

Public Health Guideline

Maternal and child nutrition - Consultation on Review Proposal Stakeholder Comments Table

17 July – 31 July 2014

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Association for Nutrition	3		Association for Nutrition (AfN) agrees the review by NICE should take place once the evidence base is stronger and that updating the guidelines at this stage may be premature.	Thank you for your support.
Association for Nutrition	3 – Evidence Context – Page 3		From the list of research reviews, it is not possible to identify when they will issue their reports, therefore it is not possible to identify when NICE will review them.	Noted, thank you. As several of the reviews listed will be published by external bodies such as SACN and COT their publication dates are beyond our control.
Association for Nutrition	3 – Relevant NICE guidelines and reviews		AfN welcomes the recommendation to review other NICE public health guidelines for potential impact on NICE public health guidelines on improving the nutrition of pregnant and breastfeeding mothers and children in low-income households (PH11). With regards to PH27, would NICE also consider reviewing the weight gain among healthy women at 'book in' guidance to avoid healthy women potentially gaining excess weight. Additionally consider the need to develop weight guidelines (similar to those produced by the IOM in the US)?	Thank you. This issue was discussed as part of the guidance review for PH27 Weight management before, during and after pregnancy. The expert panel for this guidance review 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

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				area and it remains an urgent research need.
Association for Nutrition	3 – Policy Context		AfN supports the NICE view that recent and forthcoming policy changes may impact on the recommendations in PH11 and should be taken into account as part of this review.	Noted, thank you.
Association for Nutrition	General		In addition to the research reviews listed on Page 3, have NICE considered reviewing the available research on advice and support on breastfeeding/impact of mastitis and blocked ducts on continued breastfeeding?	Thank you we will consider your suggestions at the appropriate time in the future when the guideline is updated.
Association for Nutrition	3 - Implementation and Post – publication feedback		Should this be section 4?	Noted, thank you.
Association for Nutrition	4 – Related NICE guidelines		Should this be section 5?	Noted, thank you.
Association for Nutrition	5 – Equality and diversity		Should this be section 6?	Noted, thank you.
Association for Nutrition	6 – Conclusion		Should this be section 7?	Noted, thank you.
Association for Nutrition	7 – Recommendation		Should this be section 8?	Noted, thank you.
Baby Milk Action and BFLG	General		The Baby Feeding Law Group (BFLG) is a coalition of 22 leading UK health professional and lay organisations working to bring UK and EU legislation into line with the <i>International Code of Marketing of Breastmilk Substitutes</i> and subsequent World Health Assembly resolutions.	Thank you.

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Baby Milk Action and BFLG			The BFLG believes that updated guidance is needed as soon as possible. The review should start in early 2015 and should absorb new data as it is published. There is an urgent need for renewed commitment to independent information that is free from commercial influence and critical appraise promotional claims used by the baby feeding industry.	Your comment has been noted, thank you.
British Association of Perinatal Medicine (on behalf of RCPCH)	General		We agree with the conclusion of the Review proposal, that is that the guideline should be updated when the quoted reports which will be important in informing the guideline are published. It will be important that a notification mechanism is set up so that NICE can be aware as soon as the relevant documents are published.	Your comment has been noted, thank you. NICE will be ensuring that it is aware when the relevant reports have published.
The British Specialist Nutrition Association Ltd.	General		Broadly, the BSNA agrees that it is appropriate for NICE to wait for the publication of the following large-scale evidence based studies before reviewing the guideline on Maternal and Child Nutrition in full, including: <ul style="list-style-type: none"> • NICE Public Health Guideline on Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households (PH11) • NICE Public Health Guideline on Vitamin D - implementation of existing guidance to prevent deficiency • Scientific Advisory Committee on Nutrition (SACN) review of the Dietary Reference Values for vitamin D intake • Scientific Advisory Committee on Nutrition (SACN) sub group on Maternal and Child Nutrition (SMCN) review on complementary feeding • Department of Health announcement regarding the possible fortification of flour with folic acid • The Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT) systematic review of antigenic tolerance and 	Thank you for your comment. NICE acknowledge that single reports may impact on individual recommendations, however NICE feels that the best use of its resource is to update the guideline when a substantial volume of evidence is available which may impact on the guideline as a whole: <ul style="list-style-type: none"> • NICE Public Health

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			<p>risk of allergic disease</p> <ul style="list-style-type: none"> • Enquiring about Tolerance (EAT) study • Learning Early About Peanut Allergy (LEAP) study <p>However, this could potentially delay a review of all aspects of this guideline until late 2015, or even early 2016, at which point the NICE guidance will be very out of date.</p> <p>The BSNA believes that if one or more of these studies is published in isolation, and includes findings that contradict the current NICE guidance, then NICE should consider a partial review at that time to ensure that the guideline reflects the most up to date evidence. Many of these studies are very broad, and are applicable to a number of different parts of the guideline, whereas others are very specific to just one recommendation. It is primarily for the latter that we would encourage NICE to instigate a partial review (i.e. if the findings relate to one specific recommendation or aspect of the guideline, and do not have an impact on the rest of the guideline).</p>	<p>Guideline on Vitamin D - implementation of existing guidance to prevent deficiency</p> <ul style="list-style-type: none"> • Scientific Advisory Committee on Nutrition (SACN) review of the Dietary Reference Values for vitamin D intake • Scientific Advisory Committee on Nutrition (SACN) sub group on Maternal and Child Nutrition (SMCN) review on complementary feeding • The Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT) systematic review of antigenic tolerance and risk of allergic disease
<p>The British Specialist Nutrition Association Ltd.</p>	<p>2. Process for updating the guidelines</p>		<p>The BSNA would appreciate information regarding the expert group that was convened for the purposes of updating the NICE public health guideline of maternal and child nutrition.</p>	<p>Thank you, the expert group consisted of people from a variety of backgrounds including academia, nutrition and</p>

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				<p>dietetics, paediatrics, , midwifery, health visiting and policy. The group was convened to discuss changes in evidence, practice and policy in the area since the guidance was last considered for update and were not tasked with updating the guideline itself. When the guideline is updated then usual Methods and Process will be followed with open recruitment for Topic Expert Committee members.</p>
<p>The British Specialist Nutrition Association Ltd.</p>	<p>3. Consideration of the evidence and practice</p>		<p>The BSNA would appreciate a clearer description and understanding of the literature search methodology and search terms that were used during the review process.</p>	<p>As part of the published guidance review process NICE do not conduct a full evidence review. This would be part of the process when the guideline is updated.</p> <p>Two literature searches were conducted using the original search terms from the milk feeding (0-</p>

