NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARD CONSULTATION

SUMMARY REPORT

1 Quality standard title

Nutrition: improving maternal and child nutrition

Date of Quality Standards Advisory Committee post-consultation meeting:
30 April 2015

2 Introduction

The draft quality standard for Nutrition: improving maternal and child nutrition was made available on the NICE website for a 4-week public consultation period between 6 March and 7 April 2015. Registered stakeholders were notified by email and invited to submit consultation comments on the draft quality standard. General feedback on the quality standard and comments on individual quality statements were accepted.

Comments were received from 13 organisations, which included service providers, national organisations, professional bodies and others.

This report provides the Quality Standards Advisory Committee with a high-level summary of the consultation comments, prepared by the NICE quality standards team. It provides a basis for discussion by the Committee as part of the final meeting where the Committee will consider consultation comments. Where appropriate the quality standard will be refined with input from the Committee.

Consultation comments that may result in changes to the quality standard have been highlighted within this report. Comments suggesting changes that are outside of the process have not been included in this summary. The types of comments typically not included are those relating to source guidance recommendations and suggestions for non-accredited source guidance, requests to broaden statements out of scope, requests to include thresholds, targets, large volumes of supporting information, general comments on the role and purpose of quality standards and requests to change NICE templates. However, the Committee should read this summary alongside the full set of consultation comments, which are provided in appendices 1 and 2.

3 Questions for consultation

Stakeholders were invited to respond to the following general questions:

1. Does this draft quality standard accurately reflect the key areas for quality improvement?

2. If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

3. For each quality statement what do you think could be done to support improvement and help overcome barriers?

Stakeholders were also invited to respond to the following statement specific questions:

4. For draft quality statement 2: Is this focus on the correct area for quality improvement or should the focus be on folic acid or vitamin D specifically? Please clarify your response in detail.

5. For draft quality statement 4: In order to make the statement measurable and achievable, can you please state who in practice would deliver this advice?

4 General comments

The following is a summary of general (non-statement-specific) comments on the quality standard.

- General support for the quality standard with agreement that the prioritised areas are key for quality improvement.
- A fundamental contradiction reported between promoting breastfeeding and the Healthy Start scheme. The scheme supplies vouchers which can be used to purchase infant formula aimed at low income families who are the least likely to breastfeed.
- Suggestion to include population-based policies on maternal and child nutrition.
- Some suggested rewording to the introduction section.
- Suggestions to include an additional indicator in table 1 and another overarching outcome

Consultation comments on data collection (Consultation question 2)

- Overall possible data collection was reported.
- Concerns raised that breastfeeding at 6 weeks and 6 months is not robustly collected and the National infant Feeding Survey has now been cancelled.
- The maternity and children's dataset will contain some data.
- Query raised on who would collect the data and how local data could be compared nationally as there is currently no national data collection system.
- Information could be recorded on EMIS (electronic patient record systems and software used in Primary Care in England) if formal monitoring was required in primary care but this is resource dependent. Integration into the QOF would also aid data collection.
- To avoid the measures becoming a box ticking exercise the quality standard needs to define how health professionals are expected to give advice and/or be explicit in what constitutes good practice in information giving.

Consultation comments on supporting improvement and overcoming barriers to implementation (Consultation question 3)

- Improved baseline data collection could aid training and education.
- Limited time for staff training and ongoing implementation was reported. It was suggested that Clinical Commissioning Groups should drive this locally.
- Increased awareness of the importance of maternal and child nutrition by professionals and the wider community is important.
- The quality standard should be explicit about the range of professionals who may be involved in each quality statement by acknowledging the role of staff in children's centres and other early years settings. Some families need long term support to improve their health.

5 Summary of consultation feedback by draft statement

5.1 Draft statement 1

Women who request pre-conception advice and have a BMI of 30 or more are advised to lose weight before becoming pregnant.

Consultation comments

Stakeholders made the following comments in relation to draft statement 1:

- Stakeholders felt that this was a small population and, as many pregnancies are unplanned, the focus should be on all women in the reproductive age group.
- Suggestion to change this population to women with a BMI of 25 or over (overweight) to maximise the potential impact of this statement.
- Conversely, concern was raised that by focussing on women of a BMI of 25 or over this may underestimate risk in some ethnic groups who may have increased risk at lower BMI.
- Suggestion to change statement wording to focus on information instead of advice and supporting those on how to lose weight.
- Suggestion to include provision of realistic support to lose weight with the importance of weight loss explained. Weight loss advice should also include what the women should do if they become pregnant and weight maintenance during pregnancy.
- Healthcare professionals need support to be confident and competent to provide support and advice for a healthy pregnancy.
- Support should be given through educational classes or support groups.
- Sexual health and reproductive services are the most common point of contact with health services for women of childbearing age and present an opportunity to promote healthy nutrition and weight and offer brief advice.

- Local systems will need to ensure the services which are commissioned have appropriate resources to support women to lose weight or are able to signpost them to relevant services.
- Greater emphasis on follow-up post-delivery and the opportunity to offer preconception advice on weight management to women in between pregnancy.

Consultation comments on data collection (consultation question 2)

Stakeholders made the following comments in relation to consultation question 2:

- Follow up and measurement of BMI reduction of women who requested pre-conception advice would establish effectiveness of the intervention.
- Obesity in pregnancy, pregnancy morbidity and infant morbidity data are in the maternity and children's dataset www.hscic.gov.uk/maternityandchildren.
- Maternal obesity at booking appointment can be tracked from one pregnancy to the next which will inform if the advice to lose weight between pregnancies is effective.

5.2 Draft statement 2

Pregnant and breastfeeding women are given information on how to access Healthy Start maternal vitamin supplements.

Consultation comments

Stakeholders made the following comments in relation to draft statement 2:

- Specific focus on folic acid or vitamin D was welcomed.
- The Health and Social Care Act (2012) made it a statutory responsibility of commissioners of children's and maternity services in England to provide or arrange provision of Healthy Start vitamins for those eligible.
- Universal credit will also include families and form part of Healthy Start eligibility.
- Clarification requested that the statement is not applicable to all women as some are not eligible. Concern raised that the statement may miss some low income but not eligible groups.
- Concern raised that as only some women are eligible there is a potential risk that this health benefit will not be achieved. NICE should challenge the current Healthy Start policy.
- Healthy Start vitamins are usually not received until after 10 weeks pregnancy, after the time folic acid is needed. The scientific advisory group on nutrition (SACN) will be issuing advice to take folic acid 6 weeks before a planned first attempt at conception.
- Suggestion that the statement should explain where Healthy Start vitamins are available including where they can be purchased as this varies.
- Concern raised that the most deprived women and children are the least likely to attend children's centres. Suggestion to refocus statement on taking vitamins.
- In terms of supplementation, it was suggested that all pregnant women and breastfeeding mothers need advice on this plus raised awareness is needed for healthcare professionals.

