**PUBLIC HEALTH INTERVENTION GUIDANCE – Weight Management in Pregnancy**

**Consultation on the Draft Scope - Stakeholder Comments**

**23 September - 21 October 2008**

| Stakeholder Organisation | Evidence submitted | Section | Comments<br>Please insert each new comment in a new row. | Response<br>Please respond to each comment |
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| **British Nutrition Foundation** | | General | The British Nutrition Foundation shares the concern about excessive weight gain during pregnancy. Extreme weight gain during pregnancy is more likely to lead to overweight and obesity in the mother post-partum.<br><br>Overweight and obesity are associated with a higher risk of non-communicable diseases, such as cardiovascular disease, type 2 diabetes, and some cancers, and is thus a major public health concern. Beside these general health risks of overweight and obesity, excessive weight gain during pregnancy is associated with a number of complications during pregnancy and delivery.<br><br>We therefore welcome the planned public health guidance for the prevention of excessive weight gain in pregnancy. | Thank you for your comment. |
| **British Nutrition Foundation** | | General | **Healthy eating during pregnancy**<br><br>The healthy eating guidelines for pregnant women are very similar to those for non-pregnant women, with a few exceptions. The main recommendation is to eat a healthy, balanced diet which includes plenty of starchy carbohydrates, such as bread, rice, pasta and potatoes, and is rich in fruit and vegetables. A healthy diet also includes moderate amounts of dairy products and protein-containing foods such as lean meat, fish, eggs and pulses (beans and lentils), and limited amounts of foods high in sugar and/or fat. For some nutrients, however, an increase in intake is recommended. More detailed information is available in the UK's Dietary Reference Values. | Thank you for your comment. |

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| **British Nutrition Foundation** | | 3/a) + 4.1.1 | **<u>Pre-pregnancy overweight and obesity</u>**<br><br>Being overweight or obese prior to conception is associated with an increased risk of a number of complications. It is recommended that women who are planning a pregnancy should attempt to reach a healthy bodyweight (BMI of 20-25) before they become pregnant. Dieting during pregnancy is not advisable (see below). | Thank you for your comment.<br><br>Subject to the available evidence we expect that this guidance will include recommendations for practitioners and professionals working with women who are planning a pregnancy or receiving pre-pregnancy advice. |

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| **British Nutrition Foundation** | | 3/d) | **<u>Need for evidence based guidelines on appropriate weight gain</u>**<br><br>Each pregnant woman should be advised about the appropriate range of weight that she should aim on gaining, depending on her weight status/pre-pregnancy BMI. This may help raise awareness, particularly among women who are overweight or obese before pregnancy, of how much weight gain is normal. Overweight and obese women need to put on less weight during pregnancy to ensure a healthy birth weight of their offspring.<br><br>A minimum of weight gain (depending on their pre-pregnancy BMI) is crucial to avoid low birth weight and decrease the risks associated with low birth weight (LBW).<br><br>Although this is not in the scope of this consultation it may be worth noting that it is particularly important to encourage underweight women to put on a minimum weight.<br><br>Evidence-based guidelines on appropriate weight gain during pregnancy are crucial to inform pregnant women about normal ranges of weight gain, and as a basis for measuring the success of intervention programmes that aim to limit excessive weight gain.<br><br>Cont'd | Thank your for your comment.<br><br>Although we recognise the importance of evidence-based guidance on appropriate weight gain for pregnant women who are underweight (BMI <18.5 kg/m2), this guidance will not be considering interventions for this group as it was felt that there might be significant underlying clinical issues to be addressed with underweight women which would be outside the remit of this guidance.<br><br>We would encourage you to submit a suggestion for NICE to develop guidance specifically on this topic through the NICE website at: www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp |

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| **British Nutrition Foundation** | | | Currently, there are no clear national recommendations on weight gain during pregnancy for the UK. The recommendations of the Institute of Medicine (IOM 1990) are frequently used. The IOM recommends the following ranges of weight gain depending on BMI:<br><br>pp BMI <19.8: 12.5-18 kg weight gain<br>pp BMI 19.8-26: 11.5-16 kg weight gain<br>pp BMI >26-29: 7-11.5 kg weight gain<br>pp BMI >29: ≥6 kg weight gain<br><br>*pp…pre-pregnancy*<br><br>The lack of a clear range of weight gain for obese women (pp BMI >29: ≥6 kg weight gain) may be a major limitation of these recommendations. An upper limit of weight gain should be set to be able to better inform obese women on how much weight gain is appropriate for them; consequently this may decrease excessive weight gain in already obese women. | We recognise there are currently no national guidelines on what is appropriate weight gain during pregnancy.<br>However, the Public Health Interventions Advisory Committee will consider the evidence of the effectiveness of interventions for weight management in pregnancy and, if possible, make recommendations for practice. |

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| **British Nutrition Foundation** | | General + 4.1.2 | **<u>Influence of overweight/obesity and underweight on fertility</u>**<br><br>In the course of establishing public health guidance for the prevention of excessive weight gain during pregnancy, the issue of overweight and obesity and underweight related to decreased infertility could be addressed as well. Overweight/obese and underweight women who seek a health professional because of problems conceiving should be informed about the relationship between body weight and fat, and fertility.<br><br>Excessive stores of body fat can also impair fertility. The body fat distribution also seems to be related to fertility, with an excessive fat accumulation around the waist being associated with a decreased fertility compared to women with peripheral fat distribution (waist to hip ratio less than 0.8). In a prospective study carried out by Clark *et al.* (1998), overweight, anovulatory women undertook a weekly programme aimed at lifestyle changes in relation to diet and physical activity during 6 months. Those who completed the programme lost an average of 10.2 kg, which was shown to lead to restored ovulation, conception and a successful pregnancy in the majority of cases (see Williamson 2006).<br><br>Low stores of body fat can also be problematic. The average body fat content in women is 28% of bodyweight, and research has shown that a body fat content of at least 22% is necessary for normal ovulatory function and menstruation. Women who maintain a low bodyweight, who have suffered from eating disorders, or who diet regularly, often have irregular menstrual cycles and therefore may take longer to conceive. Gaining weight restores fertility (see Williamson 2006). | Recommendations for women to achieve a healthy weight to increase their chances of conceiving are addressed in NICE's clinical guidance on Fertility: "Assessment and treatment for people with fertility problems" (www.nice.org.uk/Guidance/CG11). |

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| **British Nutrition Foundation** | | 3/e) | **<u>Informing pregnant women</u>**<br><br>We believe that informing pregnant women about the risks of complications during pregnancy and at delivery due to excessive weight gain, overweight and obesity, is an important step in aiming to reduce excessive weight gain in pregnancy. Many women may not be aware of the fact that excessive weight gain may not only be a cosmetic problem but may harm their health and increase the risk of complications during delivery; this increases the health risks for their unborn child. Increasing awareness about the risks of excessive weight gain on the health of their fetus may be more effective than any concern about overweight or obesity post-partum.<br><br>If required, the health professionals working with pregnant women should undergo specialised training to be able to provide adequate information about weight gain during pregnancy.<br><br>Clear guidelines for health professionals to use to inform pregnant women of the risks of excessive weight gain, and at what stage this should happen, are necessary. Ideally a pregnant woman should be informed at a very early stage of pregnancy, or given advice prior to pregnancy whenever possible.<br><br>Pregnant women should be given advice on healthy eating and on the amount of extra energy needed in the final trimester of pregnancy, and also about the benefits of physical activity during pregnancy (see below). | Thank you for your comment. We hope that the guidance will help to raise awareness of the risks of being overweight or obese in pregnancy.<br><br>We would not want to pre-empt the evidence at this stage, but if the evidence shows that managing weight gain in pregnancy is effective when health professionals have received specialised training, then the Public Health Interventions Advisory Committee may make recommendations for practice. |