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				6 months) and infant nutrition (6-24 months) reviews. Additionally a review filter was applied. Further details on the original review search terms can be found at http://www.nice.org.uk/guidance/ph11/resources/ph11-maternal-and-child-nutrition-review-4-milk-feeding2 (Appendix C, page 116) and http://www.nice.org.uk/guidance/ph11/resources/ph11-maternal-and-child-nutrition-review-5-624-months2 (Appendix C, page 67)
The British Specialist Nutrition Association Ltd.	3. Consideration of the evidence and practice		With regard to the Evidence Context, was the role of specialist formulae considered?	Thank you. The expert group discussed the evidence base for the guidance overall. The expert group agreed that recommendation 18 of the existing guidance may need updating following publication of the COT systematic

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				review of antigenic tolerance and risk of allergic disease. However they felt that until the COT report is published recommendation 18 remains valid as it is.
The British Specialist Nutrition Association Ltd.	7. Recommendation		The BSNA believes that if one or more of the identified studies is published in isolation, and includes findings that contradict the current NICE guidance, then NICE should consider a partial review at that time to ensure that the guideline reflects the most up to date evidence. Many of these studies are very broad, and are applicable to a number of different parts of the guideline, whereas others are very specific to just one recommendation. It is primarily for the latter that we would encourage NICE to instigate a partial review (i.e. if the findings relate to one specific recommendation or aspect of the guideline, and do not have an impact on the rest of the guideline).	Thank you for your comment. NICE acknowledge that single reports may impact on individual recommendations, however NICE feels that the best use of its resource is to update the guideline when a substantial volume of evidence is available which may impact on the guideline as a whole: <ul style="list-style-type: none"> The Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT) systematic review of antigenic tolerance and risk of allergic disease

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				<ul style="list-style-type: none"> • NICE Public Health Guideline on Vitamin D - implementation of existing guidance to prevent deficiency • Scientific Advisory Committee on Nutrition (SACN) review of the Dietary Reference Values for vitamin D intake • Scientific Advisory Committee on Nutrition (SACN) sub group on Maternal and Child Nutrition (SMCN) review on complementary feeding •
Children's Food Trust	3.23		<p>Section 3.23 of the PH11 guideline states: "<i>The PDG welcomes the practical Caroline Walker Trust guidelines for food provision in childcare settings (such as daycare centres, creches, childminders and nursery schools) to encourage healthy eating from an early age (Crawley 2006).</i>"</p> <p>In 2010, DfE commissioned the Children's Food Trust (formerly the School Food Trust) to manage a multidisciplinary Advisory Panel on Food and Nutrition in Early Years, chair by Dr Anthony Williams. This Panel was tasked with considering the case for improved guidance or standards on food and nutrition for children aged 1–5 years attending early years settings in England and making recommendations to DfE to inform an independent review of the</p>	<p>Thank you for this information. The expert panel were aware of these guidelines. As part of a future guideline update, we will complete a terminology refresh to bring the guideline in line with the current public health landscape, initiatives and resources.</p>

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			<p>EYFS framework carried out by Dame Clare Tickell. The Panel's report comprised 11 recommendations, including that the government provides clear and practical guidance on meeting the nutritional requirements of children attending early years settings, a recommendation subsequently endorsed by the Tickell review.</p> <p>The revised EYFS framework (DfE 2012) was published in March 2012, for implementation from September 2012, and the requirement for 'healthy, balanced and nutritious' food and drink has been maintained in the revised guidance published in 2014. In April 2011, DfE commissioned the Children's Food Trust's Eat Better, Start Better programme to include further development and pilot testing of national voluntary food and drink guidelines for early years settings with supporting practical tools and the development of training for health and early years professionals and early years practitioners. The Trust's Eat Better, Start Better programme has been designed to support early years and health professionals to confidently cascade age-appropriate, nutrition advice to early years settings and families, helping to ensure that children and parents receive consistent messages around healthy eating.</p> <p>In 2012, Voluntary Food and Drink Guidelines for Early Years Settings in England were published by the Children's Food Trust. These were produced as part of the (Department for Education Voluntary and Community Sector (VCS) grant funded) Eat Better, Start Better programme. The guidelines support early years settings to meet the Early Years Foundation Stage (EYFS) welfare requirements for food and drink, and all regulated providers are encouraged to use these guidelines when planning meals and snacks.</p> <p>To prevent confusion amongst early years setting staff, and the professionals who support them, the Trust recommends that the reference to the Caroline Walker Trust guidance is replaced by the Voluntary Food and Drink Guidelines</p>	

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			<p>for Early Years Settings in England. This will help to ensure early years providers and practitioners have access to and are encouraged to use the most up to date national best practice guidance which has been supported by DfE, DH and national membership early years organisations.</p> <p>These guidelines are available free to download from: www.childrensfoodtrust.org.uk/pre-school/resources/guidelines and can be referenced as: Children's Food Trust (2012). Voluntary Food and Drink Guidelines for Early Years Settings in England - A Practice Guide. Sheffield: Children's Food Trust.</p>	
Children's Food Trust	Recommendation 21		<p>Recommendation 21 on page 47 of PH11 includes a statement to: <i>"Implement a food policy which takes a 'whole settings' approach to healthy eating, so that foods and drinks made available during the day reinforce teaching about healthy eating."</i></p> <p>This statement could be expanded to recommend that early years settings plan their meals and snacks to meet the Voluntary Food and Drink Guidelines for Early Years Settings in England. This would ensure that the food and drinks provided for children are consistent with the setting's food policy, and meet the early years Foundation Stage (EYFS) welfare requirement for provision of <i>'healthy, balanced and nutritious'</i> food and drink.</p>	Thank you, please see previous comment.
Coeliac UK	4 – 18		<p>Although coeliac disease is not an allergy, the recommendation to <i>'advise mothers to feed the baby only on breast milk and to continue breastfeeding while introducing solid foods, when the infant is 6 months'</i> is also appropriate for mothers who have coeliac disease.</p> <p>A recent systematic review concludes <i>'Our findings support previous published findings that breastfeeding seems to offer a protection against the development of coeliac disease in predisposed infants. Breastfeeding at time of gluten introduction is the most significant variable in</i></p>	Noted, thank you.

