

## Public Health Intervention Guidance

### Weight management before, during and after pregnancy – Consultation on Draft Guidance (18<sup>th</sup> February – 18<sup>th</sup> March 2010)

#### Stakeholder Response Table

Stakeholder Organisation	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Association for Improvements in the Maternity Services</b>	General 1.		LACK OF EVIDENCE It would be much appreciated if, at the beginning of the guideline, there could be an open statement about the lack of evidence on this subject (Appendix D) and how much we all need to find out. The evidence base is extremely weak. This just might induce some health care professionals dealing with pregnant women and new mothers to be less didactic and authoritarian in their approach, and more willing to listen. Alas, complaints about such professional attitudes are increasing in our phone calls and emails, and women simply "shut off". And they can smell pseudo-sensitivity from people who do not truly respect them a mile off.	Thank you for raising this issue. The Public Health Interventions Committee (PHIAC) has noted the lack of evidence in this area in the considerations section of the guidance. The guidance also highlights the gaps in the evidence (Appendix D) and makes a number of recommendations for research (Section 5).
<b>Association for Improvements in the Maternity Services</b>	General 2.		EXISTING CHILDREN COME FIRST There is no mention of differences between primips and multips here. Their response to advice may well be different. Women with existing children almost invariably put their needs and wishes first (and especially when they are lone parents). When spending time with them in their homes, or in a women's refuge, this is very obvious. Those with less money (the majority of obese women), less energy (ditto), no car and greater distance to the shops, etc. have fewer choices, and practical difficulties which professionals often don't see, don't ask about, and don't acknowledge. Practical suggestions which come from understanding these rather than simple nutritional lists of what to eat and avoid may be more helpful. Feeding the whole family and keeping them happy within finance/time/energy limits is important: looking after her own needs first is counter-intuitive.	Thank you for your comment. The guidance acknowledges the difficulties experienced by women who already have a child/ children. Further amendments have been made to the guidance recognising the woman's role within the family and how she can be supported by her partner and wider family.
<b>Association for Improvements in the Maternity Services</b>	General 3.		FAMILY AND FRIENDS "Partners, family and friends" are included as the target population, with no apparent consideration of how this may work for good or ill in different families or communities. Obese pregnant women are more likely to live in areas where there are many others of similar size, and their families and partners are more likely to be of similar weight. There is insufficient acknowledgment of the fact that this is a larger community problem, and targeting those within it (with implications of blame, however unintended) who happen to get pregnant raises problems. Is she to be on the cottage cheese while keeping him happy with a pork pie? (Incidentally keeping this man happy and around to be father whether he is or is not a breadwinner, is likely to have high priority - and why not?) Or is he, or the mother-in-law, to be recruited to the diet police to watch her? We would prefer NICE to think where	Thank you. Please see our previous comment regarding the woman's role within the family.

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			this is going and how it is intended to work before making blanket recommendations. On the other hand, the pregnancy may induce other family members to take part in a joint effort. We hear too many stories of well-meaning professionals trampling on complex family relationships and leaving a trail of damage after them. .	
Association for Improvements in the Maternity Services			QUALITY NOT QUANTITY The problem is seen simply as "obesity". Since we read our Confidential Enquiries into Maternal Deaths assiduously, we do not for a moment under-estimate its importance, but our first concern from extended home observation of mealtimes is often not BMI but the quality of nutrition and its overall effect on the woman's long term mental and physical health. Bearing in mind the decline in mineral and vitamin content of staple foods demonstrated by comparison of successive volumes of McCance & Widdowson, inadequate diets nowadays could more easily cause deficiencies.	Thank you. The guidance contains a list of reputable sources of advice about diet and physical activity for women before, during and after pregnancy. These provide advice to improve the overall nutritional quality of the diet.
Association for Improvements in the Maternity Services	General 5.		MULTIPLE PREGNANCIES Physical activity. We find that twin pregnancies (more common nowadays) seem to cause even more exhaustion, and greater concerns about nutrition, and reduction in physical activity. We would not like "expert" advice to discourage women from simply responding to what their bodies are telling them, especially when inadequate research evidence exists.	Thank you, however multiple pregnancy is outside the scope of this guidance. NICE is currently developing a clinical guideline on multiple pregnancy, publication expected September 2011.
Association for Improvements in the Maternity Services	General 6		ESSENTIAL FATTY ACIDS Although the advice about eating fish on the government eatwell website is straightforward, we are still concerned that it may raise concerns about contaminants in oily fish which could lead to avoidance in women who are particularly concerned about these rather than appropriate eating. And fish is now comparatively more expensive than it was. We also find a number of our contacts do not like fish and never eat it in any form, yet have not been advised of other sources.	Thank you. Please see our previous comment regarding reputable sources of advice.
Association for Improvements in the Maternity Services	General 7		Whatever advice is issued, could we please have monitoring of what women think about it, and how they react?	Thank you. The guidance lists the current gaps in the evidence base for this topic which includes the need for evaluation using qualitative and process data.
Baby Milk Action	General		Baby Milk Action strongly supports the main recommendations in the proposed Guidance.  Many of our recommendations made in the NICE consultation: <b>PREVENTING OBESITY: WHOLE SYSTEM APPROACHES – ON BEHALF OF</b> the Baby	Thank you for this information.

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			<p>Feeding Law Group,<sup>1</sup> and the Breastfeeding Manifesto Coalition could be usefully repeated here, including our recommendation that equal if not more attention is paid to providing an environment that supports good healthy decision making as it is to individual decision making.</p> <p>There is little use promoting healthy eating and breastfeeding but failing to ensure that women receive consistent and objective support and advice at the time they need it, while also allowing conflicting commercial messages.</p> <p><sup>1</sup> The Baby Feeding law Group is a coalition of 23 leading health professional and lay organisations working to bring UK and EU legislation into line with International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly Resolutions. BFLG Member organisations: Association of Breastfeeding Mothers - Association for Improvements in the Maternity Services - Association of Radical Midwives - Baby Milk Action - Best Beginnings – Breastfeeding Community - Breastfeeding Network - Caroline Walker Trust - Community Practitioners and Health Visitors' Association - Food Commission - Lactation Consultants of Great Britain - La Leche League (GB) - Little Angels - Midwives Information and Resource Service - National Childbirth Trust - Royal College of Midwives - Royal College of Nursing - Royal College of Paediatrics and Child Health - The Baby Café - UK Association for Milk Banking - Unicef UK Baby Friendly Initiative - UNISON - Women's Environmental Network</p>	
<b>Baby Milk Action</b>	General		<p>Clear guidance on best practice must be backed up with robust legislation with cross cutting policies across all relevant Government departments (health, education, culture, media, sport, energy and climate change, transport, business and innovation) which create environments which support healthy behaviour and protect families against commercial exploitation through inappropriate marketing. At EU, UK and global level, governments have a duty and responsibility to enact such policies.</p> <p>For more information about the UN recommendations which relate to the</p>	Noted, thank you.

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			provision of information for pregnant and nursing mothers see: Protecting breastfeeding - <i>Protecting babies fed on formula Why the UK government should fulfil its obligation to implement the International Code of Marketing of Breastmilk Substitutes</i> and other papers: <a href="http://www.babymilkaction.org/shop/publications01.html#bflgsubmission">http://www.babymilkaction.org/shop/publications01.html#bflgsubmission</a> <a href="http://www.babyfeedinglawgroup.org.uk/monitoring.html">http://www.babyfeedinglawgroup.org.uk/monitoring.html</a> <a href="http://www.babymilkaction.org/policy/policyindex.html">http://www.babymilkaction.org/policy/policyindex.html</a>	
Baby Milk Action	3.9	22	We agree with the general thrust of this paragraph but would add that it is important that the marketing of foods targeting pregnant and nursing mothers is strictly regulated. <b>Health and Nutrition claims.</b> Health and nutrition claims on foods are a particular concern and can have a damaging impact on public understanding and knowledge of nutrition. The majority of the claims used on packaging and promotion are not only unfounded but are deceptive and misleading.  Pregnant and nursing mothers are especially vulnerable to promotional messages. Products such as special milks for nursing mothers, supplements etc) can lead to dependence on expensive and often inappropriate foods and can undermine women's confidence in ordinary fresh, wholesome foods, and suggest that supplements are necessary for the production of good quality breastmilk.	Noted, thank you. Regulation of food marketing is not part of NICE's remit. Health and nutrition claims are beyond the scope of this guidance.
Baby Milk Action	3.9	22	It is essential that pregnant and nursing mothers are provided with objective and consistent nutrition information from INDEPENDENT sources.  Commercially - funded education materials and facilities – like product placement - present an even more complex problem than straightforward advertising because they blur the boundaries between advertising, marketing and education, and can easily mislead and undermine public health messages. Companies use their sponsorship of education as evidence of Corporate Social Responsibility (CSR).	Thank you for this comment.
Baby Milk Action	General		<b>Product Reformulations – intense sugars</b>	Thank you. This issue is outside the scope of this guidance.

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			<p>Attention should be paid not only to Product Reformulation to reduce levels of fat, salt and sugar in foods but also to the impact on taste profiles of intense sugars and the risks of the novel ingredients used. More research is needed to find out whether diet drinks are effective.</p> <p>The safety and nutritional value of intense and novel processes is also controversial and needs to be independently monitored. These ingredients also maintain preferences for sweet foods and highly processed foods rather than fresh fruits and vegetables. The use of health and nutrition claims further exacerbates this problem, as does the food industry's insistence that novel ingredients are safe and well researched.</p>	
<b>Baby Milk Action</b>			<p>Recommendations:</p> <ul style="list-style-type: none"> <li>• Control the marketing of high fat, high salt, high fat and calorie dense foods.</li> <li>• Control health and nutrition claims and ban them on any foods for pregnant and nursing mothers (food supplements, mothers milks etc)</li> <li>• Ensure adequate, support for breastfeeding and consistent independent and objective information for pregnant women and mothers.</li> <li>• Fully implement the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA Resolutions, and subsequent promotion of follow-on formulas, bottles, teats and related equipment.</li> <li>• Provide clear leadership at local regional and national level to performance manage improvements in health care.</li> <li>• Improve maternity provision. with full 52 weeks maternity leave and pay. Unpaid leave is not an option for many families. Increase the rate of Statutory Maternity Pay and Maternity Allowance. Increase the statutory minimum pay. Require workplaces to provide breastfeeding breaks.</li> <li>• Discourage policies which promote Public Private Partnerships in</li> </ul>	Thank you for your comment. However the areas raised are outside the scope for this guidance.

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			<p>health and education.</p> <ul style="list-style-type: none"> <li>• Create a junk food tax</li> <li>• Require Traffic Light Labelling</li> </ul>	
Baby Milk Action			<p><b>OTHER RECOMMENDATIONS</b></p> <ul style="list-style-type: none"> <li>• Encourage and facilitate safe cycling and walking (cycle paths, safer pavements and roads etc)</li> <li>• give cyclists greater legal protection (as in the NL and Denmark)</li> <li>• Provide free access to swimming pools and tuition – with incentives to cycle or walk to the pool (free breakfast etc)</li> <li>• Place less emphasis on competitive sports and more on regular exercise which can continue throughout life.</li> <li>• Provide subsidies to disco owners to encourage dancing.</li> <li>• Encourage employers to provide free fruit on a regular basis to employees</li> <li>• Encourage schemes for growing foods in cities</li> <li>• Require planners to make the stairs the most attractive option in new building, with the lifts tucked away.</li> <li>• Ban all product placement – not just of certain foods but all products.</li> </ul> <p><a href="http://info.babymilkaction.org/pressrelease/pressrelease09feb10">http://info.babymilkaction.org/pressrelease/pressrelease09feb10</a></p>	Thank you for your comment. See comment above..
Baby Milk Action	5 Recommendations for research		<p>More research is needed into the way people understand health and nutrition claims and how this influences their nutrition decisions.</p> <p>Research is needed to evaluate the impact of diet drinks and intense sugars.</p>	Thank you, noted.
Birth Trauma	Recommendations	11	Given that many women overeat as a consequence of stress, pregnancy does	Thank you for your comment. The Public Health

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Association	ndation 3		not seem to be the best time for health care professionals to explain the risks to the baby of being overweight. Since there is no recommendation to lose weight, what does this achieve? A better suggestion might be to offer follow up advice after the baby is born if the woman wants this.	Interventions Advisory Committee (PHIAC) considered it important that health professional explain to pregnant women with a BMI of 30 or more that their weight poses a risk both to their health and the health of their unborn baby. However it should be explained that they should not try to reduce this risk by dieting while pregnant and that the risk will be managed by the health professionals caring for them during their pregnancy. Women will be encouraged to lose weight after pregnancy.
Birth Trauma Association	General		Otherwise very good practical guidance – does well to emphasise the sensitivity that healthcare professionals need.	Thank you for your comment.
Body-a-Wake Ltd	General		As providers of continuing development training in pre and postnatal exercise and as health and fitness practitioners for women during the preconception, pregnancy and postnatal period, we very much welcome this guidance. If the guidance stands to further knowledge and practice for encouraging women to exercise during the pre, pregnancy and postnatal period, it will not only help with weight management concerns but also enable women and their infants to benefit from a number of other health promoting factors that research shows a regular exercise programme can give. This includes, for the mother, a reduction in the risk of gestational diabetes, reduction in the risk of developing pregnancy induced hypertension, fewer obstetric interventions and decreased incidence of loss of bladder control. <sup>(1, 2, 3,4)</sup> For infants, they are reported to have less body fat at birth. <sup>(2)</sup> Discussion and further research on this is needed, particularly in regards to the potential lasting effects this may have for children, leading into adult hood. Our concerns on this guidance are however whether effective and correct practise in exercise can be sustained? This is due to a lack of enough detailed information contained within the guidance for health, fitness and other practitioners. Whilst other guidelines, such as RCOG <sup>(3)</sup> do exist to provide additional information, we feel that there are a number of areas that need clarification. As follows	Thank you.
Body-a-Wake Ltd	6 & 11		You refer to making enjoyable activities such as walking, cycling swimming, building activity into the working day and travel time. RCOG guidelines <sup>(3)</sup> on page 11 refer specifically to 'recreational' exercise and not to task for daily living as included in the recommendations on page 6. Task of daily living	Noted, thank you.

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			should be included within a moderate exercise programme. Task of daily living are more practical and accessible to most people although guidance on how to cope with these, e.g. lifting and carrying, safe walking are particularly important for pre and postnatal women. Guided exercise programmes need to be provided, particularly for overweight and obese women who will find any activity, whether recreational or daily living tasks, harder to achieve. The provision of information leaflets, DVD's and other communication tools that practitioners can use to help them communicate such messages should be considered.	
Body-a-Wake Ltd	11		You recommend, in accordance with RCOG guidelines pregnant women who have not exercised, should begin with 15 continuous minutes, building up to 30 minute sessions, daily. We believe it is important to stress that it is OK for women who have not previously exercised to start an exercise programme when she is pregnant. We also believe consideration should be given, in accordance with the general population guideline, for 30 - 60 minutes of accumulated exercise, daily rather than a maximum 30 minutes of moderate activity.	Thank you. The physical activity in pregnancy recommendations has been amended following the draft guidance consultation.
Body-a-Wake Ltd	11		Exercise intensity is not directly referred to in this guidance and whilst there is specific guidance within the RCOG guidelines <sup>(3)</sup> we feel that that this is both confusing for practitioners and members of the public. A clear statement on exercise intensity and how to monitor it would be a useful addition to this guidance. Pregnant women should be working to a moderate to light vigorous level. RCOG give guidelines on how not to over exert yourself. The most useful of these guidelines is the talk test - If you can talk comfortably, you are at the right level. We find however that other guidelines in the RCOG document not helpful. The use of heart rate monitoring in the pregnant population does not apply due to increased blood volume, causing both heart rate and stroke volume to increase. We believe the 10 point RPE Borg scale along with the talk test is the most simple and user friendly model for practitioners to use. <sup>(5)</sup> <sup>(6)</sup>	Thank you, please see our previous comment.
Body-a-Wake Ltd	13		What and how to exercise after delivery is one of the most confusing areas for postnatal women. We welcome the inclusion of guidance on resuming exercise as soon as possible for most women after birth however feel there needs to be more information available if practitioners are to do be able to successfully promote this. Specific pelvic floor and functionally based strength exercises are	Noted, thank you.

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			vital for women if they are to resume or start an activity programme. The extra demands on postnatal women of feeding and caring for an infant need to be considered. Exercise programmes need to be tailored specifically to ensure opportunities are given to all women.	
Body-a-Wake Ltd	16		Local authority provision of exercise programmes should consider specific postnatal programmes that are available only to postnatal women rather than general exercise provision with crèche facilities. Environments where women can exercise with their baby are more likely to facilitate behavioural change. Privacy policies should be included to ensure women feel comfortable and able to breast feed and to enable women from ethnic minority groups to be able to exercise.	Thank you for your comment.
Body-a-Wake Ltd	16 & general		Exercise provision within hospitals and health centres should be considered by all PCT, NHS Trust. Pregnant and postnatal women are more likely to accept and participate in exercise practices within a hospital/health centre environment with whom they already have links, rather than alternative provision that requires further travel and costs.	Noted, thank you.
Body-a-Wake Ltd			References 1) American College of Obstetrics and Gynecologist (ACOG) (January 2002) Committee Opinion. Exercise during the Pregnancy and Postpartum period. Obstetrics and Gynecology 171 – 173 2) Clapp III JF MD. (2002) Exercising through your pregnancy. Omaha, Nebraska: Addicus Books 3) Royal College of Obstetrics and Gynecology (2002) Recreational Exercise and Pregnancy – Information for you. 4) Royal College of Obstetrics and Gynecology Exercise in pregnancy. (January 2006) Statement No 4, First Edition 5) Borg, G.A.V (1982) Psychophysical bases of perceived exertion. Med Sci. Sports Exerc., 14(5) 377-381. 6) Nordhal K, Petersen C, Jeffreys R: Fit to Deliver – An innovative prenatal and postpartum fitness program (2005) Hartley –Marks, Vancouver, Canada.	Thank you for providing these references.
Breastfeeding Network	General		It would be useful to see some mention and consideration of morning sickness – both nausea and vomiting (nausea gravidarum / emesis gravidarum) and the difficulties these women face with regards to maintaining a healthy diet.	Noted, thank you.

