a | Will there be a link between this work and with the NICE Obesity guideline development group? | Yes, we will ensure there is very close links between this and the NICE obesity guidance. |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| Yorkshire & Northern Lincolnshire Supervisors of Midwives | 4.1.1 | The scope is not explicit in whether it will or will not include premature babies<br><br>Please can the scope include interventions aimed at fathers and include the role of education in schools<br><br>Other vulnerable groups need to be considered under the population e.g. Pregnant drug using women and "looked after children". Also the scope needs to acknowledge the role of Children's centres and extended school projects. | The nutritional needs of low birth weight babies (defined by the WHO as a birth weight less than 2.5 kg) will not be covered by this guidance as they require specialist dietary management which is outside the remit of this guidance. We may be able to address this important issue in some future guidance.<br><br>The guidance will consider the important role of fathers in improving child nutrition.<br><br>We will not be extending the scope of this guidance to education in schools. We may be able to address this important issue in some future guidance. |
| Yorkshire & Northern Lincolnshire Supervisors of Midwives | 4.2 | Parenting Education and more emphasis on diet in relation to feeding and consequences for the future would be useful<br><br>Can drug and alcohol use be covered in pre-conception care | We will examine the effectiveness of health education interventions to improve the nutrition of pregnant women, mothers and |

**National Institute for Health and Clinical Excellence**

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**

**February 2006**

| Stakeholder | Section number | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
|---|---|---|---|
| | | The scope should include the need, or not for vitamin supplementation and for whom | children.<br><br>Alcohol use pre-conceptually will be covered by the guidance but not drug misuse. The NICE antenatal care clinical guideline already provides recommendations on cannabis use in pregnancy.<br><br>Thank you. The guidance will also consider the evidence on vitamin supplementation. |
| Yorkshire & Northern Lincolnshire Supervisors of Midwives | 4.5 | Please include school teachers | We will not be extending the scope of this guidance to education in schools. We may be able to address this important issue in some future guidance. |

**Maternal and Child Nutrition Scope Stakeholder Consultation Table**
**National Institute for Health and Clinical Excellence**
**February 2006**

[i] FAO/WHO/UNU. Human Energy Requirements. Report of a joint FAO/WHO/UNU Expert Consultation. Rome Oct 2001. FAO Food and Nutrition Report Series 1. Rome 2004