Maternal and child nutrition

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Stakeholder	Page no.	Line no.	Comments	Developers Response
Abbott Laboratories	6	5	Consider specifying whether infants and children with food allergies will be included in this guidance.	Thank you for your comment. Food allergies have not been prioritised for inclusion in the scope of this guideline as more up to date and relevant information on food allergies is available in other existing guidance, which we will be cross-refer to when relevant.
Abbott Laboratories	8		Healthy Start Typo on line 8 – “children upu to 5”	Thank you for your comment. This has now been amended accordingly.
Abbott Laboratories	8		Diet in pregnancy “Improving uptake of healthy eating advice during pregnancy” – consider which HCPs/public health initiatives accountable in supporting	Thank you for your comment. We will take your suggestion into consideration when agreeing with the committee the type of evidence and outcomes that would provide the best evidence for decision-making when developing the review protocol.
Abbott Laboratories	9		Breastfeed Strong agree with supporting mothers integrating into workplace. Also consider mental health of mothers and support that can be offered related to breastfeeding.	Thank you for your comment and support. We will take it into consideration when agreeing with the committee the type of evidence and outcomes that would provide the best evidence for decision-making when developing the review protocol.
Abbott Laboratories	9		Infant formula Consider including following safe preparation guidelines. Specify whether this includes standard infant formula’s only, or iFSPMs also.	Thank you for your comment. Although we cannot pre-empt recommendations made by the committee, if there is any evidence on safe preparation of infant formula, it can be considered as part of making recommendations.

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Allergy UK	14	10	Milk allergy affects 3-6% of infants and so a common question is the safe use of formula. Furthermore, healthy start vouchers can be used for cow's milk but not alternative milks. For breastfeeding women on milk free diets and toddlers this leads to not accessing adequate foods for their health needs (allergy formula are not prescribed in many areas over the age of 12-18 months and maximum age of 2).	Thank you for your comment. Food allergies have not been prioritised for inclusion in the scope of this guideline as more up to date and relevant information on food allergies is available in other existing guidance, which we will be cross-refer to when relevant.
Allergy UK	14	14	There is increasing evidence for the timely introduction of solids for the food allergic population being before 6 months. Taking an approach of one age for all is not appropriate and evidence across the world has reflected early introduction of allergens and a diverse diet is essential for infants at risk of allergy. Children with severe eczema is a risk factor for sensitisation of food allergens through the skin barrier and oral tolerance (introduction of the allergens early in the weaning diet e.g peanut and egg) need to be considered before development of food allergies.	Thank you for your comment. Food allergies have not been prioritised for inclusion in the scope of this guideline as more up to date and relevant information on food allergies is available in other existing guidance, which we will be cross-refer to when relevant.
Allergy UK	15	004 - 006	Consider children on exclusion diets may compromise their growth or nutritional status without adequate monitoring and assessment. This may be due to allergy or parental preference e.g. vegan diets. Be aware many parents make many restrictions on infants and children's diet due to suspected allergy, this may be with no guidance and needs to be considered what nutritional risks this brings.	Thank you for your comment. Although we cannot pre-empt recommendations made by the committee, if there is any evidence on exclusion diets, it can be considered as part of making recommendations.
Allergy UK	15	1	Starting and continuing breastfeeding can be an obstacle for the food allergic community. Parents can receive mixed messages that if their baby has a food allergy then breast milk is not the best choice. This needs to be addressed as very rare and breastfeeding is promoted.	Thank you for your comment. Food allergies have not been prioritised for inclusion in the scope of this guideline as more up to date and relevant information on food allergies is available in other existing guidance, which we will be cross-refer to when relevant.

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Allergy UK	3	22	Be more specific on recommendation for under 5 vitamins as already causes lots of confusion (for example if on 20oz infant formula then a multivitamin is not needed).	Thank you for your comment. We will be conducting a systematic review on the approaches and interventions to increase uptake of vitamin supplements. However, we will not be conducting a systematic review on the dose of vitamin supplements for children under 5 years because this has already been covered by UK Government guidance. The updated guideline will have the opportunity to cross-refer to this as needed.
Allergy UK	3	7	Folic acid has recently been added to bread in the UK. Do you want to highlight this and say this will contribute to the possible increased requirements for obese women but that it does not exclude the need for supplementation. The public need to be clear this is still needed.	Thank you for your comment. The recent change in UK legislation of mandatory folate fortification of non-wholemeal wheat flour will be taken into consideration by the committee when making recommendations.
Allergy UK	6	8	Allergy affects pregnant women in many ways and they are likely not to be seeing a specialist due to allergic disease. They wish to know the key information to support a healthy pregnancy and reduce the atopic risk to their child e.g. eat all foods tolerated, have a diverse diet as per the EAACI prevention guidance.	Thank you for your comment. Food allergies have not been prioritised for inclusion in the scope of this guideline as more up to date and relevant information on food allergies is available in other existing guidance, which we will be cross-refer to when relevant.
Allergy UK	9	General	The removal of link to food allergy document is disappointing as needs to be considered by all health care professionals when looking at maternal and childhood nutrition.	Thank you for your comment. We appreciate your concern, however the updated guideline will have the opportunity to cross-refer to related UK Government guidance and related NICE guidelines as needed, for example those relating to allergies.
Better Breastfeeding	002 - 003	General	There are no statistics given or discussion of child obesity. These are available as all children are weighed in Reception class (age 4-5) so this information is highly relevant to this guideline.	Thank you for your comment. The purpose of the ‘why the guideline is needed section’ is simply to set a very summarised context for the guideline not to include detailed statistics. The committee may consider the use of this information as part of the evidence reviews.

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Better Breastfeeding	10	013 - 015	Breastfeeding from birth to 8 weeks should be retained (see comment 7)	Thank you for your comment. Interventions, information and support for breastfeeding and formula feeding of babies up to 8 weeks will not be covered by this guideline, as this is covered in the NICE guideline on postnatal care. However, we will cross-refer when appropriate to this NICE guidance.
Better Breastfeeding	11	003 - 005	Can we assume that weight management (prevention of overweight and obesity) is included in this guideline, eg. through breastfeeding and the appropriate introduction of solid foods? It is not explicit here.	Thank you for your comment. Weight management of women during pregnancy will be included in this guideline. Weight management for women before and after pregnancy will not, as these are covered by the update to the NICE guidelines on weight management (https://www.nice.org.uk/guidance/indevelopment/gid-ng10182).
Better Breastfeeding	13	016 - 019	Also review evidence on the effectiveness of maternal vitamin supplementation during breastfeeding as a way of supplementing babies indirectly.	Thank you for your comment. Based on stakeholder feedback, we have added breastfeeding women to the review question on approaches and interventions to increase uptake of vitamin supplements.
Better Breastfeeding	14	001 - 011	Include breastfeeding from birth to 8 weeks in this section. Do not simply rely on Postnatal Care guidance, which does not adequately cover the topic and did not review all relevant evidence. In particular, the evidence of breastfeeding peer support should be included and previous recommendations on peer support maintained and updated as appropriate but not removed. This includes peer support within the first 8 weeks as well as afterwards. Review new evidence on the use of vouchers for breastfeeding to encourage continuation in low income families.	Thank you for your comment. The scope of the NICE guideline on postnatal care describes the focus as being women and babies from birth to 8 weeks, however studies covering the postnatal period after 8 weeks were included. Peer support was also included as part of the breastfeeding interventions evidence review (please see evidence review P in the NICE guideline on postnatal care). For these reasons, we consider that it is appropriate to use this evidence to inform questions 3.1 and 3.2 in the guideline. We will use evidence on interventions and facilitators to maintain breastfeeding, therefore the committee could use this information in drafting their recommendations.
Better Breastfeeding	14	012 - 013	Also consider evidence in relation to breastfeeding in public eg. The value of breastfeeding welcome schemes.	Thank you for your comment. We will take it into consideration when agreeing with the committee the type of evidence and outcomes that would provide the best evidence for decision-making when developing the review protocol.

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Better Breastfeeding	2	008 - 010	The NICE guideline on Postnatal Care does not include comprehensive recommendations on all aspects of baby feeding from the antenatal period until 8 weeks. In the current Maternal and Child Nutrition guideline there are many important recommendations - particularly for commissioners and particularly relating to antenatal support for breastfeeding and around the need for and involvement of peer supporters - that are not covered at all in the Postnatal Care guideline and would therefore be lost altogether if this new guideline only refers to the Postnatal Care guideline.	Thank you for your comment. We appreciate your concern, however the NICE guideline on postnatal care did include the antenatal period. The updated guideline will have the opportunity to cross-refer to the NICE guideline on postnatal care as needed, and we will make recommendations on interventions to support breastfeeding and facilitators and barriers to maintain breastfeeding from 8 weeks. Peer support was included as part of the breastfeeding interventions evidence review (please see evidence review P in the NICE guideline on postnatal care).
Better Breastfeeding	3	001 - 005	The wording here implies that any breastfeeding at 6 weeks is somehow a clinically important statistic. It is not, and the source of these statistics (the 2010 National Infant Feeding Survey) has other relevant time points. For example, it indicates that the most rapid drop-off in breastfeeding rates occurs in the first 2 weeks. There is data on breastfeeding and exclusive breastfeeding at time points up to and beyond 6 months. This section should highlight the importance of exclusive breastfeeding to 6 months and continued breastfeeding alongside the introduction of solid foods thereafter and for at least 2 years. The evidence on the many health benefits of exclusive breastfeeding and longer duration of breastfeeding for both child health (including but not limited to the increasing evidence of the protection against child obesity of exclusive breastfeeding for at least 3 months) and maternal health (including protection against breast and ovarian cancers, heart disease, type 2 diabetes etc, where all evidence suggests that the substantial benefits are only achieved for breastfeeding beyond 6 months). It is of course not possible to include all this information but this introductory section should include much more on the importance of exclusive breastfeeding and duration of breastfeeding beyond 6 months.	Thank you for your comment. We appreciate your concern about providing detailed background information. The full guideline will contain the evidence and references, however the introduction is intended to provide only a brief description of the need for a full assessment of the evidence in the first instance.

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Better Breastfeeding	3	023 - 025	This section seems to imply that formula feeding is the norm and it's unclear why breastfeeding is not mentioned.	Thank you for your comment. We have amended this paragraph to read 'However, it is unclear whether and for whom vitamin A supplementation is still necessary in the UK, given that infant formula and many staple foods are already fortified'. We hope this is clearer.
Better Breastfeeding	4	001 - 004	All paediatricians, not just community paediatricians should be included. Consider including Speech and Language Therapists and neonatalogists.	Thank you for your comment. This is not supposed to be an exhaustive list and the guideline will be relevant for all healthcare professionals working in the NHS who are responsible for maternal and child nutrition (for children from birth to 5 years old).
Better Breastfeeding	4	005 - 007 and 016	Local authority commissioners of public health for children aged 0-5 should be included in the section "who is this guideline for". They are often directly responsible for commissioning breastfeeding peer support services, and the previous guideline had extensive recommendations for this sort of commissioning. They also have responsibility for commissioning health visiting services. Local Authority commissioners of early years services should also be included, particularly as they will be responsible for the local Start for Life offer just announced by the government.	Thank you for your comment. Local authority commissioners are included on the second bullet as part of 'commissioners', but to be succinct we do not want to list all the different types of possible commissioners of these services.

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Better Breastfeeding	5	016 - 018	Better Breastfeeding feels very strongly that it would be a mistake to leave out breastfeeding and formula feeding up to 8 weeks. It is really important that this document covers the continuous period from antenatal education and preparation for breastfeeding, through breastfeeding from birth and until breastfeeding ends. It is essential that all health professionals and commissioners are working from the same basic understanding of what they need to know and do, and it makes no logical sense to stop part way through to refer to a different piece of guidance up to 8 weeks and then come back after 8 weeks. Moreover, there are key recommendations in the current guidance about peer support in the early days and the need for integrating peer supporters into the healthcare team that is not covered at all in the Postnatal Care guideline. Better Breastfeeding has been referring to these recommendations in the current guideline in our advocacy work with commissioners of services and this has been very effective. If this is no longer covered then it is likely to result in the loss of such services or their not being commissioned in the first place. Mothers and babies will be severely impacted if this guidance does not cover the first 8 weeks of breastfeeding, and this is likely to result in lower rates of breastfeeding and an increase in poor health as a result. We urge NICE to reconsider this decision.	Thank you for your comment. We appreciate your concern, however breastfeeding up to 8 weeks will not be left out. The updated guideline will have the opportunity to cross-refer to the NICE guideline on postnatal care as needed, and we will make recommendations on interventions to support breastfeeding and facilitators and barriers to maintain breastfeeding from 8 weeks. Peer support was included as part of the breastfeeding interventions evidence review (please see evidence review P in the NICE guideline on postnatal care).
Better Breastfeeding	5	024 - 028	We endorse this wording and explanation as this aids clarity and is inclusive	Thank you for your comment and support.

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Better Breastfeeding	6	001 - 012	It is unclear whether this guideline will refer to the prevention of child obesity through breastfeeding and the appropriate introduction of solid foods and nutrition. It seems self-evident that it should but it would be good to be explicit about this even if there is some overlap with other guidance. Healthcare professionals and commissioners are more likely to read one piece of guidance on nutrition for this age group and preventing child obesity seems fundamental to this topic. This should be emphasised in the introduction and made clear in this section.	Thank you for your comment. The scope document specifies the general area that we will be looking at during guideline development. When developing the systematic review protocols (which will guide the evidence review process), the committee will consider your comment in defining outcomes.
Better Breastfeeding	6	014 - 016	It may be helpful to include a list of examples	Thank you for your comment. We generally avoid including examples of settings because we do not want to imply some settings will be given more weight than others, which will not be the case.
Better Breastfeeding	6	024 - 025	Include antenatal breastfeeding preparation and classes, and breastfeeding from birth until 2 years or beyond. Even if there is some duplication of topics covered in Postnatal Care this is worth it for the continuity that it would offer.	Thank you for your comment. As you note, antenatal preparation and classes, and breastfeeding up to 8 weeks have been covered in existing NICE guidance. We are pleased to confirm that we will covering breastfeeding interventions, and breastfeeding after 8 weeks.
Better Breastfeeding	7	003 - 005	Information about the safety of medicines in pregnancy and breastfeeding is not usually contained in the manufacturer’s product information or standard guides such as BNF, so this section seems unhelpful.	Thank you for your comment. Based on stakeholder feedback, we have amended this section to say that 'the guideline will assume that prescribers will use appropriate resources for safe medicine use and prescribing for breastfeeding women, in line with the NICE guideline on postnatal care, to inform decisions made with individual patients'.

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Better Breastfeeding	8		Training The section on training in the current guideline is very helpful, particularly the reference to Baby Friendly training for healthcare professionals other than midwives and health visitors (eg. GPs and dietitians) and for all those who work in early years settings. Better Breastfeeding has used this recommendation to successfully encourage commissioners and Trust to provide additional training for these groups of healthcare professionals. Please do not remove this section.	Thank you for your comment. We agree that health professionals should always be appropriately trained and the committee may wish to emphasise the need for particular skills in particular areas of the recommendations, but NICE guidelines are not allowed to consider the setting of training curriculums, skills and competencies for healthcare professionals, as this is the remit of professional bodies.
Better Breastfeeding	8		Healthy Start There is no reference to the Healthy Start voucher scheme here. This is an important and useful section of the guidance, which Better Breastfeeding has been able to refer to in order to encourage commissioners to focus effectively on targeting additional support for those enrolled in the scheme and to encourage enrolment. We hope the new guideline will continue to refer to the scheme. In addition, the scheme has recently changed and it would therefore be helpful to review the changes and see how this might affect the way the guidance is currently written.	Thank you for your comment. We will be reviewing evidence on approaches and interventions to increase uptake of vitamin supplements, and we anticipate that it might include the Healthy Start voucher scheme. We will take your suggestion into consideration when agreeing with the committee the type of evidence and outcomes that would provide the best evidence for decision-making when developing the review protocol.
Better Breastfeeding	9		Breastfeeding As stated above (comment 7), it is extremely important not to exclude breastfeeding from birth to 8 weeks in this guideline. The Postnatal Care guideline is insufficient to deal with this topic and it is important for the new Maternal and Child Nutrition guideline to be continuous from pregnancy through to the end of breastfeeding and on through health eating in the early years. Also review the evidence of expressing milk, in particular the use of pumps as well as hand expressing and when this could be useful, as well as training for those supporting mothers with breastmilk expression.	Thank you for your comment. The scope of the NICE guideline on postnatal care describes the focus as being women and babies from birth to 8 weeks, however studies covering the postnatal period after 8 weeks were included. For this reason, we consider appropriate to use this evidence to inform questions 3.1 and 3.2 in the guideline.

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Better Breastfeeding	9		Link workers There was some important advice about the need for interpreting services and then recommendation that “NHS trusts should encourage women from minority ethnic communities whose first language is not English to train as breastfeeding peer supporters”. Where will this information be included if this section is removed? Perhaps consider a section on Breastfeeding Peer Support, which could cover this and all the other mentions in the guidance.	Thank you for your comment. The original scope is being completely stood down and new recommendations written from scratch. Therefore we cannot action your suggestion, as we cannot pre-empt the committee's recommendations.
Better Breastfeeding	9		Prescribing It is important to continue to include information about where prescribers should get information about safe prescribing in pregnancy and breastfeeding. The BNF is not a suitable reference on this topic at the present time, and other useful resources exist, such as UKDILAS and the Breastfeeding Network drugs in breastmilk factsheets and information service.	Thank you for your comment. Based on stakeholder feedback, we have amended this section to say that 'the guideline will assume that prescribers will use appropriate resources for safe medicine use and prescribing for breastfeeding women, in line with the NICE guideline on postnatal care, to inform decisions made with individual patients'.
Better Breastfeeding	9		Child Health Promotion Include breastfeeding and weighing from birth to be consistent. Look at breastfeeding in public spaces and adopting the WHO Code in all publicly funded services and buildings (eg. No promotion of bottles and teats or infant formula) and education and early years settings.	Thank you for your comment. While we cannot pre-empt recommendations made by the committee, the scope does allow for assessment of breastfeeding and formula feeding after 8 weeks, therefore the committee could use this information in drafting their recommendations.
Better Breastfeeding	9		Allergies This should remain here as there is a lot of overuse of specialist formulas and misinformation about allergies in relation to breastfeeding and infant formulas, so it would be good to include some basic information in addition to linking to other guidance.	Thank you for your comment. We appreciate your concern, however the updated guideline will have the opportunity to cross-refer to related UK Government guidance and related NICE guidelines as needed, for example those relating to allergies.

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Better Breastfeeding	General	General	Consider including a section on Breastfeeding Peer Support eg, who should commission it, where it should be offered (antenatally, on postnatal wards, proactive contact within 48 hours, group support within easy reach, support at home in the early days, face-to-face alongside other forms of support eg. Phone/online), integration with healthcare team, the need to recruit from all groups within the community (particularly those with other languages), basic training standards etc.	Thank you for your comment and for the information you have given us which we will make available to the committee. They will base any recommendations on the best available evidence and their own expert consensus opinion.
Big Birthas	General	General	I appreciate your efforts in using the terms 'living with overweight' and 'living with obesity' as person-first language. Personally, and speaking on behalf of almost 700 women and other birthing people with lived experience, the words 'obese' and 'obesity' can be harmful and stigmatising. They also have wide-ranging meanings in common useage and so can be problematic when used assuming everyone understands that this means the specific WHO categories and not just as a synonym for 'fat & lazy' etc. I'd urge you to consider solely using the word 'obese', 'overweight' and 'obesity' in the introduction when you explain the categories you are considering and then referring solely to the BMI range at every point after that in the document as it is more precise and well understood as a measure (even though it has its issues), and is without the same depth of pejorative connotations.	Thank you for your comment. We are considering the use of such language in the guideline itself and will aim to be consistent with a range of NICE guidelines about Weight Management currently in development (see link https://www.nice.org.uk/guidance/indevelopment/gid-ng10182). We will also consider your suggestion about the use of BMI measures in the recommendations themselves.
British Dietetic Association	1	018 - 020	The background correctly states that a pregnant woman's nutritional status before, during and after pregnancy influences her own and her child's health and wellbeing in the short and long term. With this in mind, in our view the preconception period should be included in the scope of this guidance.	Thank you for your comment. Weight management for women before and after pregnancy will not be covered in this guideline because the NICE guideline on weight management (https://www.nice.org.uk/guidance/indevelopment/gid-ng10182) will be covering these areas. This is specified in section 3.1 and in the preface.