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			Anecdotally women can tend to eat more of the foods they can 'keep down' and these may not necessarily be the healthier foods. In addition to this women may feel particularly hungry and "grazing" may keep the nausea at bay.	
Breastfeeding Network	Introduction	1	We welcome mention of importance of including the voluntary and community sector (including children's centres) in the guidance.	Thank you.
Breastfeeding Network	Recommendation 1: preparing for pregnancy	7	Good to see mentioned the importance of achieving a healthy weight before pregnancy	Thank you.
Breastfeeding Network	Recommendation 3 Pregnant women	10	In the section on "what action should they take?" We would welcome an additional bullet point on discussing the importance of breastfeeding. This is important not only because (as mentioned within this guidance in other places) a women uses more calories during breastfeeding but also given the health and nutritional aspects and in the prevention of obesity in the growing infant. The World Health Organisation / UNICEF recommendations within the Global Strategy on Infant and Young Child Feeding should be highlighted.	Noted, thank you.
Breastfeeding Network	Recommendation 6 What action should they take	16	It would be good to see highlighted the importance of keeping breastfeeding mothers and their infants together. Any activities which encourage separation should be avoided, where possible, given that it could have a detrimental effect on the breastfeeding relationship. Breastfeeding is paramount to the overall health of the mother and her infant and also because breastfeeding will be helping the mother to lose weight.	Thank you.
Breastfeeding Network	2 Public health need and practice	20	It would be good to see mentioned Lactational Amenorrhoea and how breastfeeding can impact on birth spacing meaning the mother has more time between pregnancies to lose weight.	Noted, thank you.
Breastfeeding Network	2 Public health need and practice	20	Good to see SACN quoted.	Thank you.
Breastfeeding Network	3 Considerati	23	Good to see included	Thank you.

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	ons 3.12			
<b>Breastfeeding Network</b>	3 Considerations 3.12	23	Good to see included	Thank you.
<b>British Dietetic Association</b>	General		We welcome the development of the guidance and the opportunity to comment.	Thank you.
<b>British Dietetic Association</b>	General		Some commentators found the section headings and recommendation numbering confusing	Noted, thank you. The sections and recommendation numbering has been amended in the final guidance
<b>British Dietetic Association</b>	General		There is growing concern that the national healthy eating message may be contributing to obesity because it is encouraging unspecified amounts of carbohydrates.	Noted, thank you.
<b>British Dietetic Association</b>	General		Inconsistent messages and ambiguity around diet are also a major concern.	Noted, thank you.
<b>British Dietetic Association</b>	General		Recommended guidelines on daily food portions from the four food groups may help alleviate some of these concerns especially for overweight/obese women.	Thank you. The guidance includes reputable sources of advice about diet and physical activity for women before, during and after pregnancy.
<b>British Dietetic Association</b>	General	23	Acknowledgement should be made that local services may vary depending on location.	Noted, thank you.
<b>British Dietetic Association</b>	General	23	There should ideally be more emphasis about access to services being difficult for certain groups, e.g. lone parents. Whilst this is mentioned on page 23, it should be a recurrent theme throughout the guideline.	Noted, thank you.
<b>British Dietetic Association</b>	General		There is a need to acknowledge that discrimination exists especially for the morbidly obese and that these patients need to be treated with sensitivity	Thank you, the guidance highlights the importance of raising the issue of weight sensitively.
<b>British Dietetic Association</b>	General		This guidance represents an opportunity to emphasise the potential importance of breastfeeding as a contributor to weight management, and needs greater emphasis throughout.	Noted, the guidance has been amended accordingly.
<b>British Dietetic Association</b>	General		Links to existing social marketing work particularly the Change4Life campaign need to be made, both to take advantage of the high recognition enjoyed by this campaign and to promote their shared objectives.	Noted, thank you.
<b>British Dietetic Association</b>	General		Explicit links to the newer Start4Life campaign should be made	Noted, thank you.

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British Dietetic Association	General		The impact of the wider environment will affect the potential feasibility of all of the recommendations, and we feel that this should be made explicit. In particular key stakeholders include planners, leisure, transport, park and play services. Healthcare professionals should be encouraged to work with these key stakeholders to effect helpful changes to the built environment.	Thank you. This issue is outside the remit of this guidance. NICE has published guidance on physical activity and the environment (2008) <a href="http://guidance.nice.org.uk/PH8">http://guidance.nice.org.uk/PH8</a>
British Dietetic Association	General		A greater emphasis upon emotional and mental health and wellbeing needs to be made throughout the recommendations.	Noted, thank you.
British Dietetic Association	General		Since some of the women included in this guidance may be under the age of 18, the use of appropriate BMI centile charts as a way of defining weight status needs to be mentioned.	Thank you, the guidance has been amended accordingly.
British Dietetic Association	General		Since all of the recommendations either directly or indirectly involve implications for service provision and/or development, commissioners and managers of healthcare services need to be explicitly mentioned as stakeholders in all of them.	Thank you, the guidance has been amended accordingly.
British Dietetic Association	General		A recommendation around suitable equipment for weighing and measuring as well as the need for (at least) annual calibration by approved methods should be stated within the guidance.	Thank you, the guidance has been amended accordingly.
British Dietetic Association	General		As many people will read the recommendations, but not the full guidance, the recommendations need to include more detail. For example instead of just stating 'explain the risks of being overweight during pregnancy' briefly state what the risks are	Thank you, the guidance has been amended accordingly.
British Dietetic Association	General		We believe there could be more emphasis on the benefits for the child. For example families adopting healthier lifestyles during pregnancy and after childbirth are more likely to model good behaviour to their children	Thank you, the guidance has greater emphasis on the role of the woman within the family.
British Dietetic Association	General		Throughout the document partners, families and friends are listed as the target population along with the pregnant woman, however, the actions don't appear to address this	Thank you, the guidance has been amended to make this clearer.
British Dietetic Association	General		There should be the inclusion of guidance related to bariatric surgery (for example the ACOG guidance 2009) and pharmacology. Whilst this will be a very small minority there will be increasing numbers of women who have had bariatric surgery and then become pregnant. In fact some may use this as a method to lose weight to qualify for fertility treatment. Ideally, bariatric patients should be seen by the specialist MDT to ensure that nutritional deficiencies are not present.	Thank you. We agree this is an important issue however this is outside the scope for this guidance.

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## Public Health Intervention Guidance

### Weight management before, during and after pregnancy – Consultation on Draft Guidance (18<sup>th</sup> February – 18<sup>th</sup> March 2010)

#### Stakeholder Response Table

Stakeholder Organisation	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
British Dietetic Association	General		Where BMI cut-off points for obesity are specified within the guidance, the wording needs to include the possibility of BMI centiles being used in younger women.	Thank you, the guidance has been amended accordingly.
British Dietetic Association	General		Where BMI cut-off points for obesity are specified within the guidance, the wording needs to include the possibility that current guidance on BMI cut off-points for different ethnic groups may change to recognise the increased health risks thought to be faced at lower BMI cut off points in particular subgroups (e.g. South Asians).	Thank you. The Public Health Interventions Advisory Committee (PHIAC) recognised that was an important issue however this was outside the remit for this guidance. PHIAC did note that there is no consensus on how to define overweight and obesity in different ethnic groups for women of childbearing age.
British Dietetic Association	General		We recommend that women should be routinely weighed at a number of time-points throughout pregnancy regardless of their initial BMI status, to ascertain if their weight gain meets the Institute of Medicine recommendations. Clinical risk of excess weight gain during pregnancy cannot be identified unless such weighing takes place.	Thank you. The Public Health Interventions Advisory Committee (PHIAC) recognised that health professionals would welcome UK guidance on weight gain in pregnancy. In the absence of such guidance, PHIAC discussed whether it would be appropriate to support the US Institute of Medicine's guidelines. However, the US guideline recommendations were based on observational evidence alone, not validated by intervention studies. Without evidence from large-scale trials, it is not clear whether or not adhering to the recommended ranges lowers the risk of adverse outcomes for mothers and their babies. In addition, the guidelines were developed for the US population and it is not known whether or not they would apply to other populations with a different ethnic composition. PHIAC was therefore unable to support their use without more evidence and more information about their applicability to the UK population.
British Dietetic Association	Section 1	5	Careful consideration should be given to the wording and prioritisation of the statements listed on page 5: under the heading ' <b>Achieving a healthy weight</b> '. For example: greater priority should be given to the portion size of meals and amounts of snacks eaten	Thank you. The criteria in this list are from a recommendation in NICE clinical guideline 43 on obesity.
British Dietetic Association	Section 1: Achieving a healthy weight	5-6	There should be a clear statement that:  "achieving and maintain a healthy weight should not be at the expense of important nutrients for pregnancy, e.g. iron, calcium, vitamin B <sub>12</sub> , and essential	Thank you for raising this important issue. The guidance advises that women seek advice from either a dietitian or an appropriately trained health professional.

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## Public Health Intervention Guidance

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#### Stakeholder Response Table

Stakeholder Organisation	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>fatty acids”.</p> <p>This statement is required because when people try to lose weight they frequently remove or reduce key foods from their diet. This may create nutritional deficiencies during pregnancy and lactation.</p> <p>Therefore, it is not enough just to say to follow a “balanced, healthy diet”.</p> <p>Furthermore, it may be harmful for weight management programmes for women before, during, and after pregnancy to be undertaken without the person delivering the program having specific knowledge of the nutritional requirements for pregnancy and lactation.</p>	
British Dietetic Association		6 Effective weight loss programmes	“are based on a balanced, healthy diet and ensuring that the important nutrients required for pregnancy and lactation are met”	Noted, thank you.
British Dietetic Association		6 Effective weight loss programmes	Change to “Effective Weight Management Programmes” as it is referred to throughout the document.	Noted, thank you.
British Dietetic Association		7 & 8	Does not seem to take into account the fact that most healthy young women do not usually see a health professional or health trainer before conceiving	Noted, thank you.
British Dietetic Association	Recommendation 1	8	The title excludes those women of childbearing age who are not actively preparing for pregnancy but may well become so; a more inclusive title such as ‘Non pregnant women of childbearing age’ would be more appropriate.	Noted, thank you.
British Dietetic Association	Recommendation 1	8	Given that this group potentially includes very young women, stakeholders include the education sector (both primary and secondary) and importantly the media who are likely to be an accessible and important information source for women in this category who are not currently accessing health services.	Noted, thank you.
British Dietetic Association	Recommendation 1	9	The suggestion that opportunistic brief interventions should be employed by	Noted, thank you.

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#### Stakeholder Response Table

Stakeholder Organisation	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Association	ndation 1		healthcare professionals to provide women, their partners and families with advice is welcomed but the sensitivity with which information should be imparted should be emphasised.	
British Dietetic Association	Recommen dation 1	9	The emphasis upon diet and physical activity with regard to both maintaining a healthy weight and losing weight if overweight is welcomed; however the necessity for behaviour change should be made explicit.	Thank you for highlighting this issue. The guidance has been amended to acknowledge the important role of behaviour change.
British Dietetic Association	Recommen dation 2	9	The guidelines have focussed on BMI as an indicator of obesity but have not considered the relevance of waist circumference as a marker of increased health risk. This may be particularly important when assessing women of South Asian descent pre pregnancy when BMI alone might be falsely reassuring.	Noted, thank you. The use of BMIs and waist circumference is outside the remit of this guidance. This issue has been covered by the NICE obesity guideline (CG43) (2006) <a href="http://guidance.nice.org.uk/CG43">http://guidance.nice.org.uk/CG43</a>
British Dietetic Association	Recommen dation 2	9	It is unrealistic to expect a woman with a very high BMI to achieve BMI 18.5 to 24.9 and a suggestion that this is desirable (or even possible) might cause undue anxiety/pressure. It may be more beneficial to aim for a 5 -10% weight reduction in those with BMI > 35. This would seem more achievable than to suggest a target of normal BMI	Thank you, the guidance has been amended accordingly.
British Dietetic Association	Recommen dation2	9	Where stated GPs, dietitians and other HPs should advise, encourage and help women to reduce their weight and BMI, should they aim for 5-10% of their body weight as per new SIGN guidelines on Obesity?	Thank you, the guidance has been amended accordingly.
British Dietetic Association	Recommen dation 3	10	Re: Healthy Start vouchers, eligible women will also receive healthy Start vitamins	Noted, thank you.
British Dietetic Association		10 & 11	Not giving guidance about appropriate weight gain in pregnancy to all women, but especially those with a BMI 30 or more is hopeless. Health professionals will not know whether the woman is doing well or not so will not comment and probably won't monitor at all	Thank you. Please see our previous comment regarding the US Institute of Medicine's guidelines.
British Dietetic Association		11	A dietitian would need to closely monitor the weight of obese women during the pregnancy as advising re improving the diet and activity could induce a weight loss inadvertently.	Noted, thank you.
British Dietetic Association		11	The WHO classification of obesity is a BMI of 30 or more, however the recommendations in the draft document refer to BMI over 30. In all the literature the risks of obesity linked to pregnancy begin with a BMI of 30.	Thank you, the guidance has been amended accordingly.
British Dietetic Association	Recommen	11	This recommendation relies on the assumption that BMI measurements will be	Noted, thank you.

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## Public Health Intervention Guidance

### Weight management before, during and after pregnancy – Consultation on Draft Guidance (18<sup>th</sup> February – 18<sup>th</sup> March 2010)

#### Stakeholder Response Table

Stakeholder Organisation	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Association	ndation 2		available for women within this age category. Given that no such programme currently exists, this recommendation needs to be linked with an explicit recommendation that all women of childbearing age should have a BMI measurement taken annually.	
British Dietetic Association	Recommendation 2	11	The suggestion that opportunistic and pro-active brief interventions should be employed by healthcare professionals is welcomed. However we feel that this should be linked with an explicit recommendation that healthcare professionals should receive appropriate training in brief interventions.	Thank you, the guidance has been amended to reflect this important point.
British Dietetic Association	Recommendation 2	11	As with Recommendation 1, both the media and education sectors are key stakeholders.	Noted, thank you.
British Dietetic Association	Recommendation 2	11	In addition training on raising the issue of weight should be mandatory for all healthcare professionals, for example during undergraduate training.	Thank you, the guidance has been amended to reflect this important point.
British Dietetic Association	Recommendation 2	11	More detail should be supplied around the 'increased health risks' that obesity poses to mothers and their babies.	Thank you, the guidance has been amended accordingly.
British Dietetic Association	Recommendation 2	11	The recommendation that women should be offered the opportunity to attend weight loss support programmes is welcomed. Additional recommendations need to be made around the necessity for robust commissioning of programmes. These programmes must be appropriate for the specific needs of, and accessible to, the antenatal woman. It is essential that women continue to attend routine antenatal care.	Noted, thank you.
British Dietetic Association			Additionally if such programmes are to be offered within the NHS, protected time and training will be required by the staff responsible (such as time for training, development, delivery and evaluation, and training around group facilitation skills).	Thank you.
British Dietetic Association	Recommendation 2	11	The need for monitoring and evaluation of women attending weight loss support programmes, particularly long term follow up, should be stated.	Thank you.
British Dietetic Association	Recommendation 2	11	The ideal weight goal (BMI 18.5-24.9) may be unrealistic for many. If this recommendation is taken literally it may be demotivating. As risk is greatest at BMI over 30, perhaps this recommendation could be to reduce BMI to below 30	Thank you.
British Dietetic Association	Recommendation 2	11	A more inclusive title would be 'Non pregnant women of childbearing age who are already obese'.	Thank you. Please see previous comment.
British Dietetic Association	Recommendation 3:	11	"Do not weigh women repeatedly during pregnancy...." We would be interested in seeing the evidence base for this statement.	Thank you. Please see our previous comment regarding the US Institute of Medicine's guidelines.

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## Public Health Intervention Guidance

### Weight management before, during and after pregnancy – Consultation on Draft Guidance (18<sup>th</sup> February – 18<sup>th</sup> March 2010)

#### Stakeholder Response Table

Stakeholder Organisation	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment				
	Pregnant women		<p>Not weighing women at the beginning and during pregnancy would mean that women may put on excessive weight during pregnancy and this would go unnoticed. This is of particular concern for women with a BMI greater than 30 kg/m<sup>2</sup>.</p> <p>The Institute of Medicine (IOM) have produced recommended healthy weight gain targets for pregnancy. Achieving these can only be met if women are routinely weighed, perhaps at notification by the GP, at each antenatal appointment.</p>					
<b>British Dietetic Association</b>	Recommendation 3: Pregnant women	11	The guideline suggests that those with a BMI over 30 should not lose weight during pregnancy. We would suggest rewording the statement “Do not recommend weight-loss,” to “prevent excessive weight gain during pregnancy”	Noted, thank you.				
<b>British Dietetic Association</b>	Recommendation 3	11	<p>Women with a BMI more than 30 are a large group which includes those who are morbidly obese with BMI&gt;40.</p> <p>In those with BMI&gt;40 our suggestion would be that a small amount of weight loss is acceptable (if not desirable). Indeed the observational study below (forwarded at the call for evidence stage) suggested that there were no adverse outcomes in pregnant women with BMI&gt;40 who lost between 1 and 4 kg during the course of their pregnancy.</p> <p>The National Obesity Forum have recently condemned IOM guidelines as being over generous for weight gain in pregnancy. Should a 1-4kg weight loss be considered as acceptable for those pregnant women with BMI &gt;40?</p> <p>Reference:</p> <p>Kiel DW, Dodson EA, Artal R, Boehmer TK, Leet TL (2007) Gestational weight gain and pregnancy outcomes in obese women: how much is enough? <i>Obstet.Gynecol.</i> 110(4), 752-758</p> <p><b>This is the reference table from the study</b></p> <table border="1"> <thead> <tr> <th>Class of</th> <th>Optimum weight gain for minimal risk for 4 pregnancy</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Class of	Optimum weight gain for minimal risk for 4 pregnancy			Thank you for your comment and suggested reference. Please see our previous comment regarding the US Institute of Medicine’s guidelines.
Class of	Optimum weight gain for minimal risk for 4 pregnancy							

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## Public Health Intervention Guidance

### Weight management before, during and after pregnancy – Consultation on Draft Guidance (18<sup>th</sup> February – 18<sup>th</sup> March 2010)

#### Stakeholder Response Table

Stakeholder Organisation	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment								
			<table border="1"> <tr> <td><b>Obesity (NIH)*</b></td> <td></td> </tr> <tr> <td>Class I BMI 30-34.9</td> <td>+ 10 - 25 lb (4.6 – 11.4kg)</td> </tr> <tr> <td>Class II BMI 35-39.9</td> <td>+ 0 – 9 lb ( 0 – 4.1 kg)</td> </tr> <tr> <td>Class III BMI 40+</td> <td>0 – 9 lb weight loss (0 – 4.1kg)</td> </tr> </table> <p>*NIH National Institute of Health</p>	<b>Obesity (NIH)*</b>		Class I BMI 30-34.9	+ 10 - 25 lb (4.6 – 11.4kg)	Class II BMI 35-39.9	+ 0 – 9 lb ( 0 – 4.1 kg)	Class III BMI 40+	0 – 9 lb weight loss (0 – 4.1kg)	
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<b>British Dietetic Association</b>	Recommendation 3	13	The time-point at which pregnant women are considered obese should be stated i.e. is this a BMI greater than 30 within the first trimester?	Thank you. The guidance has been amended. It now states 'BMI of 30 or more at the booking appointment'.								
<b>British Dietetic Association</b>	Recommendation 3	13	Pragmatically, as many women will not choose to visit a GP first, the wording around the first visit should be broader e.g. 'first visit to a healthcare professional'.	Thank you, the guidance has been amended accordingly.								
<b>British Dietetic Association</b>	Recommendation 3	13	The first booking visit represents an ideal opportunity to talk to women (although this may for some women occur late in their pregnancies).	Thank you.								
<b>British Dietetic Association</b>	Recommendation 3	13	A recommendation to encourage breastfeeding as part of an approach to weight management should be one of the first points of action that a healthcare professional should take.	Thank you.								
<b>British Dietetic Association</b>	Recommendation 3	13	The recommendation around a healthy diet and being physically active is welcomed. However to encourage a holistic approach, including the necessity for adequate sleep and drinking water, we suggest that the wording be changed to 'Advise her that a healthy lifestyle including diet, activity, enough sleep and adequate water' may be more appropriate.	Thank you.								
<b>British Dietetic Association</b>	Recommendation 3	14	Repeated weighing during pregnancy: We would suggest that a BMI that is evidence of obesity represents a clinical problem that needs to be managed, repeated weighing should therefore be recommended.	Noted, thank you.								
<b>British Dietetic Association</b>	Recommendation 3	14	We welcome the recognition that referral to a dietitian should be offered to those whose BMI puts them at increased risk of ill health. However given the potential numbers involved and the likely impact upon services and access, it may be more pragmatic to broaden this recommendation for example to 'offer a referral to a dietitian or other suitably trained weight management specialist'. If so, we suggest that explicit detail should be given on the suitable training	Thank you, the guidance has been amended accordingly to reflect this important issue.								