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| **British Nutrition Foundation** | | 4.2.1 | **<u>Energy requirements and healthy eating</u>**<br><br>Pregnant women may assume that their energy requirements are substantially increased due to their pregnancy (according to the myth "eat for two"). Many may therefore run the risk of overestimating their energy needs and eating more than they need. The BNF believes that it is very important for pregnant women to be advised on their dietary requirements and a healthy diet at an early stage of their pregnancy, or given advice prior to pregnancy whenever possible. A sufficient nutrient and energy intake is crucial for the development and growth of the fetus. Dietary advice, including practical tips for everyday life, will help pregnant women meet their daily requirements.<br><br>FAO/WHO/UNU (2004) suggest that an extra 1.5 MJ/day (360kcal/day) is required during the second and 2.0 MJ/day (475 kcal/day) required during the final trimester of pregnancy. The energy requirements during the first trimester are minimally increased; these small requirements for the first trimester are added to the second trimester. The dietary reference value for energy intake during pregnancy in the UK is an extra 200 kcal/day during the third trimester only. (This recommendation may not be suitable for underweight mothers or those who do not reduce their activity.)<br><br>Cont'd | As before, we would not want to pre-empt the evidence at this stage, but if the evidence shows that advising women of their dietary requirements during pregnancy is effective for managing weight gain in pregnancy then the Public Health Interventions Advisory Committee may make recommendations for practice. |

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| **British Nutrition Foundation** | | | The energy requirements of individual women during pregnancy vary widely and are influenced by many factors. Despite the extra energy requirements suggested by FAO/WHO/UNU (2004), some women may become less active during pregnancy and therefore do not need to increase their energy intake much. Those who stay active during pregnancy or become more active because they are on maternity leave from a sedentary job might need to increase their energy intake in the second and third trimester, in order to ensure adequate weight gain during pregnancy.<br>Therefore, it can be difficult to make individual recommendations. It would be useful to explore whether it is practical for women to measure their own regularly or to have their weight measured on a regular basis (e.g. constant monitoring at antenatal checks), and to consider whether this is a useful guide for monitoring energy intake and expenditure. | Thank you. We would not want to pre-empt the evidence at this stage, but if there is evidence on the effectiveness of maternal self monitoring of weight gain during pregnancy then the Public Health Interventions Advisory Committee (PHIAC) may make recommendations for practice. |
| **British Nutrition Foundation** | | 4.2.1 | **Dieting during pregnancy**<br><br>Dieting behaviours during pregnancy, including restrictive food intake, dieting to lose weight, fasting diets and eating disorders, is associated with a higher risk of neural tube defects (NTD) in the first trimester. It is also associated with higher rates of miscarriage, LBW and post-partum depression.<br><br>The BNF suggests that dieting during pregnancy should be discouraged. It is not a suitable time to restrict the diet, or to lose weight, as appropriate maternal weight gain, dietary variety and adequate intakes of micronutrients are all important for the mother, as well as the fetus, to ensure adequate fetal growth and development occurs. Pregnant women should rather be encouraged to keep their weight gain during pregnancy within the recommended range (see Williamson 2006). See earlier comments on the need for clear UK recommendations. | Thank you, we realise that there are risks of dieting during pregnancy.<br><br>As before, we would not want to pre-empt the evidence at this stage but if there is evidence shows that there are effective ways of encouraging healthy weight gain during pregnancy then PHIAC may make specific recommendations. |

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| **British Nutrition Foundation** | | 3/f) + 4.2.1 | **<u>Physical activity in pregnancy</u>**<br><br>As well as eating a healthy diet, being physically active is very important during pregnancy as it can help prevent excessive weight gain and help the mother return to a normal weight after birth. However, there are no clear guidelines on physical activity, or the appropriate safe amounts and intensity of exercise during pregnancy. Evidence based guidelines and practical tips for pregnant women should be included in the planned guidance for the prevention of excessive weight gain during pregnancy, so that health professionals can give clear advice to pregnant women on the benefits of physical activity/exercise.<br><br>There are clear benefits of physical activity and exercise during pregnancy, for both the mother and the fetus, and there is little evidence to suggest that regular, moderate intensity exercise has any adverse effects on the health of the mother or the infant. Beginning a moderate programme of exercise early in pregnancy and continuing until term even seems to enhance fetoplacental growth. Moderate exercise may also lower the risk of preterm birth, and make delivery faster among births after projected term. Babies born to mothers who exercised during pregnancy seem to have increased orientation behaviour and ability to regulate state (i.e., more alert and interested in the surrounding, less demanding to mothers).<br>Cont'd | Thank you for emphasising the importance of physical activity during pregnancy.<br>We recognise there are currently no national guidelines on what level of physical activity is appropriate and safe during pregnancy. One of the aims of this guidance will be to review the evidence, where it exists, of the effectiveness of physical activity interventions for healthy weight gain during pregnancy and then the Public Health Interventions Advisory Committee may make recommendations. |

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| **British Nutrition Foundation** | | | There is, however, a risk of reduced blood flow to the fetus when doing vigorous exercise. Women who did not exercise before pregnancy are not advised to start a vigorous workout programme. A physician should in any case be consulted before starting an intense workout. Vigorous physical activity in well trained women does not seem to have adverse effects on mother or fetus (McArdle *et al.* 2007).<br>In order to reduce excessive weight gain, the BNF supports recommending 30-40 minutes of moderate physical activity at least 3 days a week (similar to recommendations for healthy adults) to healthy pregnant women. It would be helpful to be able to promote a range of appropriate physical activities to pregnant women. In any case, pregnant women, but particularly untrained women, should consult a physician or ask their practitioner for advice concerning physical activity and exercise during pregnancy. This is to ensure that there are no circumstances related to their pregnancy where physical activity and exercise could endanger their health or the health of their fetus. | |
| **British Nutrition Foundation** | | 3/f) + 4.2.1 (continued) | (*Physical activity in pregnancy* continued)<br><br>McArdle *et al.* (2007) recommend that pregnant women should avoid supine exercise, contact sports, high-altitude exertion, hot tub immersion, and scuba diving. Hyperthermia negatively affects fetal development (e.g. increased risk of NTD), particularly in the first trimester. Exercising at high temperatures should be avoided; sufficient fluid intake is crucial.<br><br>Evidence-based guidelines on physical activity and exercise during pregnancy should be developed so that health professionals can give clear advice to pregnant women. GPs and other health professionals involved during pregnancy should receive clear advice/training on how to respond to physical activity related questions. | As before, we recognise there are currently no national guidelines on what level of physical activity is appropriate and safe during pregnancy. One of the aims of this guidance will be to review the evidence, where it exists, on the effectiveness of physical activity interventions for healthy weight gain during pregnancy and then the Public Health Interventions Advisory Committee may make recommendations for practice. |

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| **British Nutrition Foundation** | | 4.3. | **<u>Key questions – General advice (Summary of above)</u>**<br><br>• [Q 1] Consuming a healthy diet and being physically active during pregnancy will help pregnant women to avoid excessive weight gain.<br>• [Q 1 + 2] Pregnant women should by all means be informed about the risks of excessive weight gain for themselves and their fetus. Pregnant women may be more concerned about their infants than they are about themselves, and raising awareness of the possible complications may encourage women to aim for an appropriate weight gain during pregnancy. Pregnant women should be informed at an early stage of pregnancy.<br>Evidence based guidelines on adequate weight gain during pregnancy should be developed.<br>• [Q 3] It would be useful to explore whether it is practical for women to self-monitor their weight gain and/or to have their weight measured on a regular basis (e.g. constant monitoring at antenatal checks) and then to compare measurements to the recommendations for weight gain. For other purposes such as national monitoring, this approach may not be appropriate.<br><br>Cont'd | Thank you, this is helpful and we will consider your suggestions when searching for the literature. |

