

Faltering Growth
Consultation on draft scope
Stakeholder comments table
13 July 2015 – 10 August 2015

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Coeliac UK	3	66	We agree that it would be inappropriate for guidelines for faltering growth to cover the specialist management of other conditions such as coeliac disease. However, as faltering growth can be a symptom of coeliac disease, it is important that children with faltering growth are serologically tested for coeliac disease. This is in line with recommendations from NICE for recognition and assessment of coeliac disease (2009).	Thank you for your comment. As this is in line with the recommendation that is already in the coeliac disease guideline we will cross reference to it (and there will be a link in the NICE pathway).
Royal College of Paediatrics and Child Health	General	General	We feel that this is a good draft guideline scope on an important subject.	Thank you for your comment.
Royal College of Paediatrics and Child Health	2	40	The management of the faltering growth may require a combination of treatment of the condition and management of the secondary feeding problems, e.g. common in cardiac conditions especially if diagnosis has been delayed and difficult feeding patterns have been established, or if a complex family context. Coinciding with other medical conditions, e.g. post pre term lung disease and tube feeds and moving on to oral etc.; tube feeding – move to oral is well known area of challenge and may be associated with faltering growth, e.g. management not just recognition.	Thank you for your comment. It is correct that the guideline would not intend to address the management of specific disorders that might contribute to feeding difficulties. However, it will consider the effectiveness of interventions more broadly for faltering growth.
Royal College of Paediatrics and Child Health	2	52	Why say no other signs or symptoms as these may emerge? I.e. child may present as FTT then on history or examination more emerges. Again may have a combination of medical and feeding factors in child [and parent].	Thank you for your comment. The issue here is whether at the time of presentation a child with faltering growth but no other clinical indicators is likely to have (require investigation for) particular disorders. The guideline

Faltering Growth

**Consultation on draft scope
Stakeholder comments table
13 July 2015 – 10 August 2015**

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				will review evidence on risk factors, diagnosis and management which we recognise may be complex.
Royal College of Paediatrics and Child Health	4	54	Follow up including growth 'monitoring'?	Thank you for your comment. The Guideline Committee will consider the follow-up of children, monitoring their growth and other relevant aspects.
Royal College of Paediatrics and Child Health	4	86	As in 52	Thank you for your comment. Unfortunately we are unable to identify what you are referring to.
Royal College of Paediatrics and Child Health	4	88	Caution with regard to the concept of 'monitoring' vs care or management or follow up which are broader.	Thank you for your comment. The issue here is whether at the time of presentation a child with faltering growth but no other clinical indicators is likely to have (require investigation for) particular disorders. The Guideline Committee will review evidence on risk factors, diagnosis and management which we

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				recognise may be complex.
Royal College of Paediatrics and Child Health	7	176	... are likely may be complex	Thank you for your comment. We have amended the scope as you suggested.
Royal College of Paediatrics and Child Health	7	191	Suggest that this important background comes before 184.	Thank you for your comment. Section 3 is part of the general background to the scope and intended only as a brief outline of the problem which the guideline will address. We do not think that the re-ordering of the paragraphs is necessary.
Royal College of Paediatrics and Child Health	7	185	...but routine growth monitoring ... context this is limited...??	Thank you for your comment. Section 3 is part of the general background to the scope, and intended only as a brief outline of the problem which the guideline will address. Therefore there is not sufficient space to include this level of detail.
National Childbirth Trust	1 2	47 53	We consider that the guideline should include prevention of faltering growth, as it currently plans to identify risk factors and possibly causes. This should logically continue to include evidence on interventions to	Thank you for your comment. This guideline focusses on the

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

Faltering Growth

**Consultation on draft scope
Stakeholder comments table
13 July 2015 – 10 August 2015**

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
			reduce the risk of faltering growth in that group of infants and pre-school children.	recognition and management of faltering growth, including early concerns about infant feeding. There is already an existing Public Health Guideline that relates to the prevention of under-nutrition (PH11).
National Childbirth Trust	3	63 64	Prevention and early intervention to maintain adequate growth will be particularly relevant to information for parents of children with suspected faltering growth.	Thank you for your comment. This guideline focusses on the recognition and management of faltering growth, including early concerns about infant feeding. There is already an existing Public Health Guideline that relates to the prevention of under-nutrition (PH11).
National Childbirth Trust	3	79 83	It will be important to differentiate early poor milk intake associated with poor growth or even weight loss and hypernatraemia in the first few days and weeks from later faltering growth in infants. There are different aetiological factors and different interventions will be applicable. There is debate about whether 10% weight loss from birth is an appropriate cut-off point. This is a potential cause of costly – in both economic and emotional terms for parents and NHS – readmission.	Thank you for your comment. Recognition of faltering growth, including thresholds for concern, is part of the scope. We will also be looking at the evidence for breastfeeding and other nutritional intake. At this point

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

Faltering Growth

**Consultation on draft scope
Stakeholder comments table
13 July 2015 – 10 August 2015**

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				we cannot pre-empt the evidence that may be uncovered and how this features in relation to health economics (which will be considered throughout this guideline). We would welcome comments at consultation of the draft guideline.
National Childbirth Trust	4	97	The suspicion of faltering growth in a breastfed baby generally leads to mothers doubting the adequacy of their breastmilk supply. It is very important to maintain confidence in breastfeeding, although there may be some women for whom breastmilk supply has not developed, for example in response to a baby who is not well attached, has a severe tongue-tie preventing attachment to the breast or is otherwise unable to remove milk from the breast. There are still too many health professionals who recommend formula 'top-ups' without ensuring that the baby is well positioned and able to reach the milk. These lead to a lower breastmilk supply rather than an increase. Breastfeeding support in the community is being cut in response to local authority policy and reductions in the public health budget.	Thank you for your comment. Breastfeeding support as well as information and support needs more generally are key areas in the scope 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. We would welcome comments at consultation of the draft guideline.
National Childbirth Trust	5	124	The cultural context of infant feeding in the UK needs to be taken into account. Specifically the lack of confidence in breastfeeding present in all sectors: health professionals, parents, public and government. When	Thank you for your comment. Breastfeeding support is part of the scope and at this point we