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British Dietetic Association	10		Table: Key area in weight management guideline [PH27]Pregnant women: we would like to see the evidence on expected range of gestational weight gain during pregnancy to include consideration of ethnicity and pre-pregnancy BMI.	Thank you for your comment. Different ethnic groups are included in the equality impact assessment form, which is linked to in section 2 of the scope. This assessment will be used during development to ensure that recommendations meet the needs of the groups listed within it. When we develop the review protocol for this question we will discuss with the committee the type of evidence, outcomes and subgroups to be included, and if appropriate will consider pre-pregnancy BMI.
British Dietetic Association	12	006 - 010	We feel that there is a need to consider Healthy Start Plus supplements, for women with increased risk (e.g. BMI > 30kg/m^2 or BAME background– with higher dose of folic acid (5 mg) and vitamin D (20mcg)).	Thank you for your comment. We are pleased to confirm that there will be a specific review question on uptake of vitamin supplements (including folic acid and Healthy Start vitamins) for pregnant women, breastfeeding women, babies and children under 5 years. We will give specific consideration to women who are overweight or women with obesity during pregnancy. Likewise, black and minority ethnic groups are included in the equality impact assessment form, which is linked to in section 2 of the scope. This assessment will be used during development to ensure that recommendations meet the needs of the groups listed within it.
British Dietetic Association	12	020 - 022	In our view, healthy eating for pregnancy and weight management are 2 separate issues. All pregnant women need advice and support regarding healthy eating regardless of BMI status. There needs to be more focus on key micronutrients essential for foetal development (e.g. vitamin D, folate, iron, calcium, iodine, omega 3 fatty acids).	Thank you for your comment. We agree that weight management and healthy eating during pregnancy are 2 separate topics, although these are interlinked. As such, we will be reviewing weight management and uptake of healthy eating in different review questions under the same key area. We are pleased to confirm that there will be a specific review question on uptake of vitamin supplements for pregnant women, babies and children under 5 years.
British Dietetic Association	13	016 - 009	We would like consideration of how and what digital and community strategies increase uptake of Healthy Start added to consideration of the impact of clinical strategies.	Thank you for your comment. The focus of this guideline will be clinical, therefore your suggestions fall outside the scope's remit.

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British Dietetic Association	13	027 - 029	We would like consideration of how and what digital and community strategies increase uptake of healthy eating added to consideration of the impact of clinical strategies.	Thank you for your comment. When we develop the review protocol for this question we will discuss with the committee the type of evidence and outcomes to be included, and if appropriate will consider how and what digital and community strategies increase uptake of healthy eating.
British Dietetic Association	15	001 - 010	Outcomes: we would like to see child growth added as a potential outcome measure.	Thank you for your comment. The scope includes a list of the main outcomes that the guideline may consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols.
British Dietetic Association	2	018 - 020	We would like to include a focus on the serious short term and long-term complications associated with being underweight in pregnancy (and/or inadequate weight gain), not just with being overweight.	Thank you for your comment. Women who are underweight will be considered for weight management during pregnancy. When developing the systematic review protocol (which will guide the evidence review process), the committee will consider your comment in defining relevant outcomes.
British Dietetic Association	2	021 - 023	We would like these guidelines to address the issues regarding women in low socio-economic circumstances having increased risk of dual burden malnutrition, i.e. living with obesity plus multiple micro nutrient deficiencies and how this can be addressed.	Thank you for your comment. Socioeconomic status is included in the equality impact assessment form, which is linked to in section 2 of the scope. This assessment will be used during development to ensure that recommendations meet the needs of the groups listed within it.
British Dietetic Association	2	1	The text states ‘solid food’. In our view, this should have the following addition: ‘providing suitable solid foods’	Thank you for your comment. This has been amended to say 'child nutrition includes providing milk, age appropriate solid food and necessary supplements at the right times and for the right duration, at home or in early years settings.’
British Dietetic Association	2	2	The text states ‘providing milk’. In our view, this should have the addition ‘providing milk, ideally breastmilk’	Thank you for your comment. This has been amended to say 'child nutrition includes providing milk, age appropriate solid food and necessary supplements at the right times and for the right duration, at home or in early years settings'.

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British Dietetic Association	3	006 - 013	We feel that some consideration is needed regarding Healthy Start vitamins - they may currently be insufficient for women with increased risks e.g. BMI > 30kg/m^2 or BAME background. Healthy Start Plus may be required – with higher doses of folic acid (5 mg) and vitamin D (20mcg).	Thank you for your comment. We are pleased to confirm that there will be a specific review question on uptake of vitamin supplements (including folic acid and Healthy Start vitamins) for pregnant women, breastfeeding women, babies and children under 5 years. We will give specific consideration to women who are overweight or women with obesity during pregnancy. Likewise, black and minority ethnic groups are included in the equality impact assessment form, which is linked to in section 2 of the scope. This assessment will be used during development to ensure that recommendations meet the needs of the groups listed within it.
British Dietetic Association	3	006 - 013	We would like to see further consideration of adequate supplementation for women with twin/multiple pregnancy (requirements may be higher than singleton pregnancy).	Thank you for your comment. When developing the systematic review protocols (which will guide the evidence review process), the committee will consider your comment in defining subgroups for stratified analysis.
British Dietetic Association	5	012 - 014	We feel that the specific requirements of twin/multiple pregnancy need to be considered separately from singleton pregnancy.	Thank you for your comment. When developing the systematic review protocol (which will guide the evidence review process), the committee will consider your comment in defining subgroups for stratified analysis.
British Dietetic Association	5	019 – 023	We would like to see the specific nutritional requirements of underweight women also considered, and women at risk of dual burden malnutrition, i.e. living with obesity but deficient in micronutrients. Recognising that all women require advice and support regarding optimal nutrition, regardless of BMI.	Thank you for your comment. Underweight women will be covered in review 1.4 (What approaches and interventions are effective to increase uptake of vitamin supplements (including folic acid and Healthy Start vitamins in line with government advice) for pregnant women, breastfeeding women, babies and children up to 5 years?), and in the reviews falling in key area 2.2 (Weight management and healthy eating during pregnancy). Nutrition for women post pregnancy will only be covered in relation to breastfeeding. We have removed reference to nutrition for mothers up to 5 years. We hope this is clearer now.

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British Dietetic Association	6	23	We feel that there is a need to consider Healthy Start Plus supplements, for women with increased risk.	Thank you for your comment. We are pleased to confirm that there will be a specific review question on approaches and interventions to increase uptake of vitamin supplements (including folic acid and Healthy Start vitamins in line with government advice) for pregnant women, breastfeeding women, babies and children up to 5 years. We are unclear what do you mean by 'women with increased risk', but the equality impact assessment form, which is linked to in section 2 of the scope, will be used during development to ensure that recommendations meet the needs of the groups listed within it.
British Dietetic Association	6	24	In our view, healthy eating for pregnancy and weight management are 2 separate issues. All pregnant women need advice and support regarding healthy eating regardless of BMI status.	Thank you for your comment. We agree that weight management and healthy eating during pregnancy are 2 separate topics, although these are interlinked. As such, we will be reviewing weight management and uptake of healthy eating in different review questions under the same key area.
British Dietetic Association	7		Diet in pregnancy In our view, healthy eating for pregnancy and weight management are 2 separate issues. All pregnant women need advice and support regarding healthy eating regardless of BMI status.	Thank you for your comment. We agree that weight management and healthy eating during pregnancy are 2 separate topics, although these are interlinked. As such, we will be reviewing weight management and uptake of healthy eating in different review questions under the same key area.
British Dietetic Association	7		Training As midwives are expected to advise pregnant women regarding healthy eating and weight management during pregnancy, we feel that ensuring they receive adequate training, preferably from dietitians, to fulfil this role is important.	Thank you for your comment. We agree that health professionals should always be appropriately trained and the committee may wish to emphasise the need for particular skills in particular areas of the recommendations, but NICE guidelines are not allowed to consider the setting of training curriculums, skills and competencies for healthcare professionals, as this is the remit of professional bodies.

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British Dietetic Association	8		Table: Key area in Maternal and child nutrition guideline (PH11)Training: we strongly disagree with the decision to remove training. Aside from the importance of professional training ideally delivered by dietitians to colleagues such as midwives and health visitors, many other groups who are not health professionals support women at this stage (such as breastfeeding support volunteers, childrens' centre workers, social care workers). These non-healthcare workers will not have access to professional training, and anecdotally suitable credible training is hard to find and/or expensive. What suitable training should include, the skills and competencies it should achieve and the skills and competencies of those delivering it should be outlined here in our view.	Thank you for your comment. We agree that health professionals should always be appropriately trained and the committee may wish to emphasise the need for particular skills in particular areas of the recommendations, but NICE guidelines are not allowed to consider the setting of training curriculums, skills and competencies for healthcare professionals, as this is the remit of professional bodies.
British Dietetic Association	8		Table: Key area in Maternal and child nutrition guideline (PH11) Diet in pregnancy: we would like to see consideration of ethnicity and socioeconomic status on diet in pregnancy included.	Thank you for your comment. Different ethnic groups and socioeconomic status are included in the equality impact assessment form, which is linked to in section 2 of the scope. This assessment will be used during development to ensure that recommendations meet the needs of the groups listed within it.
British Dietetic Association	9		Table: Key area in Maternal and child nutrition guideline (PH11)Breastfeeding: Evidence on improving uptake of breastfeeding advice to continue beyond 8 weeks. We would like this to include consideration of ethnicity, age and socioeconomic status.	Thank you for your comment. Different ethnic groups, age and socioeconomic status are included in the equality impact assessment form, which is linked to in section 2 of the scope. This assessment will be used during development to ensure that recommendations meet the needs of the groups listed within it.
British Dietetic Association	General	General	There is no mention of a review of guidance around vitamin A in pregnancy.	Thank you for your comment. This information has been covered by UK Government guidance. The updated guideline will have the opportunity to cross-refer to this as needed.

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British Dietetic Association	General	General	Women who become pregnant after bariatric surgery have different requirements for micronutrient supplementation and nutritional monitoring. For instance, women who have malabsorptive procedures such as duodenal switch are at high risk of fat soluble vitamin deficiencies (A, D, E and K) and have higher requirements. Following a Roux-en-y gastric bypass there may be increased risk of vitamin A deficiency. See Shawe J, Ceulemans D, Akhter Z, et al. Pregnancy after bariatric surgery: consensus recommendations for periconception, antenatal and postnatal care. Obes Rev. 2019;20:1507–22	Thank you for your comment and the reference provided. When reviewing the evidence and making recommendations we will consider if it will be possible to tailor recommendations to women who become pregnancy after bariatric surgery or other similar problems.
British Dietetic Association	General	General	Women who are pregnant and living with obesity may have greater risks of iron deficiency but this is not considered.	Thank you for your comment. This information has been covered by UK Government guidance. The updated guideline will have the opportunity to cross-refer to this as needed.
British Specialist Nutrition Association	13	016 - 019	1.44 – within this, suggest to review the role that toddler milk can play in contributing to intake of vitamins A, C, D, iron and n-3 polyunsaturated atty acids in 1-3 year olds (as recently supported by the Irish Food Safety Authority of Ireland “Scientific Recommendations for Food-Based Dietary Guidelines for 1 to 5 Year-Olds in Ireland” and the European Society for Paediatric Gastroenterology Hepatology and Nutrition (ESPGHAN) position paper 2018. https://pubmed.ncbi.nlm.nih.gov/29095351/)	Thank you for your comment. When we develop the review protocol for this question we will discuss with the committee the type of evidence and outcomes to be included, and if appropriate will consider the role that toddler milk can play in contributing to intake of vitamins A, C, D, iron and n-3 polyunsaturated fatty acids in 1-3 year olds.
British Specialist Nutrition Association	13	016 – 019	1.44 – Within this, suggest to review the evidence on uptake of vitamin D supplements, and include other options for dietary intake of vitamin D in recommendations, to help more people to achieve the recommended intake	Thank you for your comment. We cannot pre-empt recommendations made by the committee.

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British Specialist Nutrition Association	14	018 - 020	4.2 – Suggest to include an exploration of what parent's perceive to be the facilitators and barriers to healthy eating in children up to five years	Thank you for your comment. We have amended the review question to say 'What approaches and interventions are effective to promote healthy eating behaviours in children up to 5 years (in line with government advice)?'. This is to reflect that we plan to conduct a systematic review on different ways in which uptake of all elements of healthy eating can be improved. When developing the systematic review protocol (which will guide the evidence review process), the committee will consider your suggestion.

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Diabetes UK	11	1	The scope currently does not cover advice on weight management for women before and after pregnancy as these are covered by the update to the NICE guidelines on weight management. We are concerned that there is not the opportunity to signpost to the Diabetes Prevention Programme in any of the NICE updates, given that women with a history of gestational diabetes (with a blood reading of HbA1c < 42 mmol/mol or FPG < 5.5mmol/l within the last 24 months) are eligible for this programme. Evidence shows that women with a history of gestational diabetes have a seven-fold increased risk for developing type 2 diabetes later in life and children born to mothers with gestational diabetes have a six-fold increased risk of developing type 2 diabetes. Additionally, the relative risk of gestational diabetes is elevated in women of Black African Black Caribbean and South Asian ethnicity compared with women of White European ethnicity. Progression to diabetes is also greater among women in these groups.The NICE guidelines on weight management (NG10182) are expected to be published in June 2023. We suggest, given the link between weight, ethnicity, gestational diabetes and poorer health outcomes that the decision to not include recommendations pertaining to this area, and to wait over two years for the publication, be reassessed. Reference: Risk factors | Background information | Diabetes - type 2 | CKS | NICERayanagoudar, G., et al., Quantification of the type 2 diabetes risk in women with gestational diabetes: a systematic review and meta-analysis of 95,750 women. Diabetologia, 2016. 59(7): p. 1403-1411	Thank you for your comment. As you note, the weight management for women before and after pregnancy will be covered in a separate guideline. Prevention of type 2 diabetes is out of scope for this guideline and the NICE guideline on weight management. It is covered in PH38 Type 2 diabetes: prevention in people at high risk (2012).

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Diabetes UK	13	006 - 013	We note the recent Nutrition & Diet Survey September 2021 which found a higher proportion of participants with low financial security reported folate intakes below the Lower Reference Nutrient Intake than those who were financially secure.The survey also discovered that median intakes of vitamin D from food (not including dietary supplements) were lower than in previous assessments and mean intakes of folate, iron and calcium also tended to be lower in all people except for children under 11 years, for whom they tended to be higher.Reference: https://www.gov.uk/government/statistics/ndns-diet-and-physical-activity-a-follow-up-study-during-covid-19	Thank you for your comment and the reference provided. Socioeconomic factors are included in the equality impact assessment form, which is linked to in section 2 of the scope. This assessment will be used during development to ensure that recommendations meet the needs of the groups listed within it.
Diabetes UK	13	016 - 019	We welcome the review of the uptake in healthy eating advice in children and in pregnancy and believe research examining the barriers must be investigated as part of this.In addition to clinical strategies to increase uptake of folic acid and vitamin supplements we recommend the Healthy Start Scheme and supply of vouchers is included. It is known that Healthy Start Scheme uptake is currently around 50%, with around 300,000 beneficiaries claiming (Jan 2021), leaving a significant proportion – approximately half of eligible people - who do not use the scheme.Ongoing research projects are seeking to understand possible barriers to uptake and what can be done to increase uptake and improve outcomes for families. We suggest that the recommendations from this research are incorporated into this guidance.Reference: https://www.nihr.ac.uk/documents/policy-research-programme-evaluation-of-the-healthy-start-scheme-research-specification/27631	Thank you for your comment and support. We cannot pre-empt recommendations made by the committee, however we confirm that there will be a review question on what approaches and interventions are effective to promote healthy eating behaviours in children up to 5 years, which will examine ways in which uptake of all elements of healthy start can be improved for all groups of people.

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Diabetes UK	2	021 - 023	Given the clear evidence of a social gradient in the NMPA showing women living in the most deprived areas are more at risk of living with overweight or underweight we reiterate our concern that the recommendations on link workers in PH11 guidelines will be removed.We feel that these should be expanded to include the importance of social prescribers for improving mental health, increasing healthier eating, increasing physical activity and signposting to financial advice services, which can help people overcome cost barriers to nutrition. The evidence is clear that social prescribing can play a pivotal role in addressing complex social issues, with research showing that link workers increase feelings of control and self-confidence, reducing social isolation. They also have a positive impact on health-related behaviours including weight loss, healthier eating and increased physical activity for those with long-term conditions.Reference: Link Worker social prescribing to improve health and well-being for people with long-term conditions: qualitative study of service user perceptions | BMJ Open	Thank you for your comment. The wording ‘clinical strategies' in some of review questions has been updated to 'approaches and interventions'. This is to reflect that one of the potential approaches may be having access to link workers to encourage uptake of healthy eating, vitamin supplements, etc. This will be discussed with the committee when developing the systematic review protocol (which will guide the evidence review process). In addition, socioeconomic factors and ethnicity have been included in the equality impact assessment form, which is linked to in section 2 of the scope. This assessment will be used during development to ensure that recommendations meet the needs of the groups listed within it.
Diabetes UK	3	001 - 005	We support the intention to increase the proportion of mothers who breast feed their children beyond six months.Evidence shows that breast feeding can help reduce the risk of overweight in both mother and child and prevent obesity and diabetes.****Reference: WHO | Exclusive breastfeeding to reduce the risk of childhood overweight and obesity	Thank you for your comment and support.

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Diabetes UK	9	1	We note the intention to remove recommendation 13 in PG11 relating to link workers from the guidelines and are concerned about this planned removal. The consultation document explains that the reason for this removal is that link worker provision is covered in CG138. However, from examination of guideline CG138 it appears that link workers are not covered or mentioned. Whilst we welcome shared decision making and a patient-centred approach broadly we feel this would be more effective being made explicit within the guidelines. Currently, this recommendation highlights the importance of trained link workers who speak the same language as people for whom English is not their first language. We know that there is a correlation between ethnicity and diabetes, with South and East Asian women being three times more likely to experience diabetes in pregnancy. Whilst many South and East Asian women will speak English as their first language, the inequity in health outcomes experienced by people from a minority ethnic background suggest that any removal of provision which may prevent negative outcomes should not take place. For example, link workers can play a crucial role in signposting pregnant women to services that work to maximise income, including benefit maximisation services. Statistics show that those on the lowest incomes would have to spend 75% of their disposable income to meet the UK Government's Eatwell guidance and link workers can play a vital role in helping mothers overcome these barriers to better health for themselves and their children.References: Maternal BMI and diabetes in pregnancy: Investigating variations between ethnic groups using routine maternity data from London, UK (plos.org)The broken plate: the state of the UK's food system | TABLE Debates	Thank you for your comment. The wording 'clinical strategies' in some of review questions has been updated to 'approaches and interventions'. This is to reflect that one of the potential approaches may be having access to link workers to encourage uptake of healthy eating, vitamin supplements, etc. This will be discussed with the committee when developing the systematic review protocol (which will guide the evidence review process). In addition, socioeconomic factors and ethnicity have been included in the equality impact assessment form, which is linked to in section 2 of the scope. This assessment will be used during development to ensure that recommendations meet the needs of the groups listed within it.

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Diabetes UK	Guideline	General	Diabetes UK welcomes the review of these guidelines and recognition of the inequities in health outcomes for mothers and children due to socioeconomic factors. Health is about more than healthcare and it is essential that social determinants are considered.Research shows infant mortality has increased over the last four years, and 1 in 5 deaths may be avoided if children living in the most deprived areas had the same mortality risk as those living in the least deprived. There is also a relative 10% increase in risk of death between each decile of increasing deprivation.Reference: https://www.ncmd.info/wp-content/uploads/2021/05/NCMD-Child-Mortality-and-Social-Deprivation-report_20210513.pdf	Thank you for your comment. We have included coverage of socio-economic status, particularly around those experiencing food insecurity and economically vulnerable groups - in the equality impact assessment and scope of the guideline. This means that we will consider evidence for these particular groups and consider if different recommendations are needed. However it is worth noting that this guideline does not aim to write the specific recommendations required for women or children who have been advised to follow a particular diet due to a medical condition like diabetes.
Diabetes UK	Guideline	General	We recommend that in the intervention strategies detailed on page 26, concerning nutrition, in the report ‘Child Mortality and Social Depravation’ by the National Child Mortality Database be considered for inclusion:Reference: https://www.ncmd.info/wp-content/uploads/2021/05/NCMD-Child-Mortality-and-Social-Deprivation-report_20210513.pdf	Thank you for your comment and for the information you have given us which we will make available to the committee. They will base any recommendations on the best available evidence and their own expert consensus opinion.
Diabetes UK	Guideline	General	When discussing living with underweight or with obesity in mothers and children, we feel it is important to make reference to the nutritional deficiencies that coexist with these conditions. Reference: https://www.bma.org.uk/media/2049/growingupinuk_may2013.pdf	Thank you for your comment and for the information you have given us which we will make available to the committee. They will base any recommendations on the best available evidence and their own expert consensus opinion.
Fatherhood Institute	10		Pregnant women Again, be aware of couple behaviour/diet – and how interventions can include the woman’s partner, according to her wishes	Thank you for your comment. The remit of the guideline is for women and their babies, therefore, while we agree that the woman's partner may be important to help the woman to achieve healthy and appropriate weight gain during pregnancy, the focus remains on the care of the woman during pregnancy.

