Public Health Guidance

Weight management before, during and after pregnancy - Consultation on the Review Proposal
Stakeholder Comments Table

1 – 15 November 2013

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Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
ABL Health	1		ABL feel that the guidance needs to include women with a BMI of less than 30 to be preventative earlier on especially as stated – over half women of child bearing age are overweight (25-29.9kg/m2) or obese.	Thank you for commenting on this proposal. The purpose of the review proposal consultation is to seek opinion from stakeholders on our proposition to consider the guidance for review in 3 years time and not consult on the original recommendation content. We note this gap in the recommendations and we will ensure it is given due consideration when the guidance is updated.
ABL Health	1		ABL would like the guidance to encourage health professionals to refer to weight management services and aid this by providing a list of reputable weight management services across England.	Noted, thank you. This point will be considered when the guidance is next updated. NICE are not able to recommend particular weight management services. However, guidance for general lifestyle weight management services for adults (including women who are not yet pregnant)

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				is currently in development and due to be published in May 2014. This will identify the core features of effective lifestyle weight management services and will support commissioners in identifying appropriate services.
ABL Health	2		ABL has held focus groups with midwives and feedback from them is that not all midwives remember to utilise external weight management services as they are not in the habit yet of doing so. This is not yet standard practice therefore national training around this in addition to providing a standardised list of which services to refer to would help make this common practice, increase referral rates and reduce resistance.	Noted, thank you.
ABL Health	2		Many Midwives do not feel confident or have the skills to approach the topic of Weight Management during pregnancy. Therefore, ABL is in agreement that the guidance should include a need for health professionals to receive training in how to approach clients about their weight in a sensitive manner	Noted, thank you. Recommendation 6 in the existing guidance addresses this point.
ABL Health	2		ABL feel that women attending a weight management programme will need to be weighed each session, without this it would be difficult to identify early on in the pregnancy any major weight gains and therefore offer any extra support needed.	The bullet point in recommendation 2 regarding weighing, refers to women's contact with health professionals and is based on the clinical guideline, CG62 'Antenatal Care'. The

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				guidance does not make recommendations for weight management programmes for women who are pregnant, it focuses on encouraging weight loss before and after pregnancy.
ABL Health	5		ABL has concerns over publishing guidance encouraging commercial organisations (slimming clubs) to offer advice to women during and after pregnancy due to the connotations with restrictive dieting. ABL ethos is very much against encouraging the dieting mentality.	The guidance does not recommend that commercial slimming clubs offer advice during pregnancy. Recommendation 2 is clear that women should be encouraged to lose weight after their pregnancy and should not diet during pregnancy. Recommendation 5 notes that after childbirth, women with a BMI of 30 or more who join a weight management programme or slimming club, should continue to be monitored, supported and cared for by a health professional. In addition this recommendation notes

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				that such programmes and clubs should adhere to the principles of effective weight management programmes at the beginning of the recommendations.
ABL Health	General (3.17 in considerations)		ABL would like to encourage the guidance to promote working symbiotically with Primary Health Professionals. To aid uptake to group programmes, which would be more cost effective, weight management service providers should be allowed access to place were midwives work so that clients can be captured immediately and have access to crèche.	Noted, thank you.
ABL Health	3.4		Lack of intervention studies, small sample sizes is due to the difficulty of getting women to commit to another appointment in addition to the numerous other appointments. Hence why point above would be more effective. Group work has shown good results but sample sizes are much too small for generalizability.	Noted, thank you.
British Nutrition Foundation	**General**		Although the potential difficulties/differences for weight management in teenage populations or ethnic groups are suggested, there is little in the recommendations to address such issues, or provide some guidance for health professionals in this area. For example, with regards to BMI (see NICE PH46) it may be prudent to highlight to health professionals that black, Asian and other minority ethnic groups may face an increased risk of chronic health conditions at a lower BMI than the white population, but that the evidence for pregnancy outcomes needs to be researched. The BNF has highlighted some of the pertinent issues with regards to pregnant adolescents and ethnic minority groups in its Task Force Report on Nutrition and Development: Short and Long Term Consequences for Health (2013).	Thank you for commenting on this proposal. Noted, thank you. At the time of publication, there was a dearth of evidence relating to both BME groups and adolescents. As you are probably aware PH46 is a recent publication and so was not referred to in the

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				original guidance. Thank you for highlighting the Task Force report - evidence in these areas can be considered when the guidance is updated.
British Nutrition Foundation			The increased cost to maternal health services of managing pregnant women with a high BMI could be stressed. A new study *(Denison FC et al 2013 BJOG),* for example, showed an increased cost of £202.50 for an obese compared to normal weight woman	Noted, thank you.
British Nutrition Foundation			As the guidance states that it is for health professionals working in the area of fertility, the issues of obesity and polycystic ovary syndrome (PCOS) may be common. High prevalence of PCOS may warrant a mention or specifically indicate exclusion from the recommendations.	Noted, thank you. As this is public health guidance, interventions in women with pre-existing clinical conditions, which would include PCOS, are excluded. This is noted in Appendix B: summary of the methods used to develop this guidance.
British Nutrition Foundation			In general, BNF would agree that the recommendations remain relevant, but would suggest they could be improved to facilitate the practical implementation of such recommendations, for example **how** to use evidence-based behaviour change techniques to motivate and support women to lose weight. It may be difficult for health professionals to translate these recommendations into actual practice ('take action') without greater or more detailed guidance and direction, and addressing this would improve the usability of the guidelines in those who it is directed towards.	Noted, thank you. We will pass your comment on to our Implementation team.

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British Nutrition Foundation			Throughout the report there is a tendency to concentrate on women with a BMI over 30 (obese). Whilst this may be because the evidence base supports this, more could be said about weight management in overweight women (BMI >25-30) so that health professionals are better guided in their management of this group.	Thank you for your comment. The purpose of the review proposal consultation is to seek opinion from stakeholders on our proposition to consider the guidance for review in 3 years time and not consult on the original recommendation content. We note this point and we will ensure it is given due consideration when the guidance is updated.
British Nutrition Foundation	**Recommendation 1**		The advice to lose no more than 0.5-1kg a week should be mentioned here, in the same section as losing 5-10% of body weight so that the idea of slow and sustainable weight loss is emphasised. It may be relevant to mention that this weight loss generally requires a reduction in energy intake of around 500 kcal per day.	Noted, thank you. This is mentioned in the section which precedes the recommendations as it is relevant to more than one recommendation.
British Nutrition Foundation			Whilst weight and waist measurements may reflect weight changes, it is unclear that there is any evidence for ‘fit of clothes’ as a useful indicator in this population. Not only may there be a tendency to wear loose clothing in obesity, but there is also a lack of standardisation in retail sizing.	Noted, thank you. This is taken from NICE guidance CG43 Obesity.
British Nutrition Foundation	**Recommendation 2**		BNF suggests more focus on giving advice to avoid excessive weight gain in pregnancy. Although we understand there are no recommended UK figures, there is clear evidence that there are advantages of limiting weight gain in pregnancy. This should be made stronger so that the idea that pregnancy is a worthwhile and positive time to make changes to diet is supported, and that this can make a beneficial health difference to mother and child.	Thank you for your comment. The purpose of the review proposal consultation is to seek opinion from stakeholders on our proposition to

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				consider the guidance for review in 3 years time and not consult on the original recommendation content. We note this point and we will ensure it is given due consideration when the guidance is updated.
British Nutrition Foundation			The references given on p8 for *'from a reputable source'* are the 2009 Department of Health publications Birth to Five and The Pregnancy Book, that were firstly available as printed copies, then as downloads from the DH website. These are now only available as archived copy, and therefore may be out of date as they are not subject to the continual review processes in place for NHS public information. Guidance on reputable sources is important and suggestions such as RCOG and RCM would be helpful. BNF would also like to raise the difficulty for those with lack of internet access in being able to source good information on pregnancy and early years as very little is now available in paper format.	Noted, thank you. The guidance will be refreshed and the links to online sources of information will be updated to take account of changes since publication. Your point regarding those with lack of access to online sources of information has been noted
British Nutrition Foundation	**Recommendations 3 and 4**		We note that the increased energy requirements in lactation are not mentioned. This may be important as women may not need to reduce energy intake in order to achieve gradual weight loss during lactation. It is also important to stress losing weight slowly with no more than 0.5-1kg per week, as women may want to crash diet to lose their baby weight quickly. This may affect their own nutritional status and may have some impact on breast milk composition. The evidence base on losing weight during lactation and the effect on breast milk is in fact fairly poor (the main study referenced is a short term RCT of 11 days) - so cautionary recommendations are best. For	Noted, thank you. We believe that the conclusions of the Cochrane review are not contradictory to the current recommendations.