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## Public Health Intervention Guidance

### Weight management before, during and after pregnancy – Consultation on Draft Guidance (18<sup>th</sup> February – 18<sup>th</sup> March 2010)

#### Stakeholder Response Table

Stakeholder Organisation	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			that healthcare professionals should have. We suggest up to date training on diet and activity recommendations, training on the health risks of overweight and obesity and the benefits of a healthy weight, how to raise the issue of weight, specific training on behaviour change and a behavioural approach and group facilitation skills.	
British Dietetic Association	Recommendation 3	14	A specific recommendation should be made around the need to collect data to evaluate and monitor long terms outcomes of attendance at such sessions in order to demonstrate evidence of effectiveness.	Thank you. The guidance lists the current gaps in the evidence base for this topic which includes the need for evaluation using qualitative and process data.
British Dietetic Association	Recommendation 3	14	It is essential to provide guidance about an acceptable weight gain during pregnancy, one example is the Institute of Medicine recommendations.	Thank you for your comment and suggested reference. Please see our previous comment regarding the US Institute of Medicine's guidelines.
British Dietetic Association	Recommendation 3	14/15	RCOG advice: Suggest that the detail of the advice is taken out and a more broad statement (referencing the RCOG) is made, which would recognise the need for women's individual starting points to be taken into account, acknowledging that for many women a starting point of 15 minutes of continuous activity may be unrealistic.	Thank you. The physical activity in pregnancy recommendations has been amended following the draft guidance consultation.
British Dietetic Association	Recommendation 7	16	We feel that the skills required by healthcare professionals should be more clearly defined and should include communication skills, behaviour change training, group facilitation skills as well as up-to-date nutritional information and guidance on local services.	Thank you, the guidance has been amended to reflect this important issue.
British Dietetic Association	Recommendation 7	16	We feel that the common myths should be made explicit.	Noted, thank you. These common myths have been explained.
British Dietetic Association	Recommendation 7	16	We feel that health professionals themselves should also be included in the 'who should take action' section as they have a personal responsibility to maintain their professional skills	Noted, thank you.
British Dietetic Association	Recommendation 7	16	It is recognised that health professionals do not feel comfortable raising the issue of obesity with patients and this appears to especially true when the health professional is overweight. It should be made clear that healthcare professionals have a duty of care to raise this issue with patients. Examples of forms of wording may be helpful	Noted, thank you.
British Dietetic Association	Recommendation 4	18	Important stakeholders also include Children & Family Services and their staff and appropriate community groups.	Noted, thank you.
British Dietetic Association	Recommendation 4	18	The wording around the 6-8 week postnatal check should be broadened e.g. 'at the postnatal discharge appointment'.	Noted, thank you.

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Weight management before, during and after pregnancy – Consultation on Draft Guidance (18<sup>th</sup> February – 18<sup>th</sup> March 2010)

### Stakeholder Response Table

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British Dietetic Association	Recommendation 4	18	The way/s in which the weighing process should be made sensitive to the concerns women may have about their weight or body size should be specified. It may be more appropriate to do this in the earliest recommendation which mentions the weighing process and refer back to it.	Noted, thank you.
British Dietetic Association	Recommendation 4	18	The way in which BMI is calculated has already been mentioned and could be deleted here and referred back to.	Noted, thank you.
British Dietetic Association	Recommendation 4	18	It is not clear why a 6 month time-point is specified for weighing women again post-natally.	Thank you, the guidance has been amended accordingly.
British Dietetic Association	Section 2	18	A glossary of terms would be useful: Various medical terms such as impaired glucose tolerance and macrosomia have been used in this document. Whilst most healthcare professionals working in this area will be familiar with these terms, others may not	Noted, thank you.
British Dietetic Association		18	This section mentions the possibility of an obese mother delivering a baby “large for gestational age.” However, there is no explanation of why this might be a cause for concern	Noted, thank you.
British Dietetic Association	Recommendation 4	19	We feel that in order to emphasise the importance of breastfeeding as part of an approach to weight management as well as for the health of mother and baby, the paragraph on breastfeeding should be moved to the beginning of the recommendation.	Noted, thank you.
British Dietetic Association	Section 2	20	It is not clear whether the additional calorie requirements during breastfeeding (and last trimester) apply to women with a BMI 30 and above?	Thank you, the additional calorie requirements during breastfeeding apply to all mothers. However, as you will know, the Scientific Advisory Committee on Nutrition is currently reviewing the average energy requirements for the UK population.
British Dietetic Association	Recommendation 5	21	The recommendation that ‘they should encourage them to lose weight before becoming pregnant again’ should be emphasised more strongly.	Noted, thank you.
British Dietetic Association	Section 3	22	This statement suggests that ketonaemia can result in adverse neurocognitive foetal development. It would be helpful for a reference to be supplied for this statement.	Noted, thank you.
British Dietetic Association	Recommendation 6	23	Additional important stakeholders include planning, transport, parks, leisure and play services.	Noted, thank you.
British Dietetic Association	Recommendation 6	23	Where crèche facilities are mentioned they should be specified as ‘breastfeeding friendly creche facilities’.	Noted, thank you.

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### Weight management before, during and after pregnancy – Consultation on Draft Guidance (18<sup>th</sup> February – 18<sup>th</sup> March 2010)

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British Dietetic Association	Recommendation 6	23	This guidance offers an opportunity to consider additional approaches such as subsidised or commissioned activity or recreational activities for example through a local voucher system.	Noted, thank you.
British Dietetic Association	Recommendation 6	23	Where commercial activities are utilised there needs to be specific guidance around the need for robust evaluation and long term evidence of effectiveness. There also needs to be a clear statement about the requirement that duty of care (and hence long term follow-up) towards the patient remains with the healthcare professional, where they have referred into other services.	Thank you. The guidance includes a recommendation that health professionals should continue to monitor support and care for women with a BMI of 30 or more who join weight management groups and slimming clubs.
British Dietetic Association	Evidence statement 1.16	45	It would appear that women are only unhappy about being weighed because they are not asked for consent and an explanation of why a weight is necessary is often not given.  If the guideline were changed to include guidance to weigh women regularly it should be with the proviso that women are asked to consent to this and explanation and feedback are given about why they are being weighed and feedback about the implications given	Thank you. The guidance lists the current gaps in the evidence base for this topic which includes the need for evaluation using qualitative and process data.
British Dietetic Association	Recommendation 7  Evidence statement 1.17	45	The use of inappropriate equipment (particularly scales that are not able to weigh very large women) is particularly problematic and can lead to embarrassment for both the health professional and the patients concerned.	Thank you, the guidance has been amended accordingly.
British Dietetic Association	Recommendation 7  Evidence statement 1.19	46	The evidence suggests that women feel they are not hearing consistent messages regarding “the right amount” of weight gain during pregnancy. These guidelines need to address this so that advice is consistent. We are concerned that the guidelines have not made definitive suggestions	Thank you. Please see our previous comment regarding the US Institute of Medicine’s guidelines.
British Medical Association	General		The BMA welcomes the NICE guidance on weight management in pregnancy and after childbirth.  The BMA’s 2009 report <i>Early life nutrition and lifelong health</i> <sup>1</sup> recognises and promotes the importance of fetal and early life nutrition and its relationship to lifelong health.	Thank you for your comment.

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			It looks at the consequences of unbalanced nutrition at both ends of the dietary range and the associated increased risk of adult chronic disease. The BMA report recommended positive steps be taken to ensure that young people understand the importance of health and wellbeing before, after and during pregnancy – giving attention to their diet, optimal body weight, to stopping smoking and to limiting alcohol consumption.	
British Medical Association	General		<p>Breast milk is the ideal food for newborn babies. It provides all the nutrients required at this stage in a form that is hygienic and easy to digest.<sup>i</sup></p> <p>All current guidelines in the UK, including those from the Department of Health (DH), recommend exclusive breastfeeding for newborns and for the first six months of infancy.</p> <p>Observational studies have shown that breastfeeding is associated with lower rates of obesity in childhood and in later life.<sup>ii</sup></p> <p>There is also consistent evidence of better childhood cognitive development, and a lower risk of several disease outcomes, including diabetes, in children and adults, who were breastfed rather than formula fed.<sup>iii</sup></p> <p>Breastfeeding rates are unacceptably low in the UK, and it is less common among disadvantaged women. The 2009 BMA report called for interventions that educate women about the benefits and practice of breastfeeding, and that promote baby friendly policies and practice - interventions that are effective at promoting the initiation and prolonging the duration of breastfeeding.</p> <p>The NICE guidance would benefit from a reference to the advantages of breastfeeding. Could a reference to the NICE briefing paper '<a href="#">Promotion of breastfeeding initiation and duration: Evidence into practice briefing</a>' be added?</p> <p><sup>i</sup> British Medical Association (2009) <i>Early life nutrition and lifelong health</i>. BMA: London.</p> <p><sup>ii</sup> Armstrong J &amp; Reilly JJ (2002) Breastfeeding and lowering the risk of childhood obesity. <i>Lancet</i> <b>359</b>: 2003-4.</p>	Thank you. Recommendations about breastfeeding are covered in the NICE public health guidance on Maternal and Child Nutrition (2008) <a href="http://guidance.nice.org.uk/PH11">http://guidance.nice.org.uk/PH11</a>

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			<sup>1</sup> Agency for Healthcare Research and Quality (2009) <i>Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries</i> , U.S. Department of Health and Human Services. Maryland.	
British Medical Association	General		<p>Images in the media of excessively thin women portrayed as the 'ideal' body shape can put women under pressure to take drastic steps to lose weight too quickly after pregnancy.<sup>iv</sup></p> <p>The guidance should provide information on the acceptable levels of weight gain and weight loss during and after pregnancy along with guidance on when is the most effective time for women to start managing their weight after pregnancy.</p>	Thank you. The Public Health Interventions Advisory Committee (PHIAC) recognised that health professionals would welcome UK guidance on weight gain in pregnancy. In the absence of such guidance, PHIAC discussed whether it would be appropriate to support the US Institute of Medicine's guidelines. However, the US recommendations were based on observational evidence alone, not validated by intervention studies. Without evidence from large-scale trials, it is not clear whether or not adhering to the recommended ranges lowers the risk of adverse outcomes for mothers and their babies. In addition, the guidelines were developed for the US population and it is not known whether or not they would apply to other populations with a different ethnic composition. PHIAC was therefore unable to support their use without more evidence and more information about their applicability to the UK population.
British Medical Association	General		<p>From a public health perspective, weight management needs to be seen in the wider context of a holistic food and health strategy that addresses the obesogenic environment and links with a sustainable food economy.</p> <p>Health professionals alone will never prevent obesity. They will only play a small part. Weight management needs to be part of a population based approach to making healthier food choices available for all.</p> <p>The guidance would therefore benefit from mentioning the impact of obesogenic environments.</p>	Noted, thank you.
British Medical Association	1 Recommendations	6	<p>The guidance would benefit from including 'regular meals' as well as 'breakfast' in the section on 'Achieving a healthy weight'.</p> <p>Perhaps it could be expanded to include a statement such as 'Eating regular</p>	Thank you. The criteria in this list are from a recommendation in NICE clinical guideline 43 on obesity.

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## Public Health Intervention Guidance

### Weight management before, during and after pregnancy – Consultation on Draft Guidance (18<sup>th</sup> February – 18<sup>th</sup> March 2010)

#### Stakeholder Response Table

Stakeholder Organisation	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			meals, in particular breakfast'.  Where it says to 'eat breakfast' – it would benefit from specifying a 'healthy breakfast'.	
British Nutrition Foundation	General		BNF welcomes the development of guidelines on weight management during pregnancy and after childbirth, as this is a critical time for many women where they may put on excessive weight that they may find difficult to lose. Excessive weight gain during pregnancy may increase the risk of becoming overweight and obese, which is associated with an increased risk of chronic diseases for the mother and also an increased risk during pregnancy for the fetus and the mother (e.g. higher risk of having a caesarean section, higher risk of complications during birth).	Thank you for your comment.
British Nutrition Foundation	General		The guidance concentrates on informing women who may become pregnant, pregnant women, and mothers who have recently given birth about the adverse effects linked with excessive weight gain during pregnancy and from being overweight prior to pregnancy, and on informing them about a healthy diet and good physical activity habits in order to manage their weight. However, other aspects that may play a crucial role in weight management during and after pregnancy have not been covered, including motivational and behavioural tools of weight management.	Thank you for highlighting this issue. The guidance has been amended to acknowledge the important role of behaviour change.
British Nutrition Foundation	1 (Recommendation 1)	7-8	This recommendation aims to inform women who may become pregnant as well as their partners, families and friends, and is therefore targeting a large proportion of the general population. In the recommendation it has been suggested that health professionals should inform the target population. However, we think that a population based approach is needed. It is impossible for health professionals to identify friends and families of women who may become pregnant. Further, a large proportion of pregnancies are not planned, and even if a pregnancy is planned most women may not consult a health professional while trying to conceive, unless they are having problems conceiving or have some other reason to do so. Therefore, using the route of health professionals to deliver information on risks of overweight and obesity on birth outcome may again not be adequate to reach the target population.	Thank you for raising this important issue. Whilst we appreciate the benefits of a population based approach, the remit for this particular guidance was dietary and physical activity interventions for weight management before during and after pregnancy.  We also understand that women may not consult a health professional when trying to conceive. The first recommendation in the final guidance emphasises opportunistic information and advice from health professionals as well as public health campaigns and local education initiatives.

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			We agree that planners and organisers of public health campaigns should be involved in reaching the target population, and we think that they play a key role in achieving the objectives outlined. They may in fact be the main actors in informing the target population. However, in the recommendation it is again suggested that planners and organisers of public health only use the health professionals route to inform the target population. We suggest that there are other, potentially more effective, routes to inform the target population. Suggested routes are population based approaches, such as setting up a social marketing campaign that aims to inform the public (similar to the FSA Saturated Fat campaign or the Change4Life campaign of the DH) or establishing links with existing campaigns (e.g. Change4Life)	
<b>British Nutrition Foundation</b>	1 (Recommendation 2)	8-9	We suggest using similar routes as suggested for recommendation 1 to reach the target population of recommendation 2 (women who may become pregnant with a BMI over 30 and their peers). In addition, we agree that the GP and other health professionals should inform women who may become pregnant (and people from other population groups) with a BMI over 30 about the health risks of excessive weight. However, communications with obese women regarding the relationship between obesity and fertility/birth outcomes need to be done sensitively.	Thank you for your comment. Thank you for your comment. The Public Health Interventions Advisory Committee (PHIAC) considered it important that health professionals explain the health risks (both to the woman and baby) of being obese (BMI of 30 or more). The guidance also highlights the importance of raising the issue of weight sensitively.
<b>British Nutrition Foundation</b>	1 + 2 (Recommendation 3; section 2, weight gain during pregnancy)	9-11 19	We agree that it is important to advise pregnant women on healthy eating and physical activity during pregnancy. We think that it is also important to advise them on the amount of weight they should aim to put on during pregnancy, depending on their pre-pregnancy BMI. We are aware that, currently, there are no official UK recommendations on weight gain during pregnancy and the lack of a specific target for overweight women is of particular concern. Such recommendations should be developed for the UK. The Institute of Medicine (IOM) has developed guidelines on weight gain during pregnancy for American women. We understand that the Public Health Interventions Advisory Committee (PHIAC) was unable to support the use of these guidelines without more evidence and information about their applicability to the UK population. Research to provide such supportive information is essential to identify appropriate guidelines for UK women and should be carried out in the future.	Thank you. The Public Health Interventions Advisory Committee (PHIAC) recognised that health professionals would welcome UK guidance on weight gain in pregnancy. In the absence of such guidance, PHIAC discussed whether it would be appropriate to support the US Institute of Medicine's guidelines. However, the US recommendations were based on observational evidence alone, not validated by intervention studies. Without evidence from large-scale trials, it is not clear whether or not adhering to the recommended ranges lowers the risk of adverse outcomes for mothers and their babies. In addition, the guidelines were developed for the US population and it is not known whether or not they would apply to other populations with a different ethnic composition. PHIAC was therefore unable to support their use without more evidence and more information about

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				their applicability to the UK population.  PHIAC has made a research recommendation highlighting the need for more research in this area.
British Nutrition Foundation	1 (Recommendation 3)	11	It is suggested that health professionals should explain to <b>pregnant</b> women with a BMI over 30 how their excess weight poses a risk, both to their health and the health of the unborn baby. At the same time, health professionals are advised not to recommend weight-loss during pregnancy. We agree that pregnant women with a BMI over 30 (and also below 30) should be encouraged to avoid putting on excess weight (although this has to be defined first) during their pregnancy, and informed as to why putting on excess weight gain may lead to adverse birth outcomes. However, explaining to obese pregnant women how their current body weight may harm their baby may cause feelings of guilt and concern/fear which could lead to stress and anxiety, and lead to potential negative effects on the unborn child. We would encourage a shift of focus from pregnant women to women of child-bearing age, particularly as pre-pregnancy weight is more strongly associated with poor health outcomes than excessive weight gain during the pregnancy (according to PHIAC, page 21, paragraph 3.3), This would require population based communications and marketing campaigns.	Thank you. The guidance has been amended accordingly to emphasise the importance of managing excess weight before becoming pregnant in order to avoid the health risks of obesity during pregnancy.
British Nutrition Foundation	1 (Recommendation 7; also relates to other recommendations)	16-17	In addition to the suggestions made in this recommendation regarding the training of health professionals, we think that it may be useful if leaflets with information on healthy eating and active lifestyles for women before and during pregnancy, and after childbirth were available to health professionals. These could be handed out by health professionals to support their advice on healthy eating and physical activity, and also for patients to use as a reference.	Noted, thank you.
British Nutrition Foundation	General		We understand that these guidelines on weight management during pregnancy and after childbirth are aimed at reducing the proportion of overweight and obese women of childbearing age and thus reduce the risk of adverse birth outcomes. However, when running public health campaigns to inform the public about the adverse effects of overweight on birth outcome, information on	Thank you, this guidance did not cover women who are underweight (BMI <18.5 kg/m <sup>2</sup> ). Please also see our previous comment regarding the US Institute of Medicine's guidelines.