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
			added to the rapid decline in breastfeeding in the first six weeks after birth, most of which is unplanned and contrary to women's wishes, there is a high probability of reducing breastfeeding women's confidence in their ability to breastfeed and the adequacy of their supply.	cannot pre-empt what the evidence will tell us or which recommendations will result from the discussion by the Guideline Committee. We would welcome comments at consultation of the draft guideline.
National Childbirth Trust	5	99 100	The claims and suitability of formula milks should be examined as part of the guideline. There appears to be little evidence to demonstrate efficacy of high energy milks for catch-up growth and some good quality evidence that they are no more effective than breastfeeding at promoting growth. There may also be poorer long-term outcomes, though there is very little data on the long-term outcomes following rapid weight gain.	Thank you for your comment. The issue of interventions related to feeding practices other than breastfeeding is part of the scope 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. We would welcome comments at consultation of the draft guideline.
National Childbirth Trust	6	162 3	My impression is that it is not at all unusual for babies to cross centile lines on the UK-WHO growth chart as there is some expected regression to the mean and some natural variation in growth rates. It is the mean growth rates which are so smooth. I believe this is a common misconception	Thank you for your comment. Section 3 is part of the general background to the scope, and intended only as a brief outline of

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

Faltering Growth

**Consultation on draft scope
Stakeholder comments table
13 July 2015 – 10 August 2015**

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
			among parents and some professionals, who expect their child to follow one centile line almost exactly. This should obviously be checked with evidence and experts, particularly the raw data from the WHO- growth studies.	the problem which the guideline will address. We will be covering recognition of faltering growth including recognising thresholds for concern.
Royal College of Midwives	General	General	The RCM welcomes the development of this important guideline and agree with the overall content of the scope.	Thank you for your comment.
Royal College of Midwives	General	1	We are pleased to see the proposal for the title change from 'failure to thrive'; however 'faltering growth' can also appear negative. We agree with the suggested option at the stakeholder workshop to rename it 'the identification and management of under nutrition in the infant and pre-school child'	Thank you for your comment. There were varying opinions on the best title, but the common view was in favour of 'faltering growth'. This is a widely used expression in paediatric practice and would be understood by most healthcare professionals in the field. Under-nutrition can be used to encompass those who are not gaining weight at the expected rate, but some might assume it to mean that a child has already become seriously underweight - rather than potentially heading in that

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment direction.
Royal College of Midwives	1.1	2	We are pleased to see the inclusion of children with intrauterine growth restriction. 'Looked after children' are also an important subgroup for inclusion.	Thank you for your comment. Looked after children have been recognised in the Equalities Impact Assessment form.
Royal College of Midwives	1.5.2	3	Identifying risk factors present in the whole family should be included here eg anxiety or depression in carers.	Thank you for your comment. Risk factors are key issues of the scope and the details of this topic will be finalised with the Committee when planning the reviews. The issues you raise are therefore not excluded. We will draw the Guideline Committee's attention to your comment when they finalise the plan for this topic.
Royal College of Midwives	1.5 4	4	There should be a question about which professionals should undertake the monitoring and follow up.	Thank you for your comment. NICE guidelines do not name professionals but make recommendations on treatment and processes of care rather than specifying roles of different healthcare professionals. It is

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				assumed that this could be performed by an appropriately trained healthcare professional.
Royal College of Midwives	1.6	5	We agree with all the main outcomes listed	Thank you for your comment.
Royal College of Midwives	General	General	Given the importance of breastfeeding acknowledged in the scope, the guideline committee should include a breast feeding specialist which could be a midwife or health visitor.	Thank you for your comment. We have advertised for a healthcare professional with experience in breastfeeding support to join the committee.
British Dietetic Association	2	39 41	'with a specific disorder known to cause faltering growth...'. This is slightly confusing because line 65 suggests that specific disorders would not be covered within the document. I am not sure which specific disorders this line refers to?	Thank you for your comment. Specialist management of specific disorders causing faltering growth is not covered by the scope. However, the recognition of faltering growth in these children is covered.
British Dietetic Association	3	56 57	It would be helpful to consider the assessments/ observations to be made in secondary care prior to interventions. Within my own health board we have quite lengthy discussions about trying to establish underlying causes for faltering before interventions take place i.e. are feeds made up correctly, feeding timing, techniques, family interactions, observations by health professionals and even	Thank you for your comment. Recognition and assessment of faltering growth are key issues of the scope and the details of this topic will be finalised with the Committee when planning the

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

Faltering Growth

**Consultation on draft scope
Stakeholder comments table
13 July 2015 – 10 August 2015**

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
			professionals managing feeding plan for a set timeframe.	reviews. The issues you raise are therefore not excluded. We will draw the Guideline Committee's attention to your comment when they finalise the plan for this topic.
British Dietetic Association	6	159	references to growth charts. Consideration to the choice of appropriate growth charts and which are used for population or individual assessments. I have experienced quite dubious interpretations of these in a legal neglect case. Clarity would improve transparency of our management plans and patient safety.	Thank you for your comment. The Guideline Committee will not review the evidence on the choice of growth charts but expects that the currently recommended charts will be employed. The group will consider the interpretation of growth patterns.
British Dietetic Association	6	167	requires greater detail about the health consequences of inadequate nutrition - impacts on appetite and feeding are quite a simplistic view of the issue.	Thank you for your comment. We agree that the health consequences of inadequate nutrition can be complex. The statement here in this brief overview of faltering growth is that there is an 'association'

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				between faltering growth and intake. It is not about any 'impact on appetite and feeding'.
British Dietetic Association	7	177 179	'in the past' / child neglect is now thought to be as an uncommon explanation I think this statement needs far greater consideration - do we have an evidence base for this statement. Sadly we have seen many high profile very serious case reviews in which children's faltering growth has contributed to the deaths of neglected children or when faltering growth is part of child abuse that has not been identified despite multiple professional involvement. I feel strongly that faltering growth as a consequence of child neglect is both prevalent and relevant to current healthcare.	Thank you for your comment. The statement does not suggest that children who are neglected may not often exhibit faltering growth. The committee will certainly consider evidence on the risk factors for faltering growth and will consider appropriate recommendations.
British Dietetic Association	8	219	the frequency of weight monitoring for under 6 months and 6-12 months for children we are concerned with seems to suggest very large gaps between weight monitoring. I haven't got the Paediatric's manual at home with me but I use the guidance on expected weight gain in relation to age - not necessarily checking on a week by week basis but to take an overview of weight gain, alongside the growth charts etc. Breastfed babies and young infants can falter quite significantly in a month if we are not using weight parameters to review the effectiveness of our interventions.	Thank you for your comment. The Guideline Committee will be considering recommendations on appropriate monitoring including weight monitoring in children with suspected or definite faltering growth.
Department of Health	General	General	No comments	Thank you for your comment.