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			example, the latest Cochrane review concludes that for women who are breastfeeding, more evidence is required to confirm that exercise or diet, or both, are not detrimental for either mother or baby (*Adegboye A, Linne YM Cochrane Review 2013 Issue 7)*.	
British Nutrition Foundation	**Recommendation 6**		The recommendations around sensitivity in communication with patients are relevant but perhaps too vague to be useful. Key points (such as have been listed in the guideline for physical activity/diet) could be included, based on published reviews of qualitative data, and that address barriers to communicating about weight loss from both health professional and patients' perspectives *(Johnson M et al Midwifery Feb 2013)*.	Noted, thank you
Association for Improvements in the Maternity Services	General		Although this is headed "weight management" it is solely concerned with *Over*-weight management (as stated in the intro to PH270. We realise that this is a major public health problem, but we are only too aware that some of our clients are entering pregnancy well below healthy weight and continuing so, for a variety of reasons, and that although they avoid risks associated with obesity , those pregnancies have additional risks of their own. Firstly we would like this guidance to be more appropriately titled. Secondly we would like the problems of underweight malnourished women and babies to be addressed in separate guidance. This is particularly important for young teenagers who are still growing, and have additional nutritional needs before they start growing a baby. We note that you refer to the Dutch Famine Cohort study, which has provided data on long term effects of extreme malnourishment *in utero*. Yet we ignore similar, though less, extreme cases here. Moreover in a recent study by Denison et all they also incur 8% increased admissions and higher NHS costs	Thank you for commenting on this proposal The original referrals received from the Department of Health had a focus on overweight and therefore that was the direction that the guidance took.
Association for Improvements in the Maternity Services	General		This is seen as individual advice and guidance to individual women, whereas obesity is much more common in some areas (where many other health risks are higher) than others, and needs community as well as individual intervention. . The time during which women happen to be pregnant and are	Noted, thank you. The guidance will be refreshed to update the audiences in the light of recent changes

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			therefore under continuous professional gaze is a time to express concern about their long term risk. We know from observation and contacts with clients, that those who are surrounded by people of similar size, think themselves normal, and therefore approach may need to be different, and should be addressed by local authorities now responsible for public health. At a recent anthropology seminar in Oxford, a researcher mentioned how much she had been helped in interviews with obese women by the fact that she herself was (slightly) overweight, which led to rapid acceptance.	to responsibility for public health, so the role of local authorities will be made more explicit. In addition, please note, that other NICE guidance addresses wider issues on obesity, for example PH42 Obesity: working with local communities.
Association for Improvements in the Maternity Services	I		The document suggests weighing may help professionals to initiate discussion about weight, and that there should be training in communication. However from increasing reports on antenatal care the problem, certainly with midwives, the problem is not skills but TIME. Clinics are rushed, midwives are overworked, and what women want above all *is time and space to bring up their own concerns and priorities* not have all the available time taken up with the professional tick box agenda.	Noted, thank you.
Association for Improvements in the Maternity Services	Place of birth		One of the commonest queries on our help-line is how to avoid consultant unit care – especially from women who have had previous experience. They want home or midwifery centre care instead, but are pressured by professionals and even reported to social services for exercising their right to choice. Among these are obese women booked for hospital births because of BMI alone. A recent study which suggests that for multiparous women with high BMI and without other risk factors, additional risks may be small, and that BMI should be considered in conjunction with parity when informing women about risk.(1) Women may be more receptive to weight control information if it is not coming from professionals who are using risk factors to push them into a form of intrapartum care they wish to avoid.	Noted, thank you.

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			(1) *J Hollowell et al.(11 Sept 2013) The impact of maternal obesity on intrapartum outcomes in otherwise low risk women: secondary analysis of the Birth Place prospective cohort study.* BJOG http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.12437/pdf	
Association for Improvements in the Maternity Services	One to one midwifery care		The recent results of the MANGO r.c.t. of caseload midwifery antenatal and intrapartum care,(2) showed lower costs, no increased risks, and lower elective caesarean section rate. When the same midwife is caring for a woman she knows well, it is easier to raise topics which the women may find embarrassing, including weight management. *(2) Sally K Tracy et al. Caseload midwifery care v standard maternity care for women of any risk* http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)61406-3/abstract	Noted. Thank you
Association for Improvements in the Maternity Services	Repetition of weight advice		We welcome the concern with repetition of advice and agree that mention of it should be noted, so that women do not feel they are nagged. At every visit. However, if the only time the information is given is at the first antenatal visit, our callers report so much is now crammed into that one appointment, that they emerge both bewildered and frustrated. It is not just information, but the possibility of having a relationship with the professional and the context within which information and advice is given that matters.	Noted, thank you. We acknowledge that several stakeholders raised this point and will ensure it is given consideration when the guidance is updated in the future.
Association for Improvements in the Maternity Services	Respectful Care		The approach to women described by Sarah Davies at a Birthrights Forum in October this year, combines both medical evidence and qualitative data on women/s experiences (3 http://www.birthrights.org.uk/wordpress/wp-content/uploads/2013/10/Birthrights-Projects-and-Perspectives.pdf *(3) Sarah Davies (October 16 3013) Respectful evidence-based care for women with a high BMI increases satisfaction and reduces physical and psychological morbidity. Dignity in Childbirth Projects and Perspectives.*	Noted, thank you for the reference.

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			Birthrights Dignity in Childbirth Forum. pp.7-10	
Association for Improvements in the Maternity Services	Breast Feeding Effects		In the Guidance PH27 among the “research needed “ list was included effects of breast feeding on weight. This is much needed. We receive conflicting anecdotal reports, including association of breast feeding with weight gain, and cessation with weight loss. Confident advice is being given to women that bf assists weight loss, but some find it not borne out in practice.	Noted, thank you. The expert panel noted that the research recommendations remain valid.
Association for Improvements in the Maternity Services	Sugar		The original advice merely includes avoidance of foods with a high “sugar” content. In view of the increase in papers on particular problems from consumption of fructose, and its presence in many foods, is the evidence strong enough to give separate advice on this?	The points under achieving and maintaining a healthy weight are taken from NICE guidance CG43 Obesity and it is outside of the scope of this review to update this.
Association for Improvements in the Maternity Services	Individual perspectives		A recent study of women’s perspectives provided useful information on the need for an individual approach which took into account women’s needs and lifestyles, and differences between first and later pregnancies. This echoes some calls on our help line. (4) Emily Heery et al (2013) Perspectives on weight gain and lifestyle practice during pregnancy among women with a history of macrosomia: a qualitative study in the Republic of Ireland BMC Pregnancy & Childbirth 13:202 http://www.biomedcentral.com/content/pdf/1471-2393-13-202.pdf	Noted, thank you.
Cambridge Weight Plan	General		Cambridge Weight Plan would like to thank NICE for allowing us to comment on this review proposal. We are broadly in agreement with the proposal made, to consider again for review the guidance on Weight management before, during and after pregnancy in three years.	Thank you for commenting on this proposal. Noted, thank you.

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			At the same time, Cambridge would like to highlight that it is crucial that NICE take into account any relevant evidence which might become available before the date of the next review. We believe that when substantial evidence becomes available, work to update relevant pieces of guidance should begin as soon as possible, in order to ensure that patients and other stakeholders receive appropriate and relevant information when they need it.	NICE try to keep abreast of the evidence base and so if substantial new evidence became available that contradicted the recommendations we would consider bringing a review date forward for a particular piece of guidance.
Cambridge Weight Plan	Recommendation 1		Cambridge agree with the expert panel's suggestion that the penultimate bullet of Recommendation 1 could be amended to "clarify that health professionals could signpost women to appropriate local weight management programmes and did not necessarily have to deliver the programme themselves." Cambridge do not provide weight management programmes for pregnant women, but we are nonetheless convinced that access to these services should be facilitated and that plenty of information about the services available in the local community should be provided by health professionals to their patients.	Noted, thank you. This point will be considered when the guidance is next updated
Cambridge Weight Plan	Recommendation 2		Cambridge concur that the adverse effects of advocating a restricted weight gain during pregnancy should be carefully considered by practitioners. At the same time, however, we believe that advice to patients should always be backed by relevant scientific evidence, and not by personal convictions based on anecdotal evidence. For this reason, we do welcome the fact that the Agency is aware of on-going trials exploring diet and physical activity in pregnancy, and believe that these should be taken into account as soon as final reports become available.	Noted, thank you. NICE try to keep abreast of the evidence base and so if substantial new evidence became available that contradicted the recommendations we would consider bringing a