- Suggestion to include other methods of improving nutrition including fortified foods.
- Suggestion that Healthy Start vitamins should be free to all women.
- Suggestion to highlight that normal multivitamins are not suitable when pregnant.

Consultation comments on data collection (consultation question 2)

Stakeholders made the following comments in relation to consultation question 2:

- Query raised on how vitamin D deficiency outcome measures would be collected.
- Concern raised on measuring how many women are given information, the measure should be the number who collect the supplements.
- Suggestion to include an additional measure on proportion of eligible women who were offered the vouchers and of their uptake of this offer.
- Neural tube defects data is in a combination of the maternity and children's dataset and the national congenital anomalies register.
- Vitamin D deficiency data could be examined using incidence of rickets, and perhaps available from the maternity and children's dataset.

Consultation question 4

Is this focus on the correct area for quality improvement or should the focus be on folic acid or vitamin D specifically? Please clarify your response in detail.

Stakeholders made the following comments in relation to consultation question 4:

- Support for focussing on multiple vitamins as these vitamins are already available.
- As the focus of the quality standard is low income and other disadvantaged households the focus on Healthy Start is appropriate.
- Folic acid supplementation needs to be highlighted and mapped against outcome measures.
- Vitamin D supplementation also needs to be specifically stated.

- Suggestion to focus on vitamin D and folic acid as they are both recognised to reduce the incidence of adverse pregnancy outcomes and the developing fetus.
- Concern raised on focussing on vitamin D supplements in Healthy Start as the wider public health message of sun exposure for vitamin D is overlooked.
- Highlight folic acid, vitamin C and vitamin D to enable women to make informed decisions about supplementation.
- Concern raised that there is a limited opportunity to reduce the risk of neural-tube defects (NTDs).

5.3 Draft statement 3

Parents and carers of children aged 6 months to 4 years are offered Healthy Start children's vitamin supplements if they are eligible.

Consultation comments

Stakeholders made the following comments in relation to draft statement 3:

- The Health and Social Care Act (2012) made it a statutory responsibility of commissioners of children's and maternity services in England to provide or arrange provision of Healthy Start vitamins for those eligible.
- Suggestion that parents should be made aware of access of further supplies of the Healthy Start vitamin drops.
- Concern raised that the most deprived women and children are the least likely to attend children's centres.
- Concern raised that some low income groups who are not eligible may be missed.
- Suggestion that supplements should be offered to all children, not just those eligible for Healthy Start.
- Suggestion that information should be given on generic supplementation along with product specific recommendations.
- Education and awareness of Healthy Start and vitamin D supplementation is needed for parents and early years stakeholders. Also information on additional vitamin D supplementation types eg fortified milks in needed.
- Suggestion to refocus statement on the relevant practitioners (GPs and health visitors) as per the guidance.
- Suggestion that the rationale should state that vitamin D deficiency can arise due to skin pigmentation and therefore there are groups within the population who are at higher deficiency risk.
- The universal mandated 6-8 week contact will provide an opportunity for a health visitor led intervention to provide information of Healthy Start and promote uptake.

- The 16 week immunisation appointment may not involve contact with the health visitor and may not be an appropriate environment for meaningful discussion to take place.

Consultation comments on data collection (consultation question 2)

Stakeholders made the following comments in relation to consultation question 2:

- Support for data collection however the availability of the Healthy Start vitamins needs to be included.
- Information on uptake of Healthy Start vitamins is a measure of effectiveness of the promotion and information given to parents on the benefits of giving vitamin supplements to babies and young children.
- Concern raised on measuring those offered the vitamins. Alternatively it should be measured as those collecting the vitamins.
- Hospital admission rates for common childhood illnesses could potentially be used as the data for childhood illness.
- Vitamin D deficiency data could be examined using incidence of rickets and perhaps available from the maternity and children's dataset.

5.4 Draft statement 4

Parents and carers receiving Healthy Start food vouchers are given advice on how to use them to increase the amount of fruit and vegetables in their family's diet.

Consultation comments

Stakeholders made the following comments in relation to draft statement 4:

- Support raised that the statement is clear and accurately reflects the improvement area. It however lacks the depth needed to ensure a national minimum level of provision.
- Suggestion that behavioural change is needed to enable increased intake of fruit and vegetables, empowering families with practical advice and tools for all.
- Suggestion to explicitly state where commissioners have responsibility for joint commissioning intentions as part of Children's Trust arrangements and links to the role of Health and Wellbeing Boards.
- As women at least 10 weeks pregnant can be eligible it was suggested to state the role of pregnant women as increasing their fruit, vegetable and milk consumption benefits mother and baby.
- Concern raised that the vouchers may be accepted for ineligible products.
- Concern raised that some low income groups who are not eligible may be missed.
- The most deprived women and children are the least likely to attend children's centres especially in urban areas where the centre may be a bus ride away.
- Statement rewording to focus on information and support rather than advice provision.

Consultation comments on data collection (consultation question 2)

Stakeholders made the following comments in relation to consultation question 2:

- Denominator could be number of parents and carers who are eligible for the healthy start food vouchers to provide a more accurate measure of the

proportion of the “target” population who are receiving advice on increasing intake of fruit and vegetables.

- Advice provision can be recorded by code on the GP computer system or in the midwife notes. GP software also allows team members to record on the notes.
- The Office for National Statistics (ONS) deaths file can be used for data for premature deaths.
- Hospital admission rates for common childhood illnesses can be used.
- The National Child Measurement Programme for ages 4 -5 years could be used for obesity.

Consultation comments on supporting improvement and overcoming barriers to implementation (Consultation question 3)

Stakeholders made the following comments in relation to consultation question 3:

- Midwives or maternity support workers need time and access to education to enable them to effectively deliver appropriate nutritional advice during pregnancy.
- Clarification requested on how the vouchers are used to buy food or how the food is used in family meals.