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| **British Nutrition Foundation** | | | • [Q 2] There should be clear regulations about who is responsible for advising pregnant women. All health professionals involved during pregnancy should obtain adequate training.<br>• [Q 2 + 6] Personal advice from a health professional that is adjusted to the individual conditions of each pregnant woman or women intending to become pregnant may be more effective than only handing out leaflets or other information material.<br>• [Q 6] Practical tips may increase the success of intervention programmes. Activity programmes could be offered (e.g. healthy cooking sessions, exercise classes for pregnant women) and pregnant women should be encouraged to join these. | |

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| **British Nutrition Foundation** | | | **References**<br><br>Clark AM, Thornley B, Tomlinson L *et al.* (1998) Weight loss in obese infertile women results in improvement in reproductive outcome for all forms of fertility treatment. *Human Reproduction* **13**:1502-5.<br><br>FAO/WHO/UNU (2004) Report of a Joint FAO/WHO/UNU Expert Consultation. Human Energy Requirements. FAO Food and Nutrition Technical Paper Servies, No.1, 2004.<br><br>IOM (Institute of Medicine) Food and Nutrition Board (1990) Nutrition during Pregnancy. National Academy Press: Washington, DC.<br><br>McArdle WD, Katch FI, Katch VL (2007) Exercise Physiology. Energy, Nutrition, and Human Performance. Sixth edition, Lippincott Williams & Wilkins, Baltimore/Philadelphia.<br><br>Williamson CS (2006) Nutrition in Pregnancy. Briefing paper. British Nutrition Foundation, *Nutrition Bulletin*, **31**, 28-59. | |

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| **Burnley General Hospital – East Lancashire Hospitals NHS Trust** | Krishnamoorthy, U et al. (2006) Maternal obesity in pregnancy: is it time for meaningful research to inform preventive and management strategies? BJOG 2006;113:1134–1140. | General | A much needed document to advice practitioners in this wide public health area which impacts on maternal and fetal health. | Thank you for your comment and for submitting this review. |
| **Burnley General Hospital – East Lancashire Hospitals NHS Trust** | | General: Terminology to use while counselling and advising mothers on obesity. | One question is missing among the questions posed within the document. One of the key factors that need to be addressed is how do we advise mothers who are obese that they are 'obese'. ie: What terminology needs to be used to explain the condition to obese mothers that they would consider most acceptable. Views of user representatives needs to be sought in this and considered to be incorporated within the final draft. The feedback from the user representative in our obesity steering group within the Trust was that they do not prefer to be addressed using the term 'OBESITY' | Thank you. The questions in the final version of the scope have been revised. They are broad overarching questions. More detailed research questions will inform the development of the evidence reviews.<br>User or community representatives on the Public Health Interventions Advisory Committee will inform the development of the guidance, alongside the views of practitioners and professionals during the consultations and during the fieldwork phase of the guidance. |

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| **Burnley General Hospital – East Lancashire Hospitals NHS Trust** | | General: Acknowledge obesity in pregnancy as a higher risk condition and provide specialist care through a dedicated multi disciplinary team | There is a definitive need for a specialist obesity team within each unit comprising of a lead obstetrician, dietician, behaviour therapist, counsellor, paediatrician and exercise advisor besides others needed to form the multidisciplinary team looking after these pregnant women who need dedicated time , advise and guidance throughout the pregnancy and postnatal period. Service provision has to be within a dedicated specialist clinic led by the specialist obesity team supported by adequate resource allocation. | Thank you for your comment. We would not want to pre-empt the evidence at this stage, but if the evidence shows that a multidisciplinary approach to the management of weight gain in pregnancy is effective then the Public Health Interventions Advisory Committee may make recommendations for practice.<br><br>We would also encourage you to submit any evidence during the consultation on the evidence. |
| **Burnley General Hospital – East Lancashire Hospitals NHS Trust** | | General: Exercise advice and resources within the Trust and Community to support this | Guidance on structured exercise advice in pregnancy and provision for supervised group sessions ( for example: group walks, health trainers, aqua exercise regimes) with resources to support the same would lead the way for life style modifications embracing healthy activities not just in pregnancy but for the rest of their life. Behaviour therapy can help in changing diet and eating habits of a life time. | As above, we would not want to pre-empt the evidence at this stage, but if the evidence shows that exercise advice and resources to manage weight gain in pregnancy is effective then the Public Health Interventions Advisory Committee may make recommendations for practice.<br><br>We would also encourage you to submit any evidence during the consultation on the evidence. |

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| **Burnley General Hospital – East Lancashire Hospitals NHS Trust** | | General: Extra support with breast feeding | Extra Support and guidance is needed to support breast feeding in obese women as it takes longer for breast feeding to be established in this group. This could result in mothers giving up breast feeding sooner. The resultant formula feeding could then impact on the weight of the baby causing and additive effect on macrosomia which is more prevalent among babies of overweight and obese mothers. | Thank you for your comment. Guidance on post-natal weight management will be addressed by a separate but complementary NICE public health intervention guidance: "Effective weight management for mothers following childbirth" (see www.nice.org.uk/guidance/index.jsp?action=byID&o=11969) |
| **Child Growth Foundation** | | general | Preconception: Important to identify overweight/obese women preconception and refer them to a registered dietitian to lose weight safely before pregnancy. | Thank you for your comment |
| **Child Growth Foundation** | | general | Preconception nutritional advice for men has been poorly researched. However important that men correct grossly abnormal body weight and consume a balanced diet. | Thank you for your comment however nutritional advice for men is not considered part of the remit for this guidance. Recommendations for men on the risks of obesity and reduced fertility are addressed in NICE's clinical guidance on Fertility: "Assessment and treatment for people with fertility problems" (see: www.nice.org.uk/Guidance/CG11. |
| **Child Growth Foundation** | | general | High pre pregancy BMI and weight gain in pregnancy may be partly responsible for the trend to heavier babies. Studies have found that high birth weight is associated with increased risk of obesity in childhood and adult life. | Thank you for your comment. Depending on the availability of evidence this guidance will consider the evidence on the effectiveness of interventions for weight management in women planning a pregnancy, subject to the available evidence. |

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| **Child Growth Foundation** | | general | Preconception: Women who are obese before conception have been found to be less likely to initiate breastfeeding than women with a normal BMIbefore pregnancy. In addition the duration of breastfeeding was found to be less in women who were obese before pregnancy in comparison to their normal weight counterparts. | Thank you for your comment. The impact of interventions on all pregnancy- and post-pregnancy outcomes including the initiation and duration of breastfeeding will be considered and this is included in the final scope. |
| **Child Growth Foundation** | | general | The completed guidance should also be made available to schools (school nurses). | Thank you for your comment. The Public Health Intervention Advisory Committee (PHIAC) will consider the implementation of the guidance during the guidance development process. Implementation issues, including target audiences, will be further explored with practitioners during the fieldwork stage. |
| **Child Growth Foundation** | | general | We need to define what excessive weight gain actually is. There is an urgent need for guidelines as to appropriate weight gain. | We recognise there are currently no national guidelines on what is appropriate weight gain during pregnancy. One of the aims of this guidance will be to consider the evidence of the effectiveness of dietary and physical activity interventions for weight management in pregnancy. |