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				review date forward for a particular piece of guidance.
Centre for Maternal and Child Health Research, City University London	General		I agree with the expert panel that there is not enough evidence to warrant an update of the guidance at this point in time.	Thank you for commenting on this proposal. Noted, thank you.
Centre for Maternal and Child Health Research, City University London	General		Since there is not enough evidence to warrant a revised guidance, it is imperative to highlight the importance of continuous research in this area.	Noted, thank you. The expert panel concluded that the research recommendations in this guidance remain valid.
Centre for Maternal and Child Health Research, City University London	Recommendation 1		I agree that the penultimate bullet in the recommendation should be clarified and include that health professionals can signpost women to services. This is in particular important as the RCM now endorse SlimmingWorld for weight management in pregnancy and recent research shows that women want this information from their midwife (Patel, C., Atkinson, L., & Olander, E. K. (2013). An exploration of obese pregnant women's views of being referred by their midwife to a weight management service. *Sexual & Reproductive Healthcare, 4*(4), 139-140.)	Noted, thank you. Recommendation 1 focuses on women planning a pregnancy.
Centre for Maternal and Child Health Research, City University London	Recommendation 2		In addition to keeping active, there needs to be a mention of the importance of avoiding being sedentary.	Noted, thank you.
Centre for Maternal and Child Health Research, City University London	Recommendation 2		I strongly agree that there is not enough UK-based evidence for suggesting weight gain ranges in pregnancy. That said, the expert panel must realise the problem this creates for midwives and other health professionals who are asked by women about weight gain in pregnancy (with many services now using the IOM guidelines informally). Furthermore, there is no evidence	Noted, thank you. The purpose of the review proposal consultation is to seek opinion from stakeholders on our

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			suggesting that the IoM guidelines are dangerous for women or their infants, thus it would be helpful if this was mentioned by NICE.	proposition to consider the guidance for review in 3 years time and not consult on the original recommendation content. We note this point and we will ensure it is given due consideration when the guidance is updated.
Centre for Maternal and Child Health Research, City University London	Recommendation 2		I think it is important to query how many women actually manage to follow a restrictive diet in pregnancy (to the extent that this is dangerous to themselves and their baby) and contrast this number with the women who gain too much weight in pregnancy (or who struggle to keep a healthy weight pre-pregnancy) and the risks that is associated with this. According to Heslehurst et al (Heslehurst, N., Rankin, J., Wilkinson, J. R., & Summerbell, C. D. (2010). A nationally representative study of maternal obesity in England, UK: trends in incidence and demographic inequalities in 619 323 births, 1989-2007. *Int J Obes (Lond), 34*(3), 420-428. doi: 10.1038/ijo.2009.250) 5% of women were underweight pre-pregnancy and 40% were either overweight or obese pre-pregnancy.	Noted, thank you. The panel were aware of this issue, however all NICE guidance must consider any potential adverse or unintended effects.
Centre for Maternal and Child Health Research, City University London	Recommendation 2		Women are often overwhelmed with the information they receive at booking, and struggle to identify what the most important information for them is. If weight advice is only given once at booking, there is a serious risk that women will not take this onboard and realise the seriousness of this advice. Moreover, they may not be motivated to make these types of weight-related changes at this point, thus weight advice must also be offered later on in the pregnancy. Pregnant women have reported that unless their midwife tells them about gestational weight gain, they do not think this is something they need to be concerned about (Olander, E. K., Atkinson, L., Edmunds, J. K., &	Noted, thank you.

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			French, D. P. (2011). The views of pre- and post-natal women and health professionals regarding gestational weight gain: An exploratory study. *Sex Reprod Healthc, 2*, 43-48.).	
Centre for Maternal and Child Health Research, City University London	Recommendation 6		NICE needs to recognise that it is difficult for healthcare professionals to discuss weight management in pregnancy when there are no guidelines regarding how much weight women should gain in pregnancy.	Noted, thank you.
Applied Research Centre in Health & Lifestyle Interventions, Coventry University	General		I agree with the expert panel that there is insufficient evidence to warrant the guidance being updated at this time. Ongoing trials will provide high quality evidence for the proposed review in 2016. I propose that the evidence considered at this time also include the work of Dr Amanda Daley at University of Birmingham testing the effect on gestational weight gain (GWG) of repeated weight monitoring and feedback in routine antenatal care.	Thank you for commenting on this proposal. Noted thank you.
Applied Research Centre in Health & Lifestyle Interventions, Coventry University	Recommendation 2		I agree that robust evidence regarding the amount of weight women should gain during pregnancy is still lacking and as such it is impossible to advise women on this at this time. It is imperative that research is commissioned to address this current evidence gap. However, it should be noted that the Institute of Medicine (IOM) guidelines are being used regularly in weight management services and in advice given by non-clinical sources, as concerned professionals strive to support women to avoid excess weight gain. NICE should consider including in the guidance that the evidence from interventions using these targets suggests no risk of harm when following the IOM guidelines.	Noted, thank you. As far as we are aware, the evidence as to the safety of using the IOM guidelines in the UK has not been assessed, that is that gaining weight within the recommended ranges reduces the risk of adverse outcomes for mothers and their babies. In addition at the time of guidance publication it wasn't known if the guidelines could be applied to populations with a different

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				composition. The guidance highlights the need for research in this area. We have noted your comment for any future review of the guidance
Applied Research Centre in Health & Lifestyle Interventions, Coventry University	Recommendation 2		I think it is important to query how many women actually manage to follow a restrictive diet in pregnancy (to the extent that this is dangerous to themselves and their baby) and contrast this number with the women who gain too much weight in pregnancy (or who struggle to keep a healthy weight pre-pregnancy) and the risks that is associated with this weight increase. According to Heslehurst et al (Heslehurst, N., Rankin, J., Wilkinson, J. R., & Summerbell, C. D. (2010). A nationally representative study of maternal obesity in England, UK: trends in incidence and demographic inequalities in 619 323 births, 1989-2007. *Int J Obes (Lond), 34*(3), 420-428. doi: 10.1038/ijo.2009.250) 5% of women were underweight pre-pregnancy and 40% were either overweight or obese pre-pregnancy.	Noted, thank you. The panel were aware of this issue, however all NICE guidance must consider any potential adverse or unintended effects.
Applied Research Centre in Health & Lifestyle Interventions, Coventry University	Recommendation 2		Re: practitioners' concerns that some women may overly restrict their food intake during pregnancy. There is no evidence offered to indicate that discussing weight gain increases the risk of pregnant women choosing to follow a restrictive diet. GWG intervention research indicates that both dietary and physical activity behaviour either shows no change or slightly improves in the intervention group, suggesting that interventions such as providing advice on healthy eating and physical activity and monitoring these behaviours and receiving feedback on GWG does not encourage unhealthy restriction of food or excessive physical activity levels. (Thangaratinam S, Rogozinska E, Jolly K, et al (2012). Interventions to reduce or prevent obesity in pregnant women: a systematic review. Health Technology Assessment 16: 31).	Thank you for your comment and interpretation of the HTA conclusions. We feel that this does not contradict the recommendations in the guidance

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Applied Research Centre in Health & Lifestyle Interventions, Coventry University	Recommendation 2		Our research with midwives referring pregnant women to specialist weight management services suggests that, while overweight and obesity are sensitive issues to raise with women, most midwives are willing and able to explain the risks associated with high BMI during pregnancy to their women (Atkinson, L., Olander, E.K. & French, D.P. (2010). Qualitative evaluation of the Maternal and Early Years healthy weight Service (MAEYS): Final report.; Atkinson, L. & Olander, E.K. (2013). Evaluation of the Just4Mums weight management in pregnancy service: Final report.). The midwives in our studies also reported that they raise the issue at the booking appointment and refer to specialised support services at that time. However they suggested that women may not be motivated towards weight management at this early stage. Partly because of the vast amount of information women receive at booking, exacerbated by the additional clinical appointments that an obese woman will be asked to attend (obstetrician, anaesthetist, etc.) and partly because they will not have started to gain significant amounts of weight at this point. Midwives suggested that support should be offered again at a subsequent appointment, early in the second trimester. At this time women have passed the twelve week mark and had their first ultrasound, and feel it safe to plan for the rest of the pregnancy. They should also have started to gain weight by this time. Other research we have conducted also indicates that women feel overloaded with information at the booking appointment (Olander, E. K., Atkinson, L., Edmunds, J. K., & French, D. P. (2011). The views of pre- and post-natal women and health professionals regarding gestational weight gain: An exploratory study. *Sex Reprod Healthc, 2*, 43-48.). Further research indicates that obese women welcome receiving information on GWG and having opportunities to have their weight monitored during pregnancy (Olander, E.K. & Atkinson, L. (2013) Obese women's reasons for not attending a weight management service during pregnancy. *Acta Obstetricia et Gynecologica Scandinavica* DOI: 10.1111/aogs.12195; Patel, C., Atkinson, L., & Olander, E. K. (2013). An exploration of obese	Noted, thank you. We have noted that when the guidance is reviewed in the future consideration needs to be given to repeat advice on weight during the antenatal period.