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
College of Occupational Therapists	3	57	<p>The draft scope currently excludes interventions which focus on the child's environment such as home, pre-school, community. Within the occupational therapy literature, environmental interventions have been shown as successful, for example in the systematic review by Howe and Wang (2013):</p> <p>“Environmental Support. Strong to moderate evidence supports the positive effects of therapeutic techniques on feeding performance of infants and young children with feeding problems. Therapeutic techniques supported by the research include positioning (Gisel et al., 2003; Jadcherla et al., 2009; Larnert & Ekberg, 1995; Reif et al., 1995); sensory stimulation (Munakata et al., 2008; White-Traut et al., 2002); oral stimulation (Barlow et al., 2008; Boiron et al., 2007; Einarsson-Backes et al., 1994; Fucile et al., 2005; Gaebler & Hanzlik, 1996; Lamm et al., 2005; Pinelli & Symington, 2005; Poore et al., 2008; Rocha et al., 2007); oral support (Boiron et al., 2007; Einarsson-Backes et al., 1994); pacing (Jadcherla et al., 2009); and manipulation of feeding methods, including modified equipment (such as slow-flow nipple or a squeezable bottle; Jadcherla et al., 2009; Reid, 2004) or feeding schedule (Jadcherla et al., 2009; Simpson et al., 2002).” (p. 409)</p> <p>Howe TH, Wang TN (2013) Systematic review of interventions used in or relevant to occupational therapy for children with feeding difficulties ages birth- 5 years. American Journal of Occupational Therapy, 67, 405-412.</p>	<p>Thank you for your comment and the references you provided. Key issue 6 has associated review questions (in section 1.5) addressing a range of interventions for evaluation. For example the second of the proposed questions considers intervention related to feeding practices and could include those mentioned in your cited studies.</p>

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
College of Occupational Therapists	4	96-103	<p>The interventions focus solely on the family support and do not mention pre-school, nursery, child minders or other services the children may be accessing. These services may be providing significant support for these children so would need guidance on their role. Occupational therapists are well placed to support this practice as suggested by Pitonyak (2014):</p> <p>'Occupational therapists are part of multidisciplinary teams supporting infants with feeding and eating difficulties including problems related to initiation and continuation of breast feeding....occupational therapists are well positioned to assist individuals, organisations and populations in establishing habits and routines supportive of continued breast feeding while lessening environmental and contextual barriers.'</p> <p>Pitonyak JS (2014) Occupational therapy and breastfeeding promotion: Our role in societal health. American Journal of Occupational Therapy, 68 (3), 90-96.</p>	<p>Thank you for your comment and the references you provided. NICE guidelines do not name which professionals should support an intervention but make recommendations on treatment and processes of care rather than specifying roles of different healthcare professionals. It is assumed that recommendations could be performed by an appropriately trained healthcare professional.</p>
College of Occupational Therapists	5	114-124	<p>With the main outcomes, the child's perspective appears to be omitted.</p>	<p>Thank you for your comment. The children included are mainly very young and formal evaluation of their 'perspective' seems unlikely to be often available. There are of course some 'proxies' for this</p>

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment aspect - such as adherence to an intervention.
College of Occupational Therapists	7	197	The importance of routines for not only mealtimes but also for sleeping are likely to influence the feeding and calorie intake of children (please see references above). This is not currently mentioned within the draft scope.	Thank you for your comment. Key issue 6 has associated review questions addressing a range of interventions for evaluation (in section 1.5). For example the second of the proposed questions considers intervention related to feeding practices and could include the areas that you mention.
NHS England	General	General	No comments	Thank you for your comment.
Lactation Consultants of Great Britain	3	80	The draft scope discusses defining criteria for faltering growth. This is a less severe condition than failure to thrive, which is described in the literature as being identified by dropping 2 percentiles on the WHO growth chart.	Thank you for your comment. One of the key topics for consideration in this guideline will be the criteria for recognising 'faltering growth'. We have not taken the view that we would use the term 'faltering growth' to indicate something less severe than failure to thrive.
Lactation	3	83	There is huge maternal and infant aetiology of risk factors for FTT and	Thank you for your comment. The

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

Faltering Growth

**Consultation on draft scope
Stakeholder comments table
13 July 2015 – 10 August 2015**

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Consultants of Great Britain			faltering growth as related to breastfeeding. Can this in all seriousness be covered in this guideline or would a separate addendum covering risk factors for sub-optimal milk intake and milk transfer?	intention within this guideline is to seek evidence regarding faltering growth generally. This includes a specific review question on interventions related to breast feeding.
Lactation Consultants of Great Britain	4	91	Frequent weight checks (at least twice weekly) should be recommended if the infant is less than 6 months, until it is clear that the baby is catching up their weight. Infrequent weight checks deny the opportunity to identify causes of concern, and also increase parental anxiety.	Thank you for your comment. The Guideline Committee will be considering recommendations on appropriate monitoring, including weight monitoring, in children with suspected or definite faltering growth.
Lactation Consultants of Great Britain	4	98	There are numerous interventions that could be recommended to improve milk supply and/or milk transfer in breastfed babies. Would this be better covered in a separate addendum? Most health professionals receive limited further training on breastfeeding and feel inadequately skilled to optimise milk supply and milk transfer as these are a specialist training area. LCGB would be happy to provide additional evidence based expertise specifically relating to improving breastfeeding for optimal weight gain.	Thank you for your comment and offer to provide evidence. The intention within this guideline is to seek evidence regarding the effectiveness of interventions for faltering growth generally. This would include a specific review question on interventions related to breast feeding. We will focus on the evidence for interventions

