National Institute for Health and Care Excellence

Centre for Public Health

Review proposal: November 2013

Consideration of an update of the public health guidance on

'Weight management before, during and after pregnancy' (PH27)

1 Background information

Guidance issue date: July 2010
3 year review: 2013

2 Process for updating guidance

Public health guidance is reviewed 3 years after publication to determine whether all or part of it should be updated.
The process for updating NICE public health guidance is as follows:

- NICE convenes an expert group to consider whether any new evidence or significant changes in policy and practice would be likely to lead to substantively different recommendations. The expert group consists of selected members (including co-optees) of the original committee that developed the guidance, selected topic experts and practitioners in the field, and representatives of relevant government departments.

- NICE consults with stakeholders on its proposal for updating the guidance (this review consultation document).
- NICE may amend its proposal, in light of feedback from stakeholder consultation.
- NICE determines where any guidance update fits within its work programme, alongside other priorities.

The original search terms for dietary and/ or physical activity interventions for weight management in pregnancy and weight management interventions after childbirth from the evidence reviews were re-run with the aim of looking for new publications published between the time of the previous literature search for guidance development, and July 2013.

Since the publication of this guidance, one related NICE quality standard has been published, which draws upon the recommendations in PH27:

- QS22 Antenatal care, Published September 2012

In addition, a relevant evidence update has been published, which summarises selected new evidence relevant to NICE Guideline CG62 Antenatal Care. This includes a focus on gestational weight gain.

- Antenatal Care: Evidence Update May 2013

3 Consideration of the evidence and practice

The expert group discussed published and ongoing research of relevance to the current recommendations. The expert group also discussed changes to policy, legislation and organisations that might affect the recommendations. The expert group noted that all of the recommendations may potentially need updating to reflect changing responsibilities and structures for public health and healthcare commissioning and delivery.

The expert group was asked to consider each of the recommendations in the guidance in light of the following questions:

- Is there significant new evidence that would change or add to the recommendation?
- Would the recommendation benefit from looking at a different type of evidence?
- Is the recommendation still relevant and useful?
- Could the recommendation be amended to improve implementation?
- Will changes in policy or practice affect the recommendations?

The results of feedback from the expert group have been assessed to inform the proposed review decision and are summarised below.

Recommendation 1: Preparing for pregnancy: women with a BMI of 30 or more

The expert panel felt that this was an important recommendation that was still relevant and useful. It was acknowledged that up to 50% of pregnancies are unplanned, therefore the importance of taking a life course approach to encouraging a healthy weight for all women and for those who may be planning a pregnancy, was discussed. They noted that recommendations in other NICE guidance (for example NICE Guidance CG43 Obesity and Overweight and obese adults - lifestyle weight management, in preparation) would be relevant. The NICE Obesity Pathway was also noted as being potentially helpful in ensuring appropriate links are made between relevant guidance.

The expert panel queried whether the penultimate bullet in the recommendation was ambiguous. They suggested it 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 programmes themselves. It was clarified that the sentiment of the recommendation was not necessarily for the health professionals to deliver these programmes themselves, but to ensure there is access to such programmes. It was noted that this point should be clarified in any future update.

No new evidence was identified that would impact on the recommendation, and the panel indicated that no other substantive changes to this recommendation were warranted. It was concluded by the expert panel that at present the recommendation remained valid.

Recommendation 2: Pregnant women

The expert panel noted that since April 2013, responsibility for implementing some aspects of this guidance has shifted to local authorities. However responsibility for implementing this recommendation remains with health professionals working within the NHS.

The panel felt that this was an important recommendation that was still relevant and useful. They felt clarification was needed around the distinction between eating healthily and actively trying to lose weight during pregnancy through dieting. They noted that the guidance should acknowledge that eating healthily, being more physically active and adhering to pregnancy alcohol advice, may result in some weight loss. However the panel noted that the recommendation to avoid dieting in pregnancy still remains valid.