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Fatherhood Institute	13	26	*Existing text. weighing, physical activitySuggested change: Add "family or couple interventions'Rationale: Aforementioned impacts of partners in particular – as is commonly said 'fat is a family affair'*	Thank you for your comment. The remit of the guideline is for women and their babies, therefore, while we agree that family or couple interventions for helping women to achieve healthy and appropriate weight gain during pregnancy may be important, the focus remains on the care of the woman during pregnancy.
Fatherhood Institute	14	006 - 009	*Existing text: Rather than conducting new evidence reviews, questions 3.1 and 6 3.2 will use the evidence reviews conducted for the NICE guideline on postnatal care (published April 2021), which covers babies up to 8 8 weeks.Suggested change: Undertake new evidence reviewed of impact of fathers/ wider family on breastfeeding maintenance – these were not included in the evidence reviews for the ICE guideline on postnatal care even though that is strong on including partners/ fathersRationale As above – impacts of fathers/partners on breastfeeding maintenance*	Thank you for your comment. The remit of the postnatal care guideline was for women and their babies, therefore, while we agree that the perspective of the partner/father in postnatal care may be important, especially in relation to the care of the baby, the focus remains on the care of the mother and the baby. That being said, the postnatal care guideline acknowledged the right for those with parental responsibility to be involved in the care of the baby, if they so choose, therefore the role of partners or parents (not just the mother who has given birth) were considered throughout the development of the postnatal care guideline and as such, it will be the case in this guideline.
Fatherhood Institute	14	2	*Existing text. 3.1 What interventions are effective in maintaining breastfeeding 2 after 8 weeks?Suggested change: Add after "What interventions" including with partners/ wider family . . .Rationale: Aforementioned impacts of partners and also wider family on maintenance of breastfeeding.*	Thank you for your comment. We agree that the perspective of the partner/father in postnatal care may be important, especially in relation to the care of the baby. However, we have not added the term fathers/partners here as we explain in section 3.1 that when the term 'parents' is used, this should be taken to include anyone who has main responsibility for caring for a baby or child.
Fatherhood Institute	14	3	*Existing text. 3.2 What do parents perceive to be the facilitators and barriers for 4 maintaining breastfeeding after 8 weeksSuggested change: What do mothers and fathers/partners perceive to be . . . Rationale. As above – impacts of fathers/partners on breastfeeding maintenance*	Thank you for your comment. We agree that the perspective of the partner/father in postnatal care may be important, especially in relation to the care of the baby. However, we have not added the term fathers/partners here as we explain in section 3.1 that when the term 'parents' is used, this should be taken to include anyone who has main responsibility for caring for a baby or child.

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Fatherhood Institute	2	20	*Additional text. There is clear evidence of correlation between couples' obesity/ overweight and of partner-influence on pregnant women's nutrition and exercise. Therefore, more focus is needed on engaging with the couple where obesity/ overweight is a concern. Rationale: Partners' obesity/ overweight are strongly correlated (Brown et al., 2013); as is their intake of fruit and vegetables (Thompson et al., 2011). Obese/ overweight pregnant women find engaging in physical activity easier when their partner supports them (Flannery et al., 2018)*	Thank you for your comment. We appreciate your concern about providing detailed background information. The full guideline will contain the evidence and references, however the introduction is intended to provide only a brief description of the need for a full assessment of the evidence in the first instance.
Fatherhood Institute	3	004 - 005	*Existing text: Therefore, more focus is needed on helping women to continue breastfeeding for longer, Additional text. including through informing and supporting their partner to encourage them. Rationale: Fathers have substantial impact on whether babies are breastfed - and the NICE guideline on postnatal care emphasises the importance of informing and supporting them so they can better support their partner to initiate and maintain breastfeeding*	Thank you for your comment. The remit of the guideline is care for women and their babies and children, but the committee will consider the involvement of partners or other parental caregivers throughout the guideline.
Fatherhood Institute	6	26	*Existing text. Healthy eating for children up to 5 years Suggested research evidence for inclusion in the review: If mothers' feeding practices/ behaviour with young children are to be considered, note the growing literature on fathers' influences – and also the impact of fathers' and mothers' own dietary practices*	Thank you for your comment. We will be undertaking a systematic review to identify the evidence for this review, and if there is any published evidence on fathers' influences and the impact of fathers' and mothers' own dietary practices, then this could potentially be considered when answering the clinical question.

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Fatherhood Institute	8		Diet in pregnancy Existing text. 'We will look for evidence on: * what interventions help women manage their weight during pregnancy * improving uptake of healthy eating advice during pregnancy. Suggestion: Look for interventions and advice on diet that address THE COUPLE and/or the woman's partner. Also look at who mainly shops for food and cooks within the family. Sometimes this is the father and sometimes (e.g. in some ethnic minority families) a grandmother other relative.Rationale: This kind of 'whole family' approach is increasingly common in interventions/ advice-giving for weight control and the management of Type 2 diabetes	Thank you for your comment. The remit of the guideline is for women and their babies, therefore, while we agree that partner's or couple interventions for helping women to achieve healthy and appropriate weight gain during pregnancy may be important, the focus remains on the care of the woman during pregnancy.
First Steps Nutrition Trust	001 and 002	027, 001 and 002	For clarity, we suggest to replace this: "Child nutrition includes providing milk, solid food and necessary supplements at the right times and for the right duration, at home or in early years settings" with this: "To ensure a child meets their nutritional requirements requires appropriate milk feeding in the first year, appropriate complementary feeding in the second half of infancy, and appropriate diets and feeding practices for young children from 1-4 years of age. Micronutrient supplementation may also be required between 0-4 years of age. Consideration should be given both to the home environment and any early years settings the child attends."	Thank you for your comment. We appreciate your suggestion about providing more detailed background information. The full guideline will have all relevant details, however the introduction is intended to provide only a brief description of the need for a full assessment of the evidence in the first instance.
First Steps Nutrition Trust	014 - 015	023 - 02800 1 - 010	Suggest main outcomes cover the scope of the draft questions, which would require inclusion of outcomes related to safe and appropriate formula feeding and Healthy Start uptake. Exclusive breastfeeding 0-6 months is important alongside encouraging continued breastfeeding and data should be collected on this. Dietary intake measures should look at foods consumed and not just nutrients.	Thank you for your comment. The scope includes a list of the main outcomes that the guideline may consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols.

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First Steps Nutrition Trust	1	004 - 006	The current title: 'Nutrition and weight management in pregnant women, and nutrition in children up to 5 years' at present does not match up with the scope as described on page 15, lines 13-15. For the proposed scope to be more closely represented from the title we suggest it reads: "Nutrition and weight management in pregnancy, and nutrition for mothers and for children up to 5 years of age".	Thank you for your comment. We have amended section 3.1 to say more clearly that we are covering: 'Women during a single or multiple pregnancy, breastfeeding women and parents and carers of babies and children from birth to 5 years'. 'Weight management will only be covered during pregnancy'. 'Preconception will be covered only in relation to folic acid supplements'. 'Nutrition for women post pregnancy will only be covered in relation to breastfeeding'. We have removed reference to nutrition for mothers up to 5 years. We hope this is clearer now.
First Steps Nutrition Trust	1	25	"Babies and pre-school children" suggests 0-12 month olds and 3-<5 year olds. Suggest for clarity to replace this with "babies and young children aged 1-4 years old".	Thank you for your comment. The exact age split for the purposes of reviews of the evidence will be agreed by the committee when they agree the protocols for the development of the evidence reviews. This will also be determined by the ways in which the committee would like to make recommendations relevant to different age ranges and this may be different for different review questions. The purpose of the scope is to set the broader framework for the more detailed work to come.
First Steps Nutrition Trust	1	27	We would like to suggest more academic references replace the blog, and these could include the SACN Feeding in the First Year of Life report and the SACN Early Life Nutrition report.	Thank you for your comment. We have added a reference to the SACN early life nutrition report. The first year of life report was already included in the next paragraph.
First Steps Nutrition Trust	11	3	This description of what will not be covered by this guidance highlights a gap in NICE guidance for weight management for children under 2 years of age. An appropriate guideline needs to address identification of rapid weight gain in infants and children between 1 and 2 years of age, and appropriate actions to support appropriate growth. It is requested that alongside revision of this guideline, the Maternal and Child Nutrition Guideline committee liaise with other relevant committees to ensure that this gap can be filled.	Thank you for your comment. The topic experts in the NICE committees on weight management and maternal and child nutrition considered weight management in under 2s an area that currently lacked specific interventions. They felt that weight management in this population group could be appropriately addressed by regular weight monitoring and by health professionals implementing existing advice on healthy eating behaviours. This update will retain existing recommendations around weight monitoring and will consider

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				evidence around effective approaches and interventions to promote healthy eating behaviours in children up to 5 years (in line with government advice). This guideline will also cross refer to the weight management guideline where appropriate for recommendations relevant to parents and carers of children of any age. We will also forward your comments to NICE's surveillance team for consideration at the next surveillance review of the weight management guideline.
First Steps Nutrition Trust	14	002 - 009	Request a clarification that we seek to understand interventions that would enable women to breastfeed exclusively for the first 6 months, and to continue to breastfeed until at least 1 year of age, as per the SACN Feeding in the First Year of Life report. It is not clear how the evidence reviews conducted for the postnatal guideline are applicable to the questions 3.1 and 3.2 given that the I in the PICO for these evidence reviews is: "Factors that facilitate or impede the starting and maintenance of breastfeeding within the first 8 weeks" (and similar for the PICO on information and support). We request that additional evidence reviews are proposed to cover the period 8 weeks to 1 year.	Thank you for your comment. Although we cannot pre-empt recommendations made by the committee, if there is any evidence on specific timings breastfeeding should be maintained for, it can be considered as part of making recommendations. The scope of the NICE guideline on postnatal care describes the focus as being women and babies from birth to 8 weeks, however studies covering the postnatal period after 8 weeks were included. Therefore, it is appropriate to use this evidence to inform questions 3.1 and 3.2 in the guideline.
First Steps Nutrition Trust	14	010 - 011	Suggest edit 3.3. to read: "How adequate is existing guidance for parents on safe and appropriate formula feeding from 8 weeks of age, and what are the gaps that need filling."	Thank you for your comment. Existing guidance may be variable, so the standard approach is to assess what information is safe and appropriate.
First Steps Nutrition Trust	14	013 - 014	Suggest to add a draft question: "What interventions are effective to support healthy eating behaviours in mothers up to 5 years post-partum?".	Thank you for your comment. Weight management and healthy eating after pregnancy will be covered by the NICE guideline on weight management: preventing, assessing and managing overweight and obesity (update).

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First Steps Nutrition Trust	14	015 - 017	Suggest the term ‘clinical strategies’ is replaced with ‘interventions’ as the guidelines are intended to be relevant to early years settings as well as clinical settings. Suggest this draft question could be more clearly articulated as follows: “What interventions are effective to ensure timely introduction of appropriate complementary foods”.	Thank you for your comment. The term 'clinical strategies' has now been replaced with 'approaches and interventions' in light of stakeholder comments.
First Steps Nutrition Trust	14	18	Suggest the term ‘clinical strategies’ is replaced with ‘interventions’ as the guidelines are intended to be relevant to early years settings as well as clinical settings. Suggest this draft question could be more clearly articulated as follows: “What interventions are effective to enable healthy eating behaviours in children up to 5 years in line with government advice”.	Thank you for your comment. The term 'clinical strategies' has now been replaced with 'approaches and interventions' in light of stakeholder comments.
First Steps Nutrition Trust	2003	011 - 03000 1 - 005	We suggest that the content in the key facts and figures section is retained but more detail could be added to reflect the proposed scope of the guideline. Appropriate additions could be facts and figures on women’s diets in pregnancy; use of inappropriate infant milks; timing of complementary feeding; types of foods given to infants showing the extent to which babies are given commercial baby foods and snacks; continued breastfeeding at 6, 9, 10-11 and 12-18 months; types of foods and drinks given to young children to show extent to which they are given unnecessary/inappropriate foods such as growing-up milks, fizzy drinks, adult ready meals, etc. It would also be appropriate to include reference to the known social gradients in breastfeeding and other infant and young child feeding indicators. There is content relevant to these suggestions in the First Steps Nutrition Trust report: Enabling children to be a healthy weight: What we need to do better in the first 1,000 days.	Thank you for your comment. We appreciate your concern about providing detailed background information. The full guideline will contain the evidence and references, however the introduction is intended to provide only a brief description of the need for a full assessment of the evidence in the first instance.

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First Steps Nutrition Trust	3	006 - 025	A fuller description of the policy environment and of current interventions/practices might be appropriate, particularly related to diets and feeding practices of 0-5 year old children. There is content relevant to these suggestions in the First Steps Nutrition Trust report: Enabling children to be a healthy weight: What we need to do better in the first 1,000 days.	Thank you for your comment. We appreciate your concern about providing detailed background information. The full guideline will contain the relevant description of policy environment and current interventions/practices, however the introduction is intended to provide only a brief description of the need for a full assessment of the evidence in the first instance.
First Steps Nutrition Trust	3	023 - 025	Given that not all babies are given infant formula, suggest insertion as shown: “However, it is unclear whether *and for whom* vitamin A supplementation is still necessary in the UK, given that infant formula and many staple foods are already fortified”.	Thank you for your comment. We have amended this paragraph to read ‘However, it is unclear whether and for whom vitamin A supplementation is still necessary in the UK, given that infant formula and many staple foods are already fortified’. We hope this is clearer.
First Steps Nutrition Trust	3	3	Suggest ‘months’ is replaced by ‘weeks’ given the earlier statistic about breastfeeding at 6 weeks.	Thank you for your comment. The origin of this reference to six months is different to the line above and both are important to retain within the scope.
First Steps Nutrition Trust	4	008 - 009	We suggest “providers of pre-school education and care services and early years settings” is simplified to “early years settings”.	Thank you for your comment. Providers of services has a slightly different implication to 'settings' in NICE guidelines - and we clarify the settings included in section 3.2.
First Steps Nutrition Trust	5	020 - 021	We suggest this sentence is not required: “Women living with underweight will only be considered for weight management during pregnancy” as it is stated that this guide only covers weight management in pregnancy. If it is intended to mean that the guide will not cover nutrition for the 5 years post-partum for women underweight in pregnancy that should be stated.	Thank you for your comment. Nutrition for women post pregnancy will only be covered in relation to breastfeeding. We have removed reference to nutrition for mothers up to 5 years. We hope this is clearer now.

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First Steps Nutrition Trust	7	003 - 005	We would like to see this assumption removed: “The guideline will assume that prescribers will use a medicine’s summary of product characteristics to inform decisions made with individual patients”. We feel this is inappropriate given that it is typical for such summaries to advise, as a precaution, that the medicine should not be taken by a woman who is breastfeeding because there is robust evidence of safety, even when there is minimal theoretical risk. We support the recommendation to consult specialist sources of information on prescribing in lactation UK, such as the Drugs in Lactation Advisory Service (UKDILAS, the NHS specialist service) to ensure women’s treatment needs do not lead to unnecessary formula supplementation and/or early cessation of breastfeeding.	Thank you for your comment. Based on stakeholder feedback, we have amended this section to say that 'the guideline will assume that prescribers will use appropriate resources for safe medicine use and prescribing for breastfeeding women, in line with the NICE guideline on postnatal care, to inform decisions made with individual patients'.
First Steps Nutrition Trust	8		Table: Training This is marked for removal, however, we suggest it is retained on the basis that nutrition and in particular infant feeding is not covered sufficiently in health professional training at degree level or through Continued Professional Development (CPD) (as evidenced in the 2016 World Breastfeeding Trends Initiative UK assessment). Added to this, many breastmilk substitute companies sponsor CPD on infant feeding which means health care professionals are receiving training that is subject to bias because of conflict of interest.	Thank you for your comment. We agree that health professionals should always be appropriately trained and the committee may wish to emphasise the need for particular skills in particular areas of the recommendations, but NICE guidelines are not allowed to consider the setting of training curriculums, skills and competencies for healthcare professionals, as this is the remit of professional bodies.

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First Steps Nutrition Trust	9		Table: Breastfeeding Suggest edit as shown for clarity: “Review the evidence on interventions which would enable women who want to, to breastfeed beyond 8 weeks improving uptake of breastfeeding advice to continue beyond 8 weeks, including workplace interventions to help for women who are returning to work”. This suggestion is made because implying that women stop breastfeeding because they do not take advice is an oversimplification of the determinants of infant feeding practices. Women need support to succeed at breastfeeding as well as the desire to do so, which is partly influenced by health promotion messages. To enable breastfeeding there also need to be protective measures in place, such as policies to prevent conflicts of interest from the breastmilk substitute industry.	Thank you for your comment. We have amended the text to say 'review the evidence on interventions to support and maintain breastfeeding beyond 8 weeks, including approaches and interventions for women who are returning to work or study'. Although we cannot pre-empt recommendations made by the committee, if there is any evidence on specific timings breastfeeding should be maintained for, it can be considered as part of making recommendations.
First Steps Nutrition Trust	9		Table: Infant formula Suggest change to ‘Formula feeding’. Suggest to add: “Review adequacy of existing guidance on safe and appropriate formula feeding”. Suggest edit as shown for clarity: “Review the evidence on interventions which would improveing uptake of existing guidance on safe and appropriate use of appropriate formula feeding after 8 weeks to 12 months of age”.	Thank you for your comment. The label 'infant formula' cannot be amended as this is how PH11 refers to it, and a change may imply that readers would not be able to find whether recommendations had been updated or removed. We will take your suggestion into consideration when agreeing with the committee the type of evidence and outcomes that would provide the best evidence for decision-making when developing the review protocol.
First Steps Nutrition Trust	9		Table: Prescribing It is stated: “It is standard practice that clinicians follow the British National Formulary (BNF) when prescribing, but we will consider if we can retain reference to these recommendations”.We suggest retention of the reference to consult specialist sources of information for prescribing for lactating women, such as the UK Drugs in Lactation Advisory Service (UKDILAS, the NHS specialist service), in order that precautionary advice not to take a medicine whilst breastfeeding does not lead to unnecessary formula supplementation and/or early cessation of breastfeeding.	Thank you for your comment. Based on stakeholder feedback, we have amended this section to say that 'the guideline will assume that prescribers will use appropriate resources for safe medicine use and prescribing for breastfeeding women, in line with the NICE guideline on postnatal care, to inform decisions made with individual patients'.

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First Steps Nutrition Trust	9		Table: Child health promotion Suggest edits as shown for clarity:interventions to improveing uptake of vitamin supplementation for babies and children up to 5 yearsinterventions to improveing uptake of healthy eating advice in children up to 5 years to promote healthier growth(because healthy eating is important for other outcomes too, e.g. oral health)interventions which would enable women who want to, to breastfeed beyond maintaining breastfeeding after 8 weeks, including workplace interventions to help for women who are returning to work.	Thank you for your comment. We will take your suggestion into consideration when agreeing with the committee the type of evidence and outcomes that would provide the best evidence for decision-making when developing the review protocol.
First Steps Nutrition Trust	9		Table: Pre-school settings Suggest change to ‘Early years settings’, covering all settings for 0-5 year olds. Suggest edits as shown for clarity: “Review the evidence on interventions to improve uptake of healthy eating advice by early years settings providers in relation to their food and drink policies and practices”. in children up to 5 years to promote healthier growth. (healthy eating is important for other outcomes too, e.g. oral health)	Thank you for your comment. The label 'pre-school settings' cannot be amended as this is how PH11 refers to it, and a change may imply that readers would not be able to find whether recommendations had been updated or removed. We will take it into consideration when agreeing with the committee the type of evidence and outcomes that would provide the best evidence for decision-making when developing the review protocol.
First Steps Nutrition Trust	9		Table: Family nutrition Suggest edits as shown for clarity: “Review the evidence on interventions to improve uptake of healthy eating advice among parents of in children up to 5 years”. to promote healthier growth (healthy eating is important for other outcomes too, e.g. oral health)	Thank you for your comment. We will take it into consideration when agreeing with the committee the type of evidence and outcomes that would provide the best evidence for decision-making when developing the review protocol.
First Steps Nutrition Trust	General	General	The intended scope of this guideline remains unclear with respect to its focus on clinical versus public health interventions because at present it is a mixture. Content on the one hand refers to feeding of children in early years settings and workplace interventions to enable breastfeeding, and on the other hand lists draft questions about clinical strategies. It is our opinion that the guideline should be a public health guideline as per PH11 which is it in part replacing.	Thank you for your comment. We have added a short paragraph to the end of the first section which reads: ‘This guideline will focus on recommendations to support best practice between practitioners working in maternal and child nutrition and mothers and families of young children. It will not focus on service organisation and will be informed by existing government advice in this area.’ We have also removed reference to clinical strategies in the

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				draft review questions and instead referred to 'approaches and interventions'. We hope this has made it clearer that this is not a public health guideline, but it is a clinical guideline that also seeks to include recommendations about information, support and advice requirements for pregnant women, mothers and families of young children.
First Steps Nutrition Trust	General	General	With respect to question 1: “Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline?”, we suggest that the guideline draws relevant content from the ‘International Code of Marketing of Breastmilk Substitutes’ and its subsequent World Health Assembly resolutions. The Code (and resolutions) provide an internationally endorsed policy framework for protecting parents and their children and any health care professionals who might support them, from inappropriate marketing by the baby food industry, which ultimately undermines optimal feeding practices. A key principle of the Code is to prevent conflict of interest by ensuring the avoidance of partnerships and funding (directly or indirectly) from breastmilk substitute companies. We believe that this principle is directly relevant to the NICE guideline on Maternal and Child Nutrition and that this should be made explicit. The relevant World Health Assembly resolution is 69.9 which can be found here: EB Document Format (who.int).	Thank you for your comment. The recommendations for this guideline will be agreed by a group of expert committee members who are put through a transparent recruitment process where any potential conflicts of interests are appropriately managed. Thank you for the information you have given us which we will make available to the committee.