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				themselves. We would not intend to examine evidence regarding the training needs of those delivering care.
Lactation Consultants of Great Britain	4	104	Family support interventions should include education on normal infant behaviour, reading infant feeding cues, responsive feeding, and how to identify inadequate milk transfer, as breastfeeding can be undermined by well-meaning friends and family.	Thank you for your comment. The intention within this guideline is to seek evidence regarding the effectiveness of interventions for faltering growth generally. This includes a specific review question on interventions related to breast feeding..
Lactation Consultants of Great Britain	4	111	LCGB would be able to provide detailed information on what information and interventions are helpful.	Thank you for your comment. The Guideline Committee will review the relevant evidence during development of the guideline.
Lactation Consultants of Great Britain	5	118	These measurements are critical to enable the early identification and reversal of FTT. Prolactin receptors in the breast seem to need to be programmed to respond to prolactin in the first 2-3 weeks after delivery. After this time, it is much more difficult to increase a milk supply that has diminished due to primary or secondary factors. Early, frequent weighing is therefore imperative to identify and treat low milk intake, or diagnose a more complex problem.	Thank you for your comment. The Guideline Committee will be considering recommendations on appropriate monitoring, including weight monitoring, in children with suspected or definite faltering growth.

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Lactation Consultants of Great Britain	5	120	What criteria will be used to assess whether feeding has improved?	Thank you for your comment. These outcomes are left intentionally broad because the details may vary according to the particular review topic. The details will be considered with the Guideline Committee for each review in the development of evidence review protocols to specify which outcomes are important for particular interventions.
Lactation Consultants of Great Britain	5	124	The risks of unnecessary formula feeding (as opposed to optimised breastfeeding and improved uptake of expressed milk) should be made clear. For example – early exposure to cows milk protein in the first days and weeks of life permanently renders the infant more vulnerable to atopic diseases and allergy to cows milk.	Thank you for your comment. Breastfeeding support and support for other types of feeding is within the scope of the guideline. The Guideline Committee will review the relevant evidence and make recommendations based on this.
Lactation Consultants of Great	6	163	It is unclear why the standard WHO growth charts cannot be used. The UK-WHO growth charts are more cumbersome and harder for parents to interpret.	Thank you for your comment. The Guideline Committee will not review the evidence on the

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Britain				choice of growth charts but expects that the currently recommended charts will be employed.
Lactation Consultants of Great Britain	7	166	This should read 'weight gain and movement DOWNWARDS'	Thank you for your comment. The document has been updated as you suggested.
Lactation Consultants of Great Britain	7	174	At the beginning of this guideline – line number 67, the documents specifically states it will not cover specific diseases like coeliac disease. This is a contradiction.	Thank you for your comment. It is correct that the guideline would not intend to address the management of specific disorders that might contribute to feeding difficulties. However it will consider the effectiveness of interventions more broadly for faltering growth.
Lactation Consultants of Great Britain	7	182	The most common reason for faltering growth of breastfed babies is poor maternal knowledge about breastfeeding which needs to be addressed in a timely and supportive way by knowledgeable midwives, health visitors and IBCLC's. The support offered needs to actually address the underlying breastfeeding problem and not just supplement the baby unnecessarily when breastfeeding could be optimised.	Thank you for your comment. Breastfeeding support is within the scope of the guideline. The Guideline Committee will review the relevant evidence and make recommendations based on this.

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Lactation Consultants of Great Britain	7	185	But infrequent weight checks make early identification impossible, leading to a delay in treatment	Thank you for your comment. The Guideline Committee will be considering recommendations on appropriate monitoring, including weight monitoring, in children with suspected or definite faltering growth.
Lactation Consultants of Great Britain	7	190	Not all dieticians and paediatricians are skilled in managing breastfeeding problems. They make supplement the baby which puts the infant at risk, and does not address the underlying problem. Women are usually motivated to breastfeed – hence the high initiation rate, but if a health professional advises formula supplementation without offering breastfeeding assistance then they are likely to trust medical advice, even when they wished to breastfeed their baby. A person skilled in managing breastfeeding problems should be part of the multi-disciplinary team helping to manage the faltering growth/FTT.	Thank you for your comment. Breastfeeding support is within the scope of the guideline. The Guideline Committee will review the relevant evidence and make recommendations based on this.
Lactation Consultants of Great Britain	7	191	There is huge variation in skill, experience and women suffer from receiving inconsistent advice from their health care providers which puts them and their babies at risk.	Thank you for your comment. The remit of NICE guidance is to address variation in current practice, including inconsistencies in advice.
Lactation Consultants of Great Britain	7	193	The variations in initiation and maintenance of breastfeeding could be improved by skilled input from IBCIC's. Good quality antenatal education and early referral to expert breastfeeding assistance is required to reverse the trend in early cessation of breastfeeding or medically unnecessary	Thank you for your comment. Breastfeeding support is within the scope of the guideline. The

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
			supplementation.	Guideline Committee will review the relevant evidence and make recommendations based on this.
Lactation Consultants of Great Britain	8	225	There is uncertainty and poor understanding of the clinical value of additional measurements – but this does not mean they should not take place, merely that better understanding of the reasons for additional measurements is required. Just weighing more frequently is unhelpful, but if the frequent weighing is to inform the mother and the health care provider that the specific interventions they have undertaken to optimise milk intake are working to improve infant weight gain then that is an excellent strategy.	Thank you for your comment. The Guideline Committee will be considering recommendations on appropriate monitoring, including weight monitoring, in children with suspected or definite faltering growth.
Lactation Consultants of Great Britain	9	226	There seems to be an over-focus on maternal guilt when weight gain is sub-optimal. The primary consideration should be the health and well-being of the child. If well-managed and compassionately handled, expert breastfeeding assistance can actually empower mothers to feel more in control of the situation, and to be a partner in the solution to the problem, rather than a passive observer.	Thank you for your comment. Breastfeeding support is within the scope of the guideline. The Guideline Committee will review the relevant evidence and make recommendations based on this.
Lactation Consultants of Great Britain			It is of concern to LCGB that a representative from Abbott was present at the initial meeting to discuss the scope of the guideline. This is in direct conflict with the WHO code on the marketing of breastmilk substitutes. There was no reason for a formula milk company representative to be so intrinsically involved in the discussion. They are not medically trained and have no place advising on when, how and with what to supplement a child with faltering growth.	Thank you for your comment. The development of NICE guidance is based on a set of principles that include engagement with stakeholders through public consultation. We have significant experience of handling