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			<p><i>reducing the risk. Timing of gluten introduction may also be a factor in the development of coeliac disease'</i></p> <p>Henriksson et al. (2013) What effect does breastfeeding have on coeliac disease? A systematic review update. <i>Evidence-Based Medicine, volume 18, number 3.</i></p> <p>A further systematic review states '<i>In the absence of clear evidence, in order to decrease the risk of later coeliac disease, it is reasonable to avoid both early (< 4 months) and late (> 7 months) introduction of gluten, and to introduce gluten while the infant is still being breastfed.</i>'</p> <p>Szajewska et al. (2012) Systematic review; early infant feeding and prevention of coeliac disease. <i>Alimentary Pharmacology and Therapeutics. 36: 607-618.</i></p>	
Coeliac UK	General		<p>Could an additional recommendation be added to the guideline under the heading of coeliac disease? This could include information relating to the comment above and also regarding foetal outcomes in coeliac disease. Two studies have found poor foetal outcome in pregnant women with undiagnosed coeliac disease but not in diagnosed coeliac disease. Recently published British Society of Gastroenterology Guidelines highlight the importance of strict adherence to a gluten-free diet for pregnant women with coeliac disease, to decrease the excess risk of adverse foetal outcome. Ludvigsson et al. (2014) Diagnosis and management of adult coeliac disease: guidelines from the British Society of Gastroenterology. <i>Gut</i> 0: 1–20. doi:10.1136/gutjnl-2013-306578</p> <p>Coeliac disease Who is the target population? Pregnant women and mothers who have a diagnosis of coeliac disease. Who should take action? Midwives, health visitors, GPs, paediatricians, community dietitians and pharmacists What action should they take?</p>	<p>Thank you for your comment. The purpose of this review proposal is to decide whether the guideline needs updating and not to actually update the recommendations. Additionally, this is beyond the remit for this guidance. The guidance does not cover the nutritional status and care of women and children with clinical conditions that require specialist advice or secondary dietary</p>

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			Advise mothers of the importance of adhering to a strict gluten-free diet on foetal outcome. Advise mothers to feed the baby exclusively on breast milk and to continue breastfeeding while introducing solid foods, when the infant is 6 months.	management.
Department of Health			I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation.	Thank you for your comment.
Heart of Mersey (Health Equalities Group)	General		We agree that there is no new evidence that would contradict current recommendations	Thank you for your comment.
Heart of Mersey (Health Equalities Group)	Recommendation 18		The results of research around allergy (Eat study and LEAP study) will inform a future review. The current guidance (Recommendation 18) does not give specific advice – notably where a parent has a severe nut allergy.	Noted, thank you. We will consider the findings of the EAT and LEAP studies in a future update along with the findings of the COT systematic review.
Heart of Mersey (Health Equalities Group)	General		Changes in responsibility for commissioning childrens public health services (October 2015) will have an impact on some recommendations – ie who should take action.	Noted, thank you. As part of a future guideline update, we will complete a terminology refresh to bring the guideline in line with the current public health landscape, initiatives and resources.
Infant & Toddler Forum	1 - Training		There is a need for all healthcare professionals to have access to standardised training on best-practice in nutrition from pregnancy through the early years of life.	Noted, thank you.

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			It is important to train healthcare professionals tasked with advising pregnant women on a wide range of nutritional issues so that the advice is consistent and informed.	
Infant & Toddler Forum	3 – Pre School Children		The guidelines state that by 5 years children should be consuming a diet consistent with the general recommendations for adults but does not advise portion sizes for infants aged 1- 4. There is a need for evidence based guidance on portion sizes for toddlers and pre-school children.	Noted, thank you.
Infant & Toddler Forum	3 – Training		Not only should there be training on nutrition in pregnancy, there should also be easy access to guidance on weight ranges in pregnancy.	Thank you. This issue was discussed as part of the guidance review for PH27 Weight management before, during and after pregnancy. The expert panel for that guidance review 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.
Infant & Toddler Forum	3 – Infant feeding		Although SACN are reviewing complementary feeding PH11 needs updating now because it contradicts Department of Health and NHS Choices information on the age to begin complementary feeding. PH11 3.21 states: 'Health departments in England, Wales and Northern Ireland recommend that babies should be offered a gradually increasing	Thank you for your comment.

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			<p>amount and variety of solid foods, in addition to milk, from 6 months.'</p> <p>However DH guidance and NHS choices http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/solid-foods-weaning.aspx#close use the wording 'around six months' which gives the parent the responsibility of deciding when their own infant is ready to begin as infants all develop at different rates and some, particularly large male babies will be ready for more than milk at an earlier age than small slower growing female infants. In addition EFSA and ESPGHAN both recommend beginning complementary food between four and six months, not 'from six months'.</p> <p>Recommendation 18 should also be changed to reflect the same advice. Hence PH11 should be updated to offer the same advice as DH and NHS Choices. Otherwise confusion over the appropriate age to begin complementary feeding will continue.</p>	<p>The expert group agreed that recommendation 18 of the existing guidance may need updating following publication of the SACN review on complementary feeding and COT systematic review of antigenic tolerance and risk of allergic disease. However they agreed in the meantime that recommendation 18 remained valid.</p>
Infant & Toddler Forum	4 – Training		<p>There is a need for standardised nutrition training providing practical, evidence based guidance for healthcare professionals so that they are better equipped to advise parents.</p>	<p>Noted, thank you.</p>
Infant & Toddler Forum	4 – Diet in Pregnancy		<p>There is a need for standardised guidance for healthcare professionals to deliver accurate information to parents at regular health checks.</p>	<p>Noted, thank you.</p>

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Infant & Toddler Forum	4 – Breastfeeding		Standardised nutrition advice for mothers could help optimise breastfeeding.	Noted, thank you.
Infant & Toddler Forum	4 – Infant formula		Healthcare professionals will need training to be able to advise parents on the use of infant formula.	Noted, thank you.
Infant & Toddler Forum	4 – Child health promotion		There is a need for standardised practical advice for families to ensure a good balance of food and exercise.	Noted, thank you.
Infant & Toddler Forum	4 – Pre-school children		There is a need for standardised training and advice for early-years staff to ensure they are able to provide a good balance of foods and exercise.	Noted, thank you.
Infant & Toddler Forum	Appendix C: the evidence		<p>The NICE guidelines give different advice about the use of hydrolysed formulas on allergy prevention to the official guidance by the European Academy of Allergy and Clinical Immunology and the American Academy of Allergy, Asthma and Immunology.</p> <p>This needs to be reviewed.</p> <p>EAACI food allergy and anaphylaxis guidelines. Primary prevention of food allergy. Muraro A, Halken S, Arshad SH, Beyer K, Dubois AE, Du Toit G, Eigenmann PA, Grimshaw KE, Hoest A, Lack G, O'Mahony L, Papadopoulos NG, Panesar S, Prescott S, Roberts G, de Silva D, Venter C, Verhasselt V, Akdis AC, Sheikh A; EAACI Food Allergy and Anaphylaxis Guidelines Group. <i>Allergy</i>. 2014 May;69(5):590-601. doi: 10.1111/all.12398. Epub 2014 Apr 3.</p> <p>Pediatrics. 2008 Jan;121(1):183-91. doi: 10.1542/peds.2007-3022. Effects of early nutritional interventions on the development of atopic disease in infants and children: the role of maternal dietary restriction,</p>	<p>Thank you. The expert group discussed the evidence base for the guidance overall.</p> <p>The expert group noted that the evidence in this particular area may need updating following publication of the COT systematic review of antigenic tolerance and risk of allergic disease. However they agreed in the meantime that recommendation 18 remained valid.</p>