Consultation question 5

In order to make the statement measurable and achievable, can you please state who in practice would deliver this advice?

Stakeholders made the following comments in relation to consultation question 5:

- Primary care.
- A Wellbeing clinic lead by a nutritionist.
- Midwives should deliver this with health visitors.
- Health visiting and family nurse partnership services.
- Service specification should state that health visitors will provide this advice and a tick box in the child health record can be used to audit that it has been done. It would be helpful if health visitors could signpost parents and carers to local

classes or groups offering a programme of practical support eg cooking or food parenting skills.

- Health professionals, early years practitioners, voluntary groups all have potential to be involved in the promotion of fruit and vegetable consumption.

5.5 Draft statement 5

Women receive breastfeeding support from a service that uses an evaluated, structured programme. See Statement five of the postnatal care Quality Standard.

Consultation comments

Stakeholders made the following comments in relation to draft statement 5:

- Support for this statement but suggested that it should be included in full not as a link.
- Concern raised that this statement is repeated from QS37 as we have a limitation on statements.
- Suggestion that if this statement is included the statement about supporting bottle feeding also needs to be included.
- Suggestion that breastfeeding support services must be well structured to make evaluation worthwhile. Examples of best practice in quality statements must also be included.
- This statement currently suggests that the Baby Friendly external structured programme should be used however some units do not apply for this. The essential requirement is using resources to provide good breastfeeding support with an appropriate referral system, alongside well educated staff and comprehensive partnership working.
- Statement rewording suggested to include using the Baby Friendly Initiative as a minimum standard.
- Women who are eligible for healthy start are generally less likely to choose to breast feed as exposure to breast milk is a significant health inequality. This standard provides an opportunity to improve breast feeding rates amongst this population.
- Suggestion to include a quality measure on the discussion of feeding intentions and information on breast feeding given during pregnancy.
- The mandated universal antenatal health visitor contact during the last trimester is an opportunity to discuss infant feeding, promote the benefits of breast

feeding, discuss practical aspects and raise awareness of local support services.

Consultation comments on data collection (consultation question 2)

Stakeholders made the following comments in relation to consultation question 2:

- Concerns raised that breastfeeding at 6 weeks and 6 months is not robustly collected and the National infant Feeding Survey has been cancelled. The breastfeeding data is currently collected by NHSE and in future can come from the maternity and children's dataset, www.hscic.gov.uk/maternityandchildren.
- Suggestion to include UNICEF UK Baby Friendly as this collates data which is available if the Baby Feeding Initiative is used as a minimum standard.
- Increase in breast feeding initiation data can be collected from the maternity provider.
- Suggestion to include UNICEF UK Baby Friendly as this collates data which is available if the Baby Feeding Initiative is used as a minimum standard.
- Increase in breast feeding initiation data can be collected from the maternity provider.
- The health visitor minimum dataset can be used to measure the increase in breast feeding prevalence at 6-8 weeks.

5.6 Draft statement 6

Parents and carers are given advice on starting their baby on solid food at 6 months of age and gradually establishing a varied diet.

Consultation comments

Stakeholders made the following comments in relation to draft statement 6:

- Concern raised that the statement does not reflect Department of Health advice to begin weaning at around 6 months.
- Concern raised that providing information at 6-8 weeks may be premature.
- Suggestion to change the statement wording to 'age appropriate weaning' and define as not before 4 months and not after 6 months.
- Suggestion to change the statement wording to breastfeeding as being the main source of nutrition up to 6 months (where foods may be added earlier).
- Concern raised that the statement specifies before 26 weeks the information should only be given by a health visitor at a group session. This would not be possible due to workloads.
- Suitable sources of information should be used and health visitors and GPs training should be provided by qualified nutrition professionals.
- Statement rewording to focus on information and support rather than advice provision at 'around 6 months'.
- Suggestion to highlight the importance of moving from bottle to cup to reduce potential of tooth decay.

Consultation comments on data collection (consultation question 2)

Stakeholders made the following comments in relation to consultation question 2:

- Cancellation of National infant Feeding Survey. The breastfeeding data is currently collected by NHSE and in future can come from the maternity and children's dataset, www.hscic.gov.uk/maternityandchildren.

- Suggestion to change quality measure to the proportion of parents and carers who are given advice during the first three weeks of their baby's life.
- The mandated universal 6-8 week contact is an opportunity to follow up on advice around introduction of solid foods at age 6 months.
- Suggested numerator change to the number who receive advice on starting their baby on solid food at age 6 months (local data collection).
- Suggested denominator change to the number eligible for 6-8 week contact. The coverage of the universal 8 week contact will be collected as part of the minimum health visitor dataset.
- Query raised on how infant obesity will be defined and measured.

6 Suggestions for additional statements

The following is a summary of stakeholder suggestions for additional statements.

- Nutrition education, advice and support.
- Women not eligible for Healthy Start are given information on the appropriate maternal vitamin supplements.
- Signposting to local classes and the role of local authorities in their provision.
- Improving accessibility for Healthy Start vouchers and vitamins through a wide variety of settings.
- Recognition and screening for pre-gestational diabetes for women who have a BMI of 30 or more.
- Advice to supplement to 5mg folic acid preconception for women with a BMI of 30 or more.
- Inclusion of BLISS (A charity which supports premature and sick babies and their families) recommendations for introduction of solid foods to premature babies.

Appendix 1: Quality standard consultation comments table – registered stakeholders

ID	Stakeholder	Statement number	Comments[1]
1	Royal College of Obstetricians and Gynaecologists	General	We read this and found it very procedural, with recommendations already established and are pleased to see the importance of pre-pregnancy maternal body weight emphasised. We sensed a gap between the aspirations in the document, which are commendable, and the output; i.e., is the advice recommended being given, and crucially, is it being adopted, but I guess that's not the remit of the document.
2	Dietitians in Obesity Management UK	General	We are delighted to see a strong focus on breastfeeding, excess weight in adults and children, tooth decay and health inequalities and agree that all of those are important areas for improvement.
3	Dietitians in Obesity Management UK	General	However we note that although the focus of these QS is on reducing inequalities in low income groups, many low income women are not eligible for the Healthy Start scheme. We are concerned that such a narrow focus may miss the opportunity to reduce inequalities in this group.
4	The Royal College of Midwives	General	We agree that the statements reflect key areas for quality improvement, but consider that there are other important areas as discussed below.
5	NHS England	General	Thank you for the opportunity to comment on the above Quality Standard. I wish to confirm that NHS England have no substantive comments to make regarding this consultation.
6	UNICEF UK	General	Unicef UK Baby Friendly Initiative **supports** the implementation of this Quality Standard **Key points** for consideration by the NICE development group: 1. Quality statement 5: Breastfeeding pg. 24. Information should be reported in its entirety in this standard, not as present by a link to another quality standard. 2. Include reference to the nutrition needs of sick and premature babies. 3. Data collection is currently inadequate to collate infant feeding patterns in England after 6-8 weeks and this needs addressing.
7	UNICEF UK	General	Further comments in relation to the development Unicef UK recommend incorporating the evidence to support the needs of sick and premature infants in relation to infant nutrition.