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| **Child Growth Foundation** | | 4.2.1 | There is a need for regular and accurate monitoring of women's weight status, BMI, throughout pregnancy. Scales must be calibrated and those taking the measures must have been suitably trained on how to take and record accurate measures. Guidance should be published. | We would not want to pre-empt the evidence at this stage, but if the evidence shows that regular monitoring and accurate recording of women's weight during pregnancy is effective at preventing excessive weight gain in pregnancy then the Public Health Interventions Advisory Committee may make recommendations for practice. |
| **Confidential Enquiry into Maternal and Child Health (CEMACH)** | | 1 Guidance title | As discussed at the stakeholder meeting, there is no current knowledge regarding the definition of excessive weight gain during pregnancy. If we do not know what excessive weight gain is in this context we cannot have a guideline on its prevention.<br><br>Alternative title:<br>Weight management during pregnancy | Thank you for proposing an alternative title. The title has been amended to "Dietary interventions and physical activity interventions for weight management in pregnancy". |
| **Confidential Enquiry into Maternal and Child Health (CEMACH)** | | General | It is essential that the guideline recommends that all women have their weight and height accurately measured by the midwife at booking, and possibly again later on in pregnancy. | We would not want to pre-empt the evidence at this stage, but if the evidence shows that accurate measurement of women's weight and height during pregnancy is effective for weight management in pregnancy then the Public Health Interventions Advisory Committee may make recommendations for practice. |

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| **Confidential Enquiry into Maternal and Child Health (CEMACH)** | | 4.1.1 | It should be considered whether the focus of this guideline should be women with obesity in pregnancy rather than all women. It is women with a BMI ≥30 who have an increased risk of adverse pregnancy outcomes and complications, and guidance focused on improving care in this group of women is more likely to have an impact on outcomes. | This guidance will focus on dietary interventions and physical activity interventions for weight management in pregnancy. There will be a special focus on women with a BMI >29.9. |
| **Confidential Enquiry into Maternal and Child Health (CEMACH)** | | 4.1.2 | At the stakeholder meeting it was explained that the reason for excluding pregnant women receiving treatment for diabetes was to be able to ascertain the effect of the guideline on improvement in outcomes in a standard population with no excess risk. However, this is not a reason to withhold guidance from a group of women who have one of the common co-morbidities associated with obesity | The final scope will make it clearer that the guidance will not cover women diagnosed with and receiving treatment for diabetes, However if relevant studies on weight management in pregnancy include outcomes on women not diagnosed with diabetes but who have or develop problems with glucose control, these will be considered.<br>You may be aware that NICE has recently published a clinical guideline on Diabetes in pregnancy<br>www.nice.org.uk/Guidance/CG63 |
| **Confidential Enquiry into Maternal and Child Health (CEMACH)** | | 4.2.1 | If the guideline continues to focus on all pregnant women, it is likely that it will have to recommend different interventions for women in different BMI categories. | Thank you for your comment, How the guidance is constructed will depend on the evidence. |
| **Confidential Enquiry into Maternal and Child Health (CEMACH)** | | 4.3 | The following key question should be added:<br>**What are the potential adverse effects of preventing excessive weight gain?**<br>There is evidence that lower weight gain during pregnancy is associated with small for gestational age babies. Reference [Cedergren M. Effects of gestational weight gain and body mass index on obstetric outcome in Sweden. International Journal of Gynaecology & Obstetrics 2006;93(3):269-74.] | Thank you. Any evidence of potential harms/adverse effects of dietary and physical activity interventions for the management of weight gain in pregnancy will be considered. |

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| **Department of Health- Obstetrics and Gynaecology** | | | **Comments written prior to the Stakeholder consultation meeting** | |
| **Department of Health- Obstetrics and Gynaecology** | | Page 2: section 2 d) | This guidance should be "particularly aimed at: GPs, obstetricians, midwives, and all those working in antenatal services *as well as those working with all women of childbearing years* Comment – this is an opportunity to try and improve pre-pregnancy awareness of the problems of obesity– in section 4.1.1, women planning pregnancy are included (which is good) so we should encourage multi-agency awareness | Thank you, We understand the importance of raising pre-pregnancy awareness of obesity. However it is not possible, within the time and resources available, to extend the remit of this guidance to all those working with women of childbearing years which would include extending the guidance to include teachers and schools. |
| **Department of Health- Obstetrics and Gynaecology** | | Page 5: 4.1.1 and 4.1.2 | I think the bullets should read *pregnant women expecting a single baby* rather than infant, and expecting *more than one baby* | Thank you for your comment. We have amended the wording in line with your suggestions. |
| **Department of Health- Obstetrics and Gynaecology** | | Page 6: para 4.3, questions | 5th Bullet:: In maternity policy we are trying to link and integrate with social care and reduce inequalities. I am not sure the wording is clear would "….cost effective at preventing excessive weight gain during pregnancy and available within the NHS and *other non-health* settings" make this clearer? | Thank you. The questions in the final scope have been amended. They are overarching questions only. More detailed questions covering NHS and non-health settings will be included in the evidence review. |
| **Department of Health- Obstetrics and Gynaecology** | | | **I have written the following notes after the Stakeholder Consultation meeting on 8th October because I believe there is some confusion about the purpose and intention of this guideline.** | |
| **Department of Health- Obstetrics and Gynaecology** | | | I think this problem may have arisen because of the timescale involved in getting topics agreed and started, giving time for the situation to change. | |

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| **Department of Health- Obstetrics and Gynaecology** | | | The original briefing note on this topic, dated 9 Nov 2007 was titled "Prevention and management of obesity before, during and after pregnancy" potential output being suggested as "Public Health Intervention Guidance and (?)short clinical guideline". | The referral from Ministers came to NICE as two separate but complementary public health intervention guidance on<br>• Prevention of excessive weight gain in pregnancy<br>• Effective Weight Management after Childbirth.<br>The title for the former, this guidance on prevention of excessive weight gain has been amended, with the agreement of the Department of Health and is now "Dietary interventions and physical activity interventions for weight management in pregnancy".<br>The proposal for a clinical guideline on the management of obese pregnant women, is due to be is considered by the NICE topic consideration panel for children, adolescent and maternity later this year (2009). |
| **Department of Health- Obstetrics and Gynaecology** | | | I have not been able to find out the discussions that took place at the Topic Selection Group meeting, but the referral from the DH to NICE then requested "Produce intervention guidance for general practitioners, midwives and the antenatal services on the prevention of excessive weight gain in pregnancy". | The wording of this referral appears in Appendix A of the scope. The title of the guidance is shortened slightly but reflects the wording of the referral and the focus of the guidance, as set out in the scope is as referred to NICE by Ministers. |

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| **Department of Health- Obstetrics and Gynaecology** | | | The title of the draft scope for consultation was "Prevention of excessive weight gain in pregnancy". | A new title has been proposed and agreed "Dietary interventions and physical activity interventions for weight management in pregnancy". |
| **Department of Health- Obstetrics and Gynaecology** | | | As pointed out at the consultation, one problem is that there is no evidence base on what is the correct weight gain in pregnancy. | Thank you. A new title for the guidance has been agreed as mentioned above. |
| **Department of Health- Obstetrics and Gynaecology** | | | There are currently several large pieces of work underway around obesity in pregnancy and there seems to be overlap with the proposed NICE guideline:<br>UKOSS is collecting information on outcomes of pregnancy in morbidly obese women<br>CEMACH has Obesity in Pregnancy as a principal project with a maternal health focus for 2008-2011and will look at prevalence, provision of care and outcomes as well as providing auditable standards for the care of obese women.<br>NIHR has a major programme "Improving pregnancy outcomes in obese women" The aims of the programme is to evaluate the implementation of an individualised dietary and physical activity behavioural intervention to improve pregnancy outcome in obese women, thereby alleviating the burden of il-health and reducing NHS costs". | Thank you. We are aware this work is underway. The guidance development programme will be informed by this work in progress. The clinical care of obese pregnant women is not the focus of this public health guidance. |