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			breastfeeding, timing of introduction of complementary foods, and hydrolyzed formulas. Greer FR , Sicherer SH , Burks AW ; American Academy of Pediatrics Committee on Nutrition ; American Academy of Pediatrics Section on Allergy and Immunology .	
Infant & Toddler Forum	General		The guidance still talks about CPTs	Thank you for this information. As part of a future guideline update, we will complete a terminology refresh to bring the guideline in line with the new public health landscape, initiatives and resources.
Lactation Consultants of Great Britain	General		Lactation Consultants of Great Britain is the professional organisation for International Board Certified Lactation Consultants (IBCLCs) within Great Britain. As professionals specialising in lactation support and education, we are well placed to understand the issues which concern maternal and child nutrition. As well as holding the qualification IBCLC many of our membership also work as Health Care Professionals and are involved in the training of staff as well as offering Specialist Lactation Support to mothers and their babies. We welcome the opportunity to contribute to the Guideline for Maternal and Child Nutrition.	Thank you for your comments.
Lactation Consultants of Great Britain	General		We accept the point that there are a number of other documents currently out for comment or in development, and agree that it would seem appropriate to review the guideline once the review of the other documents and recommendations has been completed.	Thank you.

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National Perinatal Epidemiology Unit, University of Oxford	General		<p>I expect you have check this already but would the health economic conclusions from the guidance benefit from being updated according to the following publication:</p> <p>Renfrew M, Pokhrel S, Quigley M, McCormick F, Fox-Rushby J, Dodds R, Duffy S, Trueman P, Duffy S, Williams A. Preventing diseases and saving lives: the potential contribution of increasing breastfeeding rates in the UK. October 2012. UNICEF, UK</p>	Thank you for bringing this to our attention.
Nestlé Nutrition	General		<p>The current Maternal and Child Nutrition public health guidelines (PH11) were published by NICE in 2008, and have not been comprehensively reviewed since then.</p> <p>In the latest draft proposal released, NICE have confirmed their intention not to update the guidelines at this current time, but to wait until a series of further research studies have been published. We recognise the importance and scale of a number of the research studies that NICE lists, and we broadly support the approach to wait until these studies are published to help inform NICE's recommendations; particularly where the studies in question can help to inform a number of different elements of this guideline.</p> <p>However, it is our understanding that if a full scale review is postponed until the last of these is scheduled to be published, then it is unlikely that NICE will look at this issue again until late 2015 at the earliest. Therefore, we would request that if one of the studies listed shows a significant change to NICE's current position on a standalone issue, that NICE considers conducting a partial review of the relevant section of the guidance to reflect this new evidence. This is particularly relevant if the study relates to just one specific part of the guideline, and does not have a bearing on the outcome of the other</p>	<p>Thank you for your comment and broad support for the proposed approach.</p> <ul style="list-style-type: none"> NICE acknowledge that single reports may impact on individual recommendations, however NICE feels that the best use of its resource is to update the guideline when a substantial volume of evidence is available which may impact on the guideline as a whole: NICE Public Health Guideline on Vitamin D - implementation of existing guidance to prevent deficiency

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			<p>outstanding studies. This would ensure that the NICE guidance is up to date with the latest evidence.</p> <p>This submission summarises evidence published since 2008 that is of particular relevance to Recommendation 18 and Evidence Statement 5.6 of the current guidelines. Its focus is the reduction in the risk of allergy development for infants.</p> <p>We agree that the first part of recommendation 18 should not be reviewed and current evidence supports the advice that the most effective way to reduce the risk of at-risk babies developing an allergy is to exclusively breastfeed for the first 6 months.</p> <p>However, this submission outlines additional evidence published since 2008 and 2011 which indicates that the use of partially hydrolysed infant formula does significantly reduce the risk of developing an allergy for at-risk infants that are not exclusively breastfed.</p> <p>This additional evidence is drawn from a range of randomised, large and diverse studies demonstrating consistent findings, with two meta-analyses of multiple studies also finding a significant correlation. It is also important to note that a number of national and international expert allergy groups have reviewed the same evidence and concluded that it is sufficient to support the claim that partially hydrolysed formula can reduce the risk of allergy in at-risk infants.</p>	<ul style="list-style-type: none"> • Scientific Advisory Committee on Nutrition (SACN) review of the Dietary Reference Values for vitamin D intake • Scientific Advisory Committee on Nutrition (SACN) sub group on Maternal and Child Nutrition (SMCN) review on complementary feeding • The Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT) systematic review of antigenic tolerance and risk of allergic disease <p>When deciding whether to update a guideline or not NICE relies not only on published evidence but also intelligence gathering, including on the implementation of the guideline and any contextual changes that may impact on the recommendations.</p>

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			Regarding the conclusions in section 3 and section 7 of the NICE draft review proposal, we would like to highlight a number of new pieces of research published since the last guidance update review in 2011. In particular, we believe that there is new, consistent evidence relevant to recommendation 18 (outlined below), as well as the COT systematic review of antigenic tolerance and risk of allergic disease, which we understand is due to be published later this year. Assuming that the COT review findings differ from NICE's current recommendation, and taken together with the additional new research, we believe this would be sufficient to require a partial review of the guidelines to cover recommendation 18., rather than waiting until other additional evidence relating to the whole guidelines is available, which could cause a significant delay.	<p>The expert group noted that recommendation 18 may need updating following publication of the COT systematic review of antigenic tolerance and risk of allergic disease.</p> <p>NICE has to make a judgement as to whether to do a partial update on one recommendation (as you indicate) against what can potentially be achieved through delaying an update until more relevant work is published. In this instance we feel the best use of resource is to wait for the identified key publications to be available.</p>
Nestlé Nutrition	Section 3		We would be grateful if NICE could publish the list of search terms used during the internal evidence review. Contrary to the statement that "no	Thank you for noting these references.