[1]PLEASE NOTE: 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 quality standards are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its staff or its advisory committees.

ID	Stakeholder	Statement number	Comments[1]
			Development sources, Evidence sources, Policy context, Related NICE quality standards The standard lacks reference to the information; developmental; sources, policy, evidence and related NICE QS available on the nutrition needs of the infant born sick or premature; For example: • NICE quality standards neonatal care (QS4) which states that *Mothers of babies in specialist neonatal care should be offered support to start and continue breastfeeding, and to express milk.* • Neonatal Critical Care, Service Specification, 2014, NHS England (E08/S/a) which states for example; *Facilities will be available to support family-centred care, including; access to parent accommodation for all families, free parking, private and comfortable breastfeeding/expressing facilities, an area for making drinks and preparing simple meals, a private room for confidential conversations and any other relevant facilities to support family-centred care.* And no 11 of key Outcomes to; *Increase the number of preterm babies (<34+ weeks) who are receiving some of their own mother's breast milk at final discharge.* • In 2014,the British Association of Perinatal Medicine (BAPM), identified optimal arrangements for Neonatal Intensive Care Units in the UK including a recommended framework for practice. The proportion of babies <33 weeks gestation discharged home receiving any breast milk rose from 54% in 2011 to 58% in 2012 and 59% in 2013. However, striking geographical variations exist across different social groups. (RCPCH Annual Report: National Neonatal Audit Programme, 2013).
8	University of Hertfordshire	General	The **National Infant Feeding Network supports** the implementation of this Quality Standard and have worked with Unicef UK to develop comments for this consultation (see comments from UNICEF UK)
9	Royal College of Obstetricians and Gynaecologists	Introduction	You may wish to reword first paragraph for clarity; perhaps re-word to "...status for women before, during and after pregnancy..."
10	Royal College of Obstetricians and Gynaecologists	Introduction	The scope of this quality standard is wide covering both maternal and child nutrition. Although we welcome the specific focus on disadvantaged communities and the recognition that in specific groups such as mothers with pre-existing diabetes and their children requiring specific tailored advice. We feel it would have been useful if it included population-based policies on maternal and child nutrition. It is also worth listing reduction in congenital fetal anomalies as possible outcomes with the introduction of

ID	Stakeholder	Statement number	Comments[1]
			this quality standard – with reference to the advice of pre-conception folic acid. In table 1, congenital anomalies should also be considered as an indicator of outcome.
11	Dietitians in Obesity Management UK	Introduction	(Page 2) We would like the following added: increased rates of breastfeeding / appropriate folic acid supplementation (5mg if BMI>30kg/m2).
12	The Royal College of Midwives	Introduction	Comment stating "Nutritional interventions are likely to have the greatest benefit if delivered before conception and during the first 12 weeks of pregnancy". There is considerable evidence that reducing gestational weight gain during pregnancy amongst women who are already obese can have an enormously beneficial impact on the health of both the mother and baby (Yakine et al, IOM 2009; Masho et al 2013). Through referring to NICE guidelines for gestational weight gain throughout the entire duration of the pregnancy rather than just pre-conceptually and the first trimester there is an opportunity to make a significant impact. Behaviour change is most likely to occur during a life changing event such as pregnancy (Phelan 2010). This could usefully be reflected in the statements.
13	Department of Health	Introduction	(Co-ordinated services, page 4 final para)The direct reference to the legal duties on health inequalities introduced by the Health and Social Care Act 2012 is very helpful. However, the wording should be aligned more closely with the wording of the legislation for avoidance of doubt on what is needed in order to comply. Suggested changes are below: The Health and Social Care Act 2012 also introduced~~references~~ ~~the~~ legal duties on clinical commissioning groups~~commissioning organisations~~ to have regard to the need to reduce~~ing~~ health inequalities, and to exercise functions with a view to ensuring that health services are provided in an integrated way where they consider that this would ~~provide integrated services where these will~~ reduce inequalities in access to services and outcomes achieved. Given the strong relationship that exists between poor maternal and child nutrition and deprivation, reducing inequalities is of particular importance for improving the nutritional status of mothers and pre-school children. Therefore it may be important to consider focussing interventions in deprived areas when implementing the quality standard.
14	UNICEF UK	Introduction	1. Why this quality standard is needed To add as paragraph 3. Pg 2. When a baby is born, getting breastfeeding off to a good start, ideally within the first hour of birth, helps the

ID	Stakeholder	Statement number	Comments[1]
			mother to love and feed her baby. Breastfeeding has both short and long term benefits for the mother and her baby. 2. The quality standard is expected to contribute to improvements in the following outcomes: To add (pg. 3) • Health and wellbeing for the mother and baby in the short and long term
15	UNICEF UK	Introduction	(How this quality standard supports delivery of outcome frameworks) Pg. 2 to add • Clinical Commissioning Groups Outcomes Indicator Set (2015) Would it be useful to add reference to policy supporting the quality standards here: • Healthy Child Programme (HCP) • Early Years: Six High Impact Areas for HV (2014) • National Heath Visiting Core Service Specification (2015-16) • Neonatal Critical Care, Service Specification, 2014, NHS England (E08/S/a) • A Framework for Personalised Care and Population Health (2014) • Nursing and midwifery actions at the three levels of public health practice (2014) • From evidence into action: opportunities to protect and improve the nation's health (PHE, 2014)
16	UNICEF UK	Introduction	(Coordinated services) Pg. 5 add to the last sentence, end of the first paragraph; Therefore it may be important to consider focussing interventions in deprived areas ***and those who are vulnerable at the start life*** when implementing the quality standard ***e.g. sick and premature infants.***
17	Royal College of Obstetricians and Gynaecologists	Question 1	A key area for quality improvement would be nutrition education. Only one statement references diet and that is only in the context of weaning. If we want to improve nutritional status, surely education about proper nutrition will be a key element to achieving this, especially in terms of closing the health equity gap.
18	Royal College of Obstetricians and Gynaecologists	Question 1	Yes
19	National Osteoporosis Society	Question 1	Whilst we welcome the draft quality standards attention to low-income and other disadvantaged households we feel the draft quality standard should also address the nutritional status of pregnant and breastfeeding women <u>not</u> eligible for healthy start vouchers. It is important to the well-being of these women's children that they have access to information on appropriate maternal vitamin supplementation. We therefore recommend that the draft quality standard should also include a quality statement that