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			adverse effects of underweight and insufficient weight gain during pregnancy should be provided at the same time.	
Centre for Maternal and Child Enquiries	Section 1, recommendation 1	7	In addition to health trainers and health and fitness advisers encouraging women to check their weight and waist measurement periodically, GPs and Practice Nurses should do this too, as many obese women may not be in contact with health trainers and/or health and fitness advisers.	Thank you, the guidance states that actions need to be undertaken by practice nurses.
Centre for Maternal and Child Enquiries	Recommendation 2	9	While it is important to encourage women with obesity to lose weight prior to pregnancy, women should be advised to avoid conception during periods of weight loss, as weight loss in the first trimester may increase the risk of neural tube defects. (Carmichael SL, Shaw GM, Schaffer DM, Laurent C, Selvin S. Dieting behaviors and risk of neural tube defects. <i>American Journal of Epidemiology</i> 2003;158(12):1127-1131)	Thank you for this reference. The study was not included in the evidence reviews considered by the Public Health Interventions Advisory Committee (PHIAC) and it is unlikely to have met the criteria for inclusion.
Centre for Maternal and Child Enquiries	Recommendation 3	10-11	The guideline would benefit from recommending that all height, weight and BMI measurements are clearly recorded in the patient notes and hand-held records so that all healthcare professionals caring for women with obesity can offer care pathways appropriate for the woman's BMI. Midwives should measure a woman's weight at her first antenatal appointment, even if a weight has already been reported by the GP. Clinicians should not rely on self-reported weights due to the problem of underreporting.	Thank you for your comment. The guidance has been amended accordingly.
Centre for Maternal and Child Enquiries	Recommendation 3	11	The CMACE/RCOG Joint Guideline on the 'Management of Women with Obesity in Pregnancy' recommends that obese women have their weight re-measured in the third trimester by a health professional so that appropriate plans can be made for equipment and personnel required during labour and delivery. This relates to the bullet point stating "Do not weigh women repeatedly during pregnancy as a matter of routine. Only weigh those who have a clinical problem that needs to be managed."	Thank you. The guidance has been amended accordingly.
Centre for Maternal and Child Enquiries	Recommendation 4	13	4 <sup>th</sup> bullet point on page - It would be helpful to indicate how much weight a woman could expect to lose safely within a set timeframe. This would allow healthcare professionals to 'ensure women have a realistic expectation of the time it will take to lose weight'.	Thank you. The PHIAC recognised that health professionals would welcome UK guidance on weight gain in pregnancy. In the absence of such guidance, PHIAC discussed whether it would be appropriate to support the US Institute of Medicine's guidelines. However, the US recommendations were based on observational evidence alone, not validated by intervention studies. Without evidence from large-scale trials, it is not clear whether or not adhering to the

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				recommended ranges lowers the risk of adverse outcomes for mothers and their babies. In addition, the guidelines were developed for the US population and it is not known whether or not they would apply to other populations with a different ethnic composition. PHAC was therefore unable to support their use without more evidence and more information about their applicability to the UK population.
Centre for Maternal and Child Enquiries	3 (Considerations)	21	The guideline states that PHAC is unable to support the use of the IOM gestational weight gain recommendations because they are based on observational data and it is not known whether adhering to the recommended ranges lowers the risk of adverse outcomes for mothers and their babies. However, it is not possible to obtain intervention data on different gestational weight gains, and observational data have been published that show lower weight gains among obese women are associated with the lowest risk of adverse outcomes. (Cedergren M. Effects of gestational weight gain and body mass index on obstetric outcome in Sweden. <i>International Journal of Gynaecology &amp; Obstetrics</i> 2006;93(3):269-74; Cedergren MI. Optimal gestational weight gain for body mass index categories. <i>Obstetrics and Gynecology</i> 2007;110(4):759-64).	Thank you. Please also see our previous comment.  The guidance explains that the associations between pregnancy outcomes and gestational weight gain (GWG) are weakest in obese women. Pre-pregnancy BMI is by far the greater determinant of outcomes. Furthermore, association between excess GWG and adverse pregnancy outcome does not tell us that restriction of GWG will necessarily improve outcomes.  Several large scale trials are currently underway and in three to five years time, based on the results of these trials, it may be possible to make recommendations about gestational weight gain.
Child Growth Foundation/National Obesity Forum	GENERAL	1/51	The National Obesity Forum [NOF] and the Child Growth Foundation [CGF], two UK charities focussed on adult and childhood obesity, welcome the Guidance in general but feel that it falls far short of being 100% useful in a number of respects. It trusts that NICE will seriously study all the comments that emerged from the two workshops [London and Manchester] at which the charities were represented and where other delegates were experiencing considerable trouble in believing that the Guidance would be workable.  NOF/CGF were also represented in the Public Gallery at the PHAC meeting [06 Nov 09] and were particularly surprised at the ignorance of some of its members: that such senior health professionals needed to be reminded of the serious risks that overweight/women pose to both themselves and their babies!	Thank you for your comments. PHAC is a large committee with a broad range of expertise including health economists, sociologists, epidemiologists, education specialists, systematic reviewers, community representatives and lay members as well as health professionals, GPs and directors of public health. Biographies of PHAC members are on the NICE website at <a href="http://www.nice.org.uk/aboutnice/howwework/developingnicpublichealthguidance/publichealthinterventionsadvisorycommittee/phiac_members.jsp">http://www.nice.org.uk/aboutnice/howwework/developingnicpublichealthguidance/publichealthinterventionsadvisorycommittee/phiac_members.jsp</a> PHAC members do not necessarily have specific expertise in the guidance topics under discussion, which is why topic

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			The risks should be understood to the most junior public health doctor and when they are not understood in a NICE committee, it is astounding.	experts are co-opted to PHIAC.. PHIAC members are aware that they must base recommendations on the evidence available and must be careful not to make inaccurate or prejudiced assumptions. As result, they often ask co-opted members and experts for explicit clarification on both complex issues and matters of fact.
<b>Child Growth Foundation/National Obesity Forum</b>	GENERAL		<p>Food addictions and exercise aversion pose serious risks for metabolic regulation. The prevention of obesity relies on a healthy metabolism. Yet the role of exercise and metabolic physiology through fitness is poorly understood by most healthcare professionals as compared to our understanding of nutrition.</p> <p>The prevention of obesity must include physiological fitness at its heart to up regulate metabolism: Not simply 'encouragement' and 'strict exercise' programmes but through physical activity, sport and exercise becoming a part of daily life and enjoyable routine. This will involve not only physical activity recommendations and exercise prescriptions developed by exercise <b>Child Growth Foundation/National Obesity Forum</b> physiologists and sport scientists, but work with local sports clubs, walk to work and cycle schemes, town planning, and outdoor recreational and conservation group activities using local and outdoor environments - not sole reliance on gyms and interactive gaming.</p> <p>We know that the right kind of physical activity can help manage weight far more effectively than diet alone and the measures of fitness (vo2 max etc) is far more important in obesogenic disease prevention than BMI alone.</p> <p>Sent from my iPhone</p> <p>(my fingers can't tap feelings - sorry if I sound hasty!)Astounding, too, is the dismissive manner in which NICE considered it unimportant not only to monitor a woman's weight gain in pregnancy but to accept the US Institute Of Medicine [IOM] recommendations for weight gain in pregnancy. The IOM is</p>	<p>Noted, thank you.</p> <p>Recommendations throughout the guidance stress the importance of building activity into daily life.</p> <p>Thank you. The Public Health Interventions Advisory Committee (PHIAC) recognised that health professionals would welcome UK guidance on weight gain in pregnancy. In the absence of such guidance, PHIAC discussed whether it would be appropriate to support the US Institute of Medicine's guidelines. However, the US recommendations were based on observational evidence, not validated by intervention studies. Without evidence from large-scale trials, it is not clear whether or not adhering to the recommended ranges lowers the risk of adverse outcomes for mothers and their babies. In addition, the guidelines were</p>

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			<p>not some off-the-wall lobby group but a highly respected medical body who would not put out recommendations on a whim. The fact that the UK does not yet have its own recommendations should not preclude the IOM guidance being used in this country until we can formulate our own. The consultation document questioned the IOM in a very high-handed way - to which the NOF/CGF takes exception. Derek Wanless famously stated that “interventions should be evidence-based, though the lack of conclusive evidence should not, where there is serious risk to the nation’s health, block action proportionate to that risk.” Maternal obesity is a serious risk to the mother’s, baby’s and, ultimately, the nation’s health. The benefits of weighing the mother-to-be a few times over 9 months, as a way of keep her within a healthy weight gain, is not in our view disproportionate. There are pregnant women in the UK who are not only “eating for two” but are adding to their weight so fast that they are morbidly obese at delivery!</p> <p>See below for comments made re each Recommendation.</p>	<p>developed for the US population and it is not known whether or not they would apply to other populations with a different ethnic composition. PHIAAC was therefore unable to support their use without more evidence and more information about their applicability to the UK population.</p>
Child Growth Foundation/National Obesity Forum			<p>The greatest crime of all in the document, however, is the virtual dismissal of breastfeeding and its benefits. At a time when the UK boasts one of the worst rates amongst developed nations, every opportunity should be taken to remind women of child bearing age that she should seriously be considering breastfeeding.</p>	<p>Noted. PHIAAC was clear that recommendations should strongly support breastfeeding and dispel any myths about milk quality and physical activity or weight loss. Recommendations 3, 4 and 5 encourage breastfeeding</p> <p>However, detailed recommendations on breastfeeding per se are outside the remit of this guidance as they are already covered by existing NICE guidance on Maternal and child nutrition (NICE public health guidance 11 (2008).</p> <p>The introduction to the guidance states that “The guidance complements but does not replace NICE guidance on: obesity, maternal and child nutrition, antenatal care, postnatal care, physical activity, behaviour change, antenatal and postnatal mental health and diabetes in pregnancy (for further details, see section 7).”</p>

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Child Growth Foundation/National Obesity Forum	RECOMMENDATIONS	5/51	<b>Achieving a healthy weight</b>  Advice on nutrition should be made clearer as to what a portion of potatoes, bread, rice and pasta etc should be. The wording as it stands gives the green light to the pregnant woman to eat too much and consequently being overweight.	Noted, thank you. The footnote to this section flags that it is an extract from a recommendation in 'Obesity'. NICE clinical guideline 43.
Child Growth Foundation/National Obesity Forum	Rec 1	7/51	On this page – and throughout the document – the Guidance should be directed at "every woman of child bearing age". It is particularly important that it should relate to teenage girls and the need for all of them to be educated at school for motherhood.  This means that school teacher should be added to the list of people who should take action on the Guidance. The absence of pre-conception advice in general is shameful and advice about getting into shape for becoming a parent should start in Secondary School – if not before. NOF/CGF agrees that there is a definite role for the media to be encouraged to carry the message: booklets and leaflets just won't do the trick.  If health trainers etc are to encourage women to weigh themselves, they should insist that the weighing is done on a reliable [i.e. non-domestic] scale and then are told why weighing is recommended. They should be told that its purpose is to ensure, as much as possible, that they enter pregnancy, somewhere between BMI 18.5 – 25 and to avoid the risks of being overweight/obese in pregnancy. NOG/CGF are amazed that so few primary care health professionals seem to know about health trainers.	Thank you for this comment. The referral to NICE from the Department of Health was for guidance for general practitioners, midwives and antenatal services.  School based interventions were outside the remit of this guidance.
Child Growth Foundation/National Obesity Forum	Rec 2	8/51	The Title should read "women who may become pregnant with a BMI of 30 or over. "so that women of BMI 30 are not left believing that they are not technically obese. In fact, all the titles in the document – and some of its narrative, too - could do with a bit of sharpening up.  NOF/CGF considers that the use of QOF payments could also be employed to incentivise GPs to playing a greater role in encouraging women to manage their weight during pregnancy and return to their pre-pregnancy weight before considering having another child.	Thank you. The wording of many of the headings has been amended for clarity.  Thank you for raising this issue. As you may be aware, NICE now has responsibility for the QOF. At the QOF June 2009 meeting it was agreed that obesity and QOF would be reviewed given a suitable stakeholder submission on weight management.

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				Submissions were received in Autumn 2009 and these are currently being reviewed. For more information about QOF see <a href="http://www.nice.org.uk/aboutnice/qof/qof.jsp">http://www.nice.org.uk/aboutnice/qof/qof.jsp</a>
<b>Child Growth Foundation/National Obesity Forum</b>	Rec 3	9/51	<p>NOF/CGF believe that a minimum of 90 minutes is necessary at the first contact properly to discuss eating and physical activity in pregnancy along with the other checks carried out at this time. The charities also feel that the £190 Pregnancy Grant [in voucher form to be exchanged for healthy foodstuff] should also be handed to the mother at booking-in rather than sent to her bank at Week 25. It is a sure bet that the HMCR's tax-free cheque will not be put to the purpose for which it is intended: - healthy eating and health promotion – but will end up paying for handbags, shoes and similar artefacts. Fathers should also be encouraged to attend at booking-in so that both parents' BMIs may be taken. This would be a valuable public health marker in the event that they are both overweight/obese. The foetus could be flagged immediately for special nutritional attention when born and decrease the likelihood that it, too, will develop into an unhealthy weight...</p> <p>NOF/CGF is adamant that women should be properly weighed at least once a trimester and their weight gain compared against the booking-in weight and the IOM guidelines listing acceptable weight increases. Not to take this action is simply to allow an appalling situation to continue where the NHS is burdened with substantial increased costs, caesarean sections etc, with women who let themselves go. NOF/CGF realise that there may be a "weight issue" involved in getting fat women on the scale but, if handled sensitively, no woman will refuse if the health of her baby is ultimately at risk.</p>	<p>Noted, thank you. The government has announced that the health in pregnancy grant will be abolished in April 2011.</p> <p>Noted, thank you. Pre-pregnancy BMI, not gestational weight gain, is the greater determinant of maternal and infant outcomes.</p>
<b>Child Growth Foundation/National Obesity Forum</b>	Rec 4	12/51	It is the lack of any mention of breastfeeding on this page which is mind-blowing. Action should be taken immediately to re-instate the importance/advantages of breastfeeding. Indeed this message should come up routinely in any conversation relating to early nutrition. To relegate breastfeeding to a brief mention on p 13/51 is quite insufficient. NOF/CGF fully understands that there can be valid reasons for women not breastfeeding – but only a small percentage of women are subject to this.	Thank you, the recommendation has been amended to include a reference to breastfeeding. See also comments above. Recommendations 3, 4 and 5 encourage breastfeeding.

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			If the Guidance is eschewing weighing women during pregnancy why on earth is it so ready to advocate weighing mothers at 6-8 weeks? A huge number will object to being put on the scales so soon after childbirth when there are many later occasions when her weight could be taken [the 12 week, 16 week immunisation episodes, for instance]. NOF/CGF understands the need that mothers are encouraged to regain their pre-pregnancy weight sooner rather than later – but it might be too hasty to check up on the process as early as 6 weeks!	Noted, thank you. The recommendation been amended and stresses using the 6-8 week check as an opportunity to discuss any concerns about weight. The recommendation flags booking a future appointment for those who would like to discuss at a later date.
Child Growth Foundation/National Obesity Forum	Rec 5	14/51	No additional comment	Noted, thank you
Child Growth Foundation/National Obesity Forum	Rec 6	15/51	No additional comment	Noted, thank you.
Child Growth Foundation/National Obesity Forum	Rec 7	16/51	No additional comment	Noted, thank you.
Department of Health	General		In our opinion, this is a good, helpful guideline which aligns with Departmental policy in maternity and children's services. It is clear and well written.	Noted, thank you.
Department of Health	Achieving a Healthy Weight	5	<p><i>"Eat a low fat diet and avoid increasing their fat or calorie intake":</i></p> <p>Could you please consider separating this recommendation to read:</p> <ul style="list-style-type: none"> <li>▪ <u>Do not increase the calorie intake</u></li> <li>• <u>Eat a low fat diet.</u></li> </ul>	Thank you for this comment. This has not been amended as it is an edited extract from a recommendation in NICE guidance on Obesity (CG43) (2006) <a href="http://guidance.nice.org.uk/CG43">http://guidance.nice.org.uk/CG43</a>
Department of Health	Recommendations (Effective Weight-	6	We believe that the interventions that build on an individual's confidence and motivation to change behaviour are much more effective at supporting behaviour change. Therefore, we think that it would be helpful if this could be reflected as a bullet point.	Thank you for this comment. This has not been amended as it is an edited extract from a recommendation in NICE public health guidance on Behaviour Change (PH6).

