

National Institute for Health and Clinical Excellence

Pregnant women with complex social factors Pre-publication check

Pre-publication check Comments Table

8 July – 29 July 2010

Stakeholder	Section No	Page No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
Adfam	General		Overall, this is welcome guidance. Our comment refers to the reference to the strong evidence base for the effectiveness of systemic family therapy in improving relationship difficulties including substance misuse, which appears in the comments table. These therapies may not be appropriate for families where substance misuse and domestic violence is present, and practitioners should be aware of this	Thank you very much for your comment. The reference to a strong evidence base for the effectiveness of systemic family therapy was made by one of the stakeholders of the guideline, and not the developers themselves. As we noted in relation to the original comment, evidence relating to family therapy was not specifically reviewed in this guideline and so no specific recommendations have been made about it.
Association for Improvements in the Maternity Services	1.3.2	12	<p>Is family support provided by statutory and 3rd sector agencies effective in improving outcomes for women and their babies?</p> <p><b>We suggest that this should read "Is INTERVENTION AND/OR family support provided by statutory and 3rd sector agencies effective....."</b></p> <p><b>What social services are doing is usually risk assessment which may or may not be followed by support. It is this process which, in our experience, is invariably damaging and our view is supported by the large randomized clinical trial of social work from the U.S. which we quoted. Therefore we think "support" does not factually</b></p>	Thank you very much for your comment, we have amended this research recommendation as you suggest

PLEASE NOTE: Comments received in the course of consultations carried out by the Institute are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.

Stakeholder	Section No	Page No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
Department of Health		3 & 6	<p>describe what happens.</p> <p>Information and support for women:</p> <p>The second bullet mentions that women should be referred for booking "...ideally before 10 weeks..." but the third bullet does not appear to imply any urgency. There is evidence that the earlier an abortion is carried out, the safer it is. Therefore, could you please consider adding wording to encourage early referral for termination, if the woman is considering termination of pregnancy.</p>	<p>Thank you very much for your comment. The interpretation for this recommendation has been expanded to highlight the fact that the earlier an abortion is carried out the safer it is. It was agreed not to amend the recommendation. It was felt that as the recommendation is about first contact with any healthcare professional, it was not necessary to further refer to early referral. The group did not want the recommendation to appear that women should be pressured into considering a termination of pregnancy.</p> <p>The prompt for referral for booking by 10 weeks was specifically included to match the guidance included in the NICE Antenatal Care Guideline (2008)</p>
Department of Health		8	<p>Young women under 20; service organisation.</p> <p>This discusses that "Commissioners should work in partnership.....services for young women aged under 20", and "Commissioners should consider commissioning a specialist antenatal service for young women aged under 20..."</p> <p>Although 20 years sounds a logical cut-off in age, the maternity HRGs used for payment by results (PbR) has the cut-off at 18 years and below, or 19 years and above with a higher payment for delivery for 18 years and below than for 19 years and above, in recognition of the increased cost of care for the younger women. We feel that it would therefore be logical for the guideline to use the same cut-off.</p>	<p>Thank you very much for your comment. The recommendations use the age of 20 as a cut-off point as this reflects the evidence that was reviewed. The majority of the studies reviewed for this population looked at teenagers as a group as a whole and did not make a distinction between those aged under and over 18. As a result, the development group did not feel able to make specific recommendations to distinguish young women aged 18 and 19 from younger women aged under 18.</p>

**PLEASE NOTE:** Comments received in the course of consultations carried out by the Institute are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.

Stakeholder	Section No	Page No	Comments	Developer's Response
			Please insert each new comment in a new row.	Please respond to each comment
Department of Health		9	Effect of early booking.....:  In the section "Why this is important",reference is made to Maternity Matters. Since this is policy of the previous administration, we wonder whether it should say "current policy". The requirement to undergo booking by 12 weeks and 6 days is still a vital sign and required national data collection.	Thank you very much for your comment. We have changed the wording to say "current policy" as you suggest.
Department of Health		9	How can different service models be assessed:  The second paragraph refers to the need for a national database of routinely collected pregnancy data: You may wish to be aware that there is already a National Maternity Dataset in the final stages of development, and beginning implementation. The proposed dataset is available on the Information Centre website."	Thank you very much for your comment. We have now amended this paragraph to highlight that the GDG is aware that the dataset is currently being developed.
Maternity Action	1.2	8	<i>URL for Maternity Action information sheet has been changed. This is now:</i> <a href="http://www.maternityaction.org.uk/sitebuildercontent/sitebuilderfiles/entitlementtonhscareinfo.pdf">http://www.maternityaction.org.uk/sitebuildercontent/sitebuilderfiles/entitlementtonhscareinfo.pdf</a>	Thank you very much for your comment. We have changed the URL to the homepage for the maternity action website. It was felt that this was safer in case the URL for the information sheet changed again within the lifetime of the guideline
Maternity Action	5.7	84	<i>URL for Maternity Action information sheet has been changed. This is now:</i> <a href="http://www.maternityaction.org.uk/sitebuildercontent/sitebuilderfiles/entitlementtonhscareinfo.pdf">http://www.maternityaction.org.uk/sitebuildercontent/sitebuilderfiles/entitlementtonhscareinfo.pdf</a>	Thank you very much for your comment. We have changed the URL to the homepage for the maternity action website. It was felt that this was safer in case the URL for the information sheet changed again within the lifetime of the guideline
Maternity Action	5.7	85	<i>URL for Maternity Action information sheet has been changed. This is now:</i> <a href="http://www.maternityaction.org.uk/sitebuildercontent/sitebuilderfiles/entitlementtonhscareinfo.pdf">http://www.maternityaction.org.uk/sitebuildercontent/sitebuilderfiles/entitlementtonhscareinfo.pdf</a>	Thank you very much for your comment. We have changed the URL to the homepage for the maternity action website. It was felt that this was safer in case the URL for the information sheet

**PLEASE NOTE:** Comments received in the course of consultations carried out by the Institute are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.

Stakeholder	Section No	Page No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
Social Care Institute for Excellence		19	Definition of substance misuse- change to <i>prescription or over –the counter medications</i>	changed again within the lifetime of the guideline Thank you very much for your comment. We have now included reference to misuse of prescription medication
Social Care Institute for Excellence	General	General	The Common Assessment Framework (CAF) is mentioned at various points but not referenced. This web link is currently the most useful reference <a href="http://iwtools.cwdcouncil.org.uk/">http://iwtools.cwdcouncil.org.uk/</a>	Thank you very much for your comment. We have now included a link to CWD council website as you suggest

**PLEASE NOTE:** Comments received in the course of consultations carried out by the Institute are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.