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			pregnant women's views of being referred by their midwife to a weight management service. *Sexual & Reproductive Healthcare, 4*(4), 139-140.). Therefore, although the expert panel expressed concern about repeated advice on weight during antenatal care, I feel it is important that women are given ample opportunity to receive advice on healthy eating and physical activity, and to access specialist support services where available. I support the suggestion that conversations regarding weight be recorded in the Green Notes however I suggest that the guidance should include a second conversation early in the second trimester to ask women if they would like any advice or support regarding weight gain, healthy eating or physical activity, where the risks of excess weight gain (as opposed to the risks associated with their pre-pregnancy weight) are sensitively outlined. If this is discussed with every woman, not just those with a high booking BMI, this will reduce stigma and normalise the consideration of GWG for all pregnant women.	
Applied Research Centre in Health & Lifestyle Interventions, Coventry University	Recommendatio n 6		I wholeheartedly support the continuing need for provision of communication training for midwives to enable them to minimise the risk of causing upset and jeopardising the woman-midwife relationship when discussing weight management.	Noted, thank you.
Department of Health	General		I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation.	Noted. Thank you for confirming this.
Dietitians in Obesity Management (a specialist group of the British Dietetic Association)	General		We agree that the changes to responsibilities and structures within and external to the NHS mean that terminology needs to reflect this.	Thank you commenting on this proposal. The guidance will be refreshed to reflect the recent changes to structures and responsibilities for public health.

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Dietitians in Obesity Management (a specialist group of the British Dietetic Association)	General		We note that in relation to behaviour change and motivation, the term ‘techniques’ is used throughout the document. This is not in line with the spirit of a behavioural approach to working with people. It conveys the idea of something, perhaps covert or manipulative, which is done by healthcare professionals to others, rather than working in a behavioural way to facilitate change. We would prefer that words such as ‘tools’, ‘strategies’ or ‘approaches’ be used instead of ‘techniques’.	Thank you for your comment – we have noted this and will give due consideration to it at any future update of the guidance
Dietitians in Obesity Management (a specialist group of the British Dietetic Association)	Recommendation 1: preparing for pregnancy: women with a BMI of 30 or more		We agree that a life-course approach to healthy weight in all women should be taken, not only to ensure unplanned pregnancies start and progress well but because excessive weight also affects fertility levels adversely.	Noted, thank you.
Dietitians in Obesity Management (a specialist group of the British Dietetic Association)	Recommendation 1: preparing for pregnancy: women with a BMI of 30 or more.		We agree that appropriate links between different guidance should be made and the Obesity Pathway offers an opportunity to do so.	Noted, thank you.
Dietitians in Obesity Management (a specialist group of the British Dietetic Association)	Recommendation 1: preparing for pregnancy: women with a BMI of 30 or more.		We agree that an important role of health professionals is to signpost to appropriate weight management programmes, but suggest that a specific recommendation is made, along with this clarification, about what constitutes an appropriate weight management programme for this group, and how data may be shared with the health service to ensure that participants in such programmes are not lost to the health service and are followed up appropriately.	Noted, thank you.
Dietitians in Obesity Management (a specialist group of the British Dietetic	Recommendation 2: Pregnant women		We agree that specific clarification should be given to eating a healthy diet versus actively trying to lose weight during pregnancy.	Noted, thank you.

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Association)				
Dietitians in Obesity Management (a specialist group of the British Dietetic Association)	Recommendation 2: Pregnant women		Whilst we agree that women should not be made anxious about repeated information about excess weight and risk to their child, we suggest that if noted in the 'green notes' that this advice has been given, healthcare professionals may take the opportunity to highlight the fact that they have been given information and check whether they need further support, information or signposting to appropriate local services.	Noted, thank you.
Dietitians in Obesity Management (a specialist group of the British Dietetic Association)	Recommendation 2: Pregnant women		We agree that information from the results of current research trials should be used to update the recommendations, should that be appropriate.	Noted, thank you.
Dietitians in Obesity Management (a specialist group of the British Dietetic Association)	Recommendation 2: Pregnant women		We agree that there is an urgent need for specific UK data appropriate weight gain during pregnancy in different ethnic groups, but note that the recommendation not to weigh women throughout pregnancy makes this impossible. If women were weighed at specific time points throughout pregnancy, this data could be related to birth outcomes, maternal outcomes post-pregnancy and ethnicity and if carried out nationally, would build a specific UK data base in a reasonable time frame with limited additional cost.	Noted, thank you. The recommendation not to weigh women repeatedly in pregnancy, as a matter of routine, is taken from NICE clinical guideline CG62 Antenatal care and is a recommendation for practice. The expert panel noted an urgent need to ascertain appropriate and safe weight gain ranges in pregnancy, but this would need to be as a research project and would not be addressed by updating this guidance.

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Dietitians in Obesity Management (a specialist group of the British Dietetic Association)	Recommendation 3: Supporting women after childbirth		We agree that this recommendation remains relevant.	Noted, thank you
Dietitians in Obesity Management (a specialist group of the British Dietetic Association)	Recommendation 4: Women with a BMI of 30 or more after childbirth		We agree that this recommendation remains valid.	Noted, thank you
Dietitians in Obesity Management (a specialist group of the British Dietetic Association)	Recommendation 4: Women with a BMI of 30 or more after childbirth		We agree that 'not eating for two' needs to be emphasised and breastfeeding should be encouraged and supported, particularly in light of the fact that obese women are less likely to breastfeed than lean women.	Noted, thank you. This point will be considered when the guidance is next updated
Dietitians in Obesity Management (a specialist group of the British Dietetic Association)	Recommendation 4: Women with a BMI of 30 or more after childbirth		We suggest that what comprises 'evidence-based behaviour change techniques' needs to be specified.	Noted, thank you.
Dietitians in Obesity Management (a specialist group of the British Dietetic Association)	Recommendation 5: Community-based services		We agree that changes to responsibilities and structures within and external to the NHS need to be reflected in the guidance.	The guidance will be refreshed to reflect the recent changes to structures and responsibilities for public health.
Dietitians in Obesity Management (a specialist group of the British Dietetic	Recommendation 5: Community-based services		We agree that reputable sources of advice within the UK need to be signposted.	Noted, thank you. This will be addressed when the guidance is refreshed.

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Dietitians in Obesity Management (a specialist group of the British Dietetic Association)	Recommendation 5: Community-based services		We agree that there should be real caution about recommending that non-NHS health and fitness advisors give advice particularly about diet. In many cases this may represent a conflict of interest, where recommending supplements is part of their livelihood. In addition there is not necessarily a requirement for non-NHS staff to be trained on what is appropriate, and monitoring of their activities may not be in place. We suggest that this bullet point is removed from the guidance. Instead we suggest that a point recommending caution for women seeking advice from non-NHS health and fitness advisors should be inserted. In our view this should happen immediately, and should not wait for three years.	Thank you. Your comment has been noted.
Dietitians in Obesity Management (a specialist group of the British Dietetic Association)	Recommendation 6: Professional skills		We agree that this remains relevant and Health Education England could be appropriately added.	Noted, thank you.
Dietitians in Obesity Management (a specialist group of the British Dietetic Association)	Terminology		We agree that a general refresh of language throughout is appropriate.	Noted, thank you.
ESCO - Experts in Severe and Complex Obesity	1. Preparation for pregnancy		The Guidelines state: "*Health professionals should offer specific dietary advice in preparation for pregnancy, including the need to take daily folic acid supplements. This includes professionals working in pre-conception clinics, fertility clinics, sexual and reproductive health services and children's centres.*" Whilst agreeing with the existing statement, I do feel this is paying lip service to the problem and health care professionals and patients need to be	Thank you for commenting on this proposal. Obesity in the general population is covered by other pieces of NICE guidance for example [Obesity CG43]() and

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			educated on the impact that obesity can have on the chance of conception in addition to the effects in pregnancy. By the time the patient/couple have been referred to a fertility clinic, it is unrealistic to expect any significant but realistic weight loss and to do so may deny the patient/couple the chance of a baby because of the time it may take to achieve. Weight loss advice should be offered opportunistically to all women with obesity explicitly stating the impact on reproductive function.	guidance currently in development on Overweight and obese adults - lifestyle weight management services
ESCO - Experts in Severe and Complex Obesity	1. Preparation for pregnancy		Most community weight loss interventions are not delivered by health professionals. Perhaps this should make the point that appropriate training should be provided to those delivering interventions (eg commercial slimming organisations) so that they can give appropriate advice to women planning pregnancy; perhaps this should be a requirement for those offering such interventions?	Guidance currently in development on Overweight and obese adults - lifestyle weight management services is considering the training needs of staff working in weight management programmes.
ESCO - Experts in Severe and Complex Obesity	2. Pregnant women		There are 2 issues regarding weight in pregnancy; namely weight loss and weight gain. Women entering pregnancy with a BMI of over 30 face increased risks to both their own short term and long term health as well as to that of their offspring's. These women are also at an increased risk of excessive weight gain in pregnancy. Until such time as there is sufficient evidence that weight loss in pregnancy is both safe and of benefit, advice should be around sensible weight gain ranges. Most women (of all BMIs) would benefit from understanding what is a "normal" amount of weight to gain in pregnancy. One could argue that since eating disorders are more prominent at the extremes of BMI, these are the women that will benefit from most from such input. Whilst it may be true that there is no UK evidence-based guidance to	The evidence as to the safety of using the IOM guidelines in the UK has not been assessed. The guidance highlights the need for research in this area. We have noted your comment for any future review of the guidance