The NICE team explained that when the guidance was first developed, there were no UK evidence- based guidelines on appropriate weight gain ranges during pregnancy. The guidance development committee considered whether it would be appropriate to support the use of the US Institute of Medicine's 'Weight gain during pregnancy guidelines' (2009). Those

guidelines are based on observational data which show that women who gain weight within the specified ranges had better outcomes than those who did not. However, the IOM recommendations were not validated by intervention studies and without evidence from large scale trials, it was not clear whether adhering to the recommended ranges lowers the risk of adverse outcomes for mothers and their babies. In addition, the guidelines were developed for the US population and it is not known whether they would apply to other populations with a different ethnic composition. The original guidance development committee could not therefore support their use in the UK.

The expert panel discussed whether there had been any further work on appropriate weight gain ranges in pregnancy since the original guidance was published. They concluded there is still no UK evidence- based guidance in this area and it remains an urgent research need.

Since the guidance was published in 2010, a number of systematic reviews have been published on interventions to manage weight gain in overweight and obese women during pregnancy. These include two Cochrane reviews (Furber et al., 2013 and Muktabhant et al., 2012) and a Health Technology Assessment (Thangaratinam et al., 2012). However the panel's views were mixed and they were undecided as to whether the findings of these reviews would change the current recommendations. The studies included in the reviews looked mainly at short-term outcomes, including gestational diabetes and pre-eclampsia in the mother and birth weight and shoulder dystocia in the infant. Furthermore the review by Furber et al., (2013) did not find any studies on weight loss in pregnancy which met their inclusion criteria and the review reported that its safety in pregnancy has not been established. Some panel members noted that there was a need to consider long-term outcomes in the child. They referred to the findings of the Dutch Famine Birth Cohort Study, which showed an increased risk in long term chronic disease among infants born to mothers affected by the famine (Roseboom et al., 2001). The panel acknowledged that the findings of the Dutch Famine Birth Cohort Study, were

the result of extreme circumstances. However some of the practitioners on the panel noted from experience, that some women do follow restrictive diets while pregnant and that the possible adverse effects of advocating a restricted weight gain during pregnancy should be carefully considered.

Commentary received from invited experts unable to attend the panel meeting indicated that there are a number of on-going trials exploring diet and physical activity in pregnancy (for example the LIMIT randomised controlled trial Australia) including one in the UK (The UPBEAT trial: a pilot randomised controlled trial) which are due to report by early 2015. It was advised that any update of this recommendation should wait until this new evidence is available.

The current guidance does not recommend weighing women repeatedly during pregnancy and states that women should only be weighed again following their first contact if clinical management can be influenced or if nutrition is of a concern. This recommendation was based on the NICE Antenatal Care guideline (CG62). The panel were not aware of any new evidence which would alter this recommendation. Furthermore, an evidence update which summarises new evidence relevant to the NICE antenatal care guideline (Antenatal Care: Evidence Update May 2013) did not include any new evidence in relation to weighing during pregnancy. However the panel were aware of anecdotal evidence from health professionals that weighing women helped initiate a conversation about weight management in pregnancy. Recommendation 6 highlights the need for training in communication techniques to help health professionals broach the subject of weight in a sensitive manner and the panel agreed that this is still a priority for implementation.

The guidance recommends that women with a BMI of 30 or more are advised at their booking appointment, that their weight poses a risk to both their health and that of their unborn child. However the panel were aware that some

women might be repeatedly advised of this risk with every health professional contact and that this may cause increased anxiety. It was suggested that in any future update of the guidance, the fact that this advice has been given should be recorded in the 'green notes' so that it is not repeatedly given.

The need to recommend reputable sources of advice during pregnancy was highlighted along with the need for these to be UK based such as NHS Choices and the Eat Well plate. The panel also flagged that the reputable sources detailed in the guidance may no longer be live.