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General Practitioners Championing Perinatal Care	007, 009	General	Prescribing in pregnancyWe do not agree that the BNF is standard practice for prescribing in pregnancy and breastfeeding; products are unlikely to be licensed in both circumstances because the manufacturers have not done the appropriate research nor sought the licence. Neither is it appropriate to read the SmPC for each drug, as they are produced by the pharmaceutical company themselves. In both situations we would recommend consulting UK Teratology Information Service (UKTIS) pre-pregnancy or during pregnancy as this has a more detailed assessment of safety and balance of risks and UKDILAS, the Breastfeeding Network or Lactmed for safety of drugs in breastfeeding. We are hoping that forming the MHRA Safer Medicines in Pregnancy and Breastfeeding Consortium will make better and safer information available for women	Thank you for your comment. Based on stakeholder feedback, we have amended this section to say that 'the guideline will assume that prescribers will use appropriate resources for safe medicine use and prescribing for breastfeeding women, in line with the NICE guideline on postnatal care, to inform decisions made with individual patients'.
General Practitioners Championing Perinatal Care	13	14	Consider adding a question What dose of Vit D is appropriate for pregnant women with darker skin?	Thank you for your comment. Groups of women who may be at greater risk of vitamin D deficiency have not been added to the review question on vitamin D because these have been covered in UK Government advice about nutrition and we will reference to this in the guideline when relevant.
General Practitioners Championing Perinatal Care	14	6	3.1 and 3.2: Should the evidence review used for the NICE guideline for postnatal care, be used for babies over 8 weeks, as the barriers and facilitators may not be the same and new evidence may have also emerged	Thank you for your comment. The scope of the NICE guideline on postnatal care describes the focus as being women and babies from birth to 8 weeks, however studies covering the postnatal period after 8 weeks were included. For these reasons, we consider appropriate to use this evidence to inform questions 3.1 and 3.2 in the guideline.

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General Practitioners Championing Perinatal Care	3	007 - 009	Is it worth making a comment about consultation on fortification of flour with folic acid and women STILL needing to take supplements after that?	Thank you for your comment. The recent change in UK legislation of mandatory folate fortification of non-wholemeal wheat flour will be taken into consideration by the committee when making recommendations.
General Practitioners Championing Perinatal Care	3	010 - 013	Is the dose of Vit D recommended high enough for women with darker skin?	Thank you for your comment. The vitamin D dose for women with darker skin have been covered by UK Government guidance, and the updated guideline will have the opportunity to cross-refer to this as needed.
GP Infant Feeding Network	004 - 005	023 - 024	Page 4, lines 23-24 and page 5 lines 1-9The Equality Impact assessment refers to inequalities for people from black and minority ethnic groups, but none of the suggested questions for the guideline address this specifically. In view of recently confirmed maternal and infant mortality and morbidity inequalities we believe this area should have more weight in the update. For reference, please see MBRRACE-UK Perinatal Mortality Surveillance Report for Births 2019 and MBRRACE-UK Saving Lives Improving Mothers' care 2020 and 2019.	Thank you for your comment. The questions in this scope document specify the general areas that we will be looking at during guideline development. The equality impact assessment form, which is linked to in section 2 of the scope, will be used during development to ensure that recommendations meet the needs of the groups listed within it.
GP Infant Feeding Network	1	004 - 006	The amended title appears to limit the maternal scope to pregnancy only. We are concerned that this will not signpost users to the fact that the updated guideline will include pre-conception information on folic acid and information on the nutritional needs of those breastfeeding (re: Vitamin D). This could reduce the effectiveness of the update and the guideline going forward.	Thank you for your comment. We understand the points you are making but we need a title that largely reflects the contents of the guideline. We appreciate that the pre-conception recommendations for folic acid may not be implied by the title of this guideline. We will therefore make sure they are linked clearly from other guidance and that the full contents and scope of the guideline is made clear to the reader in an introductory statement to the guideline, which ideally will sit close the title on the web pages.

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GP Infant Feeding Network	13	007 - 019	In draft question 1 no specific reference is made to women and children from ethnic minority groups who may be at higher risk of vitamin D deficiency due to darker skin pigmentation, or to those whose skin is usually covered outdoors for cultural, religious or health reasons.	Thank you for your comment. We will be undertaking a systematic review to identify which groups of women should be advised to take high-dose folic acid supplements. As such, specific groups of women have not been added to the question as these will be identified by the evidence. Different ethnic groups are included in the equality impact assessment form, which is linked to in section 2 of the scope. This assessment will be used during development to ensure that recommendations meet the needs of the groups listed within it.
GP Infant Feeding Network	14	006 - 009	The suggestion of utilising the evidence reviews on breastfeeding interventions from NICE NG194 is not appropriate. Interventions to maintain breastfeeding before and after 8 weeks will be different and have different outcomes. The NG194 evidence reviews will have specifically excluded studies which looked at interventions starting more than 8 weeks after birth. Appropriate evidence to review interventions from 8 weeks needs to be found and used in the development of this guideline update.	Thank you for your comment. We will be reviewing evidence on approaches and interventions before 8 weeks, such as in review question 3.4 (What approaches and interventions help women returning to work and study to continue breastfeeding?). Interventions to maintain breastfeeding would rarely start after 8 weeks as if breastfeeding is not established before 8 weeks, then it would not be relevant to intervene. As a result, most interventions are likely to be a continuation of an intervention that started earlier. The scope of the NICE guideline on postnatal care describes the focus as being women and babies from birth to 8 weeks, however studies covering the postnatal period after 8 weeks were included. For these reasons, we consider appropriate to use this evidence to inform questions 3.1 and 3.2 in the guideline.
GP Infant Feeding Network	14	010 - 011	Question 3.3 should address the evidence/lack of evidence for the use of ‘follow on’ formula and other specialist formulas marketed for infants and young children available without prescription.	Thank you for your comment. Follow-on formula falls within the government advice remit and we will be linking to this guidance when appropriate.

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GP Infant Feeding Network	15	009 - 010	'Perceptions of baby behaviours and preferences' is a difficult outcome to review and standardise and may vary considerably between parents and with the age of the infant. It should be clarified as to whether this refers to solid foods, or to infant feeding in general.	Thank you for your comment. The scope includes a list of the main outcomes that the guideline may consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols.
GP Infant Feeding Network	3	007 - 009	It appears that it is intended that the update will only focus on the folic acid dose for women living with overweight and obesity. We are concerned that this will limit the usefulness of the recommendations in the update, as there is a large range of clinical circumstances in which higher doses of folic acid are required, including in cases of maternal sickle cell anaemia and thalassaemia (conditions more common in black and ethnic minority groups). We are concerned that omission of reference to the range of conditions requiring higher doses of preconception folic acid is in conflict with the Equality impact assessment.	Thank you for your comment. The scope has an existing review question which plans to assess which groups of women should be advised to take high-dose folic acid supplements (in line with government advice) before and during the first 12 weeks of pregnancy (see section 3.5).
GP Infant Feeding Network	3	010 - 013	It appears that it is intended that the update will only focus on the Vitamin D supplement dose for women living with overweight and obesity. We had hoped that the guideline update would review the evidence regarding the dose for those at higher risk of vitamin D deficiency due to other causes (including mothers with darker skin pigmentation, or those who cover their skin for cultural, religious or health reasons).	Thank you for your comment. The dose for those at higher risk of vitamin D deficiency due to other causes have been covered by UK Government guidance, and the updated guideline will have the opportunity to cross-refer to this as needed.

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GP Infant Feeding Network	3	022 - 025	Please ensure that review and clarity regarding Vitamin A and Vitamin C supplementation for babies (from birth) and children up to age 5 is addressed in the guideline update. This may differ according to infant feeding status. Clarity is required as to which national source of information is to be used as the basis for which Vitamins are essential to supplement, at what dose, and at what age. Current practice is disparate and inequitable due to confusion over this point, even between General Practitioners with a special interest in this topic.	Thank you for your comment. We will take your suggestion into consideration when agreeing with the committee the type of evidence and outcomes that would provide the best evidence for decision-making when developing the review protocol.
GP Infant Feeding Network	6	5	This line states that women with diabetes and epilepsy will be excluded from the update, but these groups will require higher dose of folic acid pre-conceptually. Excluding this information from this guideline will fragment clinical information, leading clinicians to review multiple different guidelines to appreciate all those requiring higher folic acid doses. This will risk inadequate care for these groups of patients. This conflicts with the content of the evidence review plan on page 8 of the scope (table) and the draft question on p13, lines 7-10.	Thank you for your comment. Based on stakeholder feedback, we have removed the reference to women and children with epilepsy or HIV. However, we have amended this to say that 'the guideline will not include specific recommendations for women and children who have been advised to follow a particular diet for control of a medical condition, for example diabetes'. This is because advice will not cover groups who have been asked to follow a specific diet.

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GP Infant Feeding Network	7	001 - 005	We do not agree that a medicine's summary of product characteristics (SPC) can fully inform prescribing for those pregnant and breastfeeding. The SPC frequently takes a precautionary approach due to the nature of drug trials and thus limits prescribing in pregnancy and lactation. The NICE Postnatal Care Guideline (NG194, recommendation 1.5.6) makes this recommendation: 'Healthcare professionals caring for women and babies in the postnatal period should know about: … appropriate resources for safe medicine use and prescribing for breastfeeding women.' We suggest that this guideline update should, as a minimum, reiterate this point. Supplementary resources include: • UK Drugs in Lactation Advisory Service (UKDILAS, the NHS specialist service) https://www.sps.nhs.uk/articles/ukdilas/ for lactation • UK Teratology Information Service (UKTIS) http://www.uktis.org for pregnancy • The Breastfeeding Network Drugs in Breastmilk Information Service https://www.breastfeedingnetwork.org.uk/detailed-information/drugs-in-breastmilk/ for lactation These specialist sources of prescribing information are essential to offer informed choice to parents. To not recommend these sources of specialist prescribing information risks harm from inappropriate prescribing/withholding of medication or inappropriate recommendations to cease breastfeeding.	Thank you for your comment. Based on stakeholder feedback, we have amended this section to say that 'the guideline will assume that prescribers will use appropriate resources for safe medicine use and prescribing for breastfeeding women, in line with the NICE guideline on postnatal care, to inform decisions made with individual patients'.

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GP Infant Feeding Network	8		Table Re: content stood down on Training from PH11- We appreciate that NICE may be unable to comment about the specific level of training required for relevant roles. However, we would urge the committee to include minimum levels of knowledge or expertise relating to each recommendation, particularly those around infant feeding support and prescribing for pregnant and lactating women.	Thank you for your comment. NICE guidelines are not allowed to consider level of qualification, as this is the remit of professional bodies. Consequently when writing recommendations we will – where possible - use forms of words commensurate with the competency frameworks of the relevant professional organisations in order that it is clear how to derive competencies from these.
GP Infant Feeding Network	9		Table Please ensure that in the review of evidence about safe and appropriate use of formula feeding after 8 weeks that the (lack of) evidence on the use of follow-on formula is reviewed.	Thank you for your comment. Follow-on formula falls within the government advice remit and we will be linking to this guidance when appropriate.

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GP Infant Feeding Network	9		Table Again, we disagree and would like to remind the guideline committee that the British National Formulary (BNF) is inadequate as a source of information for prescribing in pregnancy and lactation. Referring to the BNF and excluding reference to the supplementary sources of prescribing information included in the 2008 version of PH11 (recommendation 15) will limit prescribing options for those pregnant and breastfeeding. The NICE Postnatal Care Guideline (NG194, recommendation 1.5.6) makes this recommendation: 'Healthcare professionals caring for women and babies in the postnatal period should know about: … appropriate resources for safe medicine use and prescribing for breastfeeding women.' We suggest that this guideline update should, as a minimum, reiterate this point.Supplementary resources include: UK Drugs in Lactation Advisory Service (UKDILAS, the NHS specialist service) https://www.sps.nhs.uk/articles/ukdilas/ for lactationUK Teratology Information Service (UKTIS) http://www.uktis.org for pregnancy The Breastfeeding Network Drugs in Breastmilk Information Service https://www.breastfeedingnetwork.org.uk/detailed-information/drugs-in-breastmilk/ for lactation These specialist sources of prescribing information are essential to offer informed choice to parents. To not recommend these sources of specialist prescribing information risks harm from inappropriate prescribing/withholding of medication or inappropriate recommendations to cease breastfeeding.	Thank you for your comment. Based on stakeholder feedback, we have amended this section to say that 'the guideline will assume that prescribers will use appropriate resources for safe medicine use and prescribing for breastfeeding women, in line with the NICE guideline on postnatal care, to inform decisions made with individual patients'.

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GP Infant Feeding Network	9		Table Re: advice to continue breastfeeding beyond 8 weeks – Please consider reframing this to recommendations that support continued breastfeeding as the issue requires more complex interventions than just advice, and the onus should not only be on the individual person breastfeeding.	Thank you for your comment. While we cannot pre-empt recommendations made by the committee, the scope does allow for interventions to maintain breastfeeding after 8 weeks, therefore the committee could use this information in drafting their recommendations.
GP Infant Feeding Network	9		Table Re: content stood down on Allergy from PH11- Please consider reinstating recommendation 18 from the current PH11 guideline. This emphasises that there is insufficient evidence to use infant formula or specialist infant milks for prevention of allergy. This recommendation as far as we can see does not form part of NICE CG116 (Food Allergy in Under 19s). Omission of this point (due to standing down the allergy topic) will exclude important guidance around breastfeeding and avoiding prophylactic use of hypoallergenic formula (which may have prescribing cost/economic implications).	Thank you for your comment. Food allergies have not been prioritised for inclusion in the scope of this guideline as more up to date and relevant information on food allergies is available in other existing guidance, which we will be cross-refer to when relevant.
GP Infant Feeding Network	9		Table Re: content stood down on Infant Formula from PH11- The current version of PH11 recommendation 14 includes that information about infant formula should be independent (i.e. from a qualified health professional and avoiding the use of materials produced or donated by infant formula, bottle or teat manufacturers). This is in line with the responsibilities of health workers and the World Health Organisation International Code of Marketing of Breastmilk Substitutes (see https://www.who.int/publications/i/item/9789240005990). We would recommend that reference to this point is retained.	Thank you for your comment. This information has been covered by UK Government guidance. The updated guideline will have the opportunity to cross-refer to this as needed.

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GP Infant Feeding Network	General	General	We have concerns that the new scope (amalgamating elements from PH27) is very broad and may not allow for the complexities of all the issues included to be covered with adequate depth. For clinical relevance and functionality, it would be helpful to ensure that recommendations include clear indication of which healthcare professionals/ health workers/social care workers they are aimed at.	Thank you for your comment. The scoping and stakeholder consultation exercise has helped us define the critical areas where a guideline can best have impact, updating old recommendations and complimenting existing guidance. We feel the guideline is now focused to allow required depth into these key areas. We will also ensure that the recommendations are clear about who should take responsibility for the action where the committee feels this is needed to be clear and helpful.
Hospital Infant Feeding Network	3	22	The scope mentions that the recommendation for vitamin A supplementation will be reviewed. We very much support this, and would ask that vitamin C also be reviewed. Current advice on routine supplementation of both vitamin A and C date back to the 1994 COMA report, which stated 'food and drinks which provide good sources of vitamin C should be encouraged in the weaning diet and between the ages of 1 and 5 years vitamins A and D should be given unless assured from a diverse diet containing vitamins A and D rich foods and from moderate exposure to sunlight'. the National Diet and Nutrition Survey (NDNS) data showed that only 4% of children aged 18 months to 3 years has a plasma concentration of vitamin C below 11 µmol/L, and no children aged 4-10 years had plasma concentration below this level. Therefore it isn't clear why there is still a historical recommendation for routine supplementation of vitamin C. It is always desirable to minimise recommendations for the whole population so that effective public health messaging can be targeted at recommendations that really matter, and to reduce confusion – therefore if supplementation with vitamin A and C are not necessary the recommendations should be removed.	Thank you for your comment. We are pleased to confirm that there will be a review question on the approaches and interventions to increase uptake of vitamin supplements for pregnant women, breastfeeding women, babies and children up to 5 years.

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Hospital Infant Feeding Network	7	4	The draft scope suggests that the current recommendation to consult specialist sources of information of prescribing in lactation may be removed as “the guideline will assume that prescribers will use a medicine’s summary of product characteristics to inform decisions made with individual patients”. This would be a very large step backwards in this area as the current recommendation is vital to help prescribers understand that SPCs and the BNF predominantly take a precautionary approach that medicines should not be used in lactation unless there is a large volume of evidence supporting safety, even when there is minimal theoretical risk (large molecules unlikely to transfer to milk, medicines that are used in newborns at larger doses than would be present in milk etc). This has a very significant impact on lactating parents, who feel conflicted about taking important medications like antidepressants and continuing to breastfeed, and are frequently advised by health professionals to stop or suspend breastfeeding unnecessarily. This is such an important issue that our organisation runs an ongoing campaign specifically on this issue with others such as the GP Infant Feeding Network - #DontSayStopLookItUp https://www.hifn.org/dontsaystop These resources are among the most accessed resources on our website and this issue is raised again and again by parents and health professionals as one of the most important topics for prescribers to understand to facilitate breastfeeding.	Thank you for your comment. Based on stakeholder feedback, we have amended this section to say that 'the guideline will assume that prescribers will use appropriate resources for safe medicine use and prescribing for breastfeeding women, in line with the NICE guideline on postnatal care, to inform decisions made with individual patients'.

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Hospital Infant Feeding Network	9		Table states “It is standard practice that clinicians follow the British National Formulary (BNF) when prescribing, but we will consider if we can retain reference to these recommendations.” We strongly support retention of the reference to consult specialist sources. As an example, use of antidepressants in lactation is a very frequent cause of difficulties when the BNF is used alone. The entry for sertraline in the BNF states “not known to be harmful but consider discontinuing breastfeeding”. In contrast the UK Drugs in Lactation Advisory Service (UKDILAS, the NHS specialist service) states “Use when breastfeeding – yes. Significant published evidence of safety in breastfeeding. Long half-life increases risk of accumulation in breastfed infants. However, only small amounts have been detected in breast milk. Occasional adverse effects reported including jitteriness, poor feeding, sleep disturbance and sedation. Monitor infant for colic, drowsiness, poor feeding and restlessness”. It is obvious that a prescriber who consults only the BNF cannot adequately counsel a breastfeeding parent about the use of sertraline in lactation. Use of a specialist source of information must therefore not be a ‘to be used occasionally’ recommendation, but a ‘to be used routinely’ recommendation.	Thank you for your comment. Based on stakeholder feedback, we have amended this section to say that 'the guideline will assume that prescribers will use appropriate resources for safe medicine use and prescribing for breastfeeding women, in line with the NICE guideline on postnatal care, to inform decisions made with individual patients'.

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Hospital Infant Feeding Network	General	General	"Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline?" – We would recommend that NICE considers the role of the World Health Organisation International Code of Marketing of Breastmilk Substitutes in this guidance. For example, World Health Assembly resolution 69.9 (2016) urged health professionals to apply various approaches described in "Maternal, infant and young child nutrition: Guidance on ending the inappropriate promotion of foods for infants and young children" found here, to protect children from inappropriate marketing practices that have a very large influence on parental and child dietary choices, including infant formula and first foods: https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf?ua=1 and described in even more detail in the implementation manual found here: https://www.who.int/publications/i/item/9789241513470 Relevant points include - "Companies that market breast-milk substitutes should refrain from engaging in the direct or indirect promotion of their other food products for infants and young children by establishing relationships with parents and other caregivers (for example through baby clubs, social media groups, childcare classes and contests)" – these baby clubs are very frequent and disturbing in the UK; - companies should not "sponsor meetings of health professionals and scientific meetings" – this sponsorship is again highly prevalent in the UK, although some changes are starting to take place led by RCPCH and the BMJ; and - "ensuring that settings where infants and young children gather are free from all forms of marketing of foods high in saturated fats, trans-fats, free sugars or salt"	Thank you for your comment. The recommendations for this guideline will be agreed by a group of expert committee members who are put through a transparent recruitment process where any potential conflicts of interests are appropriately managed. Thank you for the information you have given us which we will make available to the committee.