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			recommend weight-gain ranges, it is a missed opportunity not to include some sort of recommendation, even if this is based on expert opinion (and best available evidence, even if from comparable but overseas populations) until firmer evidence is available. Not to do this would be a failure of the guideline.	
ESCO - Experts in Severe and Complex Obesity	5 Community based services		Concern is expressed about nutritional advice on supplements other than folic acid. All pregnant women are now advised to take vitamin D supplements in pregnancy (Department of Health) and there is evidence that the offspring of obese women are at increased risk of vitamin D deficiency. The guideline should consider whether women with obesity should commence vitamin D supplements pre-conception or if their level should be assessed and supplements started according to results. The recommended dose of folic acid also needs to be addressed:CMACE/RCOG Joint Guideline Management of Women with Obesity in Pregnancy (March 2010) recommends that these women should be taking 5mg folic acid preconception, not the standard 400mcg. However, the evidence for this is circumstantial and far from firm. As a result, the ACOG Committee Opinion paper Obesity in Pregnancy (Jan 2013) does not recommend the higher dose. It would be appropriate for the NICE guideline to review the evidence and make a recommendation taking into account the CMACE/RCOG paper.	It is not within NICE's remit to set dietary reference values. Dietary reference values for vitamin D are currently being reviewed d by the Scientific Advisory Committee on Nutrition. Noted thank you. This issue will be given consideration when the guidance is next updated.
ESCO - Experts in Severe and Complex Obesity			We appreciate that it is difficult to come up with recommendations on weight gain during pregnancy and monitoring in the absence of any UK evidence. However we have found that the lack of this information has made it very difficult to gather good evidence about weight change during pregnancy and outcomes so this becomes a self-perpetuating problem. We think collecting this information is essential as a research goal, but requires a cultural/policy change to allow it to happen.	Noted, thank you. We note there is an urgent need for research in this area.

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ESCO - Experts in Severe and Complex Obesity	General		We are concerned that there is a lack of guidance on issues where there are huge gaps in evidence. We feel strongly that that cannot be used as an excuse not to comment and we let women down by being too afraid to give advice based on best available evidence and expert opinion until such time as the evidence is produced.	NICE is tasked with producing evidence based recommendations using the best available evidence. In some instances we acknowledge that expert opinion may be the only available evidence. The purpose of this consultation was to gather opinion from stakeholders as to the whether NICE's proposal to review the guidance again in 3 years time was a valid proposition.
LighterLife	General		LighterLife would like to thank NICE for allowing us to comment on this review proposal. LighterLife understand the expert group's proposal to consider the guidance for review at a later date and to undertake a terminology refresh of the existing guidance at the same time. We would however like to stress the importance of taking into account evidence which is likely to become available before the suggested next review period and believe that when substantial evidence is published, work to update the relevant piece of guidance should begin as soon as possible.	Thank you for commenting on this proposal. Noted, thank you. NICE try to keep abreast of the evidence base and so if substantial new evidence became available that contradicted the recommendations we

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			This is in order to ensure that patients and other stakeholders receive appropriate and relevant information in a timely fashion.	would consider bringing a review date forward for a particular piece of guidance.
LighterLife	Recommendation 1		We agree that recommendation 1 is still largely relevant and useful and also agree with the expert panel's suggestion that the penultimate bullet of Recommendation 1 could be amended to "clarify that health professionals could signpost women to appropriate local weight management programmes and did not necessarily have to deliver the programme themselves." Whilst LighterLife do not provide weight management programmes for pregnant women specifically, we believe that it is important to clarify that health professionals should ensure there is access to a wide range of services, including those available in the local communities.	Noted, thank you. This point will be considered if the guidance is updated in the future.
LighterLife	Recommendation 2		Whilst we agree that the possible adverse effects of advocating restricted weight gain during pregnancy should be carefully considered and communicated appropriately by practitioners, we also believe that any recommendations in this area should be based on solid scientific evidence, and not on anecdotal evidence or findings which are the result of extreme circumstances (such as the Dutch Famine Birth Cohort Study). The increase in risk to infants borne to 'famine-affected' mothers in the UK is a significantly smaller problem than is the increased risk to infants borne to obese mothers and we believe that a balanced view of this should be taken. Moreover, a specific focus on the increasing numbers of obesity-related comorbidities which are currently observed in both the mother and infant, as well as attempting to reduce the risk of known future health problems in these same groups of individuals, should be appropriately weighted when considering formulating advice for these target groups	Noted, thank you.

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			LighterLife welcome the fact that NICE is aware of on-going trials exploring diet and physical activity in pregnancy, and would again like to stress that these should be taken into account as soon as final reports become available.	
LighterLife	Recommendation 4		We agree that for those women who have a BMI of 30 or more after childbirth, a structured weight loss programme should be offered, including a referral to a dietician or other appropriate healthcare professional. At the same time, we also feel that commercial weight loss providers have an important role to play in this area and that in future guidance, signposting towards established commercial providers operating within the community, would allow for patient choice as well as reducing the burden on public health resources.	Noted, thank you.
LighterLife	Recommendation 5		We feel that parts of this recommendation should be clarified. In particular, we refer to the second bullet point under the heading 'What action should they take?' This states that "Health professionals should continue to monitor, support and care for women with a BMI of 30 or more who join weight management groups and slimming clubs." The above paragraph appears to suggest that women with a BMI of 30 or more should continue to receive medical supervision when trying to lose weight after childbirth. If this is the case – and it is not clear that it is – such a suggestion would not appear to be backed up by scientific evidence, and would be adding a considerable burden on the limited resources of healthcare professionals.	The purpose of the review proposal consultation is to seek opinion from stakeholders on our proposition to consider the guidance for review in 3 years time and not consult on the original recommendation content. We note this point and we will ensure it is given due consideration when the guidance is updated.
Public Health England	General		1. Public Health England (PHE) welcomes the opportunity to input into the NICE review proposal on 'Consideration of an update of the public health guidance on *Weight management before, during and after pregnancy (PH27)*'.	Thank you for commenting on this proposal.

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Public Health England	General		2. We believe that more specific recommendations on energy intake during pregnancy would be helpful.	Noted, thank you. Determining dietary reference values for the UK is the remit of SACN. The 4th bullet point of this recommendation is consistent with the current DRV for the incremental energy increase in the last trimester of pregnancy (SACN 2011) .
			3. PHE agree that at this time, there is not sufficient new evidence to amend the recommendations. Given that there are a number of ongoing trials, the finding from which will add to the evidence base in this area, PHE agree with the overall recommendation that the guidance is considered for review in three years' time.	Noted, thank you.
Public Health England	General		4. Although there is not much new evidence on this issue, we feel a lot can be done to make the guidance more appropriate for the new local authority audience.	Noted, thank you. The guidance will be refreshed to take account of the recent changes to the structures and responsibilities for public health.
Public Health England	General		5. Feedback from a local maternal and child health strategy group noted that a one page graphic (similar to the alcohol and drug misuse style)	Noted, thank you. However, these issues

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			overviewing the prevalence and risks of maternal obesity would be a welcome addition	are discussed in section 2 of the guidance 'Public health need and practice' .
Public Health England	General		6. At a local level, there appears to be demand to use the IOM pregnancy weight gain charts: www.iom.edu/About-IOM/Leadership-Staff/Boards/Food-and-Nutrition-Board/HealthyPregnancy.aspx Is this something NICE might reconsider when the newly available evidence is reviewed?	Noted, thank you. NICE will reconsider the guidance for update in three years time. Any amendments to the recommendations at that point will depend on the evidence available.
Public Health England	Recommendation 2: Pregnant women (p.5)		7. We note with interest the systematic reviews published since 2010 on interventions to manage weight gain in overweight and obese women during pregnancy.	Noted, thank you.
Public Health England	Recommendation 2: Pregnant women (p.6)		8. PHE agree that it will be important to carefully consider the possible adverse effects of advocating a restricted weight gain during pregnancy.	Noted, thank you.
Public Health England	Recommendation 2: Pregnant women (p.6)		9. We note with interest the two ongoing trials exploring diet and physical activity in pregnancy (the LIMIT and UPBEAT trials) which have been highlighted.	Noted, thank you.
Public Health England	Recommendation 2: Pregnant women (p.7, 2nd		10. We are pleased to see both NHS Choices and the eatwell plate highlighted as reputable sources of advice during pregnancy. 11. Please amend Eat Well plate to **eatwell plate.**	Noted, thank you. We will amend this when