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| **Department of Health- Obstetrics and Gynaecology** | | | There is already the NICE Obesity guideline published Dec 2006 but it is general and does not mention the specific problems relating to women who are obese and intending or at risk of becoming pregnant. | This guidance will also include interventions for weight management in women planning a pregnancy, subject to the available evidence. The NICE obesity guideline is due to be considered for updating. This consideration will take into account all the relevant public health guidance and clinical guidelines under development including all referrals to NICE since the clinical guideline on obesity was published. |
| **Department of Health- Obstetrics and Gynaecology** | | | I just wonder if the gap in guidance that needs filling while we wait for the outputs from CEMACH and the NIHR funded programme is in fact a specific addendum to the existing NICE guideline on Obesity but particularly targeted at obese women at risk of pregnancy, planning pregnancy or with infertility, putting the risks and problems ie the reasons for weight reduction prior to the healthy lifestyle factors relevant to pregnancy. | Thank you, see above. |
| **Department of Health- Obstetrics and Gynaecology** | | | This would be a Public Health Intervention Guideline but there is also possibly a need for a short clinical guideline on the management of obese women intending to become pregnant and in pregnancy, specifically in relation to those on Metformin and those who have had bariatric surgery as well as guidance on maintaining weigh (ie preventing excessive weight gain) in pregnancy. | A proposal for a clinical guideline on the management of obese pregnant women, is due to be is considered by the NICE topic consideration panel for children, adolescent and maternity later this year (2009). |

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| **Department of Health- Obstetrics and Gynaecology** | Cemach project summary. http:// www.npeu.ox.ac.uk/ ukoss/current-surveillance/eo | | I will attach with this comment sheet the summary of the CEMACH project, UKOSS project and the NIHR funded programme and a copy of the original briefing note. | Thank you. |

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| **Diabetes UK** | | 3 (c) | The language used in this section needs to be altered, at present the tone could be taken as blaming. | Thank your for your comment. This was not our intention. The final scope has been revised. |
| **Diabetes UK** | | 4.1.1 | Diabetes UK would argue that the scope needs alteration to consider both women with diabetes, to enhance the diabetes and pregnancy guideline, but also women who have previously had gestational diabetes, those with IGT/IFG, those with undiagnosed diabetes and those at increased risk of diabetes.<br><br>Women with diabetes:<br>Whereas the diabetes and pregnancy guideline discusses weight management at the pre conception stage, it does not provide guidance surrounding excessive weight gain during the antenatal period with the exception of gestational diabetes. It would therefore be beneficial to liaise with clinical and lay experts in diabetes to ensure that guidance is available for pregnant women with diabetes.<br><br>Groups of women who may fall between the different sets of guidance:<br>Women who have previously had gestational diabetes<br>Women with IGT/IFG<br>Women with undiagnosed diabetes<br>Women with gestational diabetes<br><br>Cont'd | Thank you. We appreciate your concerns, but this public health guidance will not cover the treatment and care of pregnant women with diabetes. However the evidence reviews to inform the guidance will include studies relevant to weight management in pregnancy that provide outcomes for women who have or develop problems with glucose control.<br><br>We will pass your comments to those responsible for the clinical guideline on diabetes in pregnancy for consideration when the guideline is due to be assessed for updating. |

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| **Diabetes UK** | | | For the first three of these groups it is not clear whether these women will be included within the remit of this guidance as they will not be currently treated for diabetes. The scope should make it explicit that they are included. It would then be beneficial if, within the guidance developed, explicit links are made, at the relevant stages, between this guidance and the antenatal and diabetes and pregnancy guidelines to ensure referral procedures, screening for these conditions and their subsequent timely management, as identified.<br><br>For the last group of women, the guidance must make explicit links to the antenatal/ diabetes and pregnancy guideline, again to ensure timely and appropriate screening, treatment and management for these women. | Women who have been diagnosed with diabetes before pregnancy will not be included.<br><br>The guidance will make appropriate links to any and all other relevant NICE guidance, including clinical guidelines. |
| **Diabetes UK** | | 4.3 | It would be valuable to ask the question:<br><br>What processes exist to ensure the relevant referral and screening for gestational diabetes, undiagnosed diabetes or IGT/IFG? | Thank you. This question is beyond the scope of this public health guidance. |
| **Diabetes UK** | | 4.3 | It would be valuable to consider the impact of depression on adherence to interventions that support the prevention of excessive weight gain. We know that the prevalence of depression is 2 -3 [1] times more common in people with diabetes, and that this can have a negative impact on the self care routine<br><br>**1.** Lustman PJ, Anderson RJ, et al. Depression and poor glycaemic control: a meta-analytic review of the literature. *Diabetes Care, 23; 2000: 934-942* | Thank you. Depression will be included as one of the outcomes to be considered, depending on the evidence available. |

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| **East of England Regional Public Health Group** | | 3 e) | The relationship between food and pregnancy is a long standing one. Women are advised not to diet, but they are not given information about the dangers of over-eating either. The old wives tale of "eating for two" is still talked about today. I think a small chapter to dispel these old wives tale and clarify some confusions of what pregnant women should or should not eat would be useful. | Thank you for your comment.<br><br>Subject to the available evidence the Public Health Interventions Advisory Committee will make practical recommendations for weight management during pregnancy. The guidance may also provide links to sources of authoritative and evidence-based public information such as the Food Standard Agency website. |
| **East of England Regional Public Health Group** | | 4.3 | Additional questions to consider:<br><br>- Who should advice regarding weight gain during pregnancy? | Thank you for your comment<br><br>The guidance will set out the professional groups who should take action to implement the recommendations. |

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| **MRC Epidemiology Resource Centre, University of Southampton** | | 1.1 | Title - Both the original referral from DH and much of the scope document relate to obesity in pregnancy, yet the title specifically only relates to excessive weight gain. Although there are some benefits from this specificity, there are a number of down sides: a) in reality, obesity and weight gain are closely linked, both in terms of the consequences and in women's attitudes to advice in this area, so guidance on weight gain which neglects obesity will seem fragmented to both women and health professionals, b) the strongest evidence of advice effects and clinical impact relates to obesity rather than weight gain per se, c) excessive weight gain is extremely difficult to define, while obesity has a widely accepted definition, making guidance much easier to enact in clinical practice. | Thank you for these observations. The referral from DH is "to produce intervention guidance for general practitioners, midwives and the antenatal services on the prevention of excessive weight gain in pregnancy.' see Appendix A of the scope.<br><br>The title of this guidance has been amended to "Dietary interventions and physical activity interventions for weight management in pregnancy. This guidance will cover all pregnant women, including those planning a pregnancy and will have a particular focus on women who are overweight (BMI >25.9) or obese (BMI > 29.9)<br><br>The final scope has been amended accordingly. |
| **MRC Epidemiology Resource Centre** | | 2 c) | The Government Office for Science report "Tackling obesities: future choices" stresses the importance of prenatal influences on childhood obesity, so this NICE guidance is timely and important. | Thank you for your comment. |
| **MRC Epidemiology Resource Centre** | | 3 a) | Recent data for obesity rates in a large UK population of women of childbearing age have been published (Duggleby *et al*. Br J Nutrition 2008 – epub Jul 18). | Thank you. |
| **MRC Epidemiology Resource Centre** | | 4.1.1 | We strongly support the inclusion of guidance for women planning pregnancy. There is very clear evidence of adverse pregnancy outcomes amongst women who are overweight before pregnancy (eg Abenhaim et al 2007), and aspects of the guidance are likely to differ for this group compared with women who are already pregnant. | Thank you for your comment |