ID	Stakeholder	Statement number	Comments[1]
			pregnant and breastfeeding women, who are not eligible for healthy start, are given information on what appropriate maternal vitamin supplements they may need (and in what amounts).
20	UNICEF UK	Question 1	Does this draft quality standard accurately reflect the key areas for quality improvement? YES (some amendments to the wording have been suggested that might be helpful)
21	South Gloucestershire Council	Question 1	Yes, the standard does reflect the key areas for quality improvement.
22	Royal College of Obstetricians and Gynaecologists	Question 2	For some but probably not all – especially in relation to pregnancy and post – natal data. For example breast feeding data at discharge is more widely collected but subsequent at 6 weeks and 6 months may be less robustly collected.
23	The Royal College of Midwives	Question 2	It would be possible to collect the data for the proposed measures if the appropriate systems are structures were in place.
24	UNICEF UK	Question 2	If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures? YES
25	UNICEF UK	Question 2	Comments in response to data collection; Statement 5 and 6 1. Unicef UK Baby Friendly collates data which is freely available on Statement 5, if the Baby Friendly Initiative is used as a minimum standard across; maternity, neonatal, community and children's centre services. This data has been mapped on the Breastfeeding profiles on ChiMat – the Child Health and Maternity Data Set. 2. Breastfeeding Initiation and prevalence at 6/8 weeks is collected as part of the Public Health Outcomes Framework. (Changes in NHS structures means that we have no validated data available since 2010 on breastfeeding prevalence at 6-8 weeks to calculate an English average.) 3. Beyond, 6-8 weeks there is no mandated data collection on breastfeeding prevalence. The English NPEU maternity three yearly survey collates a small sub-sample (4,500) of women's views on breastfeeding at 3 months. The quinquennial National Infant Feeding Survey that has collated data on infant feeding since 1975, was cancelled this year, 2015. The cessation of this data set means that we have no reliable data recording mechanism to demonstrate how women are feeding their infants at 4, 6, 8 and 10 months as recommended by the DH and WHO. The postnatal Quality Standard (5) refers to this data set as a

ID	Stakeholder	Statement number	Comments[1]
			reference point for breastfeeding prevalence data. http://www.nice.org.uk/guidance/qs37/chapter/quality-statement-5-breastfeeding
26	South Gloucestershire Council	Question 2	Reflects a key area for quality improvement. Assuming that the systems and structures exist to collect data, the main challenge is likely to be in relation to staff capacity to record data appropriately during routine practice. Who is responsible for collecting these measures? How would local level data allow for collation or comparison of data at a national level? The development of a national data collection system would greatly enhance the collation of data at a local and national level. However, no such system currently exists, which makes data collection problematic. The absence of adequate national data collection systems pose considerable challenges across the NHS. If formal monitoring is required in primary care, it will have to be built into overall workload, some routine information may be collected by EMIS however there would need to be resources for this to be analysed and there would be significant barriers to overcome (see comment to question 3). Integration into the GP QOF would aid collection of data in this area. It depends on how 'giving advice' or 'giving information' is defined. The document should either reference how health professionals are expected to give information or advice (hyperlink) at the outset and/or be more explicit in what constitutes good practice in 'giving information' and 'giving advice' – does giving a leaflet to someone with little explanation or something sent in the post constitute giving advice – the quality measures could be quite meaningless and be simply a box ticking exercise if the measure is vague.
27	Royal College of Obstetricians and Gynaecologists	Question 3	Improved baseline data collection which could feedback into training and education
28	South Gloucestershire Council	Question 3	Time is the key issue, both in terms of releasing staff for training and the ongoing implementation. Needs driving locally by CCGs not public health as they have the levers to make this happen. To overcome barriers: increased awareness of the importance of maternal and child nutrition by professionals and the wider community (good nutrition/good food - the general public/patients talk about food not nutrients) general assumption that diets are not too bad.

ID	Stakeholder	Statement number	Comments[1]
			Need to be explicit about the range of professionals potentially involved with each quality statement and also the role of staffing children's centres and other early years settings and so on – they may be in a position to support advice and information and/or be a direct contact with women. The document doesn't seem to be particularly focussed on low income and disadvantaged households. The document seems to suggest a number of points where advice and information is given but many families may need support over a longer period of time to improve health.
29	Royal College of Obstetricians and Gynaecologists	Statement 1	The recognition and the importance of screening for pre-gestational diabetes must be acknowledged in this group. Given that most pregnancies are unplanned, should the focus not be on reduction of BMI in all women within the reproductive age group. Only focusing on those who seek pre-conception advice will only target a skewed population. The outcome data will not accurately reflect the process measures. Focusing on women who only seek pre-conception advice has the potential of further increasing socio-economic inequalities to health. We also feel it is not enough to simply advise a woman to lose weight. Realistic support should either be provided or signposted. Also, it is important for the woman to be advised on why it's important to lose weight before pregnancy, eg. What are the risks to herself and her baby. Further, should this advice be broadened to all women of childbearing age with BMI over 30 regardless of whether pre-conception advice is sought?
30	Dietitians in Obesity Management UK	Statement 1	We agree that this is an excellent opportunity to focus upon weight loss. However we have concerns that only a small number of such women will present asking for pre-conceptual advice, so that the effect of this statement may be very limited.
31	Dietitians in Obesity Management UK	Statement 1	In addition, we note a focus upon both improved quality of the diet and weight loss in this QS. These will not necessarily occur simultaneously, and a focus upon improved dietary quality is at least as important and may be more so, in our view.
32	Dietitians in Obesity Management UK	Statement 1	Again advice to supplement to a level of 5mg folic acid pre-conception if BMI>30kg/m^2 needs to be added.
33	Dietitians in Obesity Management UK	Statement 1	We have concerns about focusing only on those who present with a BMI of at least 30kg/m^2. At this BMI women are already obese and overweight women presenting for advice will be missed out. We would like consideration of a BMI at or above 25kg/m^2 in order to minimise risk to mothers and babies, and maximise the potential impact of this intervention.
34	Dietitians in Obesity Management UK	Statement 1	We would like it noted that a focus on a BMI of either 25kg/m^2 (overweight) or 30kg/m^2 (obese) may underestimate risk in women from some ethnic groups, who may have increased risk at lower BMI. In particular we are thinking of women from south Asian or Oriental backgrounds.