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## Public Health Intervention Guidance

### Weight management before, during and after pregnancy – Consultation on Draft Guidance (18<sup>th</sup> February – 18<sup>th</sup> March 2010)

#### Stakeholder Response Table

Stakeholder Organisation	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	loss Programme)			
Department of Health	Achieving a Healthy Weight	6	<p><i>“Eat Breakfast” :</i></p> <p>Could you please specify the type of breakfast, based on Food Standards Agency guidance?</p>	Thank you for this comment. This has not been amended as it is an edited extract from a recommendation in NICE guidance on Obesity (CG43) (2006) <a href="http://guidance.nice.org.uk/CG43">http://guidance.nice.org.uk/CG43</a>
Department of Health	Achieving a Healthy Weight	6	<p><i>“Make enjoyable activities (Such as .... Aerobics) “ :</i></p> <p>Could you please consider replacing this with <i>“dancing”</i>, as aerobics are not necessarily considered to be an everyday enjoyable activity?</p>	Please see previous response. Dancing is included in recommendation 5.
Department of Health	Achieving a Healthy Weight	6	<p><i>“Minimise sedentary activities”.....:</i></p> <p>Could you please consider rephrasing this to read: <i>“Reduce sedentary activities”?</i></p>	Please see previous response.
Department of Health	Recommendation 1: (“preparing for pregnancy”)	7	The assumption appears to be that it is women currently with a healthy weight, as it does not state otherwise. In some of the points however, there is mention of weight gain following a previous pregnancy and overweight. We feel therefore that it would be helpful in the <i>‘who is the target population’</i> section to be more explicit in relation to weight status.	Thank you for this comment. Recommendation 1 has been amended and is now clear that it is specifically aimed at women with a BMI of 30 or more.
Department of Health	Recommendation 1 (“what action should they take?”)	7	Could you please consider the inclusion of a recommendation, which identifies that if women are of a healthy weight and are trying to conceive maintaining current activity levels will not have a negative consequence.	Thank you for raising this issue.
Department of Health	Recommendation 1 (“what action should they take?”)	7 (bullet point 2)	Could you please consider making reference to the fact that overweight and obese women should gradually increase the volume of physical activity that they currently do, because reducing their weight will increase the likelihood of conceiving (please see NICE guidance CG011).	Thank you for raising this issue. Recommendation 1 explains that losing weight can increase women’s chances of becoming pregnant

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## Public Health Intervention Guidance

### Weight management before, during and after pregnancy – Consultation on Draft Guidance (18<sup>th</sup> February – 18<sup>th</sup> March 2010)

#### Stakeholder Response Table

Stakeholder Organisation	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	take?)			
Department of Health	Recommendation 1 (“what action should they take”)	8 (point 4)	In our view, some reference should be made to the role of health care professionals in providing advice, or referral to weight management services for couples who are overweight or obese, and who have been trying to conceive for twelve months or more.  Could you please ensure that the recommendations in section 1.1.6 of NICE guidance CG011 are incorporated, or at least cited.	Thank you for raising this issue. CG11 is listed as a related guidance in section 7. In addition, further amendments have been made to the guidance recognising the woman’s role within the family and how she can be supported by her partner and wider family.
Department of Health	Recommendation 2	9	Please see the comments directly above (page 8, point 4).	As above.
Department of Health	Recommendations 1 & 2 (who should Take action?)	9	Could you please consider the inclusion of family planning clinics and well women clinics.	Thank you, the guidance has been amended in line with your comments to include all sexual and reproductive health services, as well as pre-conception and fertility clinics.
Department of Health	Recommendation 4 (“what action should they take”)	12	We consider that it would be helpful if this section could reflect recommendations 1 & 2 from NICE guidance PH2.	Noted, thank you.
Department of Health	Recommendation 4	13 (bullet point 4)	We recognise that there is mixed evidence on achieving weight loss from breastfeeding. We feel however that it is useful for women to be informed that the additional energy required to breastfeed may help them to return to pre-pregnancy weight, particularly if they do not increase their energy intake, consume a healthy balanced diet, and are moderately active.	Noted, thank you. Please see Recommendation 3 and Consideration 3.14
Department of Health	Recommendation 5 (“what action should they take”)	14	We consider that it would be helpful if this section could reflect recommendations 1 & 2 from NICE guidance PH2.	Noted, thank you.

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## Public Health Intervention Guidance

Weight management before, during and after pregnancy – Consultation on Draft Guidance (18<sup>th</sup> February – 18<sup>th</sup> March 2010)

### Stakeholder Response Table

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Department of Health	Recommendation 5: (“women with a BMI over 30 following a pregnancy and after childbirth; what action should they take?”)	14	Could you please consider rephrasing the text to read:  <i>“GPs and other health professionals should explain the increased risks that being overweight poses to women and, if they are pregnant, to their babies”.</i>	Thank you; the recommendation has been amended in line with your comments.
Department of Health	Recommendation 6 (“Who should take action”)	15	Could you please consider emphasising that a Children’s Centre is a building. Therefore it would be better to specify “health professionals in Children’s Centres”.	Thank you; the recommendation has been amended in line with your comments.
Department of Health	Section 3.12	23	There does not appear to be an evidence statement relating to this. In our view, it is confusing that (on page 50, Appendix D, No 8) it is noted that “there is limited evidence on the role of breast feeding in helping women to gain or retain healthy weight after childbirth.”  We would be grateful for greater clarity on this issue.	Thank you for this comment; this section has been amended for clarity.
Department of Health	Implementation	24	As NICE guidelines are not mandatory beyond the NHS, you have agreed with the Department of Children Schools and Families (DCSF) that guidelines, which are intended to influence planning and practice in local authority children’s services (e.g. Sure Start Children’s Centres, schools), should be directed to DCSF for inclusion in DCSF guidance.	The guidance is directed to health professionals in children’s centres, based on advice from the Department for Education.
Diabetes UK	general		It would be useful for the guidance document to sign post to the Change4life website as this contains information about healthy living. <a href="http://www.nhs.uk/change4life/Pages/Default.aspx">http://www.nhs.uk/change4life/Pages/Default.aspx</a>	Thank you for this comment. Reputable sources of information are flagged throughout the guidance. In relation to healthy eating, readers are referred to the <i>Eatwell.gov.uk</i> website.

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## Public Health Intervention Guidance

### Weight management before, during and after pregnancy – Consultation on Draft Guidance (18<sup>th</sup> February – 18<sup>th</sup> March 2010)

#### Stakeholder Response Table

Stakeholder Organisation	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Diabetes UK	general		The recommendations at present focus heavily on advice and information giving particularly for women with a BMI of less than 30 kg/m <sup>2</sup> . It is important that the recommendations also reflect the need to have a discussion about their needs and the identification of appropriate sources of support to assist behaviour change.	Thank you for raising this issue.
Diabetes UK	general		The recommendations throughout should provide the opportunity for onward referral for specific dietetic support to be available if a woman requests this, or where it is identified that it will help to meet their needs.	Noted, thank you.
Diabetes UK	general		Both health eating and calorie reduction maybe necessary for some women to support weight management during and after pregnancy.	Noted, thank you. The assessment of the evidence led the Committee to recommend that women should be advised not to try to lose weight during pregnancy but they should be encouraged to attain a healthy weight before pregnancy and encouraged and supported to lose weight after pregnancy.
Diabetes UK	Section 1 achieving a healthy weight	5	It would be better to change the first bullet point statement to: <b>Include</b> starchy foods in meals, such as potatoes, bread, rice, <b>chapatti</b> and pasta. The term “Base” implies that the bulk of the meal should be made up of starchy foods.	Thank you for this comment. This has not been amended as it is an edited extract from a recommendation in NICE guidance on Obesity (CG43) (2006) <a href="http://guidance.nice.org.uk/CG43">http://guidance.nice.org.uk/CG43</a>
Diabetes UK	Section 1 achieving a healthy weight and general	5	It is important that advice is culturally tailored to the needs of the individual woman.	Noted, thank you.
Diabetes UK	Section 1 achieving a healthy weight	5 and 6	The recommendations should also reflect the FSA’s 8 steps to eating well <a href="http://www.eatingwell.gov.uk">www.eatingwell.gov.uk</a> and relevant recommendations from the Change4life programme	Thank you for this comment. Reputable sources of information are flagged throughout the guidance. In relation to healthy eating, readers are referred to the <a href="http://Eatwell.gov.uk">Eatwell.gov.uk</a> website.
Diabetes UK	Section 1 achieving a healthy weight	6	Bullet points 4,5 and 7 on this page would be better reflected by the Change4life recommendations:  Reduce time spent sitting down Get active when travelling Take up an active hobby.  These statements are clearer and more inclusive of a range of activities that	Thank you for this comment. This has not been amended as it is an edited extract from a recommendation in NICE guidance on Physical activity in the workplace (PH13).

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### Weight management before, during and after pregnancy – Consultation on Draft Guidance (18<sup>th</sup> February – 18<sup>th</sup> March 2010)

#### Stakeholder Response Table

Stakeholder Organisation	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			can be undertaken.	
Diabetes UK	Section 1 achieving a healthy weight	6	Please add the recommendation “eat regular meals” as this is recognised as an important part of achieving healthy weight.	Thank you for this comment. This has not been amended as it is an edited extract from a recommendation in NICE guidance on Obesity (CG43) (2006) <a href="http://guidance.nice.org.uk/CG43">http://guidance.nice.org.uk/CG43</a>
Diabetes UK	Section 1 Effective weight-loss programmes	6	Please add a statement that acknowledges that effective weight loss programmes can be delivered on a one to one and group basis.	Thank you for this comment. This has not been amended as it is an edited extract from a recommendation in NICE guidance on Obesity (CG43) (2006) <a href="http://guidance.nice.org.uk/CG43">http://guidance.nice.org.uk/CG43</a>
Diabetes UK	Section 1 recommendation 1 Under what action should they take	7 and 8	This recommendation must also consider the needs of women who cannot undertake some of the activities identified.	Thank you for this comment. This recommendation has been amended.
Diabetes UK	Section 1 recommendation 1 Under what action should they take	8	Last bullet point: Please change the wording to reflect the range of factors that can affect a woman’s circumstance more holistically:  Advice should be tailored to women’s physical, social, environmental needs including recognition of their roles and responsibilities.	Thank you for this comment. This recommendation has been amended.
Diabetes UK	Section 1 recommendation 2 Under what action should they take	9	2 <sup>nd</sup> bullet point Rather than using the phrase “ideally to a BMI” please change this to “ideally towards a BMI” in recognition of the positive effect of any weight loss. This would also reflect the ethos of the sentence that follows.	Thank you for this comment. This recommendation has been amended.
Diabetes UK	Section 1 recommendation 3	10	4 <sup>th</sup> bullet point Please change the first 6 months to “first 2 trimesters” and last 3 months to “last trimester” as this is a more accurate reflection of the antenatal period.	Noted. NICE guidance uses plain language wherever possible.

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#### Stakeholder Response Table

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	Under what action should they take			
Diabetes UK	Section 1 recommendation 3 Under what action should they take	11	6 <sup>th</sup> bullet point Please change the phrase clinical problem to clinical need, that requires management.	Thank you. The wording has been amended in line with your comments and the NICE antenatal care clinical guideline <a href="http://guidance.nice.org.uk/CG62">http://guidance.nice.org.uk/CG62</a> .
Diabetes UK	Section 1 recommendation 3 Under what action should they take	11	6 <sup>th</sup> bullet point Please also include in this recommendation that women who request repeated weighing for monitoring should also be weighed.	Noted, thank you. The recommendation supports the NICE antenatal care clinical guideline which recommends that women should only be weighed again if clinical management can be influenced or if nutrition is a concern. See <a href="http://guidance.nice.org.uk/CG62">http://guidance.nice.org.uk/CG62</a>
Diabetes UK	General		Wherever the phrase “women who have recently had a baby “appears, please define the period of time considered as “recently”.	Noted, thank you. As appropriate, the wording in the guidance has been amended to state “recent months” instead of “recently”. The introduction to the guidance states that it covers mother who have had a baby in the last 2 years.
Diabetes UK	Section 1 recommendation 4 Under what action should they take	13	6 <sup>th</sup> bullet point last sentence: Please change this to: It should also take into account further caring and/or employment responsibilities.	Noted, thank you. The list of examples is not intended to be exhaustive.
Diabetes UK	Section 1 recommendation 5 Under who	14	Please include partners, families and friends as per previous recommendations.	Noted, thank you.

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	is the target population			
Diabetes UK	Section 1 recommendation 5 Under what action should they take	14	2 <sup>nd</sup> bullet point Please reflect that structured weight loss programmes should include the elements of effective weight loss programmes identified on page 6	Thank you. The recommendation has been amended in line with your comments.
Diabetes UK	Section 1 recommendation 5 Under what action should they take	15	1 <sup>st</sup> bullet point on this page This recommendation regarding dietetic input should apply throughout the guidance.	Noted, thank you.
Diabetes UK	Section 1 recommendation 5 Under what action should they take	15	2 <sup>nd</sup> bullet point on this page Please add the statement: “however adequate nutrition and fluid intake must be considered to ensure adequate quantity and quality of milk”	Noted, thank you. This is an edited extract from a recommendation that appears in NICE guidance on Maternal and Child Nutrition <a href="http://guidance.nice.org.uk/PH11">http://guidance.nice.org.uk/PH11</a>
Diabetes UK	Section 1 recommendation 5 Under what action should they take	15	3 <sup>rd</sup> bullet point on this page Please also add the phrase: “and offer them the opportunity for a review at a later date”	Noted, thank you.
Diabetes UK	Section 1 recommendation 6	15	1 <sup>st</sup> bullet point This recommendation is not just for the post natal period but also before pregnancy and this needs to be reflected in this section	Thank you. The recommendation has been amended in line with your comments.

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	Under who is the target population			
Diabetes UK	Section 1 recommendation 6 Under what action should they take	16	2 <sup>nd</sup> bullet point Please include one to one support in this recommendation	Thank you. This recommendation has been amended and says that health professionals should continue to monitor, support and care for women who join weight management groups and slimming clubs.
Diabetes UK	Section 1 recommendation 7 Under what action should they take	16/17	1 <sup>st</sup> bullet point and 2 <sup>nd</sup> bullet point Rather than the skills to “advise on” please change this to “communicate” and “provide information”	Thank you for this comment.
Institute for Optimum Nutrition				Thank you for providing this information. We have removed it from the response table.
Institute of Health and Society, Newcastle University	General		We support the general approach taken towards weight gain in pregnancy and weight loss after pregnancy. In particular, we support the decision not to recommend specific weight gain ranges during pregnancy in the absence of evidence that limiting weight gain is either feasible or beneficial. The focus must remain on helping women to enter pregnancy at a healthy weight.	Noted, thank you.
Institute of Health and Society, Newcastle University		P9	Health professionals would be better able to advise about health risks of obesity in pregnancy if such information was made available in a clearly understandable format, which neither overstates nor minimises the associated risks.	Noted, thank you.
Institute of Health and Society,		P10	It would be helpful to give a reference for the recommendation referring to energy needs during pregnancy.	Thank you. At present the Scientific Advisory Committee on Nutrition (SACN) is undertaking a review of energy requirements. In the meantime the guidance refers to the

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Newcastle University				energy needs figures from the Committee on Medical Aspects of Food Policy (COMA) report on dietary reference values for food energy and nutrients for the United Kingdom (1991).
Institute of Health and Society		P11	We do not support the recommendation that all obese pregnant women should be referred to a dietician for advice on eating and activity. Clearly all women require accurate information and advice about healthy eating and activity, but there is no evidence that this is most effectively provided by face to face contact with a dietician. Local health services should be free to make decisions about how best to support pregnant women in the context of available resources and competing priorities.	Noted, thank you. The guidance recommends a referral to a dietician or an appropriately trained health professional. See also recommendation 6 on professional skills and training.
Institute of Health and Society		P11	The term 'moderate amount' is used to describe physical activity, when I think what is intended is 'moderate intensity'. There is no upper limit on the amount of moderate intensity activity that can be safely undertaken.	Thank you. The recommendation has been amended in line with your comments.
Institute of Health and Society		P11	We feel that the activity advice quoted here, from the RCOG guidance, is more appropriate to women who are already doing leisure time exercise, who are likely to be a very small proportion of obese pregnant women.. Advice for obese pregnant women about maintaining daily activity levels should focus more on recommendations to encourage walking and discourage sedentary time, and should focus on increasing activity during women's normal daily lives. The set of activity recommendations on page 6 seem more useful.	Thank you. The recommendation has been amended in line with your comments.
Institute of Health and Society	Recommendation 4	P12	What does 'recently' mean here (and in the other recommendations) – please be specific!	Thank you. The recommendation has been amended for clarity (stating "recent months"). The introduction to the guidance states that the guidance is aimed at mothers who have had a baby in the last 2 years.
Institute of Health and Society		P12	The committee should be aware that many GPs do not offer a routine postnatal check. Furthermore, is it meaningful to calculate BMI so early after pregnancy, when many women will go on to lose weight without any particular support or advice during the postpartum months. We do not feel this recommendation has a strong evidence base.	A routine postnatal check at 6-8 weeks is recommended in Department of Health policy and practice guidance.  The recommendation has been amended. See recommendation 3.
Institute of Health and Society		P12	Advice about postnatal weight loss needs to be viewed in the context of what is known about normal (physiological) weight gain and weight loss associated with pregnancy. Guidance to 'lose excess weight' needs to be given a realistic time frame – at present there is no clear indication of what might be considered	Noted, thank you. The recommendation stresses the postnatal check being used as an opportunity to discuss weight. An additional appointment can be made in the next 6 months for advice and support.

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			a reasonable time to regain prepregnancy weight (or to lose excess prepregnancy weight if appropriate). Blanket advice given to women to lose weight at 6 weeks post-partum may be unnecessary and unhelpful, given that most women regain their pregnancy weight by around 9 months postpartum without external intervention.	
Institute of Health and Society		P13	It would be helpful if the recommendation 'ensure women have a realistic expectation of the time it will take to lose weight' could be given a specific time frame, to help health professionals advise appropriately.	Thank you for this comment. It was not possible to state a specific time, as every individual is different.
Institute of Health and Society		P13	How soon is 'too soon' for high impact activity? Please be specific!	Noted, thank you. It is not possible to state a specific time. Every individual is different. This is an edited extract from existing RCOG recommendations.
Institute of Health and Society		P14	In general, we support the recommendation that women who were obese pre-pregnancy should be offered the opportunity to join a structured weight loss programme. However, there is uncertainty over the most effective and cost-effective method of delivering such programmes, and of when they are most appropriately offered. Therefore, it would be beneficial to encourage these programmes to be offered in the context of well designed evaluation studies (including randomised controlled trials) which will advance knowledge and understanding.	Thank you for raising this issue.  The lack of evidence on the most effective and cost effective ways of helping women manage their weight after pregnancy is covered in the research recommendations section of the guidance.
Institute of Health and Society		P17	'moderately physically active' is an unclear recommendation. The recommendation is for at least 30 minutes of moderate intensity physical activity per day, but there is no upper limit to this.	Thank you. The guidance has been amended and now states moderate intensity physical activity.
Institute of Health and Society	Section 2	P18	Many statements are made about 'increased risks' of obese women, but these are vague and unquantified. This makes it difficult for health professionals to use these to give women accurate information about the magnitude of the risk.	Thank you for this comment. The increased risks of being obese in pregnancy are clearly stated in sections 2 and 3 of the guidance ("Public health need and practice" and "Considerations").
Institute of Health and Society		P19	The section on weight gain during pregnancy does not explain that one critical reason for not endorsing the IOM guidelines is that there is no robust RCT evidence that interventions to limit weight gain are effective and improve outcomes.	Thank you for this comment. The updated version of the Considerations section of the guidance clearly states that there is a lack of intervention studies in this area. This is one of the research recommendations.
Institute of Health and Society		P19	Is this the correct reference for the SACN review of energy requirements?	Please see our previous response to your comment about page 10 of the draft guidance.
Institute of		P20	Additional calorie requirements for breastfeeding – should a distinction be	Thank you for this comment. This section has been

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Health and Society			made between energy requirements and energy intake? Many women lose weight gained during pregnancy during this time, presumably because their energy requirements exceed dietary intake.	amended for clarity.
La Leche League GB	1	11	The relationship between BMI and body fat percentage depends on body build and proportion. BMI does not consider ethnicity and unusual proportions in some populations. The distribution of body fat, particularly abdominal fat and waist circumference, is very significant and affects the risks and diseases that result. For example, a substantial proportion of the Asian population are at risk at lower BMI's. This is very significant to pregnant women because their BMI classification has implications for their management. It is therefore very important to also look at the individual and use clinical judgement. WHO (2000) Obesity: Preventing and managing the global epidemic. Technical report series 894. Geneva: WHO	Thank you. The Public Health Interventions Advisory Committee (PHIAC) recognised that was an important issue however this was outside the remit for this guidance. PHIAC noted that there is no consensus on how to define overweight and obesity in different ethnic groups for women of childbearing age.
La Leche League GB	2	20	(Paragraph 3) Rather than may 'require' around an additional 330 calories a day, which may suggest to some that eating more is a 'requirement' of breastfeeding, it may help to clarify if this states that breastfeeding....may 'use' or 'burn' around an additional 330 calories. Similarly, for the second sentence: an additional 400 calories may be 'used', rather than 'required'.	Thank you for this comment. This section has been amended for clarity.
La Leche League GB	3.8	22	'These physical changes may include heavier breasts and pelvic floor muscle weakness.' Abdominal diastasis occurs in 66% of women during the third trimester (Boissonnault and Blaschak, 1988). This may not resolve completely by 12 months postpartum (Coldron et al, 2008; Lee et al, 2008). Therefore: "These physical changes may include heavier breasts, pelvic floor muscle and abdominal muscle weaknesses' may be a relevant addition to the text. Abdominal muscle function is an essential consideration in activities of daily living as well as with any exercise programme and there is a strong link also with the pelvic floor muscle (Lee et al, 2008) Boissonnault JS, Blaschak MJ. (1988) Incidence of diastasis recti abdominis during the childbearing year. <i>Physical Therapy</i> 68(7):1082–6. Coldron, Y., Stokes, M. J., Newham, D. J., Cook, K. (2008) Postpartum characteristics of rectus abdominis on ultrasound imaging. <i>Manual Therapy</i> 13, 112-121	Thank you for raising this issue and for providing these references.

