



# Surveillance report 2017 – Weight management before, during and after pregnancy (2010) NICE guideline PH27

Surveillance report

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# Surveillance decision

This guideline will be updated.

## How we made the decision

We check our guidelines regularly to ensure they remain up to date. We based the decision on surveillance 6 years after the publication of [weight management before, during and after pregnancy](#) (2010) NICE guideline PH27.

For details of the process and update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

[Surveillance update](#) decisions for the guideline are on our website.

## Main conclusions from previous surveillance reviews

At the last surveillance review in 2014 it was decided not to update the guideline however a number of areas were highlighted that could be addressed and refreshed were the guideline to be updated in the future. These are noted in [appendix 1](#) and include:

- Cross referral to the NICE guideline on maternal and child nutrition (PH11).
- The panel and stakeholders highlighted key ongoing research from the HELP trial, LIMIT trial and UPBEAT trial which was of relevance to the evidence base for recommendation 2 and was due to report over the next 2 years. This has been summarised in [appendix 1](#).
- It was flagged that the reputable sources quoted in this guideline have been updated and will therefore need to be reconsidered.
- Further clarification of some of the recommendations in order to make them clearer and more focused.

The guideline received a refresh in 2014 following the surveillance decision, which consisted of adding local authorities to those who should take action to maintain the relevance of the guideline and support its implementation.

## New evidence from 6 year surveillance review on

## PH27

Three searches of the published evidence base were carried out to identify systematic reviews, meta-analyses and randomised controlled trials (RCTs) published from 1996 to April 2016 on the impact of dietary and physical activity interventions before, during and after pregnancy on weight loss and any associated harms/benefits to the mother or unborn child; and to identify systematic reviews, meta-analyses, RCTs and cohort studies published from 1996 to April 2016 on safe weight gain thresholds during pregnancy.

All relevant abstracts were assessed for their impact on the recommendations within PH27.

We reviewed studies highlighted by topic experts for any potential impact on the guideline scope and remit, these are summarised in the evidence summary ([appendix 1](#)).

We checked for ongoing and newly published research from the National Institute for Health Research and Cochrane as well as new policy developments. Four pieces of ongoing research were identified.

See [appendix 1](#): evidence summary for references and assessment of the abstracts for all new evidence considered.

## Consideration of the evidence

We found 48 new studies and 4 pieces of ongoing research. This evidence indicates that new evidence is available that impacts directly on:

- Recommendation 2 'Pregnant women', which includes the recommendation that 'dieting during pregnancy is not recommended as it may harm the health of the unborn child', however the new studies identified in this surveillance review suggest there are no harms associated with 'controlled' weight loss during pregnancy.
- Recommendation for research 1 'Are the US Institute of Medicine (2009) guidelines on weight gain in pregnancy appropriate for use with the UK population? Does adherence to these recommendations improve outcomes? Are they effective with women under 18 and those from minority ethnic groups?', evidence indicates that the US Institute of Medicine's guidelines that women should gain anywhere between 11 and 40 pounds during pregnancy, dependent on their starting Body Mass Index, may be appropriate for use with the UK population.

No new published evidence was identified for the remaining recommendations, but findings from the previous surveillance review, feedback from topic experts and checks during this current surveillance review indicate that all the recommendations need a refresh for clarity and/or updating references.

See [appendix 1](#) for details of the evidence reviewed.

We did not find any new evidence related to Recommendation 1 'Preparing for pregnancy: women with a BMI of 30 or more', Recommendation 3 'Supporting women after childbirth', Recommendation 4 'Women with a BMI of 30 or more after childbirth', Recommendation 5 'Community based services' or Recommendation 6 'Professional skills'.

## Implementation

There has been nothing identified through implementation feedback that indicates a need to update the guideline.

## Equalities

A topic expert highlighted that access to weight management support for those with low socio-economic status might be difficult unless it is free and offered at suitable times of the day at accessible venues. The topic expert suggested that Recommendation 5 'Community-based services' should be stronger on these potential equality issues however the surveillance team felt that the recommendation does currently highlight the need for affordable venues at suitable times. The topic expert also expressed concern over the access to services for asylum seekers and refugees, however evidence surrounding interventions for these population groups was not found during the search.

## Implications for other NICE programmes

This guideline relates to the NICE quality standards on [antenatal care](#), [postnatal care](#), [maternal and child nutrition](#) and [maternal health: promoting maternal health through community based strategies](#) (discontinued). The current surveillance review recommendation to update the guideline may impact on the maternal health quality standard, should work on it recommence.

## Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline.

## Overall decision

After considering all the new evidence and views of topic experts, we decided that a partial update is necessary for this guideline, taking into account new evidence that indicates dieting (eating a healthy diet that may lead to weight loss in someone who is overweight or obese) during pregnancy does not lead to harm to the mother or unborn child (i.e. recommendation 2 should be updated). Consideration should also be given as to whether evidence supports the use of the Institute of Medicine's guidelines on weight gain in pregnancy for the UK population. All recommendations within the guideline also need a refresh for clarification and up-to-date referencing to NICE guidelines and other recommended publications.

## Date of next surveillance

The timing of the next check to decide whether the guideline should be updated is to be confirmed.

## NICE Surveillance programme project team

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The NICE project team would like to thank the topic experts who participated in the

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