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| **MRC Epidemiology Resource Centre** | | 4.1.1 | Although maternal obesity is more common among the socially disadvantaged, it is now pervasive throughout all socio-economic groups; it is critical that the guidance mirrors this and includes recommendations that can be individualised for all obese women. | This guidance is aimed at GPs. obstetricians, midwives and all those working in antenatal services and covers all pregnant women.<br><br>The Public Health Advisory Committee will take account of health inequalities at all stages in the development of the guidance.<br><br>It is not possible to anticipate the guidance or the recommendations at this stage but previous guidance has included recommendations which recognise the importance of tailoring advice and interventions according for individual circumstances. |
| **MRC Epidemiology Resource Centre** | | 4.3 | The evidence considered should include coherent consideration of the woman's body composition, both in terms of what a woman brings to her pregnancy, the changes that occur during and after pregnancy, and that of their offspring. Considerations of body composition should extend beyond simple expressions of body mass index and weight gain. Adiposity and obesity in the mother and offspring clearly have very different health consequences to a high lean or muscle mass, and there are now quite a number of studies that have specifically measured changes in adiposity during pregnancy. Studies of offspring outcomes are increasingly using techniques such as DXA to measure bone, lean and fat mass (e.g. Harvey NC *et al.* JCEM 2007;92:523-6). | Within section 4.3 one of the key questions aims is to consider the most effective ways of monitoring weight gain in pregnancy. Within this it is intended that the review team will look for evidence of the effectiveness of a number of anthropometric measures. |

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| **MRC Epidemiology Resource Centre** | | 4.3 | There is now much experimental and epidemiological evidence that maternal nutrition can influence long-term outcomes in the offspring without necessarily affecting size at birth. The consultation therefore needs to have a wider focus – and include the health of mother and the longer-term outcomes in the current and future offspring. Childhood obesity is not, for example, currently listed among the expected outcomes but is a critical public health consideration. Recent data reinforce this perspective (e.g. Hillier *et al*. Diabetes Care. 2007;30:2287-92). The QALY's associated with childhood obesity are now being modelled and are not inconsiderable. | The focus of this guidance will be on interventions that are effective in the management of weight gain in pregnancy. The evidence reviews will look for evidence on longer term outcomes including childhood obesity. |
| **MRC Epidemiology Resource Centre** | | 4.3 | The evidence considered should not focus solely on well-controlled scientific studies but needs to be broader in its approach. Whilst the quality of other types of study may be variable, important insights will be gained by inclusion of a wide variety of types of evidence – both quantitative and qualitative | Thank you. The evidence reviews will include both quantitative and qualitative evidence. |
| **MRC Epidemiology Resource Centre** | | 4.3 | Raising awareness about the consequences of being obese in pregnancy should include a strong focus for non-pregnant women of child-bearing age, in advance of subsequent pregnancy. | Thank you. The guidance will cover pregnant women seeking preconception advice and women actively planning a pregnancy as stated in section 4.1.1.<br>Guidance on post-natal weight management will be addressed by separate but complementary NICE public health intervention guidance: "Effective weight management for mothers following childbirth" www.nice.org.uk/Guidance/PHIG/Wave18/28 |

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| **MRC Epidemiology Resource Centre** | | 4.3 | There is an extremely limited evidence base in this field, so it would be extremely advantageous if the scope of the consultation explicitly identified the need for new primary research is particular areas. This is an important concern given the emerging evidence of the long-term public health implications of excessive maternal weight gain. | Thank you the final guidance will include recommendations for further research. |
| **National Perinatal Epidemiology Unit** | | General | The scope concerns excessive weight gain during pregnancy and yet no definition is given for what is considered excessive weight gain. Is there robust evidence to inform this (related to outcomes) concerning optimal weight gain in pregnancy in women who are obese? | Thank you we appreciate that there is no definition for excessive weight gain. The title has been altered to "Dietary interventions and physical activity interventions for weight management in pregnancy".<br><br>The evidence of effective interventions will be considered by the Public Health interventions Advisory Committee to inform the development of recommendations for practice. |
| **National Perinatal Epidemiology Unit** | | General | The scope does not state whether guidance will be developed for groups of women in different BMI categories at the start of pregnancy. Optimal weight gain (and therefore excessive weight gain) may differ for women who are already overweight or obese at the beginning of pregnancy. | Depending on the evidence, the guidance will make recommendations on the effectiveness of dietary interventions and physical activity interventions for weight management in pregnancy. It is not possible to say what the recommendations might be or how they might be structured. |
| **National Perinatal Epidemiology Unit** | | General | It is particularly important that hard outcomes (maternal and infant mortality and morbidity) and not simply process outcomes are considered. It would also be beneficial to consider longer-term outcomes such as impact on weight loss post pregnancy in obese mothers. | Thank you – longer term outcomes such as impact on weight loss post pregnancy will be considered, depending on the available evidence. |

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| **NCT, formally National Childbirth Trust** | | General | The NCT would like to see an emphasis on encouraging a different attitude to food, which would be complementary to the emphasis on encouraging weight loss. | Thank you we would not want to pre-empt the evidence at this stage, but if the evidence shows that emphasis on encouraging a different attitude to food is effective at managing weight gain in pregnancy then the Public Health Interventions Advisory Committee may make such recommendations for practice. |
| **NCT, formally National Childbirth Trust** | | General | Although the NCT would support the promotion of walking children to school as a way to help weight loss, we would like NICE to bear in mind that despite many women living close to the schools their children attend, they often need to drive so they can get to work after dropping their children off. | Thank you. You may be interested to know that NICE will be publishing guidance in January 2009 on 'Promoting physical activity for children' www.nice.org.uk/Guidance/PHPG/Wave12/16 |
| **NCT, formally National Childbirth Trust** | | General | The NCT would like to see more publicity about the safety of walking (for example to schools and back). There has been an emphasis on preventing road accidents, in particular involving pedestrians that many parents feel walking is not a safe option. | Thank you. You may be interested to know that NICE is currently developing public health guidance on 'Preventing unintentional road injuries among under 15s www.nice.org.uk/Guidance/PHIG/Wave18/2 |
| **NCT, formally National Childbirth Trust** | | General | The NCT would like more to see more lessons in schools about nutrition and general good health. | Thank you. This is beyond the scope for this guidance. |
| **NCT, formally National Childbirth Trust** | | 3a | This is a query: is the remit reserved to 'excessive weight gain in pregnancy' or is it wider including obesity at the start of pregnancy? | The title for this guidance has been altered to "Dietary interventions and physical activity interventions for weight management in pregnancy". |

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| **NCT, formally National Childbirth Trust** | | 3a | 'Fifty percent of women of childbearing age are either overweight (body mass index [BMI] 24.9–29.9kg/m2) or obese (BMI >30kg/m2) and 18% of women are obese at the start of pregnancy (The Information Centre 2008).'<br>This statistic is not clear – what percentages of women are overweight at the start of pregnancy? | 18% of women are obese at the start of pregnancy. We have amended the sentence to make it clearer. |
| **NCT, formally National Childbirth Trust** | | 4.1.1 | Specific subgroups to target may also include those who are unemployed or on income support. | Thank you. We appreciate that the list of specific sub groups is lengthy but the list is not exhaustive. The full list appears in Appendix B. |
| **NCT, formally National Childbirth Trust** | | 4.1.1 | This is a query: Will a distinction be made between women who are pregnant with their first baby and women who are pregnant with second, third, etc babies? It would be interesting to see if women find it increasingly difficult to prevent excessive weight gain during pregnancies | Thank you. If the evidence suggests that particular interventions are appropriate for women who are having their first, second, or subsequent babies then the Public Health Interventions Advisory Committee will make recommendations accordingly. It is likely that recommendations for<br><br>Please also see the complementary guidance on effective weight management following childbirth. www.nice.org.uk/Guidance/PHIG/Wave 18/28 |