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			Lee, D. G., Lee, L. J., McLaughlin, L. (2008) Stability, continence and breathing: The role of fascia following pregnancy and delivery. <i>Journal of Bodywork and Movement Therapies</i> 12, 333-348	
MEND Central	General		MEND find the advice here fairly vague with very little real guidance. The advice given to those seeing obese women at around the time and during pregnancy is for them to refer them on to a health professional such as a dietitian. However, there is little guidance offered here for such health professionals to use with these obese women referred to them. We feel such health professionals may fall back on other guidance, such as the US IOM weight gain guidance in pregnancy.	Noted, thank you.
MEND Central	1 Recommendations	8	In the paragraph which starts 'Health professionals should use any opportunity...', it states that it is particularly important to warn women who have gained weight since a previous pregnancy about the risks of being overweight and obese during pregnancy. We do not understand why this is particularly picked out as, surely, being overweight and obese, however it came about, deserves a warning.	Thank you for this comment. This reflects evidence (as stated in section 2 of the guidance) that even relatively small weight gains between pregnancies increases the risk of hypertension and gestational diabetes and the risk of giving birth to a large baby (Villamor and Cnattingius 2006).
MEND Central	Recommendation 1: preparing for pregnancy	8	In the paragraph which starts 'Health professionals should offer practical advice.....' MEND suggests that it would be appropriate for healthcare professionals to offer practical advice on preconception care such as remembering to take the right dose of folic acid and about not crash dieting if they are planning to conceive again.	Thank you for this comment. Effective weight loss programmes are flagged at the introductory section of the guidance. Recommendation 1 makes reference to advice on folic acid.
MEND Central	Recommendation 2	9	Women who may become pregnant with a BMI over 30 should certainly try to reduce weight to a more normal weight, but achieving a BMI of around 24.9 is adequate rather than aiming for the lower target of 18.5 kg/m <sup>2</sup> . We believe from the evidence available that it would be wise for women who embark on slimming diets to try and stabilise their weight for at least 2-3 months, rather than be actively losing weight while trying to conceive.	Thank you. The final guidance recommends a 5-10% weight loss, in line with existing NICE guidance on obesity <a href="http://guidance.nice.org.uk/CG43">http://guidance.nice.org.uk/CG43</a> (2006).
MEND Central	Recommendation 3	10/11	Health professionals are advised here to weigh women at the first antenatal appointment and clearly explain to women why this information is needed and how it will be used. However, NICE don't actually offer any guidance here on how health professionals should use information on weight and what advice on further weight gain should be given to pregnant women. This reflects our General comment above.	Thank you for this comment. The final guidance does include specific information for health professionals. The recommendation covers dispelling myths about diet during pregnancy, offering practical advice on healthy eating and physical activity, and cautions against advising weight loss during pregnancy.
MEND Central	Recommendation	11	Health professionals are advised not to routinely weigh women during	Thank you for this comment. The wording of this

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## Public Health Intervention Guidance

### Weight management before, during and after pregnancy – Consultation on Draft Guidance (18<sup>th</sup> February – 18<sup>th</sup> March 2010)

#### Stakeholder Response Table

Stakeholder Organisation	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	Recommendation 3		pregnancy unless there is a clinical problem that needs to be managed. It is MEND's view that obesity constitutes a clinical problem, particularly in pregnancy and that it does need to be managed. This therefore would mean that obese pregnant women need to be weighed. Further, the data on weight gain during pregnancy could be used to gain insight into what weight increase is excessive, leading to complications.	recommendation has been amended for clarity. In addition, please refer to evidence statement 1.16
MEND Central	Recommendation 5	15	With regard to the bullet point which starts 'GPs and health visitors should advise women who are breastfeeding.....', some caution should also be put in place here. The general advice seems to be that the Calorie intake should not fall below 1800kcal for women who are breastfeeding. MEND cannot locate the evidence source of this advice but does know it is extensively quoted. NICE needs to check out whether a lower calorie threshold needs to be stipulated when women are fully breastfeeding while trying to lose weight.	Thank you for this comment. Issues around estimated average energy requirements are discussed in the considerations section of the guidance. Please note that the Scientific Advisory Committee on Nutrition is currently reviewing energy requirements for the UK population.
MEND Central	Recommendation 7	17	With regard to the first bullet point under the subtitle: 'What action should they take', the advice to healthcare professionals needs to be more specific around measuring BMI during pregnancy. For a start, is measuring BMI during pregnancy of value as a true obesity reading cannot be made with BMI if the woman is more than about 12 weeks pregnant? Maybe weighing the woman on a regular basis is of more value? Also, the guidance says that healthcare professionals need to know how a BMI taken during pregnancy is to be used. However, NICE does not stipulate how BMI readings during pregnancy should be interpreted.	The guidance refers to BMI at the booking appointment.
MEND Central	Public health need and practice	18	Although the average of 18% is quoted here (2008 data) for women who are overweight or obese when entering pregnancy, NICE should also point out as a note for public health concern, that in some areas of the UK it is more than double this as was shared at the NICE Public Health Interventions Advisory Committee, PHIAAC 41-Weight Management in Pregnancy 6/11/2009	Thank you for raising this issue. The information has been updated in the final guidance, based on the most recent data.
MEND Central	2 Public health need and practice	18	The first line under the heading, 'Health risks for overweight and obese women and their babies', should read 'Women who are overweight or obese before getting pregnant <u>and/or during pregnancy</u> , face an impaired glucose tolerance and gestational diabetes etc.....). It is not just being overweight or obese before pregnancy that carries the risk, but remaining so during pregnancy or gaining excessive weight during pregnancy, which carries the increasing risks.	Noted, thank you. The evidence shows that associations between pregnancy outcome and weight gain in pregnancy are weakest in obese women. Pre-pregnancy BMI is by far the greater determinant of pregnancy outcomes.  Association between pregnancy weight gain and adverse pregnancy outcome does not mean that restriction of weight

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				gain will necessarily improve outcomes. Evidence from trials is not yet available.
MEND Central	3.1	21	This paragraph is about the use of the IOM guidance on weight restriction guidelines during pregnancy. MEND does understand that their use is not evidence based, but in reality many UK health professionals are using them because there is no other guidance. Could they not be used with caution and outcomes of their use evaluated so that the evidence for them could start to be built up? This would require that women who do get told to restrict weight gain to certain limits to be regularly weighed and the birth weight and outcome for them and their baby be fully documented.	Thank you. PHIAAC recognised that health professionals would welcome UK guidance on weight gain in pregnancy. In the absence of such guidance, PHIAAC discussed whether it would be appropriate to support the US Institute of Medicine's guidelines. However, the US recommendations were based on observational evidence and were not validated by intervention studies. Without evidence from large-scale trials, it is not clear whether or not adhering to the recommended ranges lowers the risk of adverse outcomes for mothers and their babies. In addition, the guidelines were developed for the US population and it is not known whether or not they would apply to other populations with a different ethnic composition. PHIAAC was therefore unable to support their use without more evidence and more information about their applicability to the UK population.
MEND Central	3.16	23 and 24	Although it is useful that childcare provision is thought about, losing weight and being physically active can be considered without a need for childcare. Indeed MEND are developing a postnatal weight loss programme that is a mixture of facilitated self help plus some group work. The group work will be designed so that women can keep their children with them, as women often do not like to put children in a crèche at such an early stage. The activity element of the programme will also be aimed at how women can be active with their babies with them, such as buggy walks, and also aims to encourage building exercise into everyday life, which hopefully will be sustainable. So we would argue that adequate and affordable childcare is not 'essential' at this stage.	Noted, thank you. The importance of providing affordable childcare is flagged in recommendations for community based services.
MEND Central	3.17	24	This section requires more explanation; smoking may lead to weight loss and excessive alcohol intake may lead to weight gain but it is unclear what the guidance is saying here.	Noted, thank you.
National Perinatal Epidemiology	Section 1	5-6	It is very unclear whether the recommendations for achieving a healthy weight and effective weight loss programmes, positioned as they are at the front of the guidelines with little qualification, should be applied to pregnant women. These	Thank you for this comment. This section has been edited for clarity. The recommendations make clear that dieting during pregnancy is not recommended.

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Unit			should be positioned more appropriately within the document once pregnancy specific recommendations have been made, or else suitably qualified so that it is clear that these are general and not pregnancy-specific recommendations.	
National Perinatal Epidemiology Unit	Section 1, recommendation 1	7	It would be helpful if the recommendations included guidance as to the type of local education initiatives which PCTs should undertake, or state if there is no evidence to inform this.	The assessment of the effectiveness of education initiatives was beyond the scope of this guidance which is primarily aimed at GPs, midwives and maternity services.
National Perinatal Epidemiology Unit	Section 1, recommendation 1	7-8	It would be helpful to include a source of guidelines figures for healthy weight or waist measurement for health trainers to refer women to.	Thank you for this comment. The guidance supports existing NICE guidance, including NICE guidance on obesity (2006) <a href="http://guidance.nice.org.uk/CG43">http://guidance.nice.org.uk/CG43</a> , which contains this information.
National Perinatal Epidemiology Unit	Section 1, recommendation 2	9	It would be helpful to include a summary of the increased health risks that a BMI of over 30 poses to women, or refer to an appropriate source of information	Thank you for this comment. The health risks are outlined in section 2 of the guidance.
National Perinatal Epidemiology Unit	Section 1, recommendation 4	14	The advice on complicated deliveries could be interpreted to mean that women should not take exercise at all for 6-8 weeks after such deliveries. It should be made clear that light/gradual exercise is appropriate and that failure to undertake any exercise may in fact lead to adverse outcomes including thromboembolic disease.	This recommendation has not been edited for clarity. The recommendation reflects the advice of the RCOG and states that <i>pre-pregnancy</i> levels of physical activity should not be resumed until after consultation with a medical care giver.
National Perinatal Epidemiology Unit	Section 1, recommendation 6	16	Is there a place for action under this heading for postnatal support groups such as those offered through the NCT?	The “who should take action” section of this recommendation has been extended and now included health and fitness advisers working in voluntary, community and commercial organisations.
National Perinatal Epidemiology Unit	3.2	21	The guidance notes that a number of large scale RCTS are underway but that conclusions could not be drawn from them before publication of this guidance. Could some indication be given as to the likely date that these results would be available and hence a planned revision date for this guidance?	Thank you for this comment. It is not possible for this guidance to state when potentially relevant RCTs will be completed. The guidance will be considered for update 3 years after publication and all new evidence will be considered then.
National Perinatal Epidemiology Unit	3.13	23	The committee should also take into consideration and mention in this advice the other added benefits of encouraging breastfeeding.	Thank you for this comment. There are references to the promotion of breastfeeding throughout the guidance and this section has been updated and extended. However, it is not the purpose of this guidance to re-visit the extensive and detailed recommendations on breastfeeding outlined in

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				existing NICE guidance on Maternal and Child Nutrition <a href="http://guidance.nice.org.uk/PH11">http://guidance.nice.org.uk/PH11</a> though reference is made at the introduction of this guidance.
National Perinatal Epidemiology Unit	3.17	24	The committee note that women may resume smoking and drinking alcohol and that these habits may affect their weight, but give no advice on these areas in their recommendations.	Thank you for this comment. This section has not been amended as it is considered to be clear as it stands. Advice on these topics is beyond the remit of this guidance.
National Perinatal Epidemiology Unit	Section 5	25	Given the paucity of evidence, we believe that recommendations for future research are particularly important and we would welcome to opportunity to comment on this section before publication of the final guidance.	Noted, thank you. There is not another opportunity to comment on the draft guidance prior to publication. The guidance is published on 28 July 2010
NCT	1 Recommendations 4 & 5	p. 12 - 15	It should also be mentioned that: <ul style="list-style-type: none"> <li>- Breastfeeding will reduce risk of childhood obesity.</li> <li>- Breastfeeding will reduce risk of diabetes in children which is more likely if a woman is obese and has gestational diabetes.</li> <li>- Pregnancy preparation for breastfeeding of diabetic women might be recommended but is in other NICE guideline.</li> </ul>	Thank you for this comment. There are references to the wider benefits of breastfeeding throughout the guidance and this section has been updated and extended, to include the possible impact of breastfeeding on weight. However, it is not the purpose of this guidance to re-visit the extensive and detailed recommendations and discussion on breastfeeding outlined in existing NICE guidance on Maternal and Child Nutrition <a href="http://guidance.nice.org.uk/PH11">http://guidance.nice.org.uk/PH11</a> though reference is made at the introduction of this guidance.
NCT	2 Public health need and practice	p.18 – 20.	Care that women receive in pregnancy varies with regard to high BMI and diet. <i>Some</i> midwives may and do discuss possible implications in pregnancy and labour of high BMI. NICE antenatal guidelines suggest that GTT for BMI over 30 should be discussed at booking.	Noted, thank you.
NCT	3 Considerations	p.20 – 23.	Conflicting advice is a real problem for women of all social backgrounds, especially relating to diet. Social and psychological issues which may lead to obesity along with the key questions about the knowledge, training and support of health professionals need to be addressed if any recommendations are to be effective. Are midwives the best professional to help the women with weight and diet issues? If they are they will need more time and training to address this role effectively.	Noted, thank you.
NHS Ealing	Section 1:	5-6	There should be a clear statement that:	Thank you for this comment. Updated recommendation 1

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	Achieving a healthy weight		<p>“achieving and maintain a healthy weight should not be at the expense of important nutrients for pregnancy, e.g. iron, calcium, vitamin B<sub>12</sub> , and essential fatty acids”.</p> <p>This statement is required because when people try to lose weight they frequently remove or reduce key foods from their diet. This may create nutritional deficiencies during pregnancy and lactation.</p> <p>Therefore, it is not enough just to say to follow a “balanced, healthy diet”.</p> <p>Furthermore, it may be harmful for weight management programmes for women before, during, and after pregnancy to be undertaken without the person delivering the program having specific knowledge of the nutritional requirements for pregnancy and lactation.</p>	states that health professionals should offer specific dietary advice in preparation for pregnancy, including the need to take daily folic acid supplements. Dieting to lose weight during pregnancy is discouraged in this guidance. Specific, detailed recommendations on weight loss can be found in the NICE guidance on the prevention and management of obesity (CG43) (2006) <a href="http://guidance.nice.org.uk/CG43">http://guidance.nice.org.uk/CG43</a>
NHS Ealing	Recommendation 3: Pregnant women	11	<p>“Do not weigh women repeatedly during pregnancy....”</p> <p>Not weighing women at the beginning and during pregnancy would mean that women may put on excessive weight during pregnancy and this would go unnoticed. This is of particular concern for women with a BMI greater than 30 kg/m<sup>2</sup>.</p> <p>The Institute of Medicine (IOM) have produced recommended healthy weight gain targets for pregnancy (see attached). Achieving these can only be met if women are routinely weighed, perhaps at notification by the GP, at each antenatal appointment.</p>	<p>Thank you for this comment.</p> <p>Concerns about repeated weighing are discussed in this guidance. The guidance clearly states that women should be weighed at first booking. The recommendations support existing NICE guidance on antenatal care.</p> <p>The context section in recommendation 2 and Consideration 3.2 explain that the use of the IOM recommendations in the UK is not recommended.</p>
NHS Ealing	Recommendation 3: Pregnant women	11	<p>Could we add “Do not recommend weight-loss, , but prevent excessive weight gain during pregnancy”</p> <p>See IOM document attached</p>	<p>Thank you for your comment. Please see above.</p> <p>The evidence shows that associations between pregnancy outcome and weight gain in pregnancy are weakest in obese women. Pre-pregnancy BMI is by far the greater determinant of pregnancy outcomes.</p> <p>Association between pregnancy weight gain and adverse</p>

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				<p>pregnancy outcome does not mean that restriction of weight gain will necessarily improve outcomes.</p> <p>Evidence from trials is not yet available.</p> <p>Please note: Your attachment has been removed from the response table</p>
NHS Ealing	Effective weight loss programmes	6	“are based on a balanced, healthy diet and ensuring that the important nutrients required for pregnancy and lactation are met”	Thank you for this comment. This section is an edited extract of existing NICE guidance on obesity and is not specific to pregnancy. Dieting during pregnancy is actively discouraged in this guidance.
NHS Ealing	Effective weight loss programmes	6	Change to “Effective Weight Management Programmes” as it is referred to throughout the document.	Thank you for this comment. Not amended as this is an edited extract of existing NICE guidance on obesity (CG43) (2006) <a href="http://guidance.nice.org.uk/CG43">http://guidance.nice.org.uk/CG43</a>
Leeds Teaching Hospitals Trust and NHS Leeds	Recommendation 1, last bullet point	8	There is an earlier reference to <a href="http://www.eatwell.gov.uk">www.eatwell.gov.uk</a> Could there be a reference to <a href="http://www.bdaweightwise.com">www.bdaweightwise.com</a> ?	Thank you for this comment. The list of reliable sources of information is not intended to be exhaustive. Additional sources of information may be considered at the implementation of the guidance.
Leeds Teaching Hospitals Trust and NHS Leeds	Recommendation 1	10	Why are health trainers, leisure staff etc mentioned here as taking action yet excluded in post natal weight loss recommendations. I would have thought during pregnancy was the most important time to have qualified nutritional/ dietetic input/ advice	Thank you for this comment. This recommendation has been amended and health trainers are included in recommendation 5 re community based services.
Leeds Teaching Hospitals Trust and NHS Leeds	What action should they take? 2nd bullet point	9	I know why BMI 24.9 to 18.5 is quoted however we do get patients with BMI of 18 referred from the IVF clinic for weight gain and the aim of a BMI of 20 to help conception. Would it be better and more consistent to say BMI of 20 to 24.9?	Thank you for this comment. This cut off is based on WHO recommendations, on the healthy weight range.
Leeds Teaching Hospitals Trust and NHS Leeds	What action should	11	Do not recommend weight-loss during pregnancy. I feel that the advice needs to be clearer than this. If the patient has a very high BMI, is weight maintenance or less weight gain OK? What is safe for those with a very high	<p>Noted, thank you.</p> <p>The evidence shows that associations between pregnancy</p>