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

Faltering Growth

**Consultation on draft scope
Stakeholder comments table
13 July 2015 – 10 August 2015**

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				<p>stakeholders, who frequently have vested interests in the topic under consideration, and in protecting the integrity of our guidance from undue influence. We do not require our advisory committees to necessarily change guidance or standards in response to comments made by any particular stakeholder and they are expected to discount irrelevant and obviously incorrect representation, and to test the robustness and veracity of all the comments they receive.</p>
Royal College of GP's	3	75	<p>Regarding key issues and questions - the issue of case finding is not covered – it only mentions the monitoring of those suspected. This might mean some are missed. Routine measuring of children does not happen other than at 2 and half year check, so the question of whether more frequent monitoring of all preschool children (rather than just those who happen to come under the radar of suspicion) would be useful to address. (RP)</p>	<p>Thank you for your comment. The Guideline Committee will consider recommendations on criteria for entertaining suspicion of faltering growth and recognising faltering growth. It is expected that health care professionals will follow existing</p>

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				guidance on the frequency of measurements and the need for additional measurement in some children (see Public Health Guideline PH11).
Royal College of GP's	4	97	Will evidence yet have materialised regarding any impact from the change to breast-fed baby charts in 2012? How will the type of charts used be searched for and considered? (RP)	Thank you for your comment. The Guideline Committee will take account of this matter when reviewing relevant evidence.
Royal College of GP's	4	105	Will it be possible to assess whether services have changed over to use of breast-fed baby population charts? Anecdotally this changeover may be patchy, especially in primary care. (RP)	Thank you for your comment. This is an issue for audit and would not be considered within the scope of this guideline.
Royal College of GP's	5	133	The developmental follow-up of pre-term babies is very relevant as many problems start in utero before birth. (JA)	Thank you for your comment. We agree that this is an important issue and NICE is currently developing a guideline on the developmental follow-up of preterm babies.
Royal College of GP's	7	173	There is a typo in this line: infants (JA)	Thank you for your comment. This has been corrected.
Royal College of GP's	8	225	Routine weighing is of uncertain clinical value, although it provides the context for other health advice and support. Targeted weighing (as for	Thank you for your comment. The Guideline Committee will be

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
			those who were preterm or have struggled feeding or with other health problems) is very important. (JA)	considering recommendations on appropriate monitoring, including weight monitoring, in children with suspected or definite faltering growth.
Royal College of GP's	8	218	As above. The 2008 guidance seems outdated as GPs and Health visitors hardly ever share the same premises and the mother would need to plan two different trips with the baby(ies) at these milestones. The GP surgery does the immunising for well babies and would defer if there was a feverish illness or the baby seemed ill. Few GP premises have digital baby scales or the expertise to weigh babies – suggest a return of health visitors to GP practices. (JA)	Thank you for your comment. The Guideline Committee will be considering the design of effective services for those with suspected or actual faltering growth. The wider topic of routine weighing is addressed in another guideline (see Public Health Guideline PH11).
Royal College of GP's	General	General	<p>This scope is clear in its boundaries and concentrates on nutritional problems in the under fives while acknowledging that congenital, infective, traumatic, neoplastic, metabolic and endocrine factors may be determining factors in individual cases. It is particularly important to have an epidemiological approach, i.e. agreed norms and normal variation in determining prevalence. (PS)</p> <p>This scope looks good and comprehensive, however, I would like a specific section for General Practitioners about very quick and easy ways to spot and identify faltering growth.</p>	Thank you for your comments. The Guideline Committee will be considering recommendations on the recognition of faltering growth and will be aware that this is primarily an issue in the primary care setting.

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
			GPs only have 10 minute appointments so a short "checklist" of essential checks for a GP to undertake would be very useful. GPs see a huge number of children in short appointments so this checklist including maybe "red flags" for faltering growth I believe is needed. (DM)	
Royal College of GP's	General	General	<p>Incidence and prevalence need examination by cultural, racial and social factors. The genetic factors in growth, often linked to race may require different growth charts for different racial groups.</p> <p>Incidence is more problematic, may be linked to an acute illness e.g. diarrhoea and growth recover spontaneously. Thus the duration of the period of faltering growth and in particular when the young child moves and remains on lower centile needs to be acknowledged. Thus protein-calorie malnutrition/kwashiorkor-marasmus is second child syndrome in Africa. (PS)</p>	Thank you for your comments. The evidence regarding risk factors, aetiology and the recognition of faltering growth will be considered by the Guideline Committee and has been added to the Equality Impact Assessment form.
Bliss	2	33-38	Bliss welcomes the breadth of groups that are covered by the draft scope, including that preterm infants and preschool children who develop faltering growth, as well as infants and preschool children with intrauterine growth restriction, are included as subgroups needing specific consideration.	Thank you for your comment.
Bliss	3	63-64	<p>Bliss agrees it is important that information and support for parents and carers of infants and preschool children with suspected or confirmed faltering growth will be addressed by the draft guideline.</p> <p>This should include information about any implications that faltering growth may have for their child's social and educational development, including whether parents may wish to delay their child's school reception start date and where to find further information and advice about this.</p>	Thank you for your comment. We agree that these are important issues for information and support and we will draw the Guideline Committee's attention to these points when the evidence for this topic is reviewed

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment and discussed.
Bliss	3	78-80	<p>It is important to include information about recognising faltering growth, the thresholds for concern and the defining criteria for faltering growth.</p> <p>Specifically, Bliss believes the guideline should address the importance of distinguishing between babies born preterm who are not experiencing faltering growth with those who are not growing well.</p> <p>Children born prematurely tend to develop according to their due date rather than their actual birth date which means their physical development may be behind that of their peers, but this may not indicate faltering growth.</p> <p>Therefore when post-birth weight is measured, preterm babies should not be compared with full-term babies who were born at the same time as them. Rather, the due date of infants and preschool children should be taken into account when assessing how well they are growing in comparison to their peers so that preterm babies are not inappropriately termed 'failure to thrive' or having 'faltering growth'.</p>	<p>Thank you for your comment. The scope includes consideration of the evidence regarding thresholds for concern and the defining criteria for faltering growth in infants and preschool children. Thank you for your comments regarding differences between children born at term and those who were preterm. The scope identifies those born preterm as a subgroup that will require special consideration.</p>
Association for Improvements in the Maternity Services	General		<p>Many of the Evidence Reviews for the Maternal and Child Nutrition Programme PH11 http://www.nice.org.uk/guidance/ph11/chapter/Appendix-C-the-evidence are relevant for this guidance, though these would need updating.</p>	<p>Thank you for your comment. The Guideline Committee will review the relevant evidence during the development of the guideline.</p>
Association	General		<p>Recent work by Jose Villar et al drew attention to problems in</p>	<p>Thank you for your comment. The</p>