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Multiple Births Foundation	11	005 - 006	Areas not covered by this update include care of preterm babies and those with low birth weight less than 2.500gms. At least 50% of twins are born by or before 37 weeks gestation and many have a low birth weight. The average weight of a twin is about 2, 500 gms. Growth discordancy is common so one baby may have a birth weight greater than the average and the other less. Triplets are even more likely to be below 2,500gms. IUGR is more common as well.It would be helpful to be quite clear that in multiple pregnancies each baby should be considered as an individual and not compared with the co-twin/triplets. In particular monozygotic (genetically identical) twins are frequently different birth weights and the discordancy continues as they grow.	Thank you for your comment. The guideline will not cover women or children who have clinical conditions that may need specialist advice or care, however it will cross-refer where appropriate to other NICE guidance. Infants and preschool children in whom growth concerns have been raised were included in the NICE guideline on faltering growth: recognition and management of faltering growth in children.
Multiple Births Foundation	2	024 - 026	As with singletons there is no national guidance on appropriate maternal weight gain in pregnancy and very poor evidence. There are many myths and speculation that with two or more babies maternal calorie intake should be significantly increased. NICE Twin and Triplet guideline 137 makes the recommendation that advice on diet, lifestyle and nutritional supplements (1.2.2 = 1.2.4) should be the same as for routine antenatal care in NICE Antenatal care for uncomplicated pregnancies (2011) It would be helpful to have this clearly endorsed or if indicated by the evidence review updated. It would also be extremely helpful to have recommendations about research into maternal nutrition in multiple pregnancy.	Thank you for your comment. The updated guideline will have the opportunity to cross-refer to related NICE guidelines as needed, and your suggestions will be taken into account during guideline development.

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Multiple Births Foundation	General	General	The Multiple Births Foundation (MBF) is pleased that multiple births have been recognised as a distinct group. However we would like to request that consideration is given to specific NICE guidance on postnatal care for women who have had a multiple birth to include feeding. It would be a continuation of the NICE Twins and Triplet Guideline 137.If that were to go ahead we suggest that it could be extended to include child nutrition to the age of five and so multiples could be excluded from this scope. However if the guideline goes ahead as proposed in this scope we have made the comments below focused on multiples. It would be helpful to make it clear throughput the guideline where there may be differences in advice and recommendations for women with a multiple pregnancy and birth.There is very little research into feeding multiple birth babies and how to support mothers. It would be extremely helpful to have recommendations calling for this to be addressed. We agree that the suggested areas of PH11 should be removed.	Thank you for your comment and your request for separate guidance has been noted. We cannot pre-empt the recommendations or research recommendations the committee will agree. The scope clearly identified that women during multiple pregnancy will be covered and therefore we will be seeking evidence in certain areas on this issue and the committee will discuss and agree where different approaches might be needed where the evidence or their collective expertise allows.
National Childbirth Trust	4	17	As an organisation that trains both qualified breastfeeding counsellors and peer supporters in breastfeeding, we feel it important to strengthen the current wording ‘it may be relevant for other organisations that provide support …’. In fact most mothers get little feeding support from overstretched midwives and HVs, so NCT and other similar charities are key agencies in this work and should be added to the first list of primary relevance.	Thank you for your comment. NICE covers health and care in England with a focus on publicly funded services. Services that are part publicly and part privately funded will also need to consider the recommendations when they are commissioned by the NHS or local authorities. If in the course of developing recommendations the committee feel that voluntary sector organisations become a large focus on the recommendations the key audiences for the guideline will be refined.

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National Childbirth Trust	5	16	It's disappointing to read 'Breastfeeding and formula feeding will only be covered from 8 weeks after birth. Feeding up to 8 weeks is covered in the NICE guideline on postnatal care'. We appreciate not everything can be covered in one document but new mothers already suffer fragmented care and often conflicting advice in the postnatal period. This break in continuity at 8 weeks may exacerbate the impact of confusing information that results in mothers not achieving their own plans for optimal feeding of their baby. Please consider some overlap to help ensure consistency of the support they receive from midwives, MSWs, HVs and medical advisers.	Thank you for your comment. We appreciate your concern, however the updated guideline will have the opportunity to cross-refer to the NICE guideline on postnatal care as needed, and we will make recommendations on interventions to support breastfeeding and facilitators and barriers to maintain breastfeeding from 8 weeks.
NHS England & NHS Improvement	14	28	'What is included in adverse events' (may be helpful to outline/to ensure maternity involvement in scoping this)	Thank you for your comment. The scope includes a list of the main outcomes that the guideline may consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols.
NHS England & NHS Improvement	4	1	Obstetricians have been excluded here	Thank you for your comment. Obstetricians have now been added to the list.
NHS England & NHS Improvement	6	14	Unclear why publicly funded settings are specified. If best practice/evidence based, should be followed in all settings, not just publicly funded ones. Nutritional assessment is not always carried out in maternity, although advice should always be given. This wording would exclude maternity settings. Could change to 'assessment, 16 advice or support'	Thank you for your comment. NICE makes recommendations for health and social care services which are either partly or fully funded through public funds. Private providers are covered when they are commissioned to deliver public services.

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NHS England & NHS Improvement	6	5	What is the basis of excluding women with epilepsy and, particularly HIV? There is no basis for this for HIV, and the small proportion of women with epilepsy could be covered by a statement excluding those who have been advised to follow a specific diet for control of a medical condition. This will otherwise increase inequalities and be unnecessarily exclusionary.	Thank you for your comment. Based on stakeholder feedback, we have removed the reference to women and children with epilepsy or HIV. However, we have amended this to say that 'the guideline will not include specific recommendations for women and children who have been advised to follow a particular diet for control of a medical condition, for example diabetes'. This is because advice will not cover groups who have been asked to follow a specific diet.
NHS England & NHS Improvement	8		Unclear what elements of 'obesity in pregnancy' are to be updated in this guideline. Helpful if this is outlined. A particular gap in the current guideline is around ethnicity specific BMI. The fact that a woman could be classified as obese prior to pregnancy according to non pregnancy NICE guidance, reclassified as non-obese during pregnancy, then enter the obese category again post-pregnancy is counterintuitive. This issue contributes to inequalities women face when pregnant, and is particularly important given the disproportionate risk of poor perinatal outcomes associated with ethnicity, obesity and diabetes (a consequence of high BMI) in pregnancy.	Thank you for your comment. As specified in the scope, we will give specific consideration to women who are overweight and women with obesity during pregnancy. In addition, ethnicity is included in the equality impact assessment form, which is linked to in section 2 of the scope. This assessment will be used during development to ensure that recommendations meet the needs of the groups listed within it.
Quality standards & indicators team	1	15	Please note that the title of QS98 is 'improving maternal and child nutrition'.	Thank you for your comment. Nutrition for women post pregnancy will only be covered in relation to breastfeeding. We have removed reference to nutrition for mothers up to 5 years. We hope this is clearer now.
Quality standards & indicators team	1	15	Please note that we may also need to revise the quality standards on antenatal care (QS22) and postnatal care (QS37) as they include statements that use PH11 and PH27 as source guidance.	Thank you for your comment. This is noted and these have been added to the scope.

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Quality standards & indicators team	14	15	We support the inclusion of 'introduction to solids' in the guideline. This area was prioritised as an area for quality improvement for the quality standard. We were able to develop a quality statement based on the existing recommendations in PH11 on Healthy Start and Family Nutrition, however, more detail in the guideline will help to improve the definitions and supporting information in the quality standard.	Thank you for your comment and support.
Quality standards & indicators team	15	13	Please specify that 'we may revise or update the existing NICE quality standards on maternal and child nutrition, antenatal care and postnatal care'.	Thank you for your comment. This has now been amended accordingly.
Quality standards & indicators team	General	General	Please note that the following indicators on the NICE menu may also need to be updated or aligned with the updated guideline:CCG33 The percentage of mothers who give their babies breast milk in the first 48 hours after deliveryCCG38 The proportion of babies exclusively or partially breastfed 6 to 8 weeks after birth	Thank you for your comment. We have noted this.
Royal College of General Practitioners	7	001 - 005	Can the committee look to expand the scope to include more on prescribing in pregnancy and during lactation? The draft scope says it is standard practice for prescribers to use the medicines summary of the product characteristics to inform individual prescribing, but this is often unhelpful when prescribing in pregnancy and lactation. The previous (current) version of the guideline signposts to appropriate resources such as LactMed and Specialist Pharmacy Services (UKDILAS) and we would welcome the panels consideration to keeping these, or others in to support primary care	Thank you for your comment. Based on stakeholder feedback, we have amended this section to say that 'the guideline will assume that prescribers will use appropriate resources for safe medicine use and prescribing for breastfeeding women, in line with the NICE guideline on postnatal care, to inform decisions made with individual patients'.

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Royal College of General Practitioners	9		Prescribing The table states that it is standard practice that clinicians follow the British National Formulary (BNF) when prescribing, but we will consider if we can retain reference to these recommendations. The current guidance has links to very helpful sites for primary care to use when prescribing for pregnant and lactating women such as LactMEd and UKDILAS we would welcome the panels consideration to keeping these, or others in the guidance to support primary care.	Thank you for your comment. Based on stakeholder feedback, we have amended this section to say that 'the guideline will assume that prescribers will use appropriate resources for safe medicine use and prescribing for breastfeeding women, in line with the NICE guideline on postnatal care, to inform decisions made with individual patients'.
Royal College of Midwives	002, 008, 013		Uptake of folic acid will need to be considered in the light of plans to fortify flour with folic acid, with reference to the following consultation response Proposal to add folic acid to flour: consultation response - GOV.UK (www.gov.uk)	Thank you for your comment. The recent change in UK legislation of mandatory folate fortification of non-wholemeal wheat flour will be taken into consideration by the committee when making recommendations.

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Royal College of Midwives	004, 009, 014		The Royal College of Midwives (RCM) welcomes the proposal to review evidence on improving uptake of breastfeeding advice to continue beyond 8 weeks, including workplace interventions to help women who are returning to work. ACAS guidance Accommodating breastfeeding employees in the workplace (acas.org.uk) makes recommendations to employers but these are mostly discretionary and often, in our experience as a professional body and trade union, are misunderstood or ignored. The pandemic has changed the employment landscape since this Advisory, Conciliation and Arbitration Service (ACAS) guidance was published in 2014 – there is no mention of home or hybrid working, for example. Previous Infant Feeding Surveys (Infant Feeding Survey - UK, 2010 - NHS Digital now discontinued) have identified work related factors as reasons why mothers do not fulfil their breastfeeding intentions in terms of duration. Therefore the NICE Maternal and Child Nutrition guideline might also be relevant and of interest to employers, trade unions and possibly other stakeholder organisations in the fields of recruitment and human resources.Women receive 90% of their salary for the first 6 weeks after childbirth and £151.97 or 90% of their salary for the next 33 weeks (whichever is lowest). This level of income is low compared with average earnings and some women will need to return to work for financial reasons. The RCM would therefore like to see workplace interventions, such as provision of appropriate facilities for expressing milk and additional breaks in which to do so. Flexible working and other measures have been found effective Workplace programmes for supporting breast-feeding: a systematic review and meta-analysis | Public Health Nutrition | Cambridge Core Mothers in casual work or with zero hours contracts may be at particular risk of disadvantage, as they are economically vulnerable and without adequate employment protection,	Thank you for your comment. We will be undertaking a systematic review to identify the evidence for this review. When developing the systematic review protocol (which will guide the evidence review process), the committee will consider your comment in defining workplace approaches and interventions. We have added a consideration of employment status to the Equality impact assessment.

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			including eligibility to maternity leave. Employment status could therefore be included in the Guideline's Equality considerations.	

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Royal College of Midwives	008, 013		The RCM has vigorously campaigned on the nutritional importance of the Healthy Start programme and would like to see NICE roundly examine ways in which uptake of all the elements of Healthy Start can be improved. It should not only include vitamin supplements, but also food and milk voucher scheme, which has also been found to have low uptake amongst those that are eligible. The RCM believes these vouchers are a positive and effective way to improve nutrition in pregnancy and the paper forms are a useful vehicle for professionals when communicating dietary advice. There is particular concern by midwives over digitisation of the scheme, which includes replacement with online applications. This could present a barrier to women experiencing issues with access to data and an appropriate device, exacerbating low uptake levels. A recent report by OFCOM shows this to be a significant problem: Within socioeconomic groups D & E, 86% were found to use the internet at home and 74% use a smartphone, and of internet users, only 18% use a smartphone to go online Adult's Media Use and Attitudes report 2020/21 (ofcom.org.uk) Consideration must be given to support women and health professionals to improve uptake of the entire Healthy Start programme and reduce risk from barriers, such as digital exclusion.	Thank you for your comment. We confirm that there will be a review question on what approaches and interventions are effective to promote healthy eating behaviours in children up to 5 years, which will examine ways in which uptake of all elements of healthy start can be improved for all groups of people.
Royal College of Midwives	General		There is no mention of the effects of weight stigma in the guideline scope.	Thank you for your comment. NICE are currently updating a range of guidelines about Weight Management, see link https://www.nice.org.uk/guidance/indevelopment/gid-ng10182 Weight stigma will be covered in these. These recommendations can be cross referenced from the weight management in pregnancy guideline.

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Royal College of Midwives	General		Whilst intrapartum interventions and adverse maternal outcomes increase with Body Mass Index (BMI), we do not know whether this is because women with higher BMI are more likely to develop complications requiring intervention or because of differences in the clinicians' threshold to intervene – page viii of *NMPA BMI Over 30 Report.pdf (maternityaudit.org.uk)	Thank you for your comment. Intrapartum interventions and adverse maternal outcomes by BMI thresholds are outside the remit of this guideline. The NICE intrapartum care for healthy women and babies (update) will be assessing the benefits and risks of different places of birth for women at different BMI thresholds https://www.nice.org.uk/guidance/indevelopment/gid-ng10174.
Royal College of Midwives	General		The lay group on the above NMPA group also asked for water birth, monitoring fetal growth by ultrasound, access to perinatal mental health services and prevention of VTE to be measured – there is not sufficient information in the NMPA dataset to assess.	Thank you for your comment. Water birth, monitoring fetal growth by ultrasound, access to perinatal mental health services and prevention of VTE are all out of scope for this guideline. The NICE intrapartum care for healthy women and babies (update) will be assessing the benefits and risks of different places of birth for women at different BMI thresholds https://www.nice.org.uk/guidance/indevelopment/gid-ng10174. The NICE intrapartum care for healthy women and babies (update) committee will define the outcomes that will be considered in the evidence review through development of the review protocol.
Royal College of Midwives	General		The findings of the Birthplace study show multiparous women with a BMI of >35 are at lower risk of requiring obstetric care than 'normal' weight primiparous women https://www.npeu.ox.ac.uk/research/projects/17-birthplace-obesity. Woman should have the ability to choose whether to accept screening and interventions. Risk/chance should be explained in a nuanced way, personalised to each woman.	Thank you for your comment. Obstetric care will not be covered by this guideline, though we can include links to NICE guidelines about obstetric care if the committee think this is helpful in the context of this guideline. NICE guidelines will always emphasise the principles of patient choice and shared decision making. .
Royal College of Nursing	General	General	We do not have any comments on this consultation, thank you for the opportunity to contribute.	Thank you for your comment.

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Royal College of Obstetricians and Gynaecologists	10	1	(Table)Whilst I understand the need to separate general weight management for adults, and weight management in pregnancy – I think it needs to be acknowledged that pregnancy and the immediate postnatal period are an ideal opportunity to influence weight prior to the next pregnancy, and that a woman might not otherwise access health services which offer weight management services in between pregnancies.	Thank you for your comment. The updated guideline will have the opportunity to cross-refer to related NICE guidelines as needed, for example those relating to weight management before and after pregnancy.
Royal College of Obstetricians and Gynaecologists	14	001 - 011	Please consider interventions in particular that target improvement of breastfeeding rates amongst women with BMI in the obese range. This group have lower breastfeeding rates that women who have normal weight or are underweight. Women with experience of breastfeeding with BMI>30 have reported that techniques are not individualised to their needs, particularly when they have large breasts. The NMPA report on maternity care for women with BMI>30 recommended that these women needed particular attention and individualised support.	Thank you for your comment. The question in this scope document specifies the general area that we will be looking at during guideline development. When developing the systematic review protocol (which will guide the evidence review process), the committee will consider your comment in defining subgroups for stratified analysis.
Royal College of Obstetricians and Gynaecologists	2	018 - 019	Caution with the phrase ‘as BMI increases’. This could be interpreted as a single person’s BMI increasing ie. weight gain, as opposed to a comparison of women with low to high BMI. This was raised by the copyeditor when we wrote the NMPA report on BMI>30.	Thank you for your comment. We think the meaning is clear in the scope. We will note this ambiguity in the language for when we are drafting the recommendations though and make sure the recommendations are clearer.
Royal College of Obstetricians and Gynaecologists	3	001 - 005	Women with BMI in the range of ‘living with obesity’ have lower breastfeeding rates. Particular focus should be placed on the support of these women (see NMPA sprint audit report on maternity care for women with BMI>30).	Thank you for your comment. This guideline will give specific consideration to women who are overweight and women with obesity, and we will ensure that recommendations meet the needs of this group of women.

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Royal College of Obstetricians and Gynaecologists	3	014 - 016	There is no comment on how weight measurement at the first antenatal appointment is problematic if the woman books for antenatal care late, or transfers care from another hospital. In cases of care transfer, the measurement taken in the first trimester at the earlier hospital should be used. For women who commence antenatal care late, maternal reporting of early pregnancy weight should be considered.	Thank you for your comment. We appreciate your concern about providing detailed background information. The full guideline will contain the evidence and references, however the introduction is intended to provide only a brief description of the need for a full assessment of the evidence in the first instance.
Royal College of Obstetricians and Gynaecologists	4	001 - 004	This list doesn't include obstetricians. Is this intentional?	Thank you for your comment. Obstetricians have now been added to the list.
Royal College of Obstetricians and Gynaecologists	5	13	If weight management is only covered in pregnancy, why is the guideline relevant to women for 5 years following birth (is it not only relevant to their children, and by proxy them as carers)? Furthermore, should weight management in the postnatal period not be considered. It is well established that women weigh more with each subsequent pregnancy, the postnatal period is often the window of opportunity to intervene to ensure healthy weight prior to conception of the next pregnancy.	Thank you for your comment. Weight management for women before and after pregnancy will not be covered in this guideline because the NICE guideline on weight management (https://www.nice.org.uk/guidance/indevelopment/gid-ng10182) will be covering it. This is specified in section 3.1 and in the preface.
Royal College of Obstetricians and Gynaecologists	5	19	Is 'women living with overweight/underweight' grammatically correct? Should this not say women who are…. I realise we need to use person-first terminology, but the latter does that in a more grammatically correct way.	Thank you for your comment. We are considering the use of such language in the guideline itself and will aim to be consistent with a range of NICE guidelines about Weight Management currently in development (see link https://www.nice.org.uk/guidance/indevelopment/gid-ng10182)..

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Royal College of Paediatrics and Child Health	003 & 005	009, 012, 01301 9, 020	"Women living with overweight", please see the comments above. The reviewer believes that the term 'living with' is complex. Unlike someone living with Diabetes for example, people don't tend to 'live with obesity', weight fluctuates up and down so the term 'living with' doesn't sound quite right. Perhaps "obese during pregnancy?"	Thank you for your comment. We are considering the use of such language in the guideline itself and will aim to be consistent with a range of NICE guidelines about Weight Management currently in development (see link https://www.nice.org.uk/guidance/indevelopment/gid-ng10182)..
Royal College of Paediatrics and Child Health	2	022 - 023	The line should read 'likely to be underweight or obese' instead of 'living with…'.	Thank you for your comment. We are considering the use of such language in the guideline itself and will aim to be consistent with a range of NICE guidelines about Weight Management currently in development (see link https://www.nice.org.uk/guidance/indevelopment/gid-ng10182).
Royal College of Paediatrics and Child Health	2	16	Should the line read '21.3% were obese' instead of 'living with obesity', unless this is specific terminology?	Thank you for your comment. We are considering the use of such language in the guideline itself and will aim to be consistent with a range of NICE guidelines about Weight Management currently in development (see link https://www.nice.org.uk/guidance/indevelopment/gid-ng10182)..
Royal College of Paediatrics and Child Health	3	001 - 002	'Although 81% of women in the UK start breastfeeding their baby, by six weeks, only 55% are still doing so.' Is this 55% of the 81% who breastfeed or 55% of all women?	Thank you for your comment. We have amended to read 'Although 81% of women in the UK start breastfeeding their baby, by 6 weeks only 55% of women are still doing so'. We hope the addition 'of women' will make this clearer we are still talking about all women with reference to the 55%.
Royal College of Paediatrics and Child Health	General	Gener al	The reviewer is happy with this draft scope for maternal and child nutrition.	Thank you for your comment.