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| **NCT, formally National Childbirth Trust** | | 4.2.1 | The NCT would advise including postnatal advice and support on weight loss to reduce general health risks and those in future pregnancies. | Thank you for your comment. Guidance on post-natal weight management will be addressed by a separate but complementary NICE public health intervention guidance: "Effective weight management for mothers following childbirth" (www.nice.org.uk/Guidance/PHIG/Wave18/28) |
| **NCT, formally National Childbirth Trust** | | 4.3 | Expanding Question 6: How can these women be effectively supported to control their weight gain as they may have found weight control difficult in the past. | Thank you. The Public Health Interventions Advisory Committee will consider the available evidence on this issue. |

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| **Royal College of Midwives** | | 1 d | The guidance is intended for use by midwives as well as other health care professionals. There is no evidence available to indicate that midwifery is represented on the Guideline Development Group. It is our firm opinion that there should be such representation on the group. | The NICE Public Health Interventions Advisory Committee (PHIAC) will be developing this guidance. This is a standing committee, whose membership includes a range of public health professionals, community representatives and academics. For further information see http://www.nice.org.uk/aboutnice/howwework/developingnicepublichealthguidance/publichealthinterventionsadvisorycommittee/public_health_interventions_advisory_committee.jsp<br><br>During the development of the guidance PHIAC is likely to invite relevant experts to contribute and/or to invite professionals not represented on the committee to become co-opted members of PHIAC for the duration of the guidance development process. |
| **Royal College of Midwives** | | 4.3 | It would be important that outcomes are evidence based and this aspect should be more clearly addressed within the scope of the consultation. | Evidence of the effectiveness of interventions will be sought and this includes evaluating the outcomes. |

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| **Royal College of Nursing** | | General | We really welcome this draft scope and fully support the importance of having guidance on excessive weight gain in pregnancy.<br><br>We are very keen to see an inclusion of measures to raise awareness of the risks of obesity in pregnancy prior to pregnancy and help women lose weight pre-conceptually. | At this early stage we can't anticipate what the final guidance will say, but this scope outlines what the guidance will and will not cover. Depending on the available evidence, measures to raise awareness of the risks of obesity in pregnancy, may be included. |
| **Royal College of Nursing** | | 4.1.1 | We welcome the inclusion of women planning a pregnancy. We believe for those women who are planning a pregnancy the motivation to lose weight and be healthy is probably far higher than in the general female population. Clearly if they have the knowledge of the many risks and information and support it would be far better for their health to reduce the risks of obesity in pregnancy by losing weight **before** they get pregnant. | Thank you. Please see the response above. |
| **Royal College of Nursing** | | 4.1.1 | Do refugee and asylum seeking women need to be listed as socially disadvantaged or is 'ethnic minority' adequate? This group of women is listed in Appendix 1 but inclusion in the main body of the document may be beneficial. | Thank you we appreciate that the list of population sub groups to be considered is not exhaustive but appendix B provides some examples. |
| **Royal College of Nursing** | | 4.3 Key Questions and outcomes | We would like to see a question related to promoting weight loss pre-conceptually such as:<br><br>How can women be encouraged to lose weight safely when planning a pregnancy?<br><br>We believe from a public health perspective, promoting a reduction in obesity would be easier and more effective than what healthcare professionals can do with women once pregnant.<br><br>The message for obese women should be -*'planning a pregnancy –lose weight healthily, take folic acid and stop smoking'*. | Thank you. Please see our response above. |

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| **Royal College of Nursing** | | 4.3 Key Questions and outcomes | Safe Weight Loss<br>Our concern around healthy weight loss relates to crash diets and reducing stores of micronutrients which may lead to fetal abnormality or poor health outcomes for the baby.<br><br>We are also concerned about popular low fat diets leading to a reduction in LCA needed for Neurological development of the infant. | Thank you. We would not want to pre-empt the evidence at this stage, but if the evidence shows that 'crash diets' have harmful effects whilst managing weight gain during pregnancy then the Public Health Interventions Advisory Committee will consider such recommendations for practice. |
| **Royal College of Obstetricians and Gynaecologists** | | Title | A better scope/title would be managing weight gain in pregnancy in overweight women | Thank you for your suggestion. The title has been amended to "Dietary interventions and physical activity interventions for weight management in pregnancy". |
| **Royal College of Obstetricians and Gynaecologists** | | General | This guidance would be most helpful if it addressed the management of obese women in pregnancy, although I do agree that women often comment that weight gain originated in pregnancy. | Thank you. The title for this guidance has been amended to'Dietary interventions and Physical activity interventions for weight management in pregnancy'. |

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| **Royal College of Obstetricians and Gynaecologists** | | General | In order to monitor for excess weight gain in pregnancy we will need to start serial weighing in pregnancy. This is in direct opposition to NICE CG62 "Antenatal Care" which says no value in repeated weighing in pregnancy | Thank you. The NICE antenatal care clinical guideline states that repeated weighing during pregnancy should be confined to circumstances where clinical management is likely to be influenced. One exception noted is pregnant women "in whom nutrition is of concern" see NICE CG62 page 114. www.nice.org.uk/Guidance/CG62<br><br>We would not want to pre-empt the evidence at this stage, but if more frequent weighing does have an effect on improving the management of weight gain in pregnancy, the Public Health Interventions Advisory Committee will consider making recommendations for practice. |
| **Royal College of Obstetricians and Gynaecologists** | | General | Suggest stratify advice given as "advice for women":<br>Of normal weight<br>Overweight<br>Obese<br>Morbidly obese | Depending on the evidence, the guidance will make recommendations on the effectiveness of dietary interventions and physical activity interventions for weight management in pregnancy. It is not possible to say what the recommendations might be or how they might be structured. |
| **Royal College of Obstetricians and Gynaecologists** | | General | Guidance does not focus on more important area of pre-pregnancy obesity | Groups that will be covered will include women actively planning a pregnancy and women seeking preconception advice. |

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| **Royal College of Obstetricians and Gynaecologists** | | General | Weight is a very crude marker of obesity, will there be any attempts to look at better measures such as including measurement of skin fold thickness or maternal nutritional status? | The reviews include available evidence of effective ways of monitoring weight gain in pregnancy. The reviewers will look for evidence of the effectiveness of a number of other measures eg arm circumference and anthropometric measures. |
| **Royal College of Obstetricians and Gynaecologists** | | General | Obstetricians generally feel disappointed that NICE are not tackling the issue of obesity in pregnancy. This is a very real and increasing clinical problem. Clinicians and mangers would welcome support from a National organisation such as NICE to allow them to access resources to care for these women, in particular increased dietetic input, weight loss clinics etc | The title for this guidance has been amended to 'Dietary intervention and Physical Activity interventions for weight management in pregnancy'. This guidance will therefore focus on the management of weight gain in pregnancy.<br>Without wanting to pre-empt the evidence, if weight loss clinics and/or, dietetic input is found to be effective in preventing/managing weight gain in pregnancy then the Public Health Interventions Advisory Committee (PHIAC) will consider such recommendations for practice. |
| **Royal College of Obstetricians and Gynaecologists** | | General | The RCOG recognise the driver for an intervention to address weight gain at a time when women are responsive to advice and change. However, it is felt that this advice would be best directed at women who are overweight or obese at the start of pregnancy. Women of normal weight could and should receive advice through the process of routine antenatal care. Resources would be best targeted at women whose own and babies health are most at risk | Groups that will be covered will include women actively planning a pregnancy and women seeking preconception advice. |