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	"No evidence was identified from the searches that contradicted the existing recommendations"		<p>evidence was identified from the searches that contradicted the existing recommendations", we have outlined below evidence which we believe is relevant and that does not support recommendation 18. We would like to request that NICE consider this evidence in reference to recommendation 18, , or provide analysis as to why they do not believe that this evidence contradicts recommendation 18:</p> <p>Studies Favourable</p> <ol style="list-style-type: none"> 1. Vandenplas Y et al (May 2014) Hydrolyzed formulas for allergy prevention 2. Von Berg (2013) The German Infant Nutrition Intervention (GINI) 3. Alexander et al. (2010) Partially hydrolyzed 100% whey protein infant formula and atopic dermatitis risk reduction: a meta-analysis of the literature. 4. Szajewska and Horvath (2010) Meta-analysis of the evidence for a partially hydrolysed 100% whey formula for the prevention of allergic diseases. 5. Alexander (2010) Partially hydrolyzed 100% whey protein infant formula and atopic dermatitis risk reduction: a systematic review of the literature 6. Nestle Nutrition & Pharmerit International (2014) Cost effectiveness of partially hydrolysed formula for the prevention of the childhood atopic dermatitis in the United Kingdom 	<p>As part of the published guidance review process NICE do not conduct a full evidence review. This would be part of the process when the guideline is updated. Two literature searches were conducted using the original search terms from the milk feeding (0-6 months) and infant nutrition (6-24 months) reviews. Additionally a review filter was applied. Further details on the original review search terms can be found at http://www.nice.org.uk/guidance/ph11/resources/ph11-maternal-and-child-nutrition-review-4-milk-feeding2 (Appendix C, page 116) and http://www.nice.org.uk/guidance/ph11/resources/ph11-maternal-and-child-nutrition-review-5-624-months2 (Appendix C,</p>

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			<p>Studies finding against</p> <ol style="list-style-type: none"> 1. Lowe et al (2013) The Role of Partially Hydrolyzed Whey Formula for the Prevention of Allergic Disease <p>International and national guidelines A number of relevant bodies have published guidelines in support of the use of partially hydrolysed formula.</p> <ol style="list-style-type: none"> 1. The British Dietetic Association (BDA) 2. The National Institute of Allergy and Infectious Disease 3. The Swiss Society of Paediatrics, 4. The Societe Francaise de Pediatrie 5. The Spanish Society of Neonatology 6. The American Academy of Paediatrics 7. The European Society of Paediatric Gastroenterology, Hepatology and Nutrition 8. The European Academy of Allergy and Clinical Immunology 9. The American Academy of Allergy, Asthma and Immunology 10. Canadian Dietetic Association (PEN) <p>Expert Statements</p> <p>Favourable</p> <ol style="list-style-type: none"> 1. The British Dietetic Association (BDA) March 2014, Practical Dietary Prevention Strategies for Infants at Risk of Developing Allergic Diseases 2. HealthLink BC 2011, Endorsed by CSACI (2012) Reducing Risk of Food Allergy in Your Baby: A resource for parents of babies at increased risk of food allergy. 3. Academy of Breastfeeding Medicine (2009) Hospital Guidelines for the Use of Supplementary Feedings in the Healthy Term Breastfed Neonate 	<p>page 67)</p> <p>These literature searches were conducted to give a general indication of how the evidence base has developed since the guidance was last considered for an update.</p> <p>We acknowledge that some studies have been published in this area (both for and against the use of hydrolysed formula) however the committee were aware that COT have commissioned a comprehensive systematic review of antigenic tolerance and risk of allergic disease and felt that this recommendation should not be updated until this reports.</p>

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			<p>Finding against</p> <ol style="list-style-type: none"> 1. First Steps Nutrition Trust, November 2013, Partially hydrolysed whey based infant formula and the prevention of allergy: A summary of current evidence and policy 	
Nestlé Nutrition	<p>Section 3</p> <p>“No new evidence that would contradict any of the current recommendations or make them redundant”</p>		<p>With reference to this statement, we revisited recommendation 18 in the 2008 guidance, based on evidence statement 5.6. We would like to respond as follows to the comments outlined in Section 3, published in the draft proposal:</p> <p>NICE public health guidance 11, Maternal and Child Nutrition, Evidence 5.6 states, “<i>There is no evidence from a systematic review to support feeding with a hydrolysed formula for the prevention of allergies, compared to exclusive breastfeeding.</i>”</p> <p>Alexandar et al (2010) is a systematic review and Szajewska and Hovath (2010) a meta-analysis which support the use of a hydrolysed formula to reduce the risk of the development of atopic dermatitis in high-risk infants, when breast feeding is not possible, compared to other formula. Can NICE confirm if these were considered before publishing the draft proposal, and if so, what analysis was undertaken to determine that they did not contradict the current recommendation 18?</p> <p>NICE public health guidance 11, Maternal and Child Nutrition, Evidence 5.6 states, “<i>In high-risk infants who are unable to be completely breast fed, there is limited evidence that prolonged feeding with a hydrolysed formula compared to cow’s milk formula reduced infant and childhood allergy and infant cow’s milk allergy.</i>”</p>	Noted, thank you. Please see response above.

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			<p>There are 6 studies and 9 recommendations from expert groups who have incorporated endorsement for the use of hydrolysed formula for high-risk infants that are not being breastfed into their guidelines including the British Dietetic Association. Further to that, the use of hydrolysed formula has been supported within a health economics review which outlines the financial benefits of using a hydrolysed formula in high-risk infants when breastfeeding is not possible. The savings are based on an average cost per child over a six year period. As such the cost savings (with discounts) for every 1,000 at risk babies would be £206 per child, or £206,000 per 1000 children.</p> <p>NICE public health guidance 11, Maternal and Child Nutrition, Evidence 5.6 states, <i>“In view of methodological concerns and inconsistency of findings further large well designed trials comparing formulas containing partially hydrolyses whey or, extensively hydrolysed casein with cow’s milk formulas are needed.”</i></p> <p>Although the Lowe study has advised that there is limited data there are a number publications to support the benefits of the use of partially hydrolysed formula in high – risk infants when breastfeeding is not possible. The majority of babies included in the Lowe study were also over 6 months of age by the time that partially hydrolysed formulas were introduced, and therefore are likely to have been exposed to the allergen by this time. The study was also published some 17 years after the research had taken place.</p> <p>The systematic review, Alexander et al (2010), and meta-analysis Szajewska and Hovath (2010), outline 33 studies that identify a benefit and link between hydrolysed formula and child allergy. Von berg (2013) in the GINI study also demonstrated the long term allergy preventative effect of partially hydrolysed whey protein formula in children up to 10 years of age. This study investigates 2,252 infants and is internationally recognised. Could NICE confirm if this</p>	