ID	Stakeholder	Statement number	Comments[1]
35	Danone Nutricia Early Life Nutrition	Statement 1	• Healthcare Professionals feel least confident in the subject of obesity in pregnancy with one in four saying they are not very, or not at all confident [1]. • 33% of Healthcare Professionals see explaining associated risk of obesity as challenge within their role[1] • One in three Healthcare Professionals have had no training on nutrition in pregnancy or infant breastfeeding and 43% have had no training on obesity in pregnancy[1] • 25% believe is it Midwife responsibility to have a conversation with the women before, during and after pregnancy about healthy eating and behaviour. Support should be provided to empower Healthcare Professionals such as Midwives GPs, and Health Visitors to feel confident and competent to take responsibility for the women under their care by providing support and advice for a healthy pregnancy. Advice given should cover both nutritional and lifestyle factors, such as physical activity. Weight loss advice should given to this women should also include what they should do if they become pregnant and advice on weight loss/weight maintenance during pregnancy. All these women should be informed of maternal and infant risks associated with maternal BMI>30. Clear evidence-based behaviour change techniques should be used when administering advice. Support should be provided through educational classes/support group attendance. Consideration should be given to the wide age range throughout which pregnant women span, and educational intervention programmes designed to meet the target specific age ranges.
36	UNICEF UK	Statement 1	(pg. 6 Suggested changes in red.) Women who request pre-conception ~~advice~~ information and have a BMI of 30 or more are ~~advised~~ given information and support on how to lose weight before becoming pregnant.
37	Public Health England	Statement 1	Quality measures • Sexual health and reproductive services are the most common point of contact with health services for women of childbearing age and present an opportunity to promote healthy nutrition and weight and offer brief advice. Up to 50% of pregnancies are unplanned and targeting advice only to women request preconception advice will lead to missed opportunities.

ID	Stakeholder	Statement number	Comments[1]
			• Local systems will need to ensure the services which are commissioned have appropriate resources to support women to lose weight or are able to signpost them to relevant services • Greater emphasis on follow-up post-delivery and the opportunity to offer preconception advice on weight management to women in between pregnancy • Follow up and measurement of reduction in BMI of women who requested pre-conception advice as without this you will not know whether the intervention was effective. Data sources a) Obesity in pregnancy This can come from the maternity and children's dataset, www.hscic.gov.uk/maternityandchildren, maternal obesity at booking and can also be tracked from one pregnancy to the next. This will tell if the advice to lose weight between pregnancies is working. c) Pregnancy morbidity This can come from the maternity and children's dataset d) infant morbidity This can come from the maternity and children's dataset
38	Royal College of Obstetricians and Gynaecologists	Statement 2	Specific focus on Folic acid and Vitamin D is welcomed. How would outcome measures on Vitamin D deficiency be collected?
39	Royal College of Paediatrics and Child Health	Statement 2	Page 12: to measure success only as number of women given information on vitamins is inadequate; the measure of success should be the number of women who take the collect the vitamin supplements and then link to incidence of neural tube defects.
40	Royal College of Paediatrics and Child	Statement 2	Page 13: the draft outlines the current state for eligibilityfor Healthy Start vitamins. Having some mothers eligible and others not risks the recommendation for Vits to fail, thus health benefit outcome to fail. NICE

ID	Stakeholder	Statement number	Comments[1]
	Health		should challenge the current Healthy Start policy as unlikely to succeed and recommend universal Vit supplements in pregnancy.
41	Dietitians in Obesity Management UK	Statement 2	We also note that Healthy Start vitamins are not always available to purchase and their availability may vary widely.
42	Dietitians in Obesity Management UK	Statement 2	All pregnant women need appropriate advice about supplementation. Should those eligible for Healthy Start vitamins have a BMI > 30kg/m^2, they still need a GP prescribable 5mg folic acid dose. Breastfeeding mums not eligible for Healthy Start still require advice particularly regarding Vitamin D supplementation for the duration of breastfeeding. We have concerns that the focus on Healthy Start will miss the importance of such advice to a wider group of mothers, many of whom may be deprived but not eligible for Healthy Start.
43	Dietitians in Obesity Management UK	Statements 2, 3, 4	We agree with these Quality Statements but note the fundamental contradiction between promoting breastfeeding and a scheme which supplies vouchers which can be used to purchase infant formula. The contradiction is particularly acute given that this scheme is aimed at low income groups, who are also least likely to breastfeed. An unintended consequence of a focus on the Healthy Start scheme therefore may be a reduction in breastfeeding among this high risk group.
44	The Royal College of Midwives	Statement 2	This statement should be clear that is not applicable to all women as not all are eligible. The message that increasing the amount of fruit and vegetables in the diet will improve the uptake of Vitamin D and folic acid should be delivered alongside the advice about supplementation. The focus here should also include information about NTDs, folic acid and Vitamin D. There should be a reference in the document to the fact that normal multivitamins are unsuitable when women are pregnant.
45	Danone Nutricia Early Life Nutrition	Statement 2	• 44% of women are currently taking supplements prior to pregnancy[1], therefore we know that compliance of supplements continues to be a concern[1]. • Of those pregnant women that don't take a supplement, 46% say it's because they don't see the need for extra supplementation during pregnancy, while more than a third said supplements have made them ill in the past[1] • 47% of Healthcare Professionals said they give information to pregnancy women who qualify for healthy start, while 41% recommended to all pregnant women[1] This data shows a clear need for better awareness and compliance for supplementation during pre-conception, pregnancy and breastfeeding.