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	they take? 2nd paragraph beginning Health professionals should explain.....		BMI? This is being highlighted as an increasing problem by midwifery teams and needs clearer guidance on what advice should be given is essential.	outcome and weight gain in pregnancy are weakest in obese women. Pre-pregnancy BMI is by far the greater determinant of pregnancy outcomes.  Association between pregnancy weight gain and adverse pregnancy outcome does not mean that restriction of weight gain will necessarily improve outcomes or that it is safe. Evidence from trials is not yet available.
Leeds Teaching Hospitals Trust and NHS Leeds	Recommendation 1 section 4 & 5	13 & 14	Should there be a point about importance of attempting to return to a healthy weight before planning another pregnancy?	Thank you. This point is made in updated recommendation 4 for women with a BMI of 30 or more after childbirth.
Leeds Teaching Hospitals Trust and NHS Leeds	If more appropriate etc	15	I don't think reference 13 is the correct one to quote. There is much more to behaviour change strategies than goal setting. Could just quote CG43 Obesity relevant section	Thank you. The reference quoted is correct.
Leeds Teaching Hospitals Trust and NHS Leeds	General		What total weight gain should be expected over pregnancy? Even if professionals do not weigh women during pregnancy they are likely to weigh themselves so advice on the range of expected weight gain would be useful for reassurance.	Thank you. The Public Health Interventions Advisory Committee (PHIAC) was of the view that there was not enough evidence to make a recommendation on this issue and was not able to support the recommendations of the US IOM (reasons outlined in the considerations section of the guidance). See also our response above.
Leeds Teaching Hospitals Trust and NHS Leeds	General		There are many patients coming through with very high BMIs -what is the best support for them? Where should these patients be seen- is it a community setting or is there a need for a more specialist setting with specialist support?	Thank you for raising these issues. Recommendation 2 in the final guidance states that health professionals should consider referring women with a BMI of 30 or more.
NHS SEFTON	Introduction	1	There is no reference to the guidance being relevant for Practice Nurses or Sexual Health/Family Planning Nurses. We believe this is important to be stated in the introduction as often this is an encouragement for certain staff groups to continue to read further, and obviously these groups are vital to engage with if we want this guidance to be successful.	Thank you for this comment. Recommendation 1 in the final guidance (for women with a BMI of 30 or more before pregnancy) states that action should be taken by health professionals working in fertility, pre-conception advice and gynaecology and contraceptive services.
NHS SEFTON	Recommendation 3 Pregnancy Action	11	: Although I understand why you are stating that women should not be repeatedly weighed would this be an opportunity lost during the pregnancy period to discuss healthy eating and physical activity. Often the activity itself prompts practitioners to discuss?	Thank you for raising these issues.  Though losing some weight during pregnancy may not necessarily be unsafe there is no evidence that losing

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			<p>: We understand that pre pregnancy BMI is the most important factor in relation to poor health outcome and that we do not want to recommend weight loss in pregnancy.</p> <p>However we need to state here that if the woman adopts the healthy eating and physical activity advice given by the dietician, midwife or other professional she may lose weight and this is not necessarily unsafe.</p> <p>We may also want to highlight that overall pregnancy weight gain may be less than expected according to the IOM or FSA guidance.</p>	<p>weight during pregnancy is safe.</p> <p>Evidence shows that associations between pregnancy outcome and weight gain in pregnancy are weakest in obese women. Pre-pregnancy BMI is by far the greater determinant of pregnancy outcomes.</p>
NHS SEFTON	Recommendation 4 Who Should take action	12	I think it is also important to include all staff working with new mothers and families especially Children Centre Staff.	Thank you. Health professionals and managers working in Children's Centres are included in the revised recommendation 4..
NHS SEFTON	Recommendation 4	13	<p>: Should this section include what we mean by "realistic time" to lose weight, as this can vary? Some Post natal exercise trainers state 9 months</p> <p>: Do we need to clarify what we mean by "Too Soon "in relation to high impact activity?</p>	Thank you for this comment. The Public Health Interventions Advisory Committee (PHIAC) was not able to establish a suggested period, as every woman is different.
NHS SEFTON	Recommendation 5 Who should take action	14	I think it is also important to include all staff working with new mothers and families especially Children Centre staff. And also Sexual health services as women need encouragement and support from all parties at this time.	Thank you. Health professionals and managers working in Children's Centres are included in revised recommendation 5 on community based services.
NHS SEFTON	Recommendation 6 Community based services for women before pregnancy and	15	<p>Do you need to add in here women who are planning a pregnancy? Or childbearing age?</p> <p>If you want to just target women who have already got children and may have further children does the recommendation need to be "services for mothers"?</p>	Thank you. Revised recommendation 5 – on community based services – is for all women before, during and after pregnancy.

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	following childbirth. Target population			
NHS SEFTON	Recommendation 7 Skills	16	I understand that nice guidance is aimed at professional's skills How can we ensure that Slimming Clubs and Weight management services delivered outside the NHS deliver consistent messages in relation to healthy weight and risk factors pre pregnancy and following childbirth? Do we need to take a national approach and formulate a short statement to be included in their literature and support material that highlights the risks and benefits and signposts to relevant Health Professional as appropriate?	Thank you. The issues you mention in are included in NICE guidance on the prevention and management of obesity (2006) <a href="http://guidance.nice.org.uk/CG43">http://guidance.nice.org.uk/CG43</a>
Regional Public Health and Social Care Group, Yorkshire and the Humber, Department of Health	Rec 1		Need to add use of current campaigns e.g. Change4Life and Start4Life	Thank you for this comment. Reputable sources of information are flagged throughout the guidance. In relation to healthy eating, readers are referred to the <a href="http://Eatwell.gov.uk">Eatwell.gov.uk</a> website.
Regional Public Health and Social Care Group, Yorkshire and the Humber, Department of Health			Need to reinforce messages on supplementation particularly folic acid	Thank you. Recommendation 1 makes reference to advice on folic acid.
Regional Public Health and Social Care Group, Yorkshire and the Humber,			Need to be clearer on what the health risks are	Thank you. There is now more detail in the guidance on health risks.

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Department of Health				
Regional Public Health and Social Care Group, Yorkshire and the Humber, Department of Health	Rec 2		Need to be clear that there may be different messages required for different groups depending upon whether the woman's BMI e.g. if it is over 30, 35, 40.	Thank you. The guidance has recommendations for all women and for women with a BMI of 30 and over.
Regional Public Health and Social Care Group, Yorkshire and the Humber, Department of Health	Rec 3		Section needs to be split to take account of women with a BMI greater than 40	Thank you. Please see previous comment.
Regional Public Health and Social Care Group, Yorkshire and the Humber, Department of Health			Needs to also take account of the risk management arrangements for the women with a BMI over 40	Thank you. Recommendation 2 outlines that for pregnant women with a BMI of 30 or more that the risk will be managed by the health professionals caring for them during their pregnancy.
Regional Public Health and Social Care Group, Yorkshire and the Humber, Department of Health			Needs to include Health Visitors	Noted, thank you.

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Regional Public Health and Social Care Group, Yorkshire and the Humber, Department of Health			Link to national websites like NHS Choices	Noted, thank you.
Regional Public Health and Social Care Group, Yorkshire and the Humber, Department of Health			It makes assumptions that people can read	Noted, thank you.
Regional Public Health and Social Care Group, Yorkshire and the Humber, Department of Health			Healthy Start scheme information needs to include the provision of vitamins antenatally from 10 weeks for eligible pregnant women. Also this needs to strongly state the opportunity to embed healthy eating behaviours within families during pregnancy timeframe.	Thank you. Recommendation 2 has been amended. Recommendations on the Healthy Start vitamins are included in the NICE guidance on maternal and child nutrition which is referred to throughout. <a href="http://guidance.nice.org.uk/PH11">http://guidance.nice.org.uk/PH11</a>
Regional Public Health and Social Care Group, Yorkshire and the Humber, Department of Health			No mention of the health benefits of breastfeeding to woman and child and the importance of having a discussion on breastfeeding at 28 weeks and providing the Bump to Breastfeeding DVD.	Noted, thank you. Recommendation 3 highlights the importance of breastfeeding. Specific recommendations on breastfeeding are covered in the NICE public health guidance on Maternal and Child Nutrition (2008) <a href="http://guidance.nice.org.uk/PH11">http://guidance.nice.org.uk/PH11</a>
Regional Public Health and	Rec 4		Need to define “recently” – “Women who have recently had a baby”.	The guidance has been amended accordingly.

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## Public Health Intervention Guidance

Weight management before, during and after pregnancy – Consultation on Draft Guidance (18<sup>th</sup> February – 18<sup>th</sup> March 2010)

### Stakeholder Response Table

Stakeholder Organisation	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Social Care Group, Yorkshire and the Humber, Department of Health				
Regional Public Health and Social Care Group, Yorkshire and the Humber, Department of Health			Need to link the information on the 6-8week check with the information in the Healthy Child Programme. Focus currently on the child.	Noted, thank you.
Regional Public Health and Social Care Group, Yorkshire and the Humber, Department of Health			Needs to mention the importance of breastfeeding and its contribution to regaining health. Reinforce message that breastfeeding uses up to 500 calories a day and can help with weight loss along side a healthy balanced diet.	Thank you, please see previous comment.
Regional Public Health and Social Care Group, Yorkshire and the Humber, Department of Health	Rec 5		Needs to have a stronger message on the benefits of breastfeeding for mother and child, in line with Rec 4	Thank you, please see previous comment.
Regional Public Health and Social Care Group,	Rec 6		No comment	Thank you.

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Yorkshire and the Humber, Department of Health				
Regional Public Health and Social Care Group, Yorkshire and the Humber, Department of Health	Rec 7		Take out and change “ <b>and weight loss in relation to breastfeeding</b> ”. “Ensure they have appropriate knowledge and skills to help dispel common myths about keeping healthy and what to eat and what not to eat in pregnancy <b>and whilst breastfeeding</b> ”.	Thank you, the guidance has been amended accordingly.
Regional Public Health and Social Care Group, Yorkshire and the Humber, Department of Health	Guidance	20	Negative phrasing on the links between breastfeeding and weight loss – see below articles which support breastfeeding and weight loss.	Thank you, please see previous comment.
Regional Public Health and Social Care Group, Yorkshire and the Humber, Department of Health			Supportive Evidence on BFI website 552 - <a href="#">Does breastfeeding help mothers to lose weight gained during pregnancy?</a> 617 - <a href="#">Breastfeeding could more than halve the risk of metabolic syndrome</a> 585 - <a href="#">Is breastfeeding beneficial for maternal cardiovascular health?</a> 479 - <a href="#">Does maternal obesity impact on breastfeeding outcomes?</a> 483 - <a href="#">Does obesity impact on breastfeeding success?</a>	Thank you for this evidence.
Regional Public Health and Social Care Group, Yorkshire and the Humber,	Guidance 3.7	22	Negative to breastfeeding “needs careful consideration”? – feel like it contradicts the benefits of breastfeeding	Thank you, please see previous comment.

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Department of Health				
Regional Public Health and Social Care Group, Yorkshire and the Humber, Department of Health	Guidance 3.12	23	Phrasing confusing and dilutes the potential contribution of breastfeeding	Noted, thank you. this section has been amended.
Regional Public Health and Social Care Group, Yorkshire and the Humber, Department of Health	Guidance 3.13	23	Training need – possible bullet in Rec 7	Noted, thank you.
Regional Public Health and Social Care Group, Yorkshire and the Humber, Department of Health	General		Breastfeeding contribution is very weak and could undermine the potential impact as part of a healthy living plan.	Thank you. Specific recommendations on breastfeeding are covered in the NICE public health guidance on Maternal and Child Nutrition (2008) <a href="http://guidance.nice.org.uk/PH11">http://guidance.nice.org.uk/PH11</a>
Regional Public Health and Social Care Group, Yorkshire and the Humber, Department of Health	General		Links to previous NICE PH11 is weak, Healthy Start and Breastfeeding recommendations are stronger in that guidance and points need to be referenced!	Please see previous comment.

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Regional Public Health and Social Care Group, Yorkshire and the Humber, Department of Health	General		There needs to be clarity on the need for consistent messages and approaches across multi-agency groups to ensure pregnant women and new mum are getting the right information at the right time and in the right place.	Noted, thank you.
Regional Public Health and Social Care Group, Yorkshire and the Humber, Department of Health	General		Healthy Weight in pregnancy and Healthy weight after childbirth pathways need to be developed at a local level taking into account all partners services, these should be linked to the wider obesity strategy pathways to develop a seamless approach to delivering weight management across the age groups.	Noted, thank you.
Regional Public Health and Social Care Group, Yorkshire and the Humber, Department of Health	General		Ethnicity/age/deprivation differences are not explored in the document or the recommendations.	Thank you. Ethnicity/ age/ socio economic differences are looked for carefully in the evidence. Recommendations are made depending on the evidence found. The guidance highlights an important gap in the evidence base on pregnancy and after childbirth for women from disadvantaged, low-income and minority ethnic groups.
Royal College of General Practitioners	General	6	(perhaps for inclusion under Recommendations Effective weight-loss programmes, 6): as this guidance is for mothers of children up to 2 years, it would be useful to have more explanation of the concept of 'healthy family meals'. I.e. a healthy diet adopted by a woman to help her lose weight is likely to be appropriate for all the family (including children after weaning)- we should all be eating healthily. Mothers who have struggled with obesity may need reassurance that lifestyle change that is adopted across the whole family may help prevent their children from developing weight problems themselves. The converse - mothers that eat differently from the rest of the family, can have an adverse effect particularly upon young girls. This point does not come across.	Thank you, the guidance has been amended to promote a whole family approach.

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Royal College of General Practitioners	Recomm 1	8	I am concerned about the negative phrasing in advising health professionals to use any opportunity to inform women, partners and immediate family members about the risks of overweight and obesity in pregnancy. Pregnancy is a time of significant worry for many women and, whilst evidence of effective treatment remains limited - as at present, taking these active steps to heighten worry further without having the facility to offer effective treatment, seems overstated. I would prefer to see more positively phrased guidance that emphasises the health gains from tackling the problem rather than suggest health professionals should run the risk of demotivating women due to inducing fear. Perhaps something along the lines of '...that women be provided with information on the benefits of addressing weight issues during pregnancy in order to reduce risks of overweight and obesity on the pregnancy.'	Thank you. The guidance has been amended so the health benefits of losing weight are discussed first and then the health risks.
Royal College of General Practitioners		8	I am concerned that the 'and immediate family members' comment is not explained. Which family members and in what capacity? (Surely this is not suggesting that grandmas should be encouraged to nag at their obese pregnant daughters??)	Thank you. The guidance has been amended so the role of the family is now clearer.
Royal College of General Practitioners		11	The phrase (under 2nd bullet point) 'do not recommend weight-loss during pregnancy' is too rigid and inconsistent with the earlier advice (8) to warn women of the risks. Why warn a woman of the risks then advise her not to do anything about it? A woman who adopts healthy lifestyle change during pregnancy may lose some weight without compromising fetal growth and may indeed improve nutritional status from this change. This phrase may also cause concern to women (or health professionals caring for women) who lose weight naturally during pregnancy (such as from hyperemesis). I would change to 'do not recommend significant weight-loss during pregnancy.'	Thank you for highlighting this important issue. The guidance has been amended accordingly.
Royal College of General Practitioners	Recomm 4	12	Evidence is provided that supports a correlation between regular weighing and weight loss. (Evidence statement 13 page 52 of Evidence review for Weight management following childbirth doc.) This would seem a reasonable and practical addition to the recommendations for health professionals for women after childbirth.	Noted, thank you.
Royal College of Midwives	General		This is a very informative although lengthy document that gives good advice and recommendations which are needed. The evidence in the document will be a valuable tool for health promotion.	Thank you.

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Royal College of Midwives			There are useful links to the NICE guidance on obesity throughout.	Thank you.
Royal College of Midwives	General		We value the continued focus on discussing the subject 'in a sensitive manner'.	Thank you.
Royal College of Midwives	General		Hopefully identifying maternal problems will help minimise childhood obesity by encouraging behaviour change.	Thank you.
Royal College of Midwives		10	We think the recommendation on weighing the mother at the first ante-natal visit is helpful – giving the practitioner a baseline and evidence for further health promotion. This will also give robust evidence on how many women are overweight/ obese. However the practicality of having calibrated scales in all environments where women are seen can sometimes make this difficult to do. It would be helpful if the guideline reflects the need for a flexible approach to this e.g. advising the woman to get a documented weight at a chemist.	Noted, thank you.
Royal College of Midwives		11	We are concerned that the community based programmes imply that the remit of weight control would fall to the health visitor. If the child was on a core programme, then the contact with the health visitor would be minimal.	Noted, thank you.
Royal College of Nursing	General	General	The Royal College of Nursing welcomes this guidance. It is timely.	Thank you.
Royal College of Nursing	Recommendation 4	12	We have been informed that in Wales, GPs may not provide a routine postnatal appointment if they have contracted out of maternity care.  In England this is usually provided at 6 weeks.  Should there be more emphasis on the GP Practice's role in public health improvement measures for women who are planning or have given birth (Is this in the QOF targets?)	Thank you for raising this issue. As you may be aware, NICE now has responsibility for the QOF. For more information about QOF see <a href="http://www.nice.org.uk/aboutnice/qof/qof.jsp">http://www.nice.org.uk/aboutnice/qof/qof.jsp</a>
Slimming World	General		Should women under the age of 16 or 18 be excluded from this guidance in that additional support should be available?	Thank you. The guidance applies to all women under the age of 16 or 18 years.
Slimming World	General		The guidance recommends advising women to seek information and advice on healthy eating from the Pregnancy Book or the Eatwell website. We are concerned this may not be sufficient to reach all women to be covered in this guidance. Not all women will have access to the 'Eat Well' website. Do all pregnant women currently receive the Pregnancy book? Given that it has recently been updated and some women may have a long period of time	Noted, thank you.