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	paragraph)			the guidance is refreshed.
Royal College of Nursing	General		The Royal College of Nursing welcomes the consultation on proposals regarding the review of the public health guidance for weight management before, during and after pregnancy.	Thank you for commenting on this proposal.
Royal College of Nursing	5		We note the recommendation that the guidance is considered for review in three years and that the existing guidance has a terminology refresh. There are no further comments to add to the proposed recommendation.	Noted, thank you.
RCOG	General		We support the recommendation from NICE to extend the revision date and just refresh the terminology for now.	Noted. Thank you for commenting on this proposal.
Royal College of Paediatrics and Child Health	General		Thank you for inviting the Royal College of Paediatrics and Child Health to comment on the *weight management before, during and after pregnancy* review proposal. We have not received any responses for this consultation.	Noted. Thank you for confirming this.
The Royal College of Midwives	Recommendation 1		We agree with the recommendation that the wording in in this recommendation is amended to clarify that health professionals can signpost women to appropriate local weight management programmes.	Thank you for commenting on this proposal. Noted, thank you. This point will be considered at any future update of the guidance.
The Royal College of Midwives	Recommendation 2		It should be made clearer that healthy eating and activity is appropriate advice here, which may result in some weight loss but that it is active ‘dieting’ that should not be advocated. This recommendation has led to some professionals being unsure about giving this advice.	Noted, thank you. This point will be considered at any future update of the guidance
The Royal College of Midwives	Recommendation 2		We question the reasons for the lack of inclusion of the IOM guidelines as we know that many health professionals, with the lack of other guidance, are	The Committee who developed the

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			finding them very useful.	recommendations had concerns that the IOM guidelines are based on observational data and that there had been no intervention studies or large scale trials to confirm that adhering to the recommended weight gain ranges would lower the risk of adverse outcomes for mothers and their babies. In addition it was not known whether the IOM guidelines were transferable to the UK populations (see Considerations section of the guidance for more information)
The Royal College of Midwives	Recommendation 2		The current 'HELP Trial' Health Eating and Lifestyle in Pregnancy Trial should be acknowledged with other on-going trials in the review. This trial is expected to finish in Feb 2014.	Noted, thank you.
The Royal College of Midwives	Recommendation 2		Due to the lack of clarity in the statement 'only weigh women again if clinical management can be influenced or if nutrition is of concern' and the weak evidence supporting the similar recommendation in the Antenatal Guidance, we consider that both the evidence and the wording here should be revisited. Practitioners and researchers continually comment on the negative impact of not collecting this important information.	The recommendation relating to weighing in this guidance is based on the recommendation in the clinical guideline CG62. An Evidence Update for the Antenatal Care

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				guideline was recently carried out and no new evidence in this area was included. See 'Clinical examination of pregnant women' at this link [Evidence update 41 - antenatal care]
The Royal College of Midwives	General		The guidance could be clearer about which health professionals (midwives, health visitors) should be doing what. In the current format responsibility can easily be opted out of with the assumption that someone else will do it.	Noted, thank you.
The Royal College of Midwives	Review recommendation		The RCM do not agree with the recommendation to wait 3 years until the guidance is considered for review. In the context of the current research being undertaken in this area, we think it should be considered for review with an in depth literature review in 1-2 years, when the results from current trials (UPBEAT, LIMIT and HELP) will be accessible.	We note your point, however we feel it would be more prudent to wait 3 years to be more certain that these studies will have published in order to inform a future review decision.
Royal Pharmaceutical Society	General		The Royal Pharmaceutical Society welcomes a review to the weight management before, during and after pregnancy public health guidance. Pharmacists have a significant role in public health, raising awareness of health risks associated with being overweight, providing advice on healthy lifestyles and also supplying medicines and nutritional products to help patients manage their weight. The RPS are currently drafting professional standards for public health to help lead, support and develop pharmacists and pharmacy teams across Great Britain, to enable delivery of high quality public health services.	Thank you for commenting on this proposal.
Royal Pharmaceutical Society	Recommendatio		We agree that this recommendation is still relevant and useful, however	Noted, thank you.

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	n 1		suggest that the role of pharmacists is highlighted specifically against the recommendations. Many patients visit pharmacy for advice on healthy lifestyles, and to seek advice on conception and nutrition before pregnancy. Pharmacists and pharmacy support teams are ideally placed to offer advice about diet and physical activity to those who are overweight and are planning for a baby. The accessible and inviting environment of community pharmacies allow patients to seek advice and have conversations about weight management at a time that is convenient for them without having to make an appointment.	This point will be considered at any future update of the guidance
Royal Pharmaceutical Society	Recommendatio n 2		We would suggest that pharmacists be included in this recommendation. Due to their excellent accessibility, pharmacists may be the first healthcare professional to be informed that a patient is pregnant, in some cases even before a patient's GP. They are thus well placed to provide opportunistic advice on weight management to those who are overweight and pregnant. Many community pharmacies also provide Health Start vitamins. In regards to the recommendations on making records of weight, height and BMI in notes, we would also suggest that the (guideline development group) GDG considers how records are to be shared amongst	Noted, thank you.
Royal Pharmaceutical Society	Recommendatio n 5		We would suggest that the recommendation that health care professionals should continue to monitor, support and care for women with a BMI of 30 or more who join weight management groups and slimming clubs, should be emphasised further. We also suggest that weight management groups and slimming clubs should also encourage pregnant women who are overweight to seek advice from a healthcare professional. We are concerned that dietary advice from non-NHS health and fitness advisors may not be the same as advice from a trained healthcare professional, and they may not be able to offer holistic support or advise on other health concerns.	Thank you. Your comment has been noted.
Royal Pharmaceutical Society	Recommendatio		The Royal Pharmaceutical Society as the professional body for pharmacists	Noted, thank you.

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	n 6		and pharmacy, produce guidance to support our members in their day to day role. An example is the RPS Quick Reference Guide on Obesity and Weight Management. We do not produce competency frameworks but would ensure that our members have access to relevant resources to support their development. This may also be the case for other professional bodies, therefore we would recommend that professional bodies be stated as an example of organisations who can setting competencies and developing continuing professional development programmes for health professionals, healthcare assistants and support staff.	
Sheffield Hallam University (This presents coordinated feedback from SHU, Barnsley and Doncaster NHS Foundations Trusts)	Recommendation 1: -Achieving & maintaining a healthy weight		1. Pleased that GPs are mentioned as group who can support obese women prior to pregnancy. Maybe more could be done to strengthen this role, by working with the Royal College of GPs, obesity group who are developing training in obesity. [Researcher] 2. Should self-monitoring be referred to at this point too (it is picked up later in the document) [Dietician]	Noted, thank you.
Sheffield Hallam University (This presents coordinated feedback from SHU, Barnsley and Doncaster NHS Foundations Trusts)	Recommendation 2 (Weighing in pregnancy) "Do not weigh women repeatedly during pregnancy as a matter of routine. Only weigh again if		We have had many comments from various professionals and researchers echoing the same issues around not offering weight assessment during pregnancy: 1. "I understand there is not much evidence around at the moment and that will be due to the fact that we have not weighed routinely in pregnancy for at least 10 years - therefore without weighing how can we get the evidence?? Only weighing at booking stops that conversation arising regarding the need to lose weight after pregnancy and therefore even if it was put in a 2 points in pregnancy ie 28 and 36 weeks this can be a good prompt. She will be having a GTT at 28 weeks due to the fact her BMI is over 30 therefore why cannot this be a point of discussion as I am sure she will ask why she is having this test? Also if the anaesthetist does not have a current weight at delivery in order to	Noted, thank you. These points will be considered further at any future update of the guidance.

Public Health Guidance

Weight management before, during and after pregnancy - Consultation on the Review Proposal
Stakeholder Comments Table

1 – 15 November 2013

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	clinical management can be influenced or if nutrition is a concern[9]."		give a GA how can this be safe practice - there could be a 5 stone difference. I have emailed our anaesthetist for his comments. Therefore weighing at 36 weeks can ensure there is a current weight and again a prompt for promoting postnatal weight loss." [Midwife-Maternal obesity specialist] 2. "Just a small comment re monitoring weight gain in that the women who have seen the dietician are weighed at each visit and seem to see this as a motivator, can we not give women a choice on this?" [Midwife/Nurse/Researcher] 3. "Is there any solid evidence against weighing during pregnancy other than anecdotal views?" Weighing during pregnancy can be used as a prompt to raise the issue with the women as well as allowing to monitor changes, women ask for being weighed. It is somewhat contradictory to say weighing is only justified if there are clinical indications and suggest "routine weight measurement is not recommended". It is well documented that excessive weight gain is harmful to women and their offspring. [Researcher] 4. Agree from our parenting forum paper and teenage pregnancy work that there is a confusion between diet, healthy diet, healthy eating, dieting (weight loss/calories). Guidance needs to be very clear and consistent with terminology. NICE uses a mix such as 'discuss her eating habits' 'concerns about diet', advice that a 'healthy diet' [Aredn M, Duxbury A & Soltani H. Unpublished data analysing spontaneous and naturally occurring comments from parenting discussion forums on previous NICE gestational weight management guidance-ready for submission to be published in 2014] I would like NICE to reconsider this point, to offer routine weighing, specifically if requested by a woman (as per our parenting forum data, attached), and to commission research to see if it would benefit ALL women of all BMIs. [Researcher]	
Sheffield Hallam University (This presents coordinated feedback from SHU, Barnsley and	Recommendation 5 Timing of the		I (as a present member) in the panel meeting, mentioned three existing on-going trials (LIMIT, UPBEAT and HELP). But HELP is not mentioned in the document. This was re-iterated by the practitioners/researchers through my	Noted, thank you for brining this to our attention.