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
for Improvements in the Maternity Services			measurement in different populations and the need for international growth standards “especially in increasingly diverse, mixed ancestry populations” – which certainly applies in the UK. <i>Villar J et al (2015) Monitoring human growth and development: a continuum from the womb to the classroom. Am J Obstet Gynecol.</i>	scope includes consideration of the evidence regarding thresholds for concern and the defining criteria for faltering growth in infants and preschool children.
Association for Improvements in the Maternity Services	6	150	We are delighted that the term “failure to thrive” is no longer used, but it is even more important that the hostile and accusatory attitude which accompanied it should be rejected. We have seen (and visited in hospital) mothers experiencing this atmosphere, and can attest to its reality and the damage it does. Mothers whose babies are not growing well, already feel worried, wonder what they are doing wrong, and it can trigger or intensify post-natal depression. Please emphasise the need for genuine support, encouragement and an empowering approach. Approaches which increase parents’ self efficacy should be encouraged.	Thank you for your comment. Family support is within the scope of the guideline. The Guideline Committee will review the relevant evidence and make recommendations based on this.
Association for Improvements in the Maternity Services	3	58-9	Breast feeding support. We are glad that this is listed, but it is a subject which needs to be further explored. We are receiving reports from many areas that Trusts see specialist midwife breastfeeding support as a dispensable service, despite the proven long term benefits. The Breast Feeding paper by Magda Sachs and Fiona Dykes for NICE in 2006 was helpful and comprehensive: <i>Growth Monitoring of Infants and Young Children in the United Kingdom Report to NICE October 2006</i> https://www.nice.org.uk/guidance/ph11/documents/mcn-consultation-expert-paper-growth-monitoring2 And it drew attention to the fact that whereas differences in growth trajectory between breast and bottle-fed infants are now recognized	Thank you for your comment and the references you provided. Breastfeeding support is within the scope of the guideline. The Guideline Committee will review the relevant evidence and make recommendations based on this.

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

Faltering Growth

**Consultation on draft scope
Stakeholder comments table
13 July 2015 – 10 August 2015**

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
			<p>(thanks to the WHO) the swifter weight gain for bottle fed infants (formerly seen as the norm) has not been investigated as possibly problematic for longer term health.</p> <p>We cannot prove this, but we have a strong impression from our help-line, that in case of suspected problems, midwives and health visitors are too swiftly urging "topping up" with formula and this is now more common. The proven long and short term benefits of breast milk relate only to six months total breastfeeding. Exclusive breast feeding is being unnecessarily reduced for lack of expert support. And as Sachs & Dykes (above) point out, later resumption of total breastfeeding is not encouraged.</p> <p><i>Could you please make sure that this is on the agenda, as a possibility once support has been arranged and growth is established?</i> Too often the doubtful mother is given the impression that her milk supply is insufficient in quantity or quality, when expert support alone is needed.</p> <p>We have no doubt from many phone calls that some mothers switch <i>for fear of action against them as neglectful</i>. Whether voiced or not, the dominance of the surveillance role in health visiting ("they are only there for the baby, not for me") is well known. Moreover few health visitors have specialist training in breast-feeding, which is deplorable considering their primary role in post-natal support. With multi-agency sharing of data, withholding of information from professionals is common, and we have actually had mothers tell us they are still breast feeding but pretending to bottle feed to keep the health visitor happy.</p> <p>We suggest at discharge every breastfeeding mother should have details of the relevant NHS Choices web reference http://www.nhs.uk/conditions/pregnancy-and-baby/pages/breastfeeding-help-support.aspx#close</p>	

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
			<p>and telephone numbers for breast feeding help-lines , as well as local sources of support and advice .</p> <p>Once any safeguarding problem is suspected, other possible risks are immediately sought. Post-natal depression may accompany growth problems in infants (though the relationship may not be a causal one). This can set the whole family off on a highly damaging path of investigation. As Sarah Cowley et al have shown in <i>Why Health Visiting? A review of the literature about key health visitor interventions, processes and outcomes for children and families Kings College London National Nursing Research Unit</i> 2013,http://www.kcl.ac.uk/nursing/research/nnru/publications/Reports/Why-Health-Visiting-NNRU-report-12-02-2013.pdf (contd. at end of form</p> <p>there are ethical issues in the use of unvalidated screening procedures (p.138), .</p> <p>BF mothers – child safeguarding Bottle feeding – quantities? BF better at self regulating</p>	
Association for Improvements in the Maternity	3	69	<p>Economic Aspects Whilst long term health benefits of exclusive breastfeeding are well established, the pressures on financially stressed Trusts, and shortages of midwives, are encouraging them to reduce breast feeding support, since these are “easy” to cut. Emphasis on increased risk of costly acute care admissions, as well as chronic health problems, may</p>	Thank you for your comment. Breastfeeding features in our scope and all NICE guidelines review not only the clinical but