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Scientific Advisory Committee on Nutrition	General	General	General and 'key facts and figures' p.2General and lines 12-17The "key facts and figures" talk about the percentage of women giving birth with body mass index (BMI) > thresholds, but we later read that achieving a healthy weight in preparation for pregnancy, or weight management after pregnancy, are both to be outside remit. Weight gain during pregnancy is mentioned as within remit, but it seems these different concepts are somewhat conflated at times.There are a number of references to a BMI of 30 kg/m2 as a cut off for obesity. A lower cut off may be appropriate in some ethnic groups and this should be considered.	Thank you for your comment. Weight management before and after pregnancy will be covered in other NICE guidelines about Weight Management, see link https://www.nice.org.uk/guidance/indevelopment/gid-ng10182. The issue of different BMI ranges for different ethnic groups is already covered in the Equality Impact Assessment and the committee will take account of this when they look at the available evidence and write the recommendations.
Scientific Advisory Committee on Nutrition	General	General	Diet during pregnancy is clearly within remit, but it is unclear if the mother's diet during lactation is within remit. Since for many that in part dictates infant nutrition in the first weeks and months, we hope this might be clarified.	Thank you for your comment. We agree and we have made an amendment to one of the draft review questions to make sure that this is now covered. Question 1.5 now reads 'What approaches and interventions are effective to increase uptake of vitamin supplements (including folic acid and Healthy Start vitamins in line with government advice) for pregnant women, breastfeeding women, babies and children up to 5 years?'.
Scientific Advisory Committee on Nutrition	General	General	We do not routinely collect data from pregnant women and the infant feeding survey has only just been reinstated. Apart from the need for this information to enable the modellers to assess toxicant exposures in these key population groups, we should be monitoring their diet and nutrition too. Any opportunity to add in the need for good descriptive data would be brilliant.	Thank you for your comment. We have noted this information for future reference but we cannot pre-empt recommendations made by the committee.

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The Breastfeeding Network	004005 And013 014	023 - 02400 1 - 00900 6 - 02900 1 - 020	We note that although a range of equalities issues are listed on p4-5 of the draft scope, none of -these issues are specifically addressed within the key issues and draft questions section on p13-14. The MBRRACE-UK Perinatal Mortality Surveillance Report for Births 2019 and MBRRACE-UK Saving Lives Improving Mothers' care 2020 and 2019 confirmed maternal and infant mortality and morbidity inequalities for black and minority ethnic groups, younger and older mothers and mothers from more deprived areas, factors which frequently intersect, compounding inequality further. We also know that breastfeeding rates are lower in younger mothers who left education earlier and work in routine and manual professions (Davies, S (2014) Annual Report of the Chief Medical Officer 2014, The Health of the 51%: Women) and suggest that these issues be specifically addressed within the scope.	Thank you for your comment. The questions in this scope document specify the general areas that we will be looking at during guideline development. The equality impact assessment form, which is linked to in section 2 of the scope, will be used during development to ensure that recommendations meet the needs of the groups listed within it.
The Breastfeeding Network	1	004 - 006	The current title: "Nutrition and weight management in pregnant women, and nutrition in children up to 5 years" is not consistent with the groups covered as described in the scope on page 5, lines 13-14. This states that groups that will be covered include "Women during a single or multiple pregnancy and for 5 years following the birth. Weight management will only be covered during pregnancy." For the proposed scope to be more accurately represented from the title we suggest it be amended to: "Nutrition and weight management in pregnancy, and nutrition for mothers and for children up to 5 years of age"	Thank you for your comment. We have amended section 3.1 to say more clearly that we are covering: 'Women during a single or multiple pregnancy, breastfeeding women and parents and carers of babies and children from birth to 5 years'. 'Weight management will only be covered during pregnancy'. 'Preconception will be covered only in relation to folic acid supplements.'.

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The Breastfeeding Network	1002	02700 1 - 002	This statement (“Child nutrition includes providing milk, solid food and necessary supplements at the right times and for the right duration, at home or in early years settings.”) implies equivalence of human breastmilk and formula milk, which is not correct. Exclusive breastfeeding for 6 months is associated with significantly better health outcomes, including lower levels of obesity. See the SACN Feeding in the First Year of Life report and SACN Early Life Nutrition report for details. For accuracy and clarity, we suggest this be reworded to:“Ensuring a child meets their nutritional requirements requires support for breastfeeding and providing human breastmilk, or where that is not possible or available, infant formula, in the first year and appropriate complementary feeding from 6 months. Thereafter, it requires continued breastfeeding or provision of an appropriate alternative, alongside appropriate diets and feeding practices for young children from 1-4 years of age. Micronutrient supplementation may also be required between 0-4 years of age. Consideration should be given both to the home environment and any early years settings the child attends.”	Thank you for your comment. We do not agree that the current paragraph implies anything at all about the balance of human breast milk or formula milk required because this isn’t mentioned. The purpose of the ‘why the guideline is needed section’ is simply to set a very summarised context for the guideline, not to include in-depth policy information or to include anything that might be interpreted as recommendations for the guideline. More in-depth contextual information will be possible within the guideline documents themselves.

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The Breastfeeding Network	13	014 - 029	The questions here refer only to aspects of nutrition for women during pregnancy. However, the groups covered by the update as described in scope on page 5, lines 13-14, include “Women during a single or multiple pregnancy and for 5 years following the birth. Weight management will only be covered during pregnancy.” Should these questions regarding vitamin supplementation and healthy diet be extended to include women in the 5 years following birth, particularly those who are breastfeeding?We note also that specifically in lines 14-15, the question regarding vitamin D deficiency does not include other groups of women who may be at greater risk of vitamin D deficiency (including mothers with darker skin pigmentation, or those who cover their skin for cultural, religious or health reasons), and suggest these groups should be included.	Thank you for your comment. Based on stakeholder feedback, we have added breastfeeding women to the review question on approaches and interventions to increase uptake of vitamin supplements. Other groups of women who may be at greater risk of vitamin D deficiency have not been added to the review question on vitamin D because these have been covered in UK Government guidance about nutrition and we will reference to this in the guideline when relevant. Weight management and healthy eating after pregnancy will be covered by the NICE guideline on weight management: preventing, assessing and managing overweight and obesity (update).
The Breastfeeding Network	14	002 - 005	SACN Feeding in the First Year of Life report guidelines recommend that babies should be exclusively breastfed to 6 months and continue to be breastfed alongside other foods until at least 1 year of age, whilst the World Health Organisation (WHO) recommends breastfeeding to age 2 and beyond. With regards to the draft questions posed on breastfeeding, we would like clarification that the committee will seek to understand interventions that would support and enable women to breastfeed exclusively to six months and alongside other foods until at least 1 year of age, as per SACN guidelines, in addition to interventions that result in any increase in breastfeeding. We would also recommend that the committee consider the qualitative experience of breastfeeding, as this is crucial to a mother’s mental health and the likelihood of her continuing to breastfeed.	Thank you for your comment. Although we cannot pre-empt recommendations made by the committee, if there is any evidence on specific timings breastfeeding should be maintained for, it can be considered as part of making recommendations. If appropriate, the committee will also consider qualitative studies on the experience of breastfeeding.

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The Breastfeeding Network	14	006 - 009	The draft scope states that questions 3.1 and 3.2 will use the evidence reviews conducted for the NICE guideline on postnatal care (published April 2021), which covers babies up to 8 weeks.This evidence review specifically excluded any intervention that was initiated more than 8 weeks post-partum. Interventions that were initiated in the antenatal period and post-natal period to 8 weeks will still be relevant here, as effects may be long lasting, so the existing evidence review will be useful. However, given that the maternal and child nutrition guidelines cover children up to 5 years and, and that it has been stated that it would be beneficial to increase the proportion of women breastfeeding beyond 6 months and ideally up to one year or longer (P3, Lines 2-5, SACN Feeding in the First Year of Life report) we suggest that that a new evidence review should be conducted to include any interventions to support continued breastfeeding that were initiated more than 8 weeks post-partum.	Thank you for your comment. We will be reviewing evidence on approaches and interventions before 8 weeks, such as in review question 3.4 (what approaches and interventions help women returning to work and study to continue breastfeeding?). Interventions to maintain breastfeeding would rarely start after 8 weeks as if breastfeeding is not established before 8 weeks, then it would not be relevant to intervene. As a result, most interventions are likely to be a continuation of an intervention that started earlier. The scope of the NICE guideline on postnatal care describes the focus as being women and babies from birth to 8 weeks, however studies covering the postnatal period after 8 weeks were included. For these reasons, we consider appropriate to use this evidence to inform questions 3.1 and 3.2 in the guideline.
The Breastfeeding Network	14	010 - 011	We suggest that Question 3.3 should specifically address the evidence/lack of evidence for the use of ‘follow on’ formula and other specialist formulas marketed for infants and young children available without prescription.	Thank you for your comment. Follow-on formula falls within the government advice remit and we will be linking to this guidance when appropriate.
The Breastfeeding Network	14	015 - 020	With regards to Questions 4.1 “What clinical strategies are effective to increase uptake of appropriate and timely introduction to solids (complementary feeding)?” and 4.2 “What clinical strategies are effective to promote healthy eating behaviours in children up to 5 years in line with government advice?” we question the use of the term clinical. Does this mean that only strategies employed by clinicians will be considered? Nutritional choices for children aged up to 5 years, including the introduction of solids, will likely take place outside of a clinical setting and will be influenced by non-clinical sources of information.	Thank you for your comment. The term 'clinical strategies' has now been replaced with 'approaches and interventions' in light of stakeholder comments.

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The Breastfeeding Network	15	009 - 010	'Perceptions of baby behaviours and preferences' is a complex outcome to review. These perceptions will be heavily influenced by often inaccurate societal perceptions of what constitutes a "good baby" and may vary considerably between parents and with the age of the infant. We would like to see clarity as to whether this refers to solid foods, or to infant feeding in general.	Thank you for your comment. The scope includes a list of the main outcomes that the guideline may consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols.

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The Breastfeeding Network	15	1	We agree that starting and continuing breastfeeding should among the main outcomes considered when assessing research. We suggest that the following outcomes could also be specifically considered:Breastfeeding at 8 weeksExclusive breastfeeding to 6 monthsAny breastfeeding to 6 monthsAny breastfeeding to 1 year.Any breastfeeding beyond one year.We suggest that other important outcomes that could be included are:Satisfaction with breastfeeding supportSatisfaction with breastfeeding experience Whether breastfeeding continued for as long as the mother desiredParental perception of the facilitators of and barriers to breastfeedingAs a peer support organisation, we know quality of breast feeding experience is very important.As previously stated, we know from initiation rates that most mothers do want to breastfeed, and from research, that most mothers stopped breastfeeding before they wanted to, with lack of support often cited as the cause (McAndrew et al (2012). Infant feeding survey 2010). Breastfeeding is important for child nutrition and contributes to the ongoing physical wellbeing of both mother and child. It is also highly relevant to maternal mental health and wellbeing (which will be important to the psychological wellbeing and quality of life outcomes also listed on P15). Mothers who wanted to breastfeed but were unable to do so for as long as they wanted to were found to be at increased risk for post-natal depression (Borra, et al. 2015). Matern Child Health J.19(4): 897–907).We would like to suggest that the committee specifically consider the reported experience of breastfeeding. Considering the evidence for the more detailed outcomes suggested above, and particularly the qualitative data on experience of breastfeeding could help the committee distinguish between poor breastfeeding rates due to “lack of uptake of advice” and those where mothers	Thank you for your comment. The scope includes a list of the main outcomes that the guideline may consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols.

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			understood and wanted to take the advice, but did not receiving adequate support to enable them to do so.	

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The Breastfeeding Network	2	007 - 008	*'…there are still areas of uncertainty regarding implementation and uptake of advice' With regards to breastfeeding, this statement is not correct. Initiation rates show that women know the benefits of breastfeeding for their infant and want to take the advice. What they don't have access to are functional services, sufficiently resourced, that allow them to access support to breastfeed. The Lancet studies on breastfeeding state that we know what interventions work (Breastfeeding (thelancet.com)). What is required is funding, implementation and political will. Recommendations set out specifically for England are available in the Becoming Breastfeeding Friendly Report led by University of Kent and PHE.*	Thank you for your comment. This has been amended to say ' (...) but there are still areas of variation regarding implementation and uptake of advice. In addition, the updated NICE guideline on postnatal care included recommendations on baby feeding that cover the antenatal period as well as the first 8 weeks after the birth.'
The Breastfeeding Network	2	018 - 020	We agree with this important statement. We suggest the addition that maternal obesity and adverse postnatal outcomes are associated with lower breastfeeding initiation rates and greater risk of early breastfeeding cessation. (Marchi J, et al. Risks associated with obesity in pregnancy, for the mother and baby: a systematic review of reviews. Obes Rev. 2015 Aug;16(8):621-38. doi: 10.1111/obr.12288.)	Thank you for your comment. We appreciate your concern about providing detailed background information. The full guideline will contain the evidence and references, however the introduction is intended to provide only a brief description of the need for a full assessment of the evidence in the first instance.

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The Breastfeeding Network	3	001 - 005	This statement would benefit from additional detail and context. We suggest the following information be included: The SACN Feeding in the First Year of Life report recommends exclusive breastfeeding to 6 months, and continued breastfeeding alongside other foods to at least one year. Not being breastfed is associated with increased obesity in childhood and later life, as well as numerous other poorer health outcomes for children and not breastfeeding is associated with increases in diabetes, breast and ovarian cancer in mothers. Although 81% of women in the UK start breastfeeding their baby, by 6 weeks only 55% are still doing so. By 6 months only 40% of babies are receiving any breastmilk and just 1% are exclusively breastfed. At 1 year, just 1% of all babies in the UK are receiving any breastmilk at all, the lowest rate in the world (McAndrew et al, (2012), Payne and Quigley (2017), Victora et al, (2016)).The high initiation rate shows that most mothers have heard and understood the advice on breastfeeding, and wish to follow it, but the high drop-off rates, and research showing that most mothers stop breastfeeding before they want to (McAndrew et al, 2012), show that more support is needed to enable women to breastfeed for longer. Improving breastfeeding rates would yield additional health benefits.As with obesity, there is clear evidence of a social gradient in breastfeeding rates, which are significantly lower in lower income, earlier age of school leaving, younger and white mothers (Davies, 2014).References:McAndrew et al (2012). Infant feeding survey 2010 Payne and Quigley (2017). Breastfeeding and infant hospitalisation: analysis of the UK 2010 Infant Feeding Survey. Matern Child Nutr 13(1)Victora et al, (2016) Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. Lancet Jan 30;387(10017):475-90)Davies,	Thank you for your comment. We appreciate your concern about providing detailed background information. The full guideline will contain the evidence and references, however the introduction is intended to provide only a brief description of the need for a full assessment of the evidence in the first instance.

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			S (2014) Annual Report of the Chief Medical Officer 2014, The Health of the 51%: Women	

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The Breastfeeding Network	3	010 - 013	It appears that the update will only focus on the Vitamin D supplement dose for pregnant women living with overweight and obesity. However, there are other groups of women who may be at greater risk of vitamin D deficiency (including mothers with darker skin pigmentation, or those who cover their skin for cultural, religious or health reasons). Furthermore, as the draft scope p5, lines 13-15, states that the guideline will cover nutrition for women for 5 years following birth, should consideration be given to appropriate vitamin doses for these groups in this period as well, particularly those who are also breastfeeding?	Thank you for your comment. Groups of women who may be at greater risk of vitamin D deficiency and vitamin supplementation for women have been covered by UK Government guidance, and the updated guideline will have the opportunity to cross-refer to this as needed.
The Breastfeeding Network	3	017 - 021	We suggest adding here that that breastfeeding may be associated with reduced post-partum weight retention, particularly in women living with obesity.References:Dalrymple et al (2021) Modifiable Determinants of Postpartum Weight Loss in Womenwith Obesity: A Secondary Analysis of the UPBEAT Trial. Nutrients 2021, 13, 1979.Waits et al (2020) Dose-Response Relationships between Breastfeeding and Postpartum Weight Retention Differ by Pre-Pregnancy Body-Mass Index in Taiwanese Women. Nutrients 2020, 12, 1065.	Thank you for your comment. We appreciate your concern about providing detailed background information. The full guideline will contain the evidence and references, however the introduction is intended to provide only a brief description of the need for a full assessment of the evidence in the first instance.

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The Breastfeeding Network	3	022 - 025	Not all babies are formula fed. We suggest this statement is edited to read: “However, it is unclear whether vitamin A supplementation is still necessary in the UK, given that [breastmilk is vitamin A sufficient for at least the first 6 months and] infant formula and many staple foods are already fortified.” Breastfeeding parents may be confused by inconsistent information currently available on vitamin supplementation, for example from vitamin manufacturers. The vitamin requirements for breastfeeding mothers and breastfed infants should be clarified in the guideline. References: Gannon BM, Jones C, Mehta S. Vitamin A Requirements in Pregnancy and Lactation. Curr Dev Nutr. 2020 Aug 24;4(10):nzaa142. doi: 10.1093/cdn/nzaa142. Newman, 1994, Vitamin A and Breastfeeding. Food and Nutrition Bulletin, vol. 15, no. 2	Thank you for your comment. We have amended this paragraph to read ‘However, it is unclear whether and for whom vitamin A supplementation is still necessary in the UK, given that infant formula and many staple foods are already fortified’. We hope this is clearer.
The Breastfeeding Network	6	015 - 016	We suggest some examples be included here, such as health visiting clinics, hospitals, child minders, pre-school settings and nurseries.	Thank you for your comment. We generally avoid including examples of settings because we do not want to imply some settings will be given more weight than others, which will not be the case.

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The Breastfeeding Network	7	001 - 005	We would like to see the assumption "…that prescribers will use a medicine's summary of product characteristics [SPC] to inform decisions made with individual patients." removed. Reliance on a medicine's SPC is not sufficient when prescribing medications to breastfeeding mothers. These resources are typically overcautious and do not provide detailed information on the impact on lactation or safety for a breastfeeding child. Reliance on them can lead to early and unnecessary advice to stop breastfeeding. For example, GP linked to our organisation described a recent experience with a postnatal mother who she felt should be treated with Sertraline. Referring to the BNF, she observed that in reference to Sertraline in breastfeeding it states "Not known to be harmful but consider discontinuing breast-feeding". This contradicts Drugs in Breast Milk (DiBM), which states "Sertraline has the lowest passage of SSRI drugs into breastmilk… It is normally seen as the SSRI of choice for a breastfeeding mother if she has not had a previous antidepressant which was effective for her – this would then be the drug of choice".Consistent with the BNF, the SPC for Sertraline states: "Sertraline is known to be excreted in breast milk. Its effects on the nursing infant have not yet been established. If treatment with Sertraline film-coated Tablets is considered necessary, discontinuation of breast feeding should be considered."In this case, the advice within the BNF and SPC to consider discontinuing breastfeeding is unnecessary and harmful to the health of the mother and baby. Discontinuing breastfeeding before she had planned to do so could exacerbate her post-natal depression (Borra, et al. 2015). Matern Child Health J.19(4): 897–907), and if she were to decline medication in order to continue breastfeeding, this would also place her mental health at risk. Prescribers should be referred to UK Drugs in Lactation Advisory Service	Thank you for your comment. Based on stakeholder feedback, we have amended this section to say that 'the guideline will assume that prescribers will use appropriate resources for safe medicine use and prescribing for breastfeeding women, in line with the NICE guideline on postnatal care, to inform decisions made with individual patients'.

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			(UKDILAS, https://www.sps.nhs.uk/articles/ukdilas/) and The Breastfeeding Network Drugs in Breastmilk (DiBM) service (https://www.breastfeedingnetwork.org.uk/detailed-information/drugs-in-breastmilk/) in order to provide accurate information to breastfeeding mothers, allow informed choice and protect breastfeeding wherever possible. The principles of shared decision-making should apply here, as advocated by NICE Shared decision making | NICE guidelines | NICE guidance | Our programmes | What we do | About | NICEThe NICE Postnatal Care Guideline (NG194, recommendation 1.5.6) states: 'Healthcare professionals caring for women and babies in the postnatal period should know about: … appropriate resources for safe medicine use and prescribing for breastfeeding women.' We request that this guideline update should, as a minimum, reiterate this point.	

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The Breastfeeding Network	8		Table: training The scope proposes that this section be removed. Within the existing section, the current document states: • As part of their continuing professional development, train midwives, health visitors and support workers in breastfeeding management, using BFI training as a minimum standard. • As part of their continuing professional development, train health professionals, including doctors, dietitians and pharmacists, to promote and support breastfeeding, using BFI training as a minimum standard.We endorse this existing position and would be very concerned to see it removed entirely. We appreciate that NICE may be unable to comment about the specific level of training required for relevant roles. However, we are aware, from the mothers that we support, that many healthcare professionals (HCPs) who come into contact with breastfeeding parents do not currently have sufficient training to support them effectively, or to even understand the importance of breastfeeding and signpost them to the services they need. Comprehensive training in the importance of breastfeeding and how to support and protect it for all HCPs who come into contact with breastfeeding parents and children would be highly beneficial if targets to increase breastfeeding rates are to be met.As a minimum, we would urge the committee to include minimum levels of knowledge or expertise relating to all recommendations around infant feeding support and prescribing for pregnant and breastfeeding women.	Thank you for your comment. We cannot pre-empt recommendations made by the committee, however we agree that health professionals should always be appropriately trained and the committee may wish to emphasise the need for particular skills in particular areas of the recommendations, but NICE guidelines are not allowed to consider the setting of training curriculums, skills and competencies for healthcare professionals, as this is the remit of professional bodies.

