Public Health Programme Guidance

Consultation on Review proposal to update –Maternal and Child Nutrition- Stakeholder Comments Response Table Tuesday 5th – Tuesday 19th April 2011

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
North West London Perinatal Network	General	Agree with consultation document. Still very poor knowledge of need for vitamin D supplementation in both mother and infant amongst many in primary care. We would hope to see this will feature more strongly in a new implementation package.	Thank you for your comment. We will pass your suggestion for a new implementation package to our NICE Implementation colleagues.
Royal College of Midwives		The Royal College of Midwives agree with the proposal that the guidance should not be updated at this time and that it should be reviewed again according to current processes.	Thank you for your comment. It has been agreed that, subject to minor amendments, the guidance will not be updated at this time. It will be reviewed again in three years.
Royal College of Nursing	General	The Royal College of Nursing welcomes the consultation on the proposal regarding the review of this guidance. We have had a look at this proposal and we are not aware of any additions or further changes required at this stage. We agree that the guidance should be reviewed again in accordance with current processes.	Thank you for your comment. It has been agreed that, subject to minor amendments, the guidance will not be updated at this time. It will be reviewed again in three years.
Royal College of Paediatrics and Child Health	General	The RCPCH agrees with the recommendation that the guidance should not be reviewed at the present time, save for the small amendments and clarifications listed.	Thank you for your comment. It has been agreed that, subject to minor amendments, the guidance will not be updated at this time. It will be reviewed again in three years.
Royal College of Paediatrics and Child Health	Section 3 Recommendation 2,3,&4	Anecdotal evidence of working in a district with a very high BME population suggests it is difficult to get pregnant women and preschool children to access Healthy Start vitamins when they are not eligible for vouchers. Most of our children's centres where the vitamins are distributed are unwilling to sell them to ineligible mothers, who are often at much	Thank you for this useful information.

Public Health Programme Guidance

Consultation on Review proposal to update –Maternal and Child Nutrition- Stakeholder Comments Response Table Tuesday 5th – Tuesday 19th April 2011

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		higher risk of vitamin D deficiency than their white but poorer neighbours. Pharmacists do not stock them. Would it be worth adding something in the recommendations to commissioners to encourage them to provide free vitamins for high risk families? Anecdotally, one PCT is now doing this for preschool children but still not for pregnant mothers. GPs are reluctant to prescribe.	Thank you, the guidance currently recommends that Healthy Start vitamin supplements are available to all eligible. This recommendation also applies to commissioners.
Royal College of Paediatrics and Child Health	3 – Recommendation 4	In due course, the wording "PCTs should…" needs to be adjusted to "clinical consortia should…" or the relevant commissioning authority. The widening of the Healthy Start programme to include frozen fruit and vegetables might also be referred to, to ensure guidance is up to date.	Thank you.
Royal College of Paediatrics and Child Health	3 – Recommendations 12, 14, 15 and 20	The suggestions for amendment are sensible and should be incorporated.	Thank you.
Royal College of Paediatrics and Child Health	3 – Recommendation 17	The suggestion that the junctures at which babies should be weighed should be adjusted in light of the UK-WHO growth charts is sensible. As suggested, they should be aligned to avoid confusions amongst health professionals.	Thank you, this recommendation will be revised so that it is consistent with the advice in the UK-WHO growth charts and the Personal Child Health Record.
Royal College of Paediatrics and Child Health	3 – Recommendation 17	Recommendation 17 in the published guidance suggests that babies should be weighed at birth, at 5 and 10 days and then at 2, 3, 4 and 8-10 months. We note that checking weight on day 5 might be too late to pick up babies that have not established breastfeeding well yet. We appreciate that this check is timed with the midwife or healthcare assistant visit and the blood spot newborn screening. However, in view of many primip.	Thank you, this recommendation will be revised so that it is consistent with the advice in the UK-WHO growth charts and the Personal Child Health Record.

Public Health Programme Guidance

Consultation on Review proposal to update –Maternal and Child Nutrition- Stakeholder Comments Response Table Tuesday 5th – Tuesday 19th April 2011

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		mothers nowadays being discharged after 6 hours, the risk of severe dehydration in certain groups of patients is high. We would strongly advise that this is reviewed / amended to no later than day 5.	
Royal College of Paediatrics and Child Health	3 – Recommendation 17	The suggestion that the junctures at which babies should be weighed should be adjusted in light of the UK-WHO growth charts is sensible. As suggested, they should be aligned to avoid confusions amongst health professionals.	Thank you.
Surrey Community Health	R13. Page 15	Recommend changing the word ' weaning' to 'Introduction of Solids' in line with new start for life leaflet Introducing solid foods and section in Birth to Five Book.	Thank you for your comment. The guidance contains a glossary of terms and weaning is included within this.
Surrey Community Health	R10 Page 8 R13 Page 15	Provide written materials to reinforce face to face advice How to provide information. DH to have all Off to the Best Start, new Bottle Feeding leaflet and Introducing Solid Foods available in different languages for clinicians to be able to download before visiting any clients for whom English is not their first language Clinicians and parents need to be able to find these easily on a website so information on where these can be found should be printed on the back page of the English version.	Thank you for your comment. It has been agreed that, subject to minor amendments, the guidance will not be updated at this time. It will be reviewed again in three years. We will keep a note of these suggestions.
Surrey Community Health	R17 Page 11	Fully support changing to new WHO Growth Chart guidance in PCHR	Thank you.
UNICEF UK Baby Friendly Initiative	General	We agree that the guideline in its current format does not need to be amended or updated apart from the inclusion of weighing guidelines to bring the document into line with the UK-WHO Growth Charts	Thank you for your comment. It has been agreed that, subject to minor amendments, the guidance will not be updated at this time. It will be reviewed