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			study was considered before publishing the draft proposal, and if so, what analysis was undertaken to determine that it did not contradict the current recommendation 18?	
Nestlé Nutrition	Section 7 "A full guidelines update should be carried out when the following have been published"		Nestlé Nutrition supports NICE's evidence-based approach to include the COT review and, as outlined above, are strongly urging NICE to carry out a partial review of evidence statement 5.6 and recommendation 18 once the COT review has been published, if it differs from NICE's current recommendation.	Thank you, while NICE recognise that the COT review may impact on Recommendation 18 it feels it is a better use of its resources to wait until key reports that impact on several of the recommendations have published in order to do a fuller update.
Public Health England (PHE)	General		Public Health England (PHE) welcomes the opportunity to input into the NICE review proposal on <i>Public Health Guideline – Maternal and child nutrition</i>	Thank you.
Public Health England (PHE)	General		PHE agrees with the NICE conclusion and recommendation to leave conducting a full guideline update until a number of relevant on going pieces of work have been completed.	Thank you for your comment
Public Health England (PHE)	General		PHE agrees that a terminology refresh would be beneficial.	Noted, thank you.
Public Health Leeds City Council	General		We agree with the conclusions and recommendations made by the expert panel from the Centre for Public Health following an extensive literature search. Clearly there is a good deal of research currently underway which may well require an extensive update of PH11 in the future and we would welcome the opportunity to participate in that consultation	Thank you for your comments.
Royal College of Nursing	General		The Royal College of Nursing notes the review proposal to consider whether the public health guidance on Improving the nutrition of pregnant and	Thank you

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			breastfeeding mothers and children in low-income households (PH11) should be updated.	
Royal College of Nursing	6		<p>We note there is a lot of ongoing work relevant to the guideline which suggests that it is currently not a good time to update it. We also note the proposal that when the guideline is updated it would also be beneficial, as part of that process to do a terminology refresh to bring the guidance in line with the new public health landscape, initiatives and resources to improve implementation of the recommendations.</p> <p>A piece of research which also has some relevance to childhood nutrition and long term outcomes is the 2012 UNICEF report on breastfeeding and its role in Preventing Disease and saving Resources. This report really supports and does not contradict current guidelines.</p> <p>http://www.unicef.org.uk/Latest/News/breastfeeding-report-nhs-savings/</p>	Thank you for bringing this to our attention. We will consider this paper at a future update of the guideline.
Royal College of Nursing	7		We, therefore, agree that there is no indication to support the updating or changing of the guidance at present.	Noted, thank you.
Royal College of Paediatrics and Child Health	General		This guideline will review new evidence from allergy studies and should have input from the paediatric allergy community within the UK or BSACI.	Noted, thank you.
Sheffield Hallam University, Sheffield, UK	General:		Frequently the text says for HCP to signpost all women to take HS vitamins and purchase from community pharmacy if not eligible to receive the vouchers. This advice may need updating as community pharmacies in Sheffield don't have HS supplements, although they may do in other parts of the country.	Thank you for your comment. We are aware of these issues regarding the availability of the Health Start

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			<p>Local Authorities may need further support to ensure they are managing, promoting and auditing the Healthy Start Scheme in their area, especially as some of the key distribution points (children's centres) have been closed due to funding cuts.</p> <p>General need for further training of HCP's in diet, nutrition advice and behaviour change/communication techniques.</p>	<p>supplements. NICE is currently developing a guideline on the implementation of the existing guidance on vitamin D. This will include recommendations on Healthy Start. Further information can be found here.</p>
Sheffield Hallam University, Sheffield, UK	Breastfeeding, Infant feeding 3.20		<p>Would add in the reference to UNICEF report 'Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK.' 2012</p> <p>Details on Infant Feeding Survey need updating from the 2005 survey to the 2010 survey (published 2012) http://www.hscic.gov.uk/catalogue/PUB08694</p>	<p>Thank you for bringing this to our attention. We will consider these at a future update of the guideline.</p>
Sheffield Hallam University, Sheffield, UK	Service provision 3.2		<p>The Health in Pregnancy Grant has now been abolished.</p>	<p>Noted, thank you.</p>
Sheffield Hallam University, Sheffield, UK	Maternal diet 3.7		<p>Could add in the reference to Burchett, H; Seeley, A; (2003) <i>Good Enough to Eat? The diet of pregnant teenagers</i>. International Journal of Health Promotion and Education, 49 (2). 59 - 61.</p>	<p>Thank you. We will consider this reference at a future update of the guideline.</p>
Sheffield Hallam University, Sheffield, UK	Supplements 3.14		<p>Clear message needed for HCP to know whether to recommend Folic Acid throughout pregnancy as in the case of HS vitamins or just up to 12 weeks. Our latest research found some HCPs were confused about recommending supplements to adolescent mothers and some mothers confused what they</p>	<p>Noted, thank you.</p>

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			<p>were taking and why, choosing to buy expensive branded supplements instead of taking HS.</p> <p>Rundle R, Soltani H, Duxbury A (2014). Dietary habits and nutritional supplementation from the perspective of pregnant teens and their health care providers: an exploratory study, International Confederation of Midwives 30th Triennial Congress, 1-5th June, Prague</p>	
Sheffield Hallam University, Sheffield, UK	Preschool 3.23		<p>The Caroline Walker Trust guidance for early years has been replaced by the Voluntary Food and Drink Guidance for Early Years Setting in England. http://www.childrensfoodtrust.org.uk/pre-school/resources/guidelines written by the Children's Food Trust, commissioned by Department of Education and supported by Department of Health.</p>	<p>Thank you for this information. The expert panel were aware of these guidelines. As part a future guideline update, we will complete a terminology refresh to bring the guideline in line with the current public health landscape, initiatives and resources.</p>
Sheffield Hallam University, Sheffield, UK	Weight monitoring 3.25/3.26		<p>Perhaps add a sentence in here about weight monitoring of mothers during pregnancy, particularly when there is a clinical indication (as suggested by NICE).</p> <p>In addition, our recent publication found many women of all BMI categories wanted to be weighed and the fact midwives didn't weigh them was interpreted as it not being important to them.</p> <p>Arden, M. A., Duxbury, A. M., & Soltani, H. (2014). Responses to gestational</p>	<p>Thank you. This issue was discussed as part of the guidance review for PH27 Weight management before, during and after pregnancy. The expert panel for this guidance review discussed whether there had been</p>

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			weight management guidance: a thematic analysis of comments made by women in online parenting forums. <i>BMC pregnancy and childbirth</i> , 14(1), 216. http://www.biomedcentral.com/1471-2393/14/216	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.
Sheffield Hallam University, Sheffield, UK	Recommendation 1 Training		Our research suggests midwives would like further training and support in the messages to communicate, and behaviour change skills. Furness P, Arden M, Duxbury A, Wardle C, Hampshaw S, and Soltani H. (2014) Talking About Weight in Pregnancy: An Exploration of Practitioners' and Women's perceptions. <i>Qualitative Health Research</i> (Under review) [Available on request]	Noted, thank you.
Sheffield Hallam University, Sheffield, UK	Recommendation 3 Vit D		Perhaps you could highlight adolescent mothers as an at risk group for Vit D deficiency and that further research is needed to establish the optimal intake of vitamin D for pregnancy outcomes, rather than just bone health. Brannon, Patsy M. "Vitamin D and adverse pregnancy outcomes: beyond bone health and growth." <i>Proceedings of the Nutrition Society</i> 71, no. 02 (2012): 205-212.	Thank you. This area will be considered as part of the SACN review of the Dietary Reference Values for vitamin D. We will consider this report at a future update of the guideline.
Sheffield Hallam University, Sheffield, UK	Recommendation 4 Purchasing		<i>Community pharmacists should ensure the Healthy Start maternal vitamin supplements are available for purchase by women who are not eligible to receive them free of charge.</i> - This does not happen in Sheffield, where HS only available from Children Centres if you have a voucher as they are no	Thank you, please see previous comment.