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The Breastfeeding Network	8		Table: Obesity This section needs to be reviewed and updated in light of the evidence including COSI study. Association between Characteristics at Birth, Breastfeeding and Obesity in 22 Countries: The WHO European Childhood Obesity Surveillance Initiative – COSI 2015/2017This study of 16 countries across Europe has found that breastfeeding can cut the chances of a child becoming obese by up to 25%. In absolute terms, 16.8% of children who were never breastfed were obese, compared with 13.2% who had been breastfed at some time and 9.3% of children breastfed for six months or more. After adjustment for demographics, children who were never breastfed were 22% more likely to be obese and those who had been breastfed for less than six months were 12% more likely to be obese than children who were breastfed for six months. The protection for children who were exclusively breastfed for six months – with no formula or weaning foods involved – was even higher, at 25%. The data came from nearly 30,000 children monitored as part of the WHO Childhood Obesity Surveillance initiative (Cosi).https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/infant-health-research/infant-health-research-obesity/	Thank you for your comment and the reference provided. This section refers to the review question relevant for weight management during pregnancy, which will include pregnant women only. The relative health benefits for both the baby and the woman in relation to breastfeeding have been included in the NICE guideline on postnatal care, which the updated guideline will have the opportunity to cross-refer to when appropriate.

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The Breastfeeding Network	9		Table: Breastfeeding This section currently states: “Review the evidence on improving uptake of breastfeeding advice to continue beyond 8 weeks, including workplace interventions to help women who are returning to work.” This implies that the problem is that mothers are currently not aware of, or are choosing not to take, the advice. In fact, 81% of mothers in England initiate breastfeeding, and research shows that most stopped before they wanted to, in most cases due to a lack of support to continue (McAndrew et al (2012), Infant feeding survey, 2010). We suggest this could be changed to: “Review the evidence on interventions to support and facilitate breastfeeding beyond 8 weeks, including workplace interventions for women who are returning to work.” We note that SACN Feeding in the First Year of Life report guidelines recommend that babies should be exclusively breastfed to 6 months and continue to be breastfed alongside other foods until at least 1 year of age, whilst the World Health Organisation (WHO) recommends breastfeeding to age 2 and beyond. We hope that the committee will seek to understand interventions that would support and enable women to breastfeed exclusively to six months and alongside other foods until at least 1 year of age, as per SACN guidelines, in addition to interventions that result in any increase in breastfeeding beyond 8 weeks.In addition to interventions, protective measures are also required to enable breastfeeding, such as policies to prevent conflicts of interest from the breastmilk substitute industry, as per the WHO Code on the marketing of breastmilk substitutes.	Thank you for your comment. We have amended the text to say 'review the evidence on interventions to support and maintain breastfeeding beyond 8 weeks, including approaches and interventions for women who are returning to work or study'. Although we cannot pre-empt recommendations made by the committee, if there is any evidence on specific timings breastfeeding should be maintained for, it can be considered as part of making recommendations.

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The Breastfeeding Network	9		Table: Link workers We do not object to this section being removed, but suggest that a version of this sentence in the existing section in PH11 (recommendation 13, p39): “NHS trusts should encourage women from minority ethnic communities [particularly those] whose first language is not English to train as breastfeeding peer supporters” should be incorporated into the breastfeeding section, where peer support programmes are referenced. The MBRRACE-UK Perinatal Mortality Surveillance Report for Births 2019 and MBRRACE-UK Saving Lives Improving Mothers’ care 2020 and 2019 reports document the maternal and infant mortality and morbidity inequalities seen for black and minority ethnic groups. Peer support is an important mechanism for supporting women from more socially disadvantaged backgrounds. Some of the issues around engagement from Black and minority ethnic communities are linked to issues of trust and peer support offers a chance to restore this.	Thank you for your comment. The original scope is being completely stood down and new recommendations written from scratch. Therefore we cannot action your suggestion, as we cannot pre-empt the committee's recommendations. Socioeconomic factors and ethnicity have been included in the equality impact assessment form, which is linked to in section 2 of the scope. This assessment will be used during development to ensure that recommendations meet the needs of the groups listed within it.

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The Breastfeeding Network	9		Table: Infant Formula We suggest changing the section title to 'Formula feeding'. We suggest rewording text to: "Review the evidence on interventions which would improve uptake of guidance on safe and appropriate use of infant formula after 8 weeks, to 12 months of age, and advice to stop using formula and bottles from 12 months of age". We suggest that in addition, the adequacy of existing guidance on safe and appropriate formula feeding, and the evidence (or lack of) regarding the use of follow-on infant formula should be reviewed. The current version of PH11 recommendation 14 includes that parents should receive information about infant formula from an independent, qualified health professional and that they should "Avoid promoting or advertising infant or follow-on formula. Do not display, distribute or use product samples, leaflets, posters, charts, educational or other materials and equipment produced or donated by infant formula, bottle and teat manufacturers."This is in line with the World Health Organisation International Code of Marketing of Breastmilk Substitutes (see https://www.who.int/publications/i/item/9789240005990). We would recommend that this point is retained.	Thank you for your comment. The label 'infant formula' cannot be amended as this is how PH11 refers to it, and a change may imply that readers would not be able to find whether recommendations had been updated or removed. We cannot pre-empt recommendations made by the committee, therefore we are not able to action your suggestion. However, if there is any evidence on uptake of guidance on safe and appropriate use of infant formula in specific timings, it can be considered as part of making recommendations.

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The Breastfeeding Network	9		Table: Prescribing In the draft scope, is stated: “It is standard practice that clinicians follow the British National Formulary (BNF) when prescribing, but we will consider if we can retain reference to these recommendations”. We request that this section and the recommendations in it be retained. The BNF is not an adequate source of information for healthcare professionals (HCPs) when advising and making prescribing decisions with breastfeeding mothers, and reference to this alone can lead to mothers being advised to stop breastfeeding unnecessarily, or choosing not to take medications that would benefit their health. For example, a GP linked to our organisation described a recent experience with a postnatal mother who she felt should be treated with Sertraline. Referring to the BNF, she observed that in reference to Sertraline in breastfeeding it states “Not known to be harmful but consider discontinuing breast-feeding”. This contradicts Drugs in Breast Milk (DiBM), which states “Sertraline has the lowest passage of SSRI drugs into breastmilk… It is normally seen as the SSRI of choice for a breastfeeding mother if she has not had a previous antidepressant which was effective for her – this would then be the drug of choice”.In this case, the advice within the BNF to consider discontinuing breastfeeding is unnecessary and harmful to the health of the mother and baby. Discontinuing breastfeeding before she had planned to do so could exacerbate her post-natal depression (Borra, et al. 2015). Matern Child Health J.19(4): 897–907), and if she were to decline medication in order to continue breastfeeding, this would also place her mental health at risk. Prescribers should be referred to UK Drugs in Lactation Advisory Service (UKDILAS, https://www.sps.nhs.uk/articles/ukdilas/) and The Breastfeeding Network Drugs in Breastmilk (DiBM) service (https://www.breastfeedingnetwork.org.uk/detailed-information/drugs-in-breastmilk/) in order to provide accurate	Thank you for your comment. Based on stakeholder feedback, we have amended this section to say that 'the guideline will assume that prescribers will use appropriate resources for safe medicine use and prescribing for breastfeeding women, in line with the NICE guideline on postnatal care, to inform decisions made with individual patients'. The committee will consider whether existing recommendations should be kept.

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			information to breastfeeding mothers, allow informed choice and protect breastfeeding wherever possible. The principles of shared decision-making should apply here, as advocated by NICE Shared decision making | NICE guidelines | NICE guidance | Our programmes | What we do | About | NICEThe NICE Postnatal Care Guideline (NG194, recommendation 1.5.6) states: 'Healthcare professionals caring for women and babies in the postnatal period should know about: … appropriate resources for safe medicine use and prescribing for breastfeeding women.' We request that this guideline update should, as a minimum, reiterate this point. The current section on prescribing also emphasises the importance of protecting breastfeeding when prescribing, which we believe should be retained as this is not always considered or acknowledged by HCPs. We suggest that the section should also acknowledge that some mothers will be breastfeeding their children beyond babyhood, and that this should be considered and that breastfeeding should be protected, regardless of the age of the child.	

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The Breastfeeding Network	9		Table: oral health We are concerned that the removal of this section will mean that these important recommendations will not be so readily seen by members of the target audience other than the dental care team. Not everyone will readily make the link between nutrition and oral health. The current recommendations are highly relevant to child nutrition and all members of the target audience for this guideline have a role to play in maintaining child oral health. We feel that without a clear link or statement that is mutually reinforcing of the policy in this area the target audience will not make the important connection as to the role of maternal and infant nutrition in oral health. For example, we would note that public health advice states that we should continue to support and encourage mothers to breastfeed, which in turn promotes oral health. Breastfeeding up to 12 months of age is associated with a decreased risk of tooth decay. https://app.box.com/s/1vywgq45v82s0u23rvomip2epttob8be	Thank you for your comment. The updated guideline will have the opportunity to cross-refer to related NICE guidelines as needed, for example the NICE guideline on oral health promotion for local authorities and partners and the NICE guideline on oral health promotion for general dental practice.
The Breastfeeding Network	9		Table: pre-school settings We suggest this section be renamed Early years settings, to cover all settings for children aged 0-5.	Thank you for your comment. The label 'pre-school settings' cannot be amended as this is how PH11 refers to it, and a change may imply that readers would not be able to find whether recommendations had been updated or removed.

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The Breastfeeding Network	General	General	We are concerned that this new scope (amalgamating elements from PH27) is very broad and may not allow for the complexities of all the issues included to be covered with adequate depth. We are also concerned that the scope is quite fractured, with much highly relevant and related information not included here but instead referenced in other guidelines (for example, the exclusion of the oral health section, and the separation of infant feeding before and after 8 weeks). Whilst we understand the desire to avoid duplication, we are concerned that the result will be that target audiences will find it time consuming and confusing to access the information they need, and may be less well informed as a result. In particular, we would suggest that alongside the reference to the postnatal guidelines for information on breastfeeding from birth to 8 weeks, we would like to see a brief reference to the importance of breastfeeding in these early days, as it is critical to establishing the breastfeeding relationship that we hope will continue beyond 8 weeks, into the remit of this guideline. We are also unsure of the remit of the proposed new guideline, with regards to whether it is a clinical, or public health guideline. As the target audience for the guideline includes non-clinicians such as providers of early years education and care, voluntary organisations and the public, it seems to fall within the public health remit. However, in some places, such as the key issues and draft questions on pages 13 and 14, there seems to be a focus on “clinical” strategies, even for aspects of maternal and child nutrition, such as the introduction of solids, that will generally occur outside of a clinical setting. For clinical relevance and functionality, it would be helpful to ensure that recommendations include clear indication of which healthcare professionals/ health workers/ social care workers/ educators/ carers they are aimed at.	Thank you for your comment. The new guideline recommendations will be linked very carefully to other relevant NICE guideline recommendations in a way that is most user friendly and intuitive to the reader. We will pay particular attention to the links to breastfeeding before 8 weeks in the NICE guideline on postnatal care. With reference to the word 'clinical' we have added a short paragraph to the end of the first section which reads: ‘This guideline will focus on recommendations to support best practice between practitioners working in maternal and child nutrition and mothers and families of young children. It will not focus on service organisation and will be informed by existing government advice in this area’. We have also removed reference to clinical strategies in the draft review questions and instead referred to 'approaches and interventions'. We hope this has made it clearer that this is not a public health guideline, but it is a clinical guideline that also seeks to include recommendations about information, support and advice requirements for pregnant women, mothers and families of young children.

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The Breastfeeding Network	General	General	Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline?The WHO codeThe effectiveness of the guideline proposed is weaker for the lack of acknowledgement and suggestion of any recommendations concerning the role of food and supplements industry and infant formula companies in shaping consumer behaviour. NICE guidelines don't operate in a vacuum and often the biggest influencers of parents' decisions come from commercial sources that are profit seeking. All of the stakeholders listed in this guidance are potential targets for companies who spend huge amounts of money in trying to infiltrate settings and build relationships. A cost saving intervention should include training for all stakeholders of this guidance in the influence of commercial companies on managing weight and diet. In respect of infant formula, recommending full compliance in all settings with the WHO Code of Marketing of Breastmilk Substitutes and associated resolutions should be included, as should the recommendation that all settings work towards UNICEF baby friendly accreditation. The value of peer support Properly commissioned and adequately funded breastfeeding peer support services are effective and relatively low cost for the benefits they can achieve.Benefits can be far-reaching, not just for the health and wellbeing of the mother and baby but also in increased social capital in some of the poorest areas. Breastfeeding peer support should be multifaceted and should be commissioned in line with NICE guidelines. It is not an alternative to health professional support but a valuable part of breastfeeding support service.There are many good reasons to commission breastfeeding peer support:-Evaluation shows breastfeeding peer support is valued by new mothers, increases breastfeeding initiation and continuation and builds social capital.Peer supporters provide a valuable role helping	Thank you for your comment and for the information you have given us which we will make available to the committee. They will base any recommendations on the best available evidence and their own expert consensus opinion.

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			mothers to make informed decisions about feeding their new baby and continuing to breastfeed for as long as they want.Peer support can succeed in reaching women who do not easily identify with health professionals.Peer supporters have effective training and are all women who have experience of breastfeeding, giving them a 'belief' in breastfeeding which helps them to motivate and encourage new mothers.There are benefits to the women who train as peer supporters as well. Evaluation shows they grow in confidence, often going on to further training and new careers, including midwifery. This helps build social capital with women bringing new skills back to their communities.Breastfeeding peer support plays an integral part in building community capacity and helping communities become supportive of breastfeedingPeer support can help towards attainment of UNICEF Baby Friendly Initiative accreditation.Peer Supporters are uniquely positioned to give brief interventions and signpost women to other important services. For example; smoking cessation, healthy lifestyles support, domestic abuse support.Peer support helps to reduce social isolation and offers parents an opportunity to socialise and exchange experiencesReviewers of the UK NICE guidance on Postnatal Care recognised that women value peer support, they noted that peer support offers women a place to 'share their experiences, gain information and social contacts, which can provide ongoing support'. They also noted that peer support can be especially helpful in improving breastfeeding among women from low or socially disadvantaged incomes. NICE (2021) Public Health Guidance NG194: Postnatal Care.References: Trickey H, et al. (2017). A realist review of one-to-one breastfeeding peer support experiments conducted in developed country settings. Wiley Maternal and Child Nutrition. Available from:	

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			https://onlinelibrary.wiley.com/doi/epdf/10.1111/mcn.12559 Community capacity and peer support (england.nhs.uk)	

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UNICEF UK	002 - 003	011 - 030, 001 - 005	This section is good and reflects the current obesity status in the UK. Could this section be expanded to reference the timely and appropriate introduction of complementary foods to the infant's diet, around 6 months. The SACN report on Feeding in the First Year of Life highlights the important role that breastfeeding plays in infant health, and notes that "The available evidence indicates that the introduction of solid foods or infant formula before 6 months of age reduces the amount of breast milk consumed and is associated with greater risk of infectious illness in infants." In addition, where a parent is using infant formula guidance should be available on using the most appropriate infant milk 'First stage- First Year' see also Enabling children to be a healthy weight: What we need to do better in the first 1,000 days.The evidence is unequivocal that the use of breast/human milk affords the best nutrition health and wellbeing outcomes for the child. Suggest rewording lines pg. 1/2 lines 27 and 1-2 to "Ensuring a child meets their nutritional requirements requires support for breastfeeding and providing human breastmilk, or where that is not possible or available, infant formula, in the first year, appropriate complementary feeding from 6 months, and continued breastfeeding or provision of appropriate alternative, alongside appropriate diets and feeding practices for young children from 1-4 years of age. Micronutrient supplementation may also be required between 0-4 years of age. Consideration should be given both to the home environment and any early years settings the child attends." (Supported by BfN and Fist Steps Nutirition)	Thank you for your comment. We appreciate your concern about providing detailed background information. The full guideline will contain the evidence and references, however the introduction is intended to provide only a brief description of the need for a full assessment of the evidence in the first instance.

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UNICEF UK	011 - 012	027 - 030, 001 - 005	References that may be useful herePreventing disease, saving resourcesDH Return on Investment Tool Best Start in Lifehttps://www.unicef.org.uk/babyfriendly/lancet-increasing-breastfeeding-worldwide-prevent-800000-child-deaths-every-year/ https://www.who.int/nutrition/publications/infantfeeding/global-bf-collective-investmentcase.pdf?ua=i	Thank you for your comment. This section refers to related NICE guidance, so we have not been able to include the references provided. However, it is very helpful that you have identified these for us, and we will consider whether they meet the review protocol for the review questions.
UNICEF UK	1	004 - 006	The title is clear and lines 11-12 describe how weight management is covered in separate guidelines before and after pregnancy. Will 'nutritional status' as indicated in line 18 also be covered in these other guidelines before pregnancy?	Thank you for your comment. Nutritional status would fall under screening which we are not covering in this guideline (see section 3.3 - activities that will not be covered by this update).
UNICEF UK	1	004 - 006	In the text (for example line 25) babies and pre-school children is used – it would be useful to define specifically what is meant by babies and pre-school – what age is pre-school? The title could include infants/babies to aid clarity and ensure the child from birth is included throughout. *'Maternal and child nutrition: nutrition and weight management in pregnant women, and nutrition in infant and young children up to 5 years*	Thank you for your comment. The exact age split for the purposes of reviews of the evidence will be agreed by the committee when they agree the protocols for the development of the evidence reviews. This will also be determined by the ways in which the committee would like to make recommendations relevant to different age ranges and this may be different for different review questions. The purpose of the scope is to set the broader framework for the more detailed work to come.
UNICEF UK	1	27	It may be more useful here to reference the SACN Early Life Nutrition Report as highlighted on page 2 lines 3-4.	Thank you for your comment. We have added a reference to the SACN early life nutrition report.
UNICEF UK	14	001 – 003	Suggest slight amend and addition3.1a What interventions are effective in supporting and enabling women to breastfeed for as long as they choose after 8 weeks, exclusively for 6 months and alongside other foods for 1-2 years? 3.1b What policy interventions would be required to enable these interventions to be implemented effectively?3.1c. How will implementation be evaluated, monitored and reported?	Thank you for your comment. With regard to your suggestion on review question 3.1a: although we cannot pre-empt recommendations made by the committee, if there is any evidence on specific timings breastfeeding should be maintained for, it can be considered as part of making recommendations. With regard to your suggestions on review questions 3.1b and 3.1c, policy interventions and implementation are out of the scope of this guideline update.

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UNICEF UK	14	004 - 005	Slight amend and addition3.2a What systems are in place to collect data to understand the current state of infant feeding in the UK?3.2b What do parents perceive to be the facilitators and barriers for continuing to breastfeed and maximising breast milk use after 8 week	Thank you for your comment. While we agree that systems to collect data are important, and robust systems may lead to improved outcomes, it is out of our remit to make recommendations on these, therefore we have not added your suggested review question. As we will be incorporating existing evidence relevant for maintaining breastfeeding from the NICE postnatal care guideline and there is a need to keep review questions consistent, we have not been able to amend the second review question as per your suggestion.
UNICEF UK	14	006 - 009	There is a substantial body of evidence around continued breastfeeding. An additional review is required to understand and utilise the evidence based for continue breastfeeding after 8 weeks. It can build on and be informed by the evidence up to 8 weeks as highlighted in the NICE post-natal guidance, but on its own is not sufficient.	Thank you for your comment. We will be reviewing evidence on approaches and interventions before 8 weeks, such as in review question 3.4 (What approaches and interventions help women returning to work and study to continue breastfeeding?). Interventions to maintain breastfeeding would rarely start after 8 weeks as if breastfeeding is not established before 8 weeks, then it would not be relevant to intervene. As a result, most interventions are likely to be a continuation of an intervention that started earlier. The scope of the NICE guideline on postnatal care describes the focus as being women and babies from birth to 8 weeks, however studies covering the postnatal period after 8 weeks were included. For these reasons, we consider appropriate to use this evidence to inform questions 3.1 and 3.2 in the guideline.
UNICEF UK	14	010 - 011	Slight amend3.3 What information about safe and appropriate use of infant formula feeding is currently given to parents and carers after 8 weeks and are any additions required?	Thank you for your comment. The information currently given may be variable, so the standard approach is to assess what information is safe and appropriate.
UNICEF UK	14	012 - 013	3.4 Please include returning to study	Thank you for your comment. This has now been added accordingly.