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Services			help. Now that local authorities are once more involved in public health, perhaps the need for them to provide community support should be emphasised.	also the economic evidence. This will then be discussed with the Committee to draw up recommendations to draft recommendations. The implementation of such guidance is outside the remit of the scope. Outcomes such as acute care admissions as well as chronic health problems may well be considered in the economic model.
Association for Improvements in the Maternity Services	3	78	Recognising Faltering Growth We have had several cases where mothers had insisted that their slow-growing, small, lively, healthy babies were, in fact, following the normal pattern for their family, citing examples from themselves, cousins, etc., Yet no professionals would listen or acknowledge this. We have also had two or three cases where mothers challenged the accuracy of the weighing scales – and were proved eventually to be correct. Again, they were cross and distrustful not just because professionals were wrong, but because they would not listen and acknowledge their view or look at facts. The same happens with undiagnosed organic problems, lactose allergies, etc. <i>Listening to mothers properly should be emphasised – they could be right and often are.</i> <i>Yet nowadays only “professional” parenting knowledge seems to have</i>	Thank you for your comment. The scope includes consideration of the evidence regarding thresholds for concern and the defining criteria for faltering growth in infants and preschool children. Another key area in the guideline will be "support for parents and carers of infants and preschool children with suspected or confirmed

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

Faltering Growth

**Consultation on draft scope
Stakeholder comments table
13 July 2015 – 10 August 2015**

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
			<i>status. .</i>	faltering growth". The Committee will include patient/carer representatives who, like all other Committee members, will be involved in drafting recommendations on support.
Association for Improvements in the Maternity Services	4	108	<p>Information and support to parents and carers Once again, we would emphasise that this should be supportive. We have found that parents who are vegetarian or vegan are not necessarily given advice tailored to their needs and ideas, whereas an adviser who supported and understood their wishes to provide healthy and ethically acceptable food to their children would be most welcome. Young teenage mothers – usually poor – are often undernourished themselves; equal concern about their welfare and advice on lower cost nutritional foods for them would be useful and helpful for future parenting. We are increasingly conscious that not everyone has cooking facilities with housing shortages.</p>	Thank you for your comment. As you have pointed out a key area for the guideline will be the provision of information and support for parents and carers. NICE guidelines aim to apply to all people, including vegetarians and vegans. Furthermore we have added socioeconomic, cultural, religious and ethnic considerations to our separate Equalities Impact Form.
Association for Improvements in the Maternity Services			Equality Impact	Thank you for your comment.

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Association for Improvements in the Maternity Services			<p>This needs careful consideration https://www.nice.org.uk/guidance/gid-cgwave0767/resources/faltering-growth-recognition-and-management-of-faltering-growth-in-children-equality-impact-assessment2 and some detailed work. We often find that ethnic minority families even when long established in this country have traditional weaning foods, the value of which is not understood by health care professionals. They may also have traditional foods for pregnancy, breastfeeding and onset of puberty in girls. Respect and understanding of traditional knowledge would be helpful.</p> <p>In a GP training paper on faltering growth http://www.gp-training.net/training/tutorials/clinical/paediatrics/pgrowth2.htm a case study of a Sikh child points out that, despite knowledge of English considered adequate, only when a Punjabi worker was involved was progress made</p> <p>However, often language is a barrier, with European migrants, asylum seekers and ethnic minority groups. Interpretation is often needed not only of language but of culture. We pay lip service to this but do not put in the necessary resources..</p>	<p>Thank you for your comment and the references you provided. We have identified the cultural, religious and ethnic environment as an equalities issue and this is covered in the equalities impact assessment for this guideline. This is a separate document.</p>
Association for Improvements in the Maternity Services	7	195-8	<p>Expectations and behaviour</p>	<p>No comment provided.</p>

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Association for Improvements in the Maternity Services			<p>We are puzzled by this. e.g,” whether families eat together “ We should point out that infants and toddlers are often having meals at separate times from the rest of the family, including their older siblings. Often both parents (where there are two) work full-time. Pre-school children (including fussy eaters) may be in nursery care five days a week, or with other carers. Nursery care gives an opportunity for workers there to observe and compare the different temperaments and habits of different children, which could be useful. Much time spent outside the home (unless there is an available granny) makes it more difficult for parents to have continuous observation, or for the child to have a consistent approach – or indeed, parents; knowledge of whether there is balanced nutrition. <i>Advice must relate to the real world many children now live in</i></p> <p>As for family “eating together”, there may not even be a settled home, let alone space for a dining table. Advice and support should start from the situation the family is in – which does not preclude professionals from pointing out that it is inadequate and makes parenting and healthy growth more difficult.</p> <p>As for lines 197-8, we do not see why it follows the preceding section. Advice is not readily accepted (or even heard) by those who have been disrespected and harmed previously by other health care professionals. Nor is it accepted when there is the authoritarian stick of safeguarding in the background (though there may be nominal compliance).</p> <p>And there are families who do eat together at the dining table, but parents are so concerned about obesity, that they are applying the wrong lessons to infants and toddlers, ignorant of their different nutritional needs.</p>	<p>Thank you for your comment. The point referred to comes from the guideline context session. It is not intended to pass judgement on family behaviour in all settings but points out that eating arrangements in families are sometimes an important aspect. Providing information and support are key areas and will allow the committee an opportunity to consider the issues of advice and sensitivity and respect for parents that you refer to.</p>
Association for	3	58-9	<p>Continued from entry above. Cowley et al draw attention both to health visitors’ unethical use of unvalidated screening instruments (p.138) and the</p>	<p>Thank you for your comments.</p>

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Improvements in the Maternity Services			tensions in practice (p.157) from competing expectations and their need to negotiate this paradox. Health visitors are a group of professionals about whom we receive utterly contrasting reports – many parents having lost trust and refusing to see them, or reporting someone who was helpful and supportive. This suggests that some HVs have opted for one of the competing roles rather than the other. When families move, or local health visitors change, experiences are often reversed. We suggest that this is the result of the “competing expectations”. With health visitors, surveillance seems to be the dominant expectation, but one which has resulted in distrust and has disqualified them from acceptance as supporters. With the unfortunate loss of ten days postnatal visiting by midwives, HVs are the only home visiting service available. It is time that the problem of competing roles (and ethos) was brought into the open. At present only Family Nurse Practitioners are offering trusted and evidence based support – but they are too few.	The guideline Scope includes the recognition of faltering growth and relevant evidence will be reviewed and considered by the Guideline Committee in making their recommendations. NICE guidelines do not name which professionals should support an intervention but make recommendations on treatment and processes of care rather than specifying roles of different healthcare professionals. It is assumed that recommendations could be performed by an appropriately trained healthcare professional.
Royal College of Nursing	General	General	The Royal College of Nursing welcomes proposals to develop this guideline. The RCN invited members who work with children to review the draft scope on its behalf. The comments below are views expressed by our members.	Thank you for your comment.
Royal College of Nursing	General	General	Our members consider that this is a very welcome guideline. What is particularly welcome is the unique consideration of the premature infant.	Thank you for your comment.