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	Healthy Start		longer able to sell them to women as staff can no longer handle money. No provision to purchase HS vitamins elsewhere.	
Sheffield Hallam University, Sheffield, UK	Recommendation 4 Healthy Start Access		<i>Health professionals should offer the maternal Healthy Start vitamin supplement (folic acid, vitamins C and D) to pregnant women who are (or who may be) eligible. Uptake may be greater if midwives and GPs had supply of HS and could give women their first bottle, rather than waiting for their form to be signed, posted off, vouchers received, travel to collect from children centre.</i>	Noted, thank you.
Sheffield Hallam University, Sheffield, UK	Recommendation 5		<i>Provide information on the benefits of a healthy diet and practical advice on how to eat healthily throughout pregnancy. This should be tailored to the woman's circumstances. The advice should include: eat five portions of fruit and vegetables a day and one portion of oily fish (for example, mackerel, sardines, pilchards, herring, trout or salmon) a week. What about mentioning needing good calcium sources here too.</i> We have recently submitted a review into dietary interventions in adolescent pregnancy, which highlighted the beneficial effects of dietary calcium consumption on birth weight. Soltani H, Duxbury A, Rundle R (2014) A systematic review of the effects of dietary interventions on neonatal outcomes in adolescent pregnancy BJOG (Under review) [Available on request]	Noted, thank you. We will consider this evidence as part of a future update of the guideline.
Sheffield Hallam University, Sheffield, UK	Recommendation 6		Great to recommend all women BMI 30+ are sent to dietitian but from our experience working with a local hospital in practice their dietitians do not have enough capacity to see just the BMI 40+. Midwives and women want more information on suitable exercise during pregnancy, as diet is covered far more often.	Noted, thank you.

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			Our recent paper considered diet and exercise interventions for gestational weight management and explored some of the barriers. Martin SJ, Duxbury AMS, Soltani H. (2014) An overview of evidence on diet and physical activity based interventions for gestational weight management. <i>Evidence Based Midwifery</i> 12(2): 40-45	
The Breastfeeding Network	7 P5		<p>The Breastfeeding Network works in some of the most socially and economically deprived areas of the UK, focussing on young parents and communities where breastfeeding rates are at their lowest. We run 17 breastfeeding peer support projects offering a range of independent support to Mums and families from antenatal through to post birth and beyond. We also support Mums through our helplines including National Breastfeeding Helpline in association with ABM, Drugs in Breastmilk Line and a number of minority language lines.</p> <p>We note the recommendation not to update this guidance until relevant NICE and SACN reports are complete and the two allergy trials are published. We understand this reasoning, from a nutrition science perspective, however the intention of this NICE guidance was to 'improve the nutrition of pregnant and breastfeeding mothers and children in low-income households. ... address[es] disparities in the nutrition of low-income and other disadvantaged groups compared with the general population.'</p> <p>To achieve this aim, the guidance covers recommendations on breastfeeding and infant feeding and their wider impact on child health. Therefore we consider there is an urgent need to update three specific recommendations and a general request to address the current lack of focus on infant health.</p>	<p>Thank you for your comments.</p> <p>As part of the Published Guidance review Process NICE undertook a literature search on infant feeding. This and the discussions at the expert panel meeting did not provide overwhelming evidence that there is sufficient new evidence to justify a partial update in advance of publication of the reports detailed in the review proposal.</p>

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The Breastfeeding Network			<p>NICE PH11 has been critical to the shaping of peer support services. We appreciate the current uncertainty in service provision with the transfer of responsibility for children’s public health commissioning to local authorities on 1 October 2015.</p> <p>1) Recommendations 11 relating to peer support for breastfeeding mothers need tightened to aid commissioning decisions.</p> <ul style="list-style-type: none"> - The costings for commissioners are seriously out-of-date. - The description of a peer support service does not allow for differentiation between a service with barely trained peer supporters and experienced, skilled workers. When a service doesn’t work it is assumed it is peer support that doesn’t work rather than the quality of the commissioned service. <p>The recommendation for peer supporters to ‘contact new mothers directly within 48 hours of their transfer home (or within 48 hours of a home birth)’ has been diluted to telephone contact. Our experience is that a home visit makes a bigger difference, although in rural areas, costs may make phone contact a reasonable alternative.</p>	Thank you for your comments. Noted, these issues would be considered as part of a future guideline update.
The Breastfeeding Network			<p>2) Prescribing information about drugs in breastmilk - Recommendation 15</p> <p>The two recommended sources for supplementary sources of drug information: the Drugs and Lactation Database [LactMed] and the UK Drugs in Lactation Advisory Service have serious weaknesses. LactMed is American</p>	Thank you. The expert group were aware of this and this would be considered as part of a future guidance update.

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			<p>focussed and so some UK drugs are not available. The UK drug service seems to have removed any publically available information and cannot respond quickly.</p> <p>The work of Wendy Jones and her colleague at the Breastfeeding Network is not referenced but they take approximately 4,000 calls per year from the public and health professionals. This service has never received any funding, is highly valued and yet cannot be sustained in the present form.</p> <p>http://www.breastfeedingnetwork.org.uk/drugs-in-breastmilk.html</p>	
The Breastfeeding Network			<p>3) Feeding in public place - Recommendation 16</p> <p>Despite the Equality Act there is a growing intolerance of breastfeeding in public.</p> <p>Some areas are doing good work at addressing this and women are rallying to stores which discriminate against breastfeeding women.</p> <p>There is even a maternity ward issuing 'bibs' to hide the baby and breast from visitors.</p> <p>www.fedango.com/news/Fedango</p> <p>This should be discussed by the committee even if the recommendation cannot be strengthened. You could consider whether the law in England needs to be strengthened and widened beyond the maternity period – we know it technically covers all breastfeeding but it might not stand up in court.</p>	Noted, thank you.
The Breastfeeding Network			<p>Schools, colleges and employers</p> <p>A new recommendation is needed for employers and schools/ colleges. While teenage pregnancies are falling young mothers returning to school are still being encouraged to return when their baby is 6 weeks old. This is too soon</p>	Noted, thank you.