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UNICEF UK	14	014 - 020	Consider adding ‘interventions’ alongside clinical strategies	Thank you for your comment. The term 'clinical strategies' has now been replaced with 'approaches and interventions' in light of stakeholder comments.
UNICEF UK	15	001 – 010	The main outcomes need to reflect both the evidence and policy. As this is from 8 weeks maybe it could readContinuing exclusive breastfeeding until 6 months and thereafter until for 2 yearsIntroduction of solid/other/complementary foods for all babies at around 6 monthsSafe and appropriate use of infant formulaUptake of Healthy StartIn addition main outcomes to include:Infant Feeding training pre-registration and post-registration for midwives, health visitors and other health workers who care for babies, their mothers, and families, using the UNICEF UK Baby Friendly Initiative as a minimum standard.Robust data collection around infant feeding to inform policy decision making and application of the evidence	Thank you for your comment. The scope includes a list of the main outcomes that the guideline may consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols.
UNICEF UK	3	001 - 005	The breastfeeding data used needs referencing – is this the 2010 Infant Feeding Survey. We know this survey was discontinued and that there is no current UK wide infant feeding data available. The latest England statistics outturn 2017-18 reference an initiation breastfeeding rate of 74%, falling to 48% at 6 weeks Breastfeeding prevalence at 6-8 weeks after Birth 2019/20. Scotland conducted a Maternal and Infant Nutrition Survey in 2017. It would be useful to reference all 4 UK nations and to highlight the wide geographical and social inequity and inequalities surrounding breastfeeding support and prevalence. Lines 4-5 – the ask here could be for data collection to understand further trends in infant feeding across the UK.	Thank you for your comment. Introductions to scopes are traditionally not referenced in NICE guidelines. However, we will take these references into account when writing introductions to systematic reviews in the guideline.
UNICEF UK	3	006 - 025	Is this section reflected in the title of the paper?	Thank you for your comment. We understand the point you are making but we need a title that largely reflects the majority contents of the guideline. We appreciate that the pre-conception recommendations for folic acid may be not be

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				implied by the title of this guideline. We will therefore make sure they are linked clearly from other guidance and that the full contents and scope of the guideline is made clear to the reader in an introductory statement to the guideline, which ideally will sit close the title on the web pages.
UNICEF UK	3	022 - 025	This section needs applying to the needs breastfed infants.	Thank you for your comment. We have amended this paragraph to read 'However, it is unclear whether and for whom vitamin A supplementation is still necessary in the UK, given that infant formula and many staple foods are already fortified'. We hope this is clearer.
UNICEF UK	3	4	Overwhelming research suggests that how we feed our infants not only impacts health benefits but also 'health and wellbeing outcomes' for babies, their mothers and families in the short and long term. It maybe useful to expand this to reflect the evidence base See: https://www.unicef.org.uk/babyfriendly/lancet-increasing-breastfeeding-worldwide-prevent-800000-child-deaths-every-year/	Thank you for your comment. We appreciate your concern about providing detailed background information. The full guideline will contain the evidence and references, however the introduction is intended to provide only a brief description of the need for a full assessment of the evidence in the first instance.
UNICEF UK	4	016 - 017	GeneralBreastfeeding is a method of feeding, should the text be bottle feeding with infant formula? This is also a general comment which applies throughout.	Thank you for your comment. We were unable to identify the change you were suggesting but the committee will be very mindful about being specific when they discuss bottle feeding.
UNICEF UK	6	25	Breastfeeding is a method of feeding, should the text be bottle feeding with infant formula? Should the introduction of the introduction of other/supplementary or complementary foods be added here?	Thank you for your comment. We think this heading is clear as it stands. The guideline may have more detailed headings to differentiate methods of feeding.

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UNICEF UK	7		Table 1 Training What is the rationale for removal of this section? Overwhelming evidence suggests that health professional training is critical for providing evidence-based care for babies, their mothers, and families in relation to infant feeding. https://www.unicef.org.uk/babyfriendly/lancet-increasing-breastfeeding-worldwide-prevent-800000-child-deaths-every-year/Current UK policy recommends implementation of the UNICEF UK Baby Friendly Initiative across maternity, community, neonatal and children's centre services in order to ensure all staff are trained to provide evidence-based care to improve health and wellbeing outcomes for families. For example:England NHS Long Term PlanHealth Child ProgrammeInfant Feeding CommissioningBecoming Breastfeeding Friendly Scotland	Thank you for your comment and for the information you have given us which we will make available to the committee. We agree that health professionals should always be appropriately trained and the committee may wish to emphasise the need for particular skills in particular areas of the recommendations, but NICE guidelines are not allowed to consider the setting of training curriculums, skills and competencies for healthcare professionals, as this is the remit of professional bodies. .
UNICEF UK	8		Table Obesity This section needs to be reviewed and updated in light of the evidence including COSI study. Association between Characteristics at Birth, Breastfeeding and Obesity in 22 Countries: The WHO European Childhood Obesity Surveillance Initiative – COSI 2015/2017https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/infant-health-research/infant-health-research-obesity/	Thank you for your comment. We will take your suggestion into consideration when agreeing with the committee the type of evidence and outcomes that would provide the best evidence for decision-making when developing the review protocol.

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UNICEF UK	8		Table Breastfeeding This section needs expanding. “Review the evidence on interventions on an individual, community and population level which would enable and support women to breastfeed beyond 8 weeks and for as long as they choose. Including when returning to work or study. The review should be conducted in accordance with the guidance outlined within the International Coe of Marketing of Breastmilk Substitutes ”. See: UNICEF UK Call to Action on Infant Feeding in the UK for evidence base to support this review.	Thank you for your comment. We have amended the text to say 'review the evidence on interventions to support and maintain breastfeeding beyond 8 weeks, including approaches and interventions for women who are returning to work or study'. We will take your suggestion into consideration when agreeing with the committee the type of evidence and outcomes that would provide the best evidence for decision-making when developing the review protocol.
UNICEF UK	8		Infant Formula Suggest slight amend and one addition:“Review the evidence on interventions which would improve the uptake of existing guidance on safe and appropriate use of appropriate infant formula after 8 weeks to 12 months of age. The review should be conducted in accordance with the guidance outlined within the International Coe of Marketing of Breastmilk Substitutes ”.	Thank you for your comment. We will take your suggestion into consideration when agreeing with the committee the type of evidence and outcomes that would provide the best evidence for decision-making when developing the review protocol.
UNICEF UK	8		Prescribing We suggest retention of the reference to consult specialist sources of information for prescribing for lactating women, such as the UK Drugs in Lactation Advisory Service (UKDILAS, the NHS specialist service), and the Breastfeeding Network Drugs in Breastmilk Service these services have been vital during the Coronavirus Pandemic.	Thank you for your comment. Based on stakeholder feedback, we have amended this section to say that 'the guideline will assume that prescribers will use appropriate resources for safe medicine use and prescribing for breastfeeding women, in line with the NICE guideline on postnatal care, to inform decisions made with individual patients'.
UNICEF UK	8		Child health promotion Consider change to bullet 4Maximising breastfeeding and breast milk use after 8 weeks, including supporting interventions to help women to breast/breastmilk feed for as long as they choose and returning to return to work or study.	Thank you for your comment. We will take your suggestion into consideration when agreeing with the committee the type of evidence and outcomes that would provide the best evidence for decision-making when developing the review protocol.

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UNICEF UK	General	General	We welcome this review; it is timely and needed.Removing training of health professionals would be detrimental to measuring outcomes. All Scotland and Northern Ireland community services are supported to become UNICEF UK Baby Friendly Accredited this affords and secures training for health professionals and a foundation level of support for all babies their mothers and families. The accreditation process is evidence based and recognised as a quality kite mark for all 4 UK nations.Implementation and sustainability of the Baby friendly Standards would ensure public servicesWork within the WHO International Code of Marketing of Breastmilk SubstitutesProvide training for all staff which is audited, and evaluatedProvide external assessment and accreditation of babies, their mothers and families care in relation to infant feedingMonitor the implementation of peer and community support for families in the community setting.See further resources here and evidence underpinning the standards:https://www.unicef.org.uk/babyfriendly/about/https://www.unicef.org.uk/babyfriendly/about/evidence-and-rationale-for-the-baby-friendly-standards/	Thank you for your comment and for the information you have given us which we will make available to the committee. We agree that health professionals should always be appropriately trained and the committee may wish to emphasise the need for particular skills in particular areas of the recommendations, but NICE guidelines are not allowed to consider the setting of training curriculums, skills and competencies for healthcare professionals, as this is the remit of professional bodies. .
University of East Anglia - Norwich Medical School	13	14	Line 14/ 3.5/1.3Guidelines for correction of deficiency and subsequent maintenance dosages for pregnant and lactating women are required. There are limited data regarding requirements in pregnant and lactating women. SACN has evaluated these data and subsequent publications appear to show that the dose-response is within what is found in the general (non-pregnant) population (although the dose-response is wide ranging) . This section should include all women at increased risk of vitamin D deficiency- see comment 2 and 6	Thank you for your comment. Pregnant women who are overweight and women with obesity will be included in the review question on vitamin D. Breastfeeding women have not been added because these have been covered in UK Government advice about nutrition and we will reference to this in the guideline when relevant.

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University of East Anglia - Norwich Medical School	14	26	Section 3.6 This should also include neonatal outcomes (still birth, low and high birth weight, congenital rickets, hypocalcaemia) and developmental outcomes: growth trajectory; rickets	Thank you for your comment. The scope includes a list of the main outcomes that the guideline may consider. The guideline committee will define the outcomes that will be considered in the evidence reviews through development of the review protocols.
University of East Anglia - Norwich Medical School	3	007 - 009	The impact of the recent change in UK legislation of mandatory folate fortification of non-wholemeal wheat flour needs to be taken into consideration	Thank you for your comment. The recent change in UK legislation of mandatory folate fortification of non-wholemeal wheat flour will be taken into consideration by the committee when making recommendations. In addition, the updated guideline will have the opportunity to cross-refer to relevant UK Government guidance as needed.
University of East Anglia - Norwich Medical School	3	010 - 013	This is not complete: NICE guidance states that women (pregnant and lactating) should be recommended to take a vitamin D supplement of 400 IU/d throughout the year. NICE also identifies those that are at increased risk: https://cks.nice.org.uk/topics/vitamin-d-deficiency-in-adults/. This includes pregnant and lactating women, those with a darker skin tone and obesity. NICE translated and followed the SACN recommendations: SACN recommends that all those at risk of vitamin D deficiency (those with little sun exposure- i..e those little access to the outdoors, and those covering their skin and with a darker skin tone) should be advised to take vitamin D supplementation throughout the year. Those not specifically at risk are advised to take a supplement during the winter months.	Thank you for your comment. We appreciate your concern about providing detailed background information. The full guideline will contain the relevant description of policy environment and current interventions/practices, however the introduction is intended to provide only a brief description of the need for a full assessment of the evidence in the first instance. The vitamin D dose for women with darker skin have been covered by UK Government guidance, and the updated guideline will have the opportunity to cross-refer to this as needed.

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University of East Anglia - Norwich Medical School	3	020 - 021	Outcomes needs to be defined- this is included in section 3.6, pg 14	Thank you for your comment. The full guideline will have all relevant details, however the introduction is intended to provide only a brief description of the need for a full assessment of the evidence in the first instance.
University of East Anglia - Norwich Medical School	5		Section 3.1Only folic acid is covered; this should also include vitamin D	Thank you for your comment. We will cross-refer to existing guidance on vitamin D as appropriate.
University of East Anglia - Norwich Medical School	8		Healthy start This is in appropriately limited to healthy start. This would not consider families that are not eligible for healthy start. This should be general for all pregnant women and their children and include the provision through healthy start	Thank you for your comment. This section of the scope simply sets out the parts of the old guidelines that will be updated. Healthy start is only included in one of the review questions as an example (see section 3.5 and review question 1.4 which reads: “What approaches and interventions are effective to increase uptake of vitamin supplements (including folic acid and Healthy Start vitamins in line with government advice) for pregnant women, breastfeeding women, babies and children up to 5 years? Section 3.5 sets out the focus of the evidence that will be completed as part of this update.

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University of East Anglia - Norwich Medical School	8		Healthy start 'Vitamin D supplementation during pregnancy for women living with overweight and obesity: this should consider all women at risk of vitamin D deficiency not only overweight and obese. Risk groups as listed in https://cks.nice.org.uk/topics/vitamin-d-deficiency-in-adults/.Application of testing for vitamin d deficiency (plasma 25(OH)D) in those at risk or symptomatic – according the above Vitamin D deficiency guidance and guidelines for the correction of deficiency should be evaluated for (a) implementation as part of routine ante and post-natal care and (b) for treatment of those that are deficient. Children at risk of vitamin D deficiency should also be specifically considered: these are darker skin tone, prolonged breast-fed, born to deficient women	Thank you for your comment. Groups of women who may be at greater risk of vitamin D deficiency have not been added to the review question on vitamin D because these have been covered in UK Government advice about nutrition and we will reference to this in the guideline when relevant.
Wirral Community Health and Care NHS Foundation Trust	13	16	Healthy start vitamins need to be more accessible e.g. for midwives and health visitors to handout at clinics – in clinical practice we have noticed a huge drop in uptake now this facility is no longer available.	Thank you for your comment. We are pleased to confirm that we will be undertaking a systematic review to identify the strategies to increase the uptake of supplements.
Wirral Community Health and Care NHS Foundation Trust	13	20	Specified weight ranges should only be available to health professionals not mothers. Emphasis to mothers should be on a healthy varied diet with appropriate supplementation eating and drinking according to hunger	Thank you for your comment. We agree on the importance of supporting women to adopt a healthy diet and to achieve and maintain a healthy weight during pregnancy. However, in order to promote the woman's active participation in care and self-management, it is key to provide them with evidence-based, tailored information, and the support they need to make use of this information if they wish to.

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Wirral Community Health and Care NHS Foundation Trust	13	23	Why can we not provide opt out virtual group sessions for healthy eating during pregnancy? What about development of an app that provides daily reminders for taking vitamins, weekly recipes/snack ideas, and links to online exercise videos that can be done at home. This app could be made local to include any relevant local physical activity classes. Not much physical activity available via NHS or at a low enough cost for those on a low income	Thank you for your comment. We will be undertaking a systematic review to identify the evidence for this review, and if there is any published evidence on apps or other tools then this could potentially be considered when answering the clinical question.
Wirral Community Health and Care NHS Foundation Trust	14	1	Breastfeeding groups, accessibility to breastfeeding assessments with a trained professional – often women don't know what they are looking for so cannot tell if breastfeeding is optimum until there is a problem such as low supply/faltering growth. Local social media groups are a good parent support	Thank you for your comment. Although we cannot pre-empt guideline committee findings, we can confirm that we will be investigating evidence on both the facilitators and barriers to maintaining breastfeeding.
Wirral Community Health and Care NHS Foundation Trust	14	10	Parents need information on how to make up a bottle safely especially when out and about and guidance on continuing with stage 1 formula – no need to change on to stage 2 & 3 formulas or use an antireflux, comfort or other specialist formula milk unless specified by a health professional	Thank you for your comment. While we cannot pre-empt recommendations made by the committee, the scope does allow for the provision of information relevant for formula feeding and therefore if there is evidence on how to make up a bottle safely, the committee could use this information in drafting their recommendations.
Wirral Community Health and Care NHS Foundation Trust	14	12	In my clinical experience early preparation for both the parent and workplace is key – providing a leaflet such as Breastfeeding at study or work - Baby Friendly Initiative (unicef.org.uk) and encouraging them to share this with their employer allows for any adaptations to be made/put in place e.g. a place to express and fridge to store EBM (expressed breastmilk)	Thank you for your comment. We will be undertaking a systematic review to identify the evidence for this review, and if there is any published evidence on early preparation for the parent and their employer then this could potentially be considered when answering the clinical question.

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Wirral Community Health and Care NHS Foundation Trust	14	14	Timely support between 12-16 weeks of age to discuss complementary feeding is crucial, this could be virtual sessions, group face to face sessions, a recorded webinar accompanied by relevant leaflets/recipes etc with a follow up webinar at 6-9 months then a final one at 9-12 months to ensure progression with textures and variety is encouraged and timely support is sought if there are problems	Thank you for your comment. We will be undertaking a systematic review to identify the evidence for this review, and if there is any published evidence on specific formats that could be used for discussing complementary feeding then this could potentially be considered when answering the clinical question.
Wirral Community Health and Care NHS Foundation Trust	14	18	Early introduction of a variety of foods and flavours – this needs to be delivered as an education session as research shows that most of us eat the same 10 fruit and vegetables all the time. Children are offered what parents eat – parents need to be educated on expanding the variety of their childs diet even if theirs is restricted. Education should also include facts relevant to food and our environment / global warming / eating seasonal foods etc as well as mindful eating	Thank you for your comment. We will be undertaking a systematic review to identify the evidence for this review, and if there is any published evidence on early introduction of a variety of foods and flavours then this could potentially be considered when answering the clinical question.
Wirral Community Health and Care NHS Foundation Trust	14	4	Barriers – not enough support, not acceptable in public, not understanding the benefits especially of mixed feeding – still many women think once one bottle has been given they may as well stop breastfeeding – more support is needed to promote mixed feeding as an option	Thank you for your comment. We will be undertaking a systematic review to identify the evidence for this review, and at this point we cannot pre-empt what the evidence will tell us or which recommendations will result from the discussion by the guideline committee.
Wirral Community Health and Care NHS Foundation Trust	8		Healthy start paragraph “improving uptake of healthy eating advice in children upu to 5 years to promote healthier growth” typo highlighted. Can we include a sentence that makes reference to cooking facilities and ability e.g. “please consider appliances available to families to prepare food and their general knowledge of food preparation?”.	Thank you for your comment. We have now corrected the typo. We will be undertaking a systematic review to identify the evidence for this review, and if there is any published evidence on cooking facilities and ability then this could potentially be considered when answering the clinical question.

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World Breastfeeding Trends Initiative (WBTi) UK	3	001 - 002	The data used are taken from the 2010 Infant Feeding survey. We're surprised that the more recent PHE Fingertips data has not been used; it is incomplete but suggests the overall initiation and continuation rates are lower now (67.4 and 48.0%), making the challenge of increasing breastfeeding rates even greater.	Thank you for your comment. For the purposes of the scope we have used the 2010 Infant Feeding Survey which contains familiar and well referenced data. The committee may wish to reference other data in its consideration of the recommendations.
World Breastfeeding Trends Initiative (WBTi) UK	8	5	It is planned not to cover training in the revision of the guideline. However, on p.9 'Breastfeeding', there is an assumption that the issue is low uptake of breastfeeding advice by mothers. We suggest that poor advice from inadequately trained health professionals is a contributory factor so would like to see training included in the revised guideline, certainly with regard to infant feeding. Our WBTi UK 2016 report showed that much health professional training is inadequate with respect to breastfeeding (Indicator 5 in https://ukbreastfeedingtrends.files.wordpress.com/2017/03/wbti-uk-report-2016-part-1-14-2-17.pdf).Also, the 2020 article in the International Breastfeeding Journal by Biggs et al, 'Are the doctors of the future ready to support breastfeeding? A cross-sectional study in the UK' (https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-020-00290-z) shows that doctors are not trained adequately in supporting breastfeeding.	Thank you for your comment and the references provided. We agree that health professionals should always be appropriately trained and the committee may wish to emphasise the need for particular skills in particular areas of the recommendations, but NICE guidelines are not allowed to consider the setting of training curriculums, skills and competencies for healthcare professionals, as this is the remit of professional bodies. The text regarding breastfeeding in the table has been amended to say: 'review the evidence on interventions to support and maintain breastfeeding beyond 8 weeks, including approaches and interventions for women who are returning to work or study' in light of stakeholder comments.

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World Breastfeeding Trends Initiative (WBTi) UK	9	16	It's unclear what 'retain reference to these recommendations' means. The BNF is very cautious with regard to prescribing during lactation and it would be helpful to use other sources that are based on a sound understanding of breastfeeding, e.g. UKDILAS (mentioned in PH11) and the US Drugs and Lactation database LactMed (https://www.ncbi.nlm.nih.gov/books/NBK501922/).	Thank you for your comment. By 'retain reference to these recommendations' we mean that the committee will consider whether existing recommendations should be kept. Based on stakeholder feedback, we have amended this section to say that 'the guideline will assume that prescribers will use appropriate resources for safe medicine use and prescribing for breastfeeding women, in line with the NICE guideline on postnatal care, to inform decisions made with individual patients'.
World Breastfeeding Trends Initiative (WBTi) UK	General	General	To retain many of the recommendations in the current PH11 referring to breastfeeding and to infant formula as they are still relevant for babies over 8 weeks.	Thank you for your comment. We cannot pre-empt recommendations made by the committee. They will base any recommendations on the available evidence and their own expert consensus opinion.

Maternal and child nutrition

Consultation on draft scope
Stakeholder comments table

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World Breastfeeding Trends Initiative (WBTi) UK	General	General	Supporting breastfeeding well is a cost-saving intervention; if more mothers who want to are enabled to breastfeed, maternity units spend less on infant formula and the better health of both mothers and babies mean fewer GP visits and less hospitalisation. See: Pokhrel et al (2015 'Potential economic impacts from improving breastfeeding rates in the UK' https://pubmed.ncbi.nlm.nih.gov/25477310/Also, looking more broadly at the economic impact, see McGovern et al (2018) 'Breastfeeding Promotion as an Economic Investment' https://pureadmin.qub.ac.uk/ws/portalfiles/portal/157714717/mcgovern210318.pdfMore breastfeeding can help to reduce greenhouse gas emissions: Long et al (2021) 'Infant feeding and the energy transition: A comparison between decarbonising breastmilk substitutes with renewable gas and achieving the global nutrition target for breastfeeding' https://www.sciencedirect.com/science/article/pii/S095965262103465X	Thank you for your comment and for the information you have given us which we will make available to the committee. They will base any recommendations on the best available evidence and their own expert consensus opinion.