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			between having children, it is important that all newly pregnant mothers receive a copy rather than just those expecting their first child. We would also strongly encourage that the Pregnancy Book includes a more comprehensive section on both the importance of achieving a healthy weight and how this may be achieved (both during pregnancy and post-natally). The advice should be less vague and more tailored – for example, whilst breakfast is an important meal of the day it would be inappropriate to simply say 'eat breakfast' to a woman suffering quite badly from morning sickness.	
<b>Slimming World</b>	General		Throughout the Guidance, partners, families and friends are listed as part of the target population. However it is unclear as to how these people will be involved. What action will be taken for this population group, for example are they being targeted simply in order to support pregnant women, are they being targeted to help raise awareness of the health risks of being overweight in pregnancy, or would they themselves be targeted with the proposed actions e.g. 'be offered the opportunity to join a weight loss support programme'?	Thank you. The guidance has been amended so the role of the family is now clearer.
<b>Slimming World</b>	1	6	It is stated that an effective weight-loss programmes should expect people to lose no more than 0.5-1kg a week. However, the optimal rate of weight loss is identified as a potential gap in the evidence base (Appendix D). Indeed if a person is starting off at a high postnatal BMI and making relatively substantial lifestyle changes then the initial rate of weight loss may be greater than 1-2lbs per week but is likely to average out to 1-2lbs over a longer period of time. This statement should acknowledge this as an average rate of weight loss given the possibility of higher initial weight losses.	Thank you the recommended weight loss of 0.5-1 kg a week is an edited extract from a recommendation in NICE guidance on Obesity (CG43) (2006) <a href="http://guidance.nice.org.uk/CG43">http://guidance.nice.org.uk/CG43</a>
<b>Slimming World</b>	1	7	In 'who should take action', we suggest it could just say 'community and commercial weight management programmes' rather than 'community and commercial organisations including slimming clubs and other weight management programmes'. One could question what the difference is between slimming clubs and weight management programmes or 'commercial and non commercial community weight management programmes'	Noted, thank you.
<b>Slimming World</b>	1	7	In 'what action should they take' we suggest that all health professionals should be included to 'encourage women to check their weight and waist measurements periodically.....' rather than just health trainers and health and fitness advisers.	Thank you, the guidance has been amended accordingly.
<b>Slimming World</b>	1	8	It suggests that advice should be tailored to women's circumstances e.g.	Noted, thank you.

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			childcare support may be needed to allow them to participate in organised physical activity sessions'. It should be acknowledged that this may require additional funding to allow it to happen. How will the health professional ensure that funding is available?	
<b>Slimming World</b>	1	9	It may be unrealistic to encourage all women to attain a BMI in the range of 18.5 to 24.9 kg/m <sup>2</sup> before they become pregnant – particularly those with high starting weights. Therefore perhaps it should suggest that any reduction in BMI is of benefit, particularly to below a BMI of 30kg/m <sup>2</sup> .	Thank you. Recommendation 1 recommends that a 5-10% weight loss would have significant health benefits.
<b>Slimming World</b>	1	9	Do all health professionals and health trainers currently have a suitable weight-loss support programme available to offer to the many women who may benefit? Also what is meant by 'offer' – does this mean, for example, that the programme will be available free of charge?	Noted, thank you.
<b>Slimming World</b>	1	10	It is recommended that at the earliest opportunity, GPs discuss eating and activity habits and addresses any concerns the woman may have. This has huge training implications as many may not be currently adequately trained nor have the resources to address individual concerns and give the frequent ongoing support to help a woman change her behaviour. In reality it is also likely to be the midwife who is given this remit.	Thank you. Recommendation 6 highlights the training needs for health professionals.
<b>Slimming World</b>	1	10	Please refer to earlier general comment about the pregnancy book and also the fact that not all women may have internet access to source information from the 'Eat well' website. We would also comment that simply providing a booklet/access to a website will not provide the level of needed support to enable behaviour change in most people.	Noted, thank you.
<b>Slimming World</b>	1	10	Rather than just explaining that energy needs only increase by 200 calories in the last 3 months, it would be more practical to give an example. Many people will not know what equates to 200kcal in food terms, particularly healthy foods, and so practical, healthy examples should be given on how to meet these needs if required.	Noted, thank you.
<b>Slimming World</b>	1	11	'Only weigh those who have a clinical problem that needs to be managed'. Surely we should be preventing problems arising too. Whilst starting BMI is of concern in terms of health risks, also the amount of weight gained during pregnancy poses certain risks.	Noted, thank you.
<b>Slimming World</b>	1	11	'Health professionals should explain to women with a BMI over 30 how this poses a risk...', what about women with a BMI of 25 to 30?	Thank you, the evidence suggests that the pregnancy health risks are in women with a BMI of 30 or more.

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Slimming World	1	11	For those women with a particularly high starting BMI do we have sufficient evidence to not recommend weight management during pregnancy providing the growth of the foetus is being appropriately monitored? This does not necessarily mean weight loss but weight control to prevent large weight gains.	Noted, thank you.
Slimming World	1	11	Will there be sufficient dietitians to provide assessment and personalised advice and will they feel confident advising on physical activity during pregnancy?	Thank you. the guidance acknowledges the shortage of dietitians and therefore recommends that other appropriately trained health professionals can provide advice and support to women.
Slimming World	1	12	In the list of who should take action to meet recommendation 4, health trainers, health and fitness advisers and the commercial sector i.e. commercial weight management programmes should also be included, as in previous sections. They will be well placed to support women following child birth and many will already be doing so.	Noted, thank you.
Slimming World	1	14	As for recommendation 4, the list of who should take action should include health trainers, health and fitness advisers and the commercial sector i.e. commercial weight management programmes should as in previous sections. They will be well placed to support women with a BMI over 30 following child birth and many will already be doing so.	Noted, thank you.
Slimming World	1	13	Again there is a great training remit attached in order to ensure that all health professionals are able to provide consistent advice on how to support people to achieve a healthy weight in an appropriate manner, with an emphasis on regular support to facilitate behaviour change. Advice alone will not change behaviour, weight loss requires ongoing support.	Thank you. Recommendation 6 highlights the training needs for health professionals.
Slimming World	1	13	Not resuming high impact activity 'too soon' is quite vague and whilst it may be quite individual the statement needs to be more helpful. IF further detail is available in the advice from the Royal College of Obstetrics and Gynaecology we suggest it is included here.	Thank you. The guidance has been amended accordingly.
Slimming World	1	15	What is meant by 'recently' had a baby – it would be useful if recently could be defined.	Thank you. The guidance has been amended accordingly to clarify this.
Slimming World	1	14	'offer them the opportunity to join a structured weight-loss programme' – as mentioned for recommendation 2, this implies that health professionals are all going to have the appropriate programmes available to refer into.	Noted, thank you.
Slimming World	1	14	The wording, 'addresses the reasons why women may find it difficult to lose weight.' implies that they won't be able to lose – we suggest this is reworded to	Noted, thank you.

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			'addresses the barriers and provides support to lose weight after pregnancy'.	
Slimming World	1	14	We also suggest 'identifies and addresses individual barriers to change' is reworded to 'helps individuals to identify and address personal barriers'. It is much better if barriers are self-identified leading to personal decision making and thus effective, self-guided behaviour change.	Noted, thank you.
Slimming World	1	15	Is it possible to define what is considered to be a sufficient period of time to allow for sustained lifestyle changes?	Noted, thank you. It is not possible, not least because every individual is different.
Slimming World	1	15	Recommendation 6 seems confusing in that there is not overlap with the previous Recommendations. Is there a need for this separate section? Surely the community-based services should just be included in the previous recommendations.	Noted, thank you. The guidance has been re-ordered
Slimming World	3.6	22	There is a difference between advising on restricting weight gain and restricting excessive weight gain in pregnancy. We would also question the evidence which supports the statement that women given such advice may end up following 'crash diets'. Nonetheless it emphasises the fact that appropriate support is vital and thus the need for an extensive training programme and/or establishing what existing resources are already available.	Noted, thank you.
The British Psychological Society	Section 1	7, 9, 10, 12, 14,	We suggest that " <i>dietitians and public health nutritionists</i> " should include <i>behaviour change specialists</i> .  It is unclear as to why on some pages (9, 10) it states " <i>dietitians and public health nutritionists</i> " and on other pages (7, 12, 14) it states " <i>dietitians and public health nutritionists in NHS and non-NHS environments</i> ". Surely this should be consistent?	Thank you, the guidance has been amended to ensure consistency.
The British Psychological Society	Section 1	6	Effective weight loss programmes: we would include here: <ul style="list-style-type: none"> <li>• "set and review realistic and individually tailored goals".</li> </ul>	Noted, thank you.
The British Psychological Society	Section 1	11	" <i>explain to women with a BMI over 30 how this poses a risk, both to their health and the health of the unborn baby. Do not recommend weight-loss during pregnancy</i> ".  A word of caution here. Suggesting to women that they (and their babies) are at risk with a BMI over 30, but that they are not recommended to lose weight may cause some women to feel anxious about their pregnancy. This is	Thank you for highlighting this important issue. The guidance has been amended accordingly.

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			because they are unable to do anything to reduce their risk. It may be better to emphasise the benefits of eating healthily and taking exercise, and the importance of losing weight after the birth, rather than focusing on a risk that they cannot do anything about.	
The British Psychological Society	Section 1	11	<p><i>“Offer a referral to a dietitian for assessment and personalised advice on healthy eating and how to be physically active.”</i></p> <p>We would add <i>“or behaviour change specialist”</i>.</p>	Noted, thank you.
The British Psychological Society	Section 1	15	<p>Here it states that a structured weight loss programme should: <i>“provides ongoing support over a sufficient period of time to allow for sustained lifestyle changes”</i></p> <p>We suggest this point should also be included under <i>“Effective weight loss programmes”</i> (page 6), as such support is key to maintaining dietary change.</p>	Noted, thank you.
The British Psychological Society	Section 1	15	<p><i>“If more appropriate, offer a referral to a dietitian”</i></p> <p>We would add <i>“or behaviour change specialist”</i>.</p>	Noted, thank you.
The Royal Pharmaceutical Society of Great Britain	General		The RPSGB welcomes these guidelines and is particularly pleased that the role of the pharmacist in weight management has been recognised and included in these guidelines	Thank you.
Unite the Union/Community Practitioners’ and Health Visitors’ Association.	Recommendation 1	7	Under <i>who should take action</i> , please add school nurses, and youth workers, as these are the most likely health professionals and personnel involved with teenagers who may get pregnant	Noted, thank you.
Unite the Union/Community Practitioners’ and Health Visitors’ Association		8	It is dubious to rely on ‘checking the fit of their clothes’ as there is no agreement about sizes in the women’s clothing industry, i.e. a size 14 in one shop could be the same as a size 18 in another shop. Also many young people buy ‘fashion’ clothes but only keep them for a short time, and would not notice if last year’s clothes didn’t fit any longer.	Noted, thank you.
Unite the Union/		8	Please add the school nurse or college nurse to the list of health professionals	Noted, thank you.

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Community Practitioners' and Health Visitors' Association			who could be asked for advice, as most teenagers are expected to be in further education until they are 18yrs old.	
Unite the Union/Community Practitioners' and Health Visitors' Association	Recommendation 2	9	Please add school nurses and college nurses to the list of professionals to take action	Noted, thank you.
Unite the Union/Community Practitioners' and Health Visitors' Association	Recommendation 3	10	At the first visit to the GP, please add that the health professional should look for any indication of an underlying problem which may be a barrier to healthy eating or activity.	Noted, thank you.
Unite the Union/Community Practitioners' and Health Visitors' Association		10	Please add here, and throughout, that the health professional must check for understanding of the advice offered (taking account of those with English as an additional language, and those with learning difficulty)	Noted, thank you.
Unite the Union/Community Practitioners' and Health Visitors' Association		10	Please add that the weight and height measurements must be conveyed to the woman in whichever format she understands: metres or feet and inches; kilograms or stones and pounds or pounds only	Noted, thank you.
Unite the Union/Community Practitioners' and Health Visitors'		10	As well as dispelling myths about 'eating for two', practitioners need to ensure that the client does not assume that 'healthy eating' means additional expense	Noted, thank you.

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#### Stakeholder Response Table

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<b>Association</b>				
<b>Unite the Union/ Community Practitioners' and Health Visitors' Association</b>	Recommendation 4	12	Please add college nurses and teenage pregnancy support workers and community nursery nurses to the list of health professionals who should take action	Noted, thank you.
<b>Unite the Union/ Community Practitioners' and Health Visitors' Association</b>	Recommendation 5	15	Consider offering information about on-line support services	Noted, thank you.
<b>Unite the Union/ Community Practitioners' and Health Visitors' Association</b>	Recommendation 7	16	Under <i>what action should they take</i> please add planned regular updating of this knowledge must be incorporated into the system. All new staff must have this included as part of their induction	Noted, thank you.
<b>Very Low Calorie Diet (VLCD) Industry Group</b>	General		The Very Low Calorie Diet (VLCD) Industry Group would like to thank NICE for the opportunity to comment on the Weight Management in Pregnancy and After Childbirth Public Health Guidance. We welcome the guidance as another step forward in tackling the obesity problem as comprehensive as possible.	Thank you.
<b>Very Low Calorie Diet (VLCD) Industry Group</b>	1	6	The VLCD Industry Group agrees with NICE that there should be principles of good practice for effective weight loss programmes. However, we disagree with the criterion that says that people should not be expected to lose more than 0.5-1kg a week. This limit to weight loss is in place despite the fact that interventions, such as Low Calorie Diets (LCD) and Very Low Calorie Diets (VLCDs) exist which enable people to lose a larger amount of weight in a safe manner. The criterion does not reflect that in some instances it is even recommended or more appropriate that people lose more weight than 1kg per week. This has previously been acknowledged in private correspondence between NICE and the VLCD Industry Group and we would like to ask NICE to reflect this in any weight management guidance they issue. In addition, the	Thank you for this comment. The recommendation that people should not lose more than 0.5-1kg (1-2lb) a week reflects British Dietetic Association "best practice" recommendations (as referenced in the clinical guideline CG43 on obesity <a href="http://guidance.nice.org.uk/CG43">http://guidance.nice.org.uk/CG43</a> ) and the evidence considered for the development of that clinical guideline CG43 on obesity. The guideline stresses that greater rates of weight loss may be appropriate in some cases, but this should be undertaken only under expert supervision – as outlined in the specific recommendations on very low calorie diets.

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## Public Health Intervention Guidance

Weight management before, during and after pregnancy – Consultation on Draft Guidance (18<sup>th</sup> February – 18<sup>th</sup> March 2010)

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			<p>fact that weight loss of greater than 1kg a week can be safely achieved when an individual is participating in a controlled LCD/VLCD weight-loss programme has been backed up with recent research in the public domain (see Riecke BF et al 2010). It would be expected that weight loss would exceed 1kg per week when the dietary deficits resulting from the use of VLCDs occur. The rate of weight loss would also be dependent on the individual's start BMI.</p> <p>The inclusion of VLCDs in the NICE guidance took place following detailed examination of the evidence on safety and effectiveness, including rate of weight loss. Therefore provided a VLCD is compliant with NICE's recommendations with regard to duration and clinical supervision then the figure of 1kg per week may not be relevant and would be exceeded should the patient be compliant with the VLCD</p> <p>Ref: <a href="#">Rieke BF, Christensen R, Christensen P, Leeds AR, Boesen M, Lohmander LS, Astrup A, Bliddal H. Comparing two low-energy diets for the treatment of knee osteoarthritis symptoms in obese patients: a pragmatic randomized clinical trial. Osteoarthritis and Cartilage 2010; 10/1016/j.joca.</a></p>	
Very Low Calorie Diet (VLCD) Industry Group	1	11	The VLCD Industry Group agrees that weight-loss should not be recommended during pregnancy.	Noted, thank you.
Very Low Calorie Diet (VLCD) Industry Group	3	20	The VLCD Industry Group agrees that a low calorie diet is inappropriate whilst a woman is breastfeeding exclusively.	Noted, thank you.
Very Low Calorie Diet (VLCD) Industry Group	3.2	21	The VLCD Industry Group agrees that this NICE guidance should draw on the clinical guidelines on obesity already in place (Guidance No 43). However, Guidance 43 does not reflect previous NICE acknowledgement that effective and safe weight loss of more than 1kg per week may be appropriate. As such we hope that the guidance will be updated in light of recent research into the safety and efficacy of very low calorie diets that shows that losing greater than 1kg per week with such interventions is effective with a known safety profile (Riecke BF et al 2010, Johansson K et al 2009).	Please see our previous response.

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Very Low Calorie Diet (VLCD) Industry Group	3.6	22	The VLCD Industry Group agrees that weight-loss programmes during pregnancy are inappropriate.	Noted, thank you.
Very Low Calorie Diet (VLCD) Industry Group	3.6	22	The VLCD industry Group does not think it appropriate to use the term 'crash diets' to refer to VLCDs. The term is a non-scientific description, containing a negative connotation. While we agree that pregnant women should not be using VLCDs or some LCDs, they are nonetheless a controlled appropriate weight loss method, which can lead to mild ketosis, for women that are not pregnant and men needing to lose weight. We would therefore suggest replacement of the term 'crash diets' by 'effectively restricted diet'	Noted, thank you. The full sentence in this guidance is : "Dieting is not advised during pregnancy because it is not known whether it is safe. Restrictive or 'crash' diets may increase blood ketone levels and could adversely affect the neuro-cognitive development of the fetus." There is specific reference to VLCD and it is about dieting during pregnancy. "Crash diet" is a term commonly understood and used by women and health professionals alike.
Very Low Calorie Diet (VLCD) Industry Group	3.7	22	The VLCD Industry Group would like to note that LCD and VLCD programmes are inappropriate for women that breastfeed. However, we would like NICE to acknowledge that if a relatively new mother is not breastfeeding, it may be appropriate to lose more than 1kg per week. Recent research into the safety and efficacy of very low calorie diets shows that effective weight loss, greater than 1kg per week, may be achieved through the use of such products (Riecke BF et al 2010, Johansson K et al 2009).	Please see previous response and the recommendations in the NICE clinical guideline on the prevention and management of obesity. <a href="http://guidance.nice.org.uk/CG43">http://guidance.nice.org.uk/CG43</a>
			<p>Refs: <a href="#">Rieke BF, Christensen R, Christensen P, Leeds AR, Boesen M, Lohmander LS, Astrup A, Bliddal H. Comparing two low-energy diets for the treatment of knee osteoarthritis symptoms in obese patients: a pragmatic randomized clinical trial. Osteoarthritis and Cartilage 2010; 10/1016/j.joca.</a></p>	

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