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			emotionally and makes breastfeeding very difficult.	
The Breastfeeding Network	General - P15 of main MCN guidance		<p>Breastfeeding</p> <p>Data collection Is it within the scope of this committee to recommend each local area treats data collection of breastfeeding statistics as a priority public health imperative?</p> <p>The national data collection failed validation this year for the first time. There are some areas with over 50% of the data missing and one area over 80%. This means no national statistics are available for initiation or prevalence masking good and bad practice:</p> <p>Coverage was 93% for initiation data and 89.6% for prevalence data at 6-8 weeks. This low rate matters as it artificially inflates the breastfeeding rates, which is why they should not be published.</p> <p>Even if there is little interest in breastfeeding the data collection is a means of ensuring every mother and baby has a 6-week check.</p> <p>Going back to the previous years data the prevalence of breastfeeding at 6-8 weeks was 47% which is low for an OECD country. [http://www.oecd.org/els/family/43136964.pdf]</p> <p>We know there are wide variations both at regional level and within regions. The North East has a prevalence rate of 31.2% less than half the rate in London at 68.5%.</p>	Thank you for your comment. This goes beyond the purpose of this consultation which was to seek views on the proposal to not update the guidance at this time. Any changes to recommendations have to come through the usual NICE Methods and Process for guideline development. We have noted your comment and will ensure that it is given consideration during scoping of a future update of this guideline.
The Breastfeeding Network			This geo-demographic variation matters as can be seen in the Infant feeding profiles which were published in July 2013*. These show that for 2010/11 just	Noted, thank you

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			<p>over 10,500 infants under 1 year were admitted for gastroenteritis which approximates at 17 admissions per 1000 live births. There is a north/ south divide of 24/1000 in the north east and west compared to 11.6/1000 in London.</p> <p>For respiratory infections 34,000 infants under1 were admitted in 2010/11 for lower respiratory tract infections and bronchiolitis which approximates at 63 admissions per 1000 live births. There is also north/ south divide for these admissions of 85-90/1000 in the North East and North West compared to 38/1000 in London.</p> <p>These variations show an association with infant feeding trends and while there are other factors involved, variations within similar low-income areas indicate that increasing breastfeeding rates and correct techniques for making up infant formula feeds can reduce hospital admissions.(see Blackpool and Ashton, Leigh and Wigan).</p> <p>An update of the recommendations set out above is needed to achieve the aims of these guidelines. The guidelines also could be revitalised to inform commissioners of local public health services how to use the infant feeding data collections to inform commissioning of services for new mothers. This would renew focus on the importance of child health and work to reducing the high rate of hospital admissions for infectious illnesses.</p> <p>*Infant feeding profile: https://www.gov.uk/government/publications/infant-feeding-profiles-2010-to-2011</p>	Thank you for highlighting this issue.
The British Dietetic Association	General		Thank you for giving The British Dietetic Association the opportunity to	Thank you.

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			comment on the review proposal.	
The British Dietetic Association			We support the decision not to update the guidance at this time.	Thank you for your comment.
The Royal College of Midwives (RCM)	General		The RCM agrees with the recommendation that this guideline should not be updated at this time.	Thank you for your comment.
Tommy's the Baby Charity	General		We support the views of the Committee in that the current guidance would be better updated once the research and guidance referred to is published, especially the SACN report on vitamin D guidance and the DH announcement regarding folate supplementation.	Thank you.
Tommy's the Baby Charity	General		We believe the current recommendations still stand especially as many of these are not being implemented universally, certainly in the antenatal period.	Thank you for your comment.
UK Health Forum	General		The UK Health Forum welcomes the opportunity to consult on this NICE maternal and child nutrition guidance update proposal. Poor diets during pregnancy, infancy and early childhood are known predispose individuals to a higher risk of obtaining non-communicable diseases such as type 2 diabetes in mid and later life. The last guidelines were published in 2008, and an update would therefore be timely.	Thank you.
UK Health Forum	Section 2		While we agree that the existing research recommendations are still relevant, we are concerned that the promotion and marketing of food and drinks targeted at infants and young children may skew children's diets and palates in favour of highly processed foods, over minimally processed foods such as fruit, vegetables, whole grains and pulses. We therefore recommend the inclusion of the following additional research recommendation for policy makers and research funders: Support and undertake research into the impact of the marketing and promotions of processed 'children's foods' on the	Thank you. Research recommendations are made in response to identified gaps in the evidence. New research recommendations will be considered as part of a future guidance update.

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			purchase decisions of parents/carers and the food choices and consumption patterns of young children.	
UK Health Forum	Section 3		We note that the consultation document identifies a significant number of reviews and trials (5), relevant NICE guidelines (3), and policy changes (4) relevant to maternal and child nutrition which have either been published recently or are currently in progress.	Thank you.
UK Health Forum	Section 7		<p>This NICE guideline was last updated six years ago in 2008. As stated in response to section 3 above, a number of policy changes and/or resources have been published or are imminently due to be published. We therefore disagree with the recommendation that NICE should wait until all seven further trials and forthcoming policy changes listed in this section have been published. Instead we recommend that the guidance review and updating process is started relatively soon, incorporating:</p> <ul style="list-style-type: none"> • changes to initiative titles and terminology since 2008 • the new relevant information which has already been published since 2008 • additional information as the various resources and initiatives which are in progress are finalised. 	<p>Thank you for your comment. NICE acknowledge that single reports may impact on individual recommendations, however NICE feels that the best use of its resource is to update the guideline when a substantial volume of evidence is available which may impact on the guideline as a whole, for example: :</p> <ul style="list-style-type: none"> • The Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT) systematic review of antigenic tolerance and risk

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				<p>of allergic disease</p> <ul style="list-style-type: none"> • NICE Public Health Guideline on Vitamin D - implementation of existing guidance to prevent deficiency • Scientific Advisory Committee on Nutrition (SACN) review of the Dietary Reference Values for vitamin D intake • Scientific Advisory Committee on Nutrition (SACN) sub group on Maternal and Child Nutrition (SMCN) review on complementary feeding
University of Hertfordshire	1. General		Agree with the comments and recommendations of PH11.	Thank you for your comments.
University of Hertfordshire	2. Section 3		<p>Evidence context: please consider adding to the research reviews to be incorporated in the next review:</p> <ul style="list-style-type: none"> • Renfew MJ, Pokhrel S, Quigley M et al. (2012) Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK. www.unicef.org.uk/breastfeedingreport • UNICEF (2013) The evidence and rationale for the UNICEF UK Baby Friendly Initiative standards www.unicef.org.uk/bfievidence 	Thank you for bringing this to our attention. When the guideline is updated we will consider these papers at the appropriate time.
University of Stirling	General		I would agree with the Centre of Public Health recommendation that now is not	Thank you for your

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			the ideal time to update the guidance, as important studies are still in progress.	comment.

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