ID	Stakeholder	Statement number	Comments[1]
			Education advice to women should highlight the importance of national recommendations for folic acid and vitamin D and the important role these nutrients play on foetal development and maternal health. Healthy Start provides a method for women to gain the recommended nutrients during pregnancy and breastfeeding. The Healthy Start programme provides one route for women to gain these nutrients. It is important to look at alternatives solutions to support women in getting these nutrients within her diet e.g fortified foods. All pregnant and breastfeeding women should be given advice on the national supplementation recommendations of Folic acid and Vitamin D. Nutrition advice needs to be given to all pregnant and breastfeeding women even if they don't qualify for free healthy start. Information on accessing vitamin supplements and fortified foods should include the rationale for their consumption, informing pregnant and breastfeeding women of their composition, why it is important to take them and the benefits for themselves and their baby. This is important in order to allow women to access appropriate supplements from a variety of sources and in a variety of formats e.g. multivitamins, food formats. Supplementation advice should not just be restricted to the use of Healthy Start vitamin supplements alone. There are other key nutrients that are important and are lacking in pregnancy and breastfeeding women's diets that are not including in Healthy Start vitamin supplements e.g iodine, Omega 3 and Iron. Dietary advice needs to be given on foods that are high in key nutrients identified for pregnancy and breastfeeding in conjunction with supplementation advice. In summary, there is a clear need for educational information and advice on the importance of maternal nutrition beyond supplements alone.
46	Department of Health	Statement 2	(page 11) As well as having information about how to access the Healthy Start vitamins it would be helpful to provide information about where they are available. This information is important as women entitled to the Healthy Start Scheme are also entitled to the vitamins until their baby is 12 months old.
47	Department of Health	Statement 2	(What the quality statement means for …commissioners (page 12)) In England as a consequence of the

ID	Stakeholder	Statement number	Comments[1]
			Health and Social Care Act 2012 it is a statutory responsibility of commissioners of children's services (0 – 5 years) and maternity services to provide or arrange the provision of Healthy Start vitamins to those registered on the scheme. (Responsibilities in Scotland and Wales have not changed).
48	Department of Health	Statement 2	(Definition of terms used Healthy Start (page 13)) The Healthy Start web site http://www.healthystart.nhs.uk/ and https://www.gov.uk/healthy-start/overview have the most up to date definition of the scheme including who is eligible to apply.
49	Department of Health	Statement 2	(Healthy Start maternal vitamin supplements (page 13)) Women who are not eligible for the Healthy Start Scheme may also be able to purchase them from their local maternity clinic, child health clinic or children's centre.
50	Department of Health	Statement 2	(Healthy Start eligibility criteria (page 14))The benefits system is changing. It would be helpful to include information about Universal Credit as it is now being expanded to families. The Healthy Start web site has recently been updated to include information (http://www.healthystart.nhs.uk/healthy-start-vouchers/do-i-qualify/)
51	Royal College of General Practitioners	Statement 2	(Page 14)This states that women do not qualify for a free folic acid supplement until they are 10 weeks pregnant. Your source "Maternal and child nutrition 2008" correctly states that folic acid should be started before conception and in my discussions with SACN, they have stated their intention to advise starting folic acid 6 weeks before a planned first attempt at conception. My practice as a GP was to raise the issue of pre-conception folic acid (and now one might include vitamin D) when the patient attended for contraceptive advice (but very diplomatically!). (JN)
52	Royal College of General Practitioners	Statement 2	Specific mention should be made about Vitamin D supplementation as well as folic acid. Healthy start vitamins including Vitamin D is a requirement for healthy pregnancy and should not be only available on the NHS to those women on low incomes. It can be assumed that the population benefit would outweigh the costs if all pregnant women were encouraged to take healthy start vitamins especially as health literacy is low. (DP)
53	Royal College of General Practitioners	Quality statements 2, 3 & 4	General. Of course it is important that the most deprived mothers and children are advised about where they can get free vitamins. (Healthy Start vitamins are only available at Children's Centres and then only to those receiving certain state benefits). This is counter intuitive and discriminatory. Those people are least likely to attend the Children's Centres, especially in city areas where the centre is a bus ride away. Education re an adequate diet is preferable, but where for example universal vitamin D and folic acid are advised, then Healthy Start or the equivalent should be able to be purchased or obtained at all pharmacies

ID	Stakeholder	Statement number	Comments[1]
			and information given at all surgeries and on-line. (A universal token system was used after the Second World War for fortified milk and vitamins). A better standard would be given advice about vitamins or "taking vitamins". (JA)
54	Public Health England	Statement 2	Quality measures Additional measure: The proportion of eligible women who were offered the vouchers and of those how many took up the offer. Data sources a) Neural tube defects Can come from a combination of the maternity and children's dataset and the national congenital anomalies register b) Vitamin D deficiency Perhaps use incidence of rickets, maybe available from the maternity and children's dataset.
55	Royal College of Obstetricians and Gynaecologists	Question 4	There needs to be specific focus on vitamin D and folic acid. They are both recognised specifically to reduce the incidence of adverse outcomes related to pregnancy and the developing fetus. Folic acid supplementation does need to be highlighted and should be mapped against outcome measures given that folic acid fortification is currently not in practice. The association with neural tube defects is well recognised.
56	Dietitians in Obesity Management UK	Question 4	We agree that the focus upon multiple vitamins makes sense. Given that the vitamins are already available and are free of charge to low income groups, it would make little sense in our view to introduce a recommendation for standalone vitamin supplementation instead. Our major concern would be the limited window of opportunity to intervene to reduce risk of neural tube defects; if the vitamins are being taken only during pregnancy this may already be too late for NTD prevention.
57	National Osteoporosis Society	Question 4	We feel it would be beneficial for draft quality statement 2 to make explicit mention of vitamin D, vitamin C and folic acid. There is strong evidence that these nutrients are beneficial for pregnant and breastfeeding women. With a wide range of supplements available, highlighting nutrients of particular benefit will help enable people to make informed decisions about their supplementation.
58	Department of Health	Question 4	As the focus of this quality standard is on low income and other disadvantaged households including standards specifically on Healthy Start rather than Folic Acid and Vitamin D is appropriate.