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Doncaster NHS Foundations Trusts)	next review update		feedback scoping: "*I was surprised not to see the HELP trial mentioned in the section about a 'number of on-going trials exploring diet and physical activity in pregnancy' under recommendation 2 on p6. This trial is being run by Cardiff but recruiting from many sites across the UK. More information about this trial can be found at http://medicine.cf.ac.uk/primary-care-public-health/research/healthcare-communication/current-projects/healthy-eating-and-lifestyle-pregnancy-help/* Based on the information on the HELP trial website, the trial is expected to finish in Feb 2014." *[Midwife researcher]* Therefore we suggest the review date for the NICE guidance should be brought forward so that it will be updated in one year rather than in 3 years time. "It seems reasonable to either delay current update awaiting emerging findings from existing trials or bring the expected date for the next update forward substantially." Researcher" "Rather vague as doesn't specify which behaviour techniques should be used. using evidence-based behaviour-change techniques to motivate and support women to lose weight." [Researcher]	We note your point, however we feel it would be more prudent to wait 3 years to be more certain that these studies will have published in order to inform a future
Sheffield Hallam University (This presents coordinated feedback from SHU, Barnsley and Doncaster NHS Foundations Trusts)	General		1. The wording of all the document does not seem to be specific enough i.e. who should do what - I feel is should say midwives, health visitors weight management etc rather than just health professionals as it does not give ownership to someone as can easily be opted out of and assumed someone else will do it. [Midwife-Maternal obesity specialist	Noted, thank you. This point will be considered further at any future update of the guidance.
Slimming World	General		We welcome the review of this extremely important guidance. There continues to be an emerging evidence base around the negative impact that	Noted, thank you.

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			both starting pregnancy with a high BMI and excess weight gain during pregnancy (regardless of whether the starting BMI is raised at the start) can have adverse outcomes for both mother and baby.	This point will be considered further at any future update of the guidance
Slimming World	Recommendation 1		We welcome the suggestion that the wording in this recommendation is updated to reflect that health professionals do not need to deliver weight management programmes for women preparing for pregnancy but that they should signpost to them and also ensure access. We would also suggest that something is added in to ensure that health professionals signposting to services have good local knowledge of the local services available and bear in mind key factors such as ensuring that services being signposted to are easily accessible (at times and days suitable and convenient for their patients).	Noted, thank you. This point will be considered further at any future update of the guidance.
Slimming World	Recommendation 2		Page 4. We are pleased to see that the panel felt more explanation/clarification could be given in this recommendation to acknowledge that eating healthily and keeping active may result in some weight loss. We would strongly recommend that it is made clear that healthy eating and activity is acceptable which may result in weight loss and that it is ‘dieting’ or actively trying to lose weight through restriction is what is unacceptable. This recommendation has led to some professionals feeling uneasy about recommending anything or even adhering to the healthy recommendations for fear of someone losing weight. We feel this clarification will go someway to reassuring people. The potential impact on a pregnant woman who follows the healthy eating and activity advice as suggested by this guidance and loses some weight also needs to be considered. It is vital that health professionals feel able to manage the women’s expectations and potential concerns appropriately if some weight was lost through healthy habits.	Noted, thank you.
Slimming World	Recommendation 2		We would suggest that there is more emphasis on the prevention of excess weight gain during pregnancy. It seems the emphasis has shifted to	Noted, thank you.

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			ensuring people don't 'diet' or restrict weight gain during pregnancy yet for someone who has a raised BMI at the start of the pregnancy or even has a healthy BMI at the start, preventing excess weight gain will have considerable health benefits.	This issue will be considered further at any future update of the guidance.
Slimming World	Recommendation 2		Page 5. The review discusses the IOM guidelines and the reasons for them not being included in the guidance including the fact that the original guideline development committee didn't feel able to support them being included. One of the contributors to our response was part of the original programme development group and feels that this was not a majority feeling in the group and no vote was taken at the time. Overall we would question the difference between the UK and USA populations and also point out that on the ground we know that many health professionals (midwives and dietitians) are using the IOM guidance in practice and finding it very useful as a guide for pregnant women. Having no advice currently in the guidance has left health professionals in a difficult position.	Thank you for raising this. We are aware of this issue, however we feel that there is still insufficient evidence in this area to recommend the use of IOM guidelines. We are aware of a need for more research in this area.
Slimming World	Recommendation 2		Page 6. The review mentions the need for reputable sources of information to be recommended. A new website resource, providing information and support around healthy eating, activity, lifestyle and weight management advice for women before, during and after pregnancy has recently been	Noted, thank you.

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			launched which was developed in partnership between The Royal College of Midwives and Slimming World. The website was created to provide a reputable source of healthy lifestyle information for women after the two organisations recognised that there are many confusing and conflicting messages about how women should manage their weight before, during and after pregnancy. We would suggest that this is included in the update if the sources currently detailed are being updated. (www.slimmingworld.com/mums)	
Slimming World	Recommendation 2		Page 6. The review document makes reference to a couple of on-going trials but doesn't mention another key piece of research which will answer some of the suggested research questions. We suggest that the 'HELP Trial' Health Eating and Lifestyle in Pregnancy Trial (being led by the Cardiff Trials unit) is also acknowledged throughout the review. The initial results from this trial will be available in 2014.	Noted, thank you.
Slimming World	Recommendation 2		Page 6. The review mentions the need for training in communication techniques to help health professionals broach the subject of weight in a sensitive manner. We would welcome this. We recently conducted a survey with midwives to look at barriers to raising to issue of weight and found many feel very uncomfortable/unequipped to raise the issue with women, especially with pregnant women. We worked with The Royal College of Midwives to develop a resource for midwives to help with raising the issue of weight using sensitive language. This resource went out to over 33,000 midwives and many extra copies have been requested. We would be happy to provide copies of this for your information.	Thank you for highlighting this resource.
Slimming World	Recommendation 5		The review mentions concerns from the expert panel about non-NHS health and fitness advisors providing advice to pregnant women. We would agree with these concerns where people are providing incorrect/un-evidenced advice however would also say that some organisations, like Slimming World, provide women with up to date advice in line with NICE and government advice (with registered dietitians and nutritionists working to	Noted, thank you

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			ensure that advice is up to date and in line with current guidance). For example providing women with up to date advice on food safety while pregnant and promoting the use of higher dose folic acid for women with a higher BMI.	
Slimming World	Section 5 - Recommendation		The review recommends that the guidance is reviewed in 3 years time. We would suggest that it should be reviewed in 2 years when the results from all 3 trials (UPBEAT, LIMIT and HELP) will be available.	We note your point; however we feel it would be more prudent to wait 3 years to be more certain that these studies will have reported in order to inform a future review decision.
Weight Concern	Section 1 – Recommendations 1 & 4		What about women with a pre/post-pregnancy BMI between 25-30? Should we not recommend weight loss/behaviour change in this forgotten population too? It is often easier to correct unhealthy behaviours and reverse the trend of weight gain in the early stages. It is very plausible that time gone by (with or without pregnancy) will lead to further weight gain and women crossing over into the obesity category. Targeting the 25-30 BMI group is a window of opportunity to prevent obesity and its adverse outcomes in the first place. Also: "Even a relatively small gain of 1–2 BMI units (kg/m2) between pregnancies may increase the risk of gestational hypertension and gestational diabetes, even in women who are not overweight or obese. It also increases the likelihood of giving birth to a large baby (Villamor and Cnattingius 2006)."	Thank you for your comment. The purpose of the review proposal consultation is to seek opinion from stakeholders on our proposition to consider the guidance for review in 3 years time and not seek opinion on the original recommendation content. We note this point and we will ensure it is given due consideration when the guidance is updated.
Weight Concern	Section 1 – Recommendatio		The fact that there is no guidance on calorie recommendations for breastfeeding women wanting to lose weight is a real issue in practice.	Thank you for your comment. Developing

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	ns 3, 4 & 5		Healthy eating does not lead to weight loss in the absence of a calorie deficit. And referring patients to GP's won't help as GP's are often not adequately trained in obesity management. Can we advise women to see a dietician at least?	dietary reference values is beyond the remit of NICE Public Health Guidance and falls under the remit of SACN.
Weight Concern	Section 1 – Recommendations 3 & 4		Can mom's weight not be monitored along with baby's i.e. at neonatal check-ups? It is the ideal opportunity to flag problems and engage with women about their weight on a more regular basis.	Noted, thank you.
Weight Concern	Section 1 – Recommendation 5		Commissioners and LA's should prioritise the commissioning of weight management services in all areas. This is the crucial first step and the only way that all women will have equal access to the necessary weight-loss treatment and support.	Noted, thank you.
Weight Watchers	General		Weight Watchers supports an update of PHG 27: Weight Watchers welcomes the opportunity to comment on NICE's proposal for an update of the public health guidance on 'Weight Management Before, During and After Pregnancy'. Weight Watchers fully supports the recommendation, within the review proposal, that the guidance is considered for review in 3 years and that the existing guidance has a 'terminology refresh'. Critically, the NHS and public health reforms have resulted in massive changes in the delivery of antenatal and postnatal care and services. NICE's existing public health guidance needs to be placed within this current context to be made relevant to local implementation. Weight Watchers has a number of additional specific comments which it would like to contribute to this update process and these are detailed below.	Noted, thank you.
Weight Watchers	Recommendation 2: Pregnant women		More emphasis needed on 'no active weight loss during pregnancy' : Based on current practice on the ground, Weight Watchers recommends that there is a need to expand, explain and emphasise the key message that the available evidence indicates that weight loss programmes are not recommended during pregnancy as they harm the health of the unborn child.	Thank you for raising this key issue,