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
			On many occasions these infants find themselves on nutritional supplements (possibly not required) because of variable and inconsistent thresholds of concern and it would be so nice to have standardised advice.	
Royal College of Nursing			<p>Our members also consider that a review on the requirement of either specialist formula or breastmilk additives could save the NHS a considerable sum of money.</p> <p>More worryingly some mothers stop breastfeeding their preterm infants as a result of concern for their growth. A guideline such as this could go a long way in supporting and reassuring mothers that their infant is on an appropriate trajectory and there is no reason for concern.</p> <p>Others mothers who do formula feed often get into a cycle of formula switching without justified concern.</p>	<p>Thank you for your comment. We agree that the information and support for parents is important and this is therefore one of our key areas in the scope. Under the review question 'what interventions related to breastfeeding are effective in the management of Faltering Growth' comparisons between breastfeeding and specialist formula would be covered.</p>
Royal College of Nursing	General	General	Our members hope that the guideline would also give consideration to racial and cultural aspects of growth as some intermittent spot checks might indicate a lower weight child because of family tendency and a guideline which could be used to reassure the parents and the professional that there is no cause for concern would be useful.	<p>Thank you for your comment. The cultural, religious or ethnic environment was identified as an equalities issue and has therefore been specifically highlighted in the equalities impact assessment form which is a separate</p>

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment document.
Royal College of Nursing	General	General	Naturally a process that would actually help to identify those children at risk and a clear standardised care pathway is long overdue and such a service recommendation will help to improve the child's outcomes.	Thank you for your comment.
Nutricia Advanced Medical Nutrition	2	31	Please consider that in order to assess a child at risk of faltering growth, length and head circumference along with weight need to be considered in a full assessment of a child's growth trend. The Nice guideline on maternal child nutrition only takes into account weight monitoring	Thank you for your comment. Weight, length or height, head circumference and mid-arm circumference are all being included as measurements of nutritional status.
Nutricia Advanced Medical Nutrition	2	39	Please consider following conditions <ul style="list-style-type: none"> • Inability to digest/absorb nutrients • Excessive loss nutrients • Increased requirements • Inability to achieve adequate intake 	Thank you for your comment. These matters will be considered by the Guideline Committee when planning the evidence reviews.
Nutricia Advanced Medical Nutrition	2	35	Please consider non organic reasons	Thank you for your comment. We have identified equalities considerations in a separate document (the equalities impact assessment), e.g. religious, cultural or ethnic environment.
Nutricia Advanced	2	48 (1)	Please consider following criteria <ul style="list-style-type: none"> • Inadequate growth or weight gain for >1 mo in a child <2 y of age 	Thank you for your comment. These matters will be considered

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

Faltering Growth

Consultation on draft scope Stakeholder comments table 13 July 2015 – 10 August 2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Medical Nutrition			<ul style="list-style-type: none"> • Weight loss or no weight gain for >3 mo in a child >2 y of age • Change in weight/age >_1 SD in 3 mo for children <1 y of age on growth charts • Change in weight/height >_1 SD in 3 mo for children _1 y of age on growth charts • Decrease in height velocity 0.5e1 SD/y at <4 y of age and 0.25 SD/y at >4 y of age • Decrease in height velocity >2 cm from preceding year during early/mid puberty 	by the Guideline Committee when planning the evidence reviews.
Nutricia Advanced Medical Nutrition	2	49 (2)	As per example 2	Thank you for your comment. Unfortunately we are unable to identify what you are referring to.
Nutricia Advanced Medical Nutrition	2	50 (3)	Please consider the following <ul style="list-style-type: none"> • An accurate, detailed account of a child's eating/ feeding habits, caloric intake, and parent-child interactions • Growth history • Physical examination • Biochemistry if available 	Thank you for your comment. These matters will be considered by the Guideline Committee when planning the evidence reviews.
Nutricia	3	54 (4)	Please consider monitoring growth regularly so that it does not exceed	Thank you for your comment.

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

Faltering Growth

**Consultation on draft scope
Stakeholder comments table
13 July 2015 – 10 August 2015**

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Advanced Medical Nutrition			aimed growth gain rate. Frequency of monitoring depends on the aimed catch-up rate, age, access	This guideline is intended to focus on children with suspected or confirmed faltering growth. The Guideline Committee will consider recommendations on the appropriate monitoring of such children.
Nutricia Advanced Medical Nutrition	3	56 (5)		No comment provided.
Nutricia Advanced Medical Nutrition	3	62 (7)	Please consider multidisciplinary team approach and feeding clinic	Thank you for your comment. Service delivery and service configuration are included as a key issue in the scope. The Guideline Committee will therefore consider whether multidisciplinary team approach and feeding clinics should feature in the review on this topic.
Nutricia Advanced Medical Nutrition	8	214	Please consider how children will be picked up as there are no general recommendations for weighing a child after the age of 1 and generally no regular monitoring is performed after the age of 1.	Thank you for your comment. There is an existing Public Health Guideline that addresses the

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

Faltering Growth

**Consultation on draft scope
Stakeholder comments table
13 July 2015 – 10 August 2015**

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				issues of frequency and duration of weighing children (PH11).
Nutricia Advanced Medical Nutrition	4	84	As far as we are aware, no decent data exists to determine the level of risk in the general population of children as no decent program of screening/or observational trial has been conducted in children in the community. It has been shown that even children who are at high risk of faltering growth, such as those with neuro-disability are not monitored.	Thank you for your comment. This guideline is intended to focus on children with suspected or confirmed faltering growth. The Guideline Committee will consider recommendations on the appropriate monitoring of such children.
Nutricia Advanced Medical Nutrition	general	general	The skill of gaining decent, weight, length (height), in children is one that is held by a few and therefore recorded weights and lengths are often incorrect or have not been carried out. The "red book" is also often filled in incorrectly.	Thank you for your comment. This guideline is intended to focus on children with suspected or confirmed faltering growth. The Guideline Committee will consider recommendations on the appropriate monitoring of such children.

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