**PUBLIC HEALTH INTERVENTION GUIDANCE – Weight Management in Pregnancy**

**Consultation on the Draft Scope - Stakeholder Comments**

**23 September - 21 October 2008**

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| **Royal College of Obstetricians and Gynaecologists** | | General | It will be very difficult to separate advice on weight gain in pregnancy from management of obesity in pregnancy which is not currently within the remit | Thank you. This guidance will focus on dietary interventions and physical activity interventions for weight management in pregnancy<br><br>A proposal for a clinical guideline on the management of obese pregnant women, is due to be is considered by the NICE topic consideration panel for children, adolescent and maternity later this year (2009). |
| **Royal College of Obstetricians and Gynaecologists** | | General | The document is very ambiguous, at times writing of excessive weight gain and at others of obesity. | Thank you. The final scope has been amended. |
| **Royal College of Obstetricians and Gynaecologists** | | General | Odd topic. We need a guideline on excessive weight (obesity) and pregnancy. That was what *Saving Mothers's Lives* identified. | The title for this guidance has been amended to 'Dietary interventions and physical activity interventions for weight management in pregnancy'.<br>The guidance will have a particular focus on women who are overweight (BMI >25.9) or obese (with a BMI>29.9). |
| **Royal College of Obstetricians and Gynaecologists** | | 3 Need for guidance Part c | Dealing with pregnant women who are overweight or obese causes practical problems. It should be added that there can be considerable difficulty scanning through the adipose layers to obtain sufficient detail to exclude fetal anomaly or accurate assessment of fetal measurements. | This would need to be addressed in a clinical guideline. See response above. |

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| **Royal College of Obstetricians and Gynaecologists** | | 3 Need for guidance part f | The Royal College of Obstetricians and Gynaecologists have provided guidance on exercise in pregnancy recommending 30 or more of moderate activity. They advise the 'talk test' as a measure of a suitable level of activity. The woman should be able to continue to talk during the exercise. This is very practical and useful advice for women who often ask about exercise in pregnancy. | Thank you for this helpful information. |
| **Royal College of Obstetricians and Gynaecologists** | | 4.1.1 groups covered | Incorrect term "infant" This is defined as child older than 1 year. Correct term "women pregnant with 1 fetus" | This has been changed to 'women expecting a single baby. |
| **Royal College of Obstetricians and Gynaecologists** | | 4.1.1 groups covered | Women planning a pregnancy could include all women of childbearing age | In order to make the guidance manageable within the time available, the evidence reviewed will extend to women actively planning a pregnancy, those receiving preconception advice but not to all women of childbearing age. . |
| **Royal College of Obstetricians and Gynaecologists** | | 4.1.1 groups covered | Preconceptual care is covered in the NICE CG 43 "Prevention, identification and Management of Obesity" and should be excluded here | The majority of stakeholders including the Department of Health have asked that the guidance should cover women who may be planning a pregnancy.<br><br>The NICE clinical guideline on the prevention identification and management of obesity, will be taken fully into account by the Public Health Interventions Advisory Committee in developing this guidance. |
| **Royal College of Obstetricians and Gynaecologists** | | 4.1.1 groups covered | Suggest add women with drug abuse (and in Appendix B) | Thank you. The list of specific population sub groups is not intended to be exhaustive. We have provided some examples for consideration. . |

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| **Royal College of Obstetricians and Gynaecologists** | | 4.1.2 groups not covered | Why are women with BMI< 18.5 excluded as they may well have issues with weight gain | Although we recognise the importance of evidence-based guidance on appropriate weight gain for pregnant women who are underweight (BMI <18.5 kg/m2), this guidance will not be considering interventions for this group as it was felt that there might be significant underlying clinical issues to be addressed which would be outside the remit of this guidance.<br><br>We would encourage you to submit a suggestion for NICE to develop guidance specifically on this topic through the NICE website at: http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp |
| **Royal College of Obstetricians and Gynaecologists** | | 4.2.2 activities not covered | Drugs are excluded but metformin should be included as often part of management of PCOS | The use of metformin for PCOS is a clinical management issue and would not be considered part of the remit for this public health guidance. |

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| **Royal College of Obstetricians and Gynaecologists** | | 4.2.2 b activities not covered | Complementary therapies, treatments or practices (for example, hypnotherapy or acupuncture) will not be covered. Guidance as to whether there is any evidence that these complimentary practices are of benefit would be useful to women and their caregivers, since we are frequently asked about complimentary therapies by women in our clinics. | We understand that pregnant women may wish to use complementary therapies, however it would not be possible to consider the range of evidence on these therapies within the time available for the development of this guidance. If this is an area of particular importance we would encourage you to submit a suggestion for NICE to develop guidance specifically on this topic through the NICE website at: http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp |
| **Royal College of Obstetricians and Gynaecologists** | | 4.3 Questions | What advice should women be given regarding weight gain during pregnancy?<br>Subdivided into<br>What advice should normal weight women be given regarding weight gain during pregnancy?<br>What advice should obese women be given regarding weight gain during pregnancy? | Depending on the evidence, the guidance will make recommendations on the effectiveness of dietary interventions and physical activity interventions for weight management in pregnancy. At this stage it is not possible to say what the recommendations might be or how they might be structured. |
| **Royal College of Obstetricians and Gynaecologists** | | 4.3 questions | What should women with a high BMI or women who have gained excessive weight during pregnancy be told after they have had a baby ie in the postnatal period?" | Separate but complementary public health Intervention guidance will be developed on 'Effective weight management after child birth'. www.nice.org.uk/Guidance/PHIG/Wave18/28 |

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| **Royal College of Obstetricians and Gynaecologists** | | 4.3 Questions | Is scanning effective and cost-effective in the pregnancy of obese women?<br>Is estimated fetal weight accurate/useful in deciding mode of delivery for obese women? For example shoulder dystocia | The clinical management of pregnant women is beyond the scope of this guidance.<br><br>A proposal for a clinical guideline on the management of obese pregnant women, is due to be is considered by the NICE topic consideration panel for children, adolescent and maternity later this year (2009). |
| **Royal College of Obstetricians and Gynaecologists** | | 4.3 Expected outcomes | Mode of delivery at birth.<br>Please include complications of birth such as postpartum haemorrhage, wound infection, sepsis | Thank you for this suggestion. |
| **Royal College of Obstetricians and Gynaecologists** | | 4.3 expected outcomes | Emphasis is on weight gain in pregnancy and the belief that it can then be influenced. Those most in danger are those women who commence pregnancy with huge BMIs. Weight gain although a factor is less important in terms of serious maternal/perinatal outcomes than absolute maternal weight. | The title for this guidance has been amended to 'Dietary interventions and physical activity interventions for weight management in pregnancy'. the guidance will also cover women actively planning a pregnancy, and/or those receiving preconception advice. |
| **Royal College of Obstetricians and Gynaecologists** | | 4.3 expected outcomes | This is a list of things to be measured not outcomes of a process i.e. will the outcome of mode of delivery be compared in those who have complied with advice to those who have not complied? As it is such a multivariate analysis how much value is this? | The list is a set of outcomes that would be important to consider in the intervention studies and the reviews would consider evidence, if available that compared, for example, the mode of delivery with those who received the intervention and complied with it compared with those who did not receive it. |

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| **Royal College of Obstetricians and Gynaecologists** | | 4.3 Expected outcomes | Suggest also examine<br>Attendance at ANC<br>Admission rates to hospital antenatally<br>Severe pelvic discomfort<br>Reflux / chest infections<br>Epidural rates<br>Post delivery infection rates (higher in obesity)<br>Breast feeding rates, | Thank you for these helpful suggestions. |
| **Royal College of Obstetricians and Gynaecologists** | | 4.3 expected outcomes | Earlier the document says does not apply to those with diabetes and then this section refers to blood glucose control | The final scope will make it clearer that the guidance will not cover women diagnosed with diabetes but evidence will be considered where studies on weight management in pregnancy provide outcomes on women not diagnosed with diabetes who have problems with glucose control.<br><br>You may be aware that there is a clinical guideline on Diabetes in pregnancy www.nice.org.uk/Guidance/CG63 |