No new evidence was identified that would change the recommendation. The panel concluded that at present the recommendation remained valid but would need reconsidering in 2 years time when the results of the LIMIT and UPBEAT trials may be available. When this evidence is available, consideration should be given as to whether this would impact on the recommendations in terms of the clinical care of pregnant women. If so, due regard should be given to whether this recommendation would be better positioned in the Antenatal Care Clinical Guideline.

Recommendation 3: Supporting women after childbirth

The panel felt that this recommendation was still relevant and useful. They were not aware of any new evidence which would change this recommendation. It was concluded that at present, the recommendation remained valid.

Recommendation 4: Women with a BMI of 30 or more after childbirth

The panel felt that this recommendation was still relevant and useful. They were not aware of any new evidence which would change this recommendation. They felt that more emphasis could be given around not needing to 'eat for two' while breastfeeding and it was suggested that this

recommendation could usefully cross refer to NICE guidance PH11 Maternal and child nutrition. However it was concluded that at present, the recommendation remained valid.

Recommendation 5: Community-based services

The panel felt that this recommendation was still relevant and useful. They were not aware of any new evidence which would change this recommendation. However it was felt that the actors for this recommendation may have changed in the light of the changing responsibilities and structures for public health. Furthermore, as in recommendation 4, the panel felt it would be helpful to give examples of reputable sources of UK advice.

The expert panel expressed some concerns about non-NHS health and fitness advisers giving advice to women who are pregnant. They also noted the final bullet point in this recommendation regarding non-NHS health and fitness advisers giving specific dietary advice in preparation for pregnancy. They were concerned in particular about the possible promotion of nutritional supplements other than folic acid, which is recommended for women who are planning a pregnancy and up until the 12th week of pregnancy.

Recommendation 6: Professional skills

The panel felt that this recommendation was still relevant and useful. They were not aware of any new evidence which would change this recommendation. However it was felt that the actors for this recommendation may have changed in the light of the changing structures within the NHS. For example, it was suggested that Health Education England would be an appropriate actor for this recommendation.

Research recommendations

PH27 – Weight management before, during and after pregnancy : Review Proposal

The expert panel discussed the research recommendations detailed in the guidance and suggested that to date, there had not been any substantial progress in addressing them. It was agreed that they were still relevant.

Terminology

The expert group discussed changes to the policy and delivery context for this guidance, which have been substantial. They observed that terms and language used within the guidance document had changed since publication, as a result of changing responsibilities and structures for public health, healthcare commissioning and delivery. It was agreed that a general "refresh" of language used in the guidance would be helpful.

In summary, it was felt that the guidance was still current and useful. No new evidence was identified that contradicted, or would impact on the recommendations. The guidance largely has an NHS focus, however to support its implementation, the guidance may benefit from a terminology 'refresh' in the light of recent reforms to the structures and commissioning arrangements for public health . The panel highlighted some on-going research which may be directly relevant to recommendation 2, that should be publishing within the next couple of years.

4 Equality and diversity considerations

There has been no evidence to indicate that the guidance does not comply with anti-discrimination and equalities legislation.

5 Recommendation

It is recommended that the guidance is considered for review in 3 years and that the existing guidance has a terminology refresh.

Mike Kelly, CPH Director
Kay Nolan, CPH Associate Director
Caroline Mulvihill, CPH Analyst
Karen Peploe, CPH Analyst

7. References

Furber CM, McGowan L, Bowen P, et al (2013). Antenatal interventions for reducing weight in obese women for improving pregnancy outcome. (Review). The Cochrane Collaboration.

Muktabhant B, Lumbiganon P, Ngamjarus C, et al (2012). Interventions for preventing excessive weight gain in pregnancy (Review). The Cochrane Collaboration.

Roseboom T J, Van der Meulen J H P, Ravelli A C J et al. Effects of prenatal exposure to the Dutch famine on adult disease in later life: an overview. Molecular and Cellular Endocrinology 185 (2001) 93-98.

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.