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			Weight Watchers is aware that some weight management service providers admit pregnant women to their services, mixing people who are trying to actively lose weight with pregnant women who may be trying to prevent excess weight gain but not lose weight.. Weight Watchers believes this is irresponsible and potentially dangerous. In contrast, Weight Watchers has a firm global policy that pregnant women cannot be Weight Watchers members, even if they have a letter from a qualified health professional. Weight Watchers takes the position that pregnant women should consult their GP, midwife or other available services that are provided via qualified health professionals with accountability for their care, for advice on their weight, diet, and physical activity during pregnancy. In Weight Watchers view it is a specialised clinical area, which requires specialist clinical advice. Weight Watchers policy applies to new presenting members and current members who become pregnant. In these scenarios, Weight Watchers Leaders are trained to: * be emphatic and listen carefully, * explain to pregnant women that Weight Watchers can welcome them back into meetings after their postnatal check and after their baby is 6 weeks old * encourage them to re-contact Weight Watchers after the birth of their child However Weight Watchers is under increasing pressure from local health care and public health commissioners to deliver services to pregnant women. Often these demands are simply to offer 'healthy eating and physical activity advice' within current service provision, with commissioners being happy about services mixing people and approaches for losing weight and pregnant women trying to manage their weight gain. However, Weight Watchers entire methodology (training for Leaders, the programme itself, weekly group meeting curriculum and content, online tools and social /community platforms) is oriented and	

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			developed towards helping people change their lifestyle behaviours to lose weight and then manage this in the long term. Thus, it is inappropriate to use an approach and specific programmes which are principally designed for weight loss, with pregnant women. Not all weight management service providers abide by this.	
Weight Watchers	Recommendations 3 and 4 – After childbirth recommendations		Postnatal period critical point for intervention: It is well established that the period following pregnancy and childbirth is a time when women are likely to gain weight. A literature review indicated that on average US women retained 3-7kg of the weight gained during pregnancy, with at least two thirds exceeding their pre-pregnancy weights (Walker et al, 2005). This has significant consequences for further pregnancies as obese women have a higher risk of impaired glucose tolerance and gestational diabetes, miscarriage, pre-enclampsia, thromboembolism and maternal death (NICE, 2010). Intervention postnatally has a lasting lifelong effect on obesity for mother and child and this results in less disease later on. Additionally, In recent years the behavioural sciences have provided rich insights into why we behave as we do and have also suggested new ideas for how we might help people to make changes in these behaviours to improve their health. In particular, the release of the MINDSPACE report in 2010 by the Institute for Government and the Cabinet Office initiated new thinking on tackling obesity (Dolan et al 2010). This report identified factors which dictate why the postnatal window is such a powerful point to intervene on obesity. It highlighted: * the role of the messenger (where midwives and health visitors are trusted health professionals and educators to deliver information) * the importance of salience (for example post birth is a good time to talk to women about the health implications of their diet and activity levels both for themselves and for their child. Health becomes more important to them and	Noted, thank you.

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			this is backed up by market research which suggests that becoming a parent triggers a range of positive changes to health behaviours (Williams et al 2013) * the use of commitments which encourage parents to make commitments to healthier changes Weight Watchers has recently been involved in 2 primary care referral pilots in Scotland and North Wales, which have targeted overweight and obese postnatal women. Anecdotally the take up of NHS referral to Weight Watchers by this group of women seemed to be higher than other NHS patients. More formal evaluation of these services has been and is being carried out. Initial results from the pilot in NHS Tayside suggest higher completion rates of a 12 session course (70%; n=87) amongst postnatal women compared to previous audits of similar referral services in older women (Ahern et al 2011, Wrieden et al 2013). For all these reasons, Weight Watchers argues that the postnatal period deserves a stronger spotlight placed upon it in the update process.	
Weight Watchers	General		Softer market research and qualitative research should be included. Over the last decade a wealth of qualitative research has been released and this has provided a wealth of insights into the beliefs and attitudes to weight loss amongst women including postnatal women. These insights have potential to inform NICE's update of the PHG Before, During and After Pregnancy. For example in November 2010 the Royal College of Midwives (RCM) together with Netmums released the results of a survey of 6,226 mothers' experiences of weight management and obesity issues. It revealed huge gaps in relevant postnatal care from midwives (RCM, 2010). Key findings included: · 84% rated the overall care that they received from midwives regarding healthy eating and weight management as 'Neutral', 'Poor' or 'Very poor',	Thank you for highlighting this evidence.

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			· 95% said that during pregnancy they did not go to NHS-provided antenatal classes that addressed healthy eating and weight management. · 89% of women said that after giving birth they did not have an opportunity to discuss healthy eating and weight management issues with their midwife. · 64% of mums interviewed thought that it should be the role of the midwife to provide encouragement and support on nutrition and weight management issues · 50% were concerned about their weight during pregnancy and worried that they would not be able to get back to their pre-pregnancy weight. · Only 10% could correctly identify a healthy BMI of 25 – implying significant confusion over what their correct pre-pregnancy weight should be All of this suggests that immediate postnatal weight management support is lacking and any existing NHS provided antenatal classes on weight management are not taken up by women. However, dealing with obesity was one of the top 3 issues identified by Heads of Midwifery in the RCM Pay Review Evidence; on contributing to the increased complexity of maternity cases stretching the midwifery workforce. (cont)	
Weight Watchers	General (Previous point continued)		This gap between perceived weight management needs of new mothers and NHS service provision was further reinforced by a more rigorous qualitative study carried out in Doncaster (Furness et al, 2011). This study implied that 'best weight management care' was consistent, continuous, supportive, non-judgemental and created opportunities for interaction and mutual support between overweight and obese pregnant women. Weight Watchers would argue that these types of insights are invaluable in grounding the PHG issued by NICE, and evidence such as this should be included in NICE's future appraisal. Specifically, patient experience is now at the heart of the public health delivery and should be incorporated into the formulation of any guidance which sets the tone for this delivery.	Thank you for bring this to our attention.

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Weight Watchers	General		Signpost women to effective local weight management programmes - needs qualification: NICE's review proposal acknowledges that there is scope to clarify that health professionals could signpost women to appropriate local weight management programmes and do not necessarily have to deliver the programmes themselves. However, the weight management sector is extremely diverse covering a very broad category of interventions which differ in the methods they use, the type of training they provide to their facilitators, the materials they provide for their participants, the level and types of behavioural interventions, target audiences, whether physical activity is incorporated into intervention delivery etc. But most fundamental is the difference in amount and quality of studies underpinning the effectiveness of different programmes. Some programmes, such as Weight Watchers, have good quality data on both self-referring and health professional referred participants, derived from RCTs published in high impact peer reviewed journals (such as the BMJ and the Lancet) backed up by evaluation studies of large scale application of their services in the field. Other programmes have little or no data underpinning their effectiveness. Weight Watchers would plead that when NICE refers to health professionals signposting women to other weight management programmes, this is qualified as 'effective weight management programmes with outcomes establish	Thank you for this feedback.
Weight Watchers	General		References used in this response Ahern A et al (2011) Weight Watchers on prescription: An observational study of weight change among adults referred to Weight Watchers by the NHS, BMC Public Health, 11, 434. Dolan P et al (2010) MINDSPACE: Influencing behaviour through public policy, Institute for Government, Cabinet Office. www.institutefor government.org.uk.	Thank you for these references.

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			Furness, PJ (2011) Maternal obesity support services. A qualitative study of the perspectives of women and midwives. BMC Pregnancy and Childbirth, 11, 69. NICE (2010) Public Health Guidance 27. Weight management before, during and after pregnancy. London: NICE Royal College of Midwives (2010) http://www.rcm.org.uk/college/about/media-centre/pressreleases/a-uk-wide-survey-of-6226-mothers-experiences-of-maternal-obesity Walker, LO, et al (2005) Retention of pregnancy related weight in the early postpartum period: implications for women's health services. J. Obstet. Gynecol. Neonatal Nurs., Jul-Aug: 34(4), 418-27. Williams B et al (2013) GfK NOP Social Research, 2013, Lifecourse Tracker, Wave 1, Spring 2012: Interim Summary Report, www.gov.uk Wrieden, W L et al (2013) Evaluation of NHS referral of postnatal women to a commercial community-based lifestyle modification programme, Proc Nutr	