Public Health Programme Guidance

Consultation on Review proposal to update –Maternal and Child Nutrition- Stakeholder Comments Response Table Tuesday 5th – Tuesday 19th April 2011

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			again in three years.
University of Aberdeen	Section 3 Recommendation 2.	It is important to mention that women with epilepsy treated with anticonvulsants should take 5mg folic acid preconception and for at least the first trimester, with some advising this dose throughout pregnancy. (see http://www.epilepsy.org.uk/info/women/having-baby/planning) In addition several websites recommend 5mcg for women with coeliac disease and haemoglobinpathies (http://www.patient.co.uk/health/Pregnancy-and-Folic-Acid.htm)	Thank you for your comment. This guidance provides advice to healthy women without clinical conditions. However the issue you've raised is covered by the NICE Clinical Guideline 20 - The diagnosis and management of the epilepsies in adults and children in primary and secondary care http://guidance.nice.org.uk/CG20
University of Aberdeen	General - Recommendation 7.	The current UK evidence does not support such a strong emphasis on peer support. The most recent rigrorous international evidence synthesis does agree that interventions that include lay support as part of a multi-component intervention *may* be more beneficial than single component interventions (Chung et al. 2008) – but the evidence is so heterogenous that firm conclusions are difficult. However, this may be context dependent as in the UK UK trials (Morrell et al. 2000, Graffy et al. 2004, Muirhead et al. 2006, MacArthur et al. 2009), 1 non randomised intervention (McInnes et al. 2000) and 1 support group RCT (Hoddinott et al. 2010) have all had non-significant outcomes. In addition cost-effectiveness of peer support has not been adequately evaluated and I am not aware of any robust UK evidence to support statement 3.17. Qualitative studies suggest considerable training, appraisal, mentoring and recruitment costs (criminal record checking etc) + a high turnover of volunteers. Qualitative research repeatedly document challenges integrating lay support into existing health services. No multi-component	Thank you for your comments regarding the consistency of the evidence for our current recommendation on breastfeeding peer support. This recommendation was based on overwhelming systematic review evidence and economic modelling analysis findings. The expert group that met to review this guidance included expertise on breastfeeding and peer support. The expert group felt there was insufficient new evidence that would cause a change to the existing recommendation.

Public Health Programme Guidance

Consultation on Review proposal to update –Maternal and Child Nutrition- Stakeholder Comments Response Table Tuesday 5th – Tuesday 19th April 2011

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		trials of peer support have been conducted in the UK -so the jury is still out here. Given this unpromising evidence base and given the current economic climate, I would support a much lower profile for peer support with emphasis on some of the recommendations where there is stronger UK evidence of effectiveness. I would suggest, for example on p 10/36 deleting peer support programmes, but leaving joint working between health professionals and peer supporters as there is qualitative evidence to support this. On p 11/39 – re-phrasing to state: where peer support programmes exist…… The evidence for targeting peer support at ethnic minority groups where English is not the first language is slightly stronger.(p 41)	It has been agreed that, subject to minor amendments, the guidance will not be updated at this time. It will be reviewed again in three years. We will keep a note of your comments and suggested references.
University of Aberdeen	Recommendation 9	The evidence to support group education in pregnancy is weak, with groups attracting more advantaged and educated women who are more likely to breastfeed anyway. (Gagnon et al 2007, Hoddinott et al 2010). Group interventions are very heterogeneous. Until more evidence is available, I would suggest just keeping the statement open: e.g. offering women and partners individual or group information/education/discussion in pregnancy. The word "discussion" might reflect the informed choice approach which is recommended when communicating around all lifestyle behaviours more appropriately than the word "support".	Please see previous comment.
University of Aberdeen	References	Chung, M., Raman, G., Trikalinos, T., Lau, J. & Ip, S. (2008) Interventions in Primary Care to Promote Breastfeeding: An Evidence Review for the U.S. Preventive Services Task Force. *Annals of Internal Medicine,* **149**(8), pp. 565-582. Gagnon, A.J. (2007) Individual or group antenatal education for childbirth/parenthood. *Cochrane Database of Systematic Reviews,*	Thank you for providing these references.

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		(3):CD002869. Graffy, J., Taylor, J., Williams, A. & Eldridge, S. (2004) Randomised controlled trial of support from volunteer counsellors for mothers considering breast feeding. *BMJ,* **328**(7430) *doi:10.1136/bmj.328.7430.26*. Hoddinott, P., Britten, J., Prescott, G.J., Tappin, D.M., Ludbrook, A. & Godden, D.J. (2009) Effectiveness of a policy to provide breastfeeding groups (BIG) for pregnant and breastfeeding mothers in primary care: a cluster randomised controlled trial*. BMJ **338**: doi:10.1136/bmj.a3026*. MacArthur, C., Jolly, K., Ingram, L., Freemantle, N., Dennis, C., Hamburger, R. et al. (2009) Antenatal peer support workers and initiation of breast feeding: cluster randomised controlled trial. *BMJ,* **338***: doi:* 10.1136/bmj.b131. Mcinnes, R.J., Love, J.G. & Stone, D.H. (2000) Evaluation of a community-based intervention to increase breastfeeding prevalence. *Journal of Public Health Medicine,* **22**(2), pp. 138-145. Morrell, C.J., Spiby, H., Stewart, P., Walters, S. & Morgan, A. (2000) Costs and effectiveness of community postnatal support workers: Randomised controlled trial. *British Medical Journal,* **321**(7261), pp. 593-598. Muirhead, P.E., Butcher, G., Rankin, J. & Munley, A. (2006) The effect of a programme of organised and supervised peer support on the initiation	

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		and duration of breastfeeding: a randomised trial. *British Journal of General Practice,* **56**(524), pp. 191-197.	