ID	Stakeholder	Statement number	Comments[1]
			In line with the recommendations in the NICE guidance Vitamin D: increasing supplement use among at-risk groups the Healthy Start vitamins may be sold by organisations providing services for pregnant women and young children and community pharmacies. Other vitamin products are available for sale from pharmacies and retail outlets and this information should also be made available if the person is not eligible for the Healthy Start Scheme.
59	South Gloucestershire Council	Question 4	Quality statement 2 focuses correctly on Healthy Start maternal vitamins. There is low take up of healthy start vitamins nationally. There is clear evidence of the health benefits of Vitamin D supplementation, but do we know if Healthy Start is effective in delivering this. Healthy Start focuses on vitamin supplementation, which is less effective for increasing vitamin D levels than safe sun exposure. The focus on Healthy Start may mean that wider public health messages are overlooked. Some professionals are sceptical of the need for vitamins if mothers and infant children were eating a healthy diet, also some professionals were under confident in their knowledge about the recommended vitamin intake for infant children. There should be a statement about advice and support for eating a nutritionally balance diet in addition to a statement about the Healthy Start Scheme. There should also be explicit statements about specific nutrients e.g folic acid, vitamin D and iron and clarification about the use of Healthy Start vitamins and bottle feeding.
60	Royal College of Obstetricians and Gynaecologists	Statement 3	Advice on this quality statement is best sought from primary care or paediatrics.
61	Royal College of Paediatrics and Child Health	Statement 3	Page 16: as in first comment above, it is insufficient to measure success as those offered Vits; success should be measured as those collecting the Vits, the better proxy for taking the Vits.
62	Royal College of Paediatrics and Child Health	Statement 3	Page 15: the rationale mentions reasons why Vits needed; for Vit D this should include skin pigmentation which usually arises from race/mixed race. Britain is a multi-cultural society and this impact of population prevalence of those at greater risk of Vit D deficiency.

ID	Stakeholder	Statement number	Comments[1]
63	Royal College of Paediatrics and Child Health	Statement 3	Vitamin supplements should be offered to all children to reduce the risk of 'is he eligible or not' thinking which can result in children not being offered Vits.
64	Dietitians in Obesity Management UK	Statements 2, 3 & 4	We agree with these Quality Statements but note the fundamental contradiction between promoting breastfeeding and a scheme which supplies vouchers which can be used to purchase infant formula. The contradiction is particularly acute given that this scheme is aimed at low income groups, who are also least likely to breastfeed. An unintended consequence of a focus on the Healthy Start scheme therefore may be a reduction in breastfeeding among this high risk group.
65	The Royal College of Midwives	Statement 3	It would be more helpful if this was directed at the relevant practitioners as in this recommendation in the guideline "GPs and health visitors should offer children's Healthy Start vitamin supplements (vitamins A, C and D) to all children aged from 6 months to 4 years in families receiving the Healthy Start benefit"
66	Danone Nutricia Early Life Nutrition	Statement 3	• Only 27% of children in the UK are getting their daily dietary need of vitamin D[2] • 58% of Healthcare Professionals do not discuss the importance of vitamin supplements with parents[2] • 24% don't discuss the importance of supplementation of healthy start at all [2] We know that supplementation of vitamin D is important for infants in the UK, therefore education and awareness to the role of vitamin D needs to be a clear focus. Training should be provided for healthcare professionals on the importance of vitamin D supplementation including the Healthy Start programme, eligibility and local availability of vitamins. Information on additional types of supplementation through fortified milks should be considered. This quality standard only focusing on Healthy Start eligibility even though the national guidelines include all children under 5 to be advised to take vitamin D supplements. There should be inclusion of non-Healthy Start eligible families in the quality standards to ensure all under 5s are made aware of the need for vitamin D supplementation at each of the review points. The data collection outlined in theory should be possible, however considerations still need to be made for the consistent availability and supply chain of Healthy Start vitamins that need resolving. There will be multiple agencies involved in raising awareness and giving out the vitamins so a structured and coordinated approach is needed. Successful examples of multiple

ID	Stakeholder	Statement number	Comments[1]
			agency approaches with a lead person has been seen in x (if we mention we should provide a concrete example) The review timings are likely to be inconsistent across areas depending on individual caseloads so there is a potential risk of delayed messages to parents. To combat this all stakeholders involved in early years should be aware of the Healthy Start programme and vitamin D message in order to raise awareness for parents. Generic guidance on micronutrient supplementation needs should be given in conjunction with brand/product specific recommendations. This gives healthcare professionals the opportunity to recommend the optimal format for supplementation i.e. supplements/milk etc. There needs to be consideration of compliance issues with Healthy Start/ supplements in infants and children.
67	Department of Health	Statement 3	(page 15) In addition to being offered Healthy Start children's vitamin drops it will be helpful for parents and carers to be provided with information about where to get further supplies of the vitamins. This is because one bottle contains 56 doses (eight weeks supply) and the shelf life of the children's drops is 10 months.
68	Department of Health	Statement 3	(What the quality statement means for …commissioners (page 17)) In England as a consequence of the Health and Social Care Act 2012 it is a statutory responsibility of commissioners of children's services (0 – 5 years) and maternity services to provide or arrange the provision of Healthy Start vitamins to those registered on the scheme. (Responsibilities in Scotland and Wales have not changed).
69	Department of Health	Statement 3	(Definition of terms used Healthy Start Scheme (page 18)) The Healthy Start web site http://www.healthystart.nhs.uk/ and https://www.gov.uk/healthy-start/overview have the most up to date definition of the scheme including who is eligible to apply.
70	Royal College of General Practitioners	Statements 2, 3 & 4	General. Of course it is important that the most deprived mothers and children are advised about where they can get free vitamins. (Healthy Start vitamins are only available at Children's Centres and then only to those receiving certain state benefits). This is counter intuitive and discriminatory. Those people are least likely to attend the Children's Centres, especially in city areas where the centre is a bus ride away. Education re an adequate diet is preferable, but where for example universal vitamin D and folic acid are advised, then Healthy Start or the equivalent should be able to be purchased or obtained at all pharmacies and information given at all surgeries and on-line. (A universal token system was used after the Second World War for fortified milk and vitamins). A better standard would be given advice about vitamins or

ID	Stakeholder	Statement number	Comments[1]
			"taking vitamins". (JA)
71	Public Health England	Statement 3	Quality measures Process – the universal mandated 6/8 week contact will provide an opportunity for a health visitor led intervention to provide information of HS and promote uptake. Rationale: The 16 week immunisation may not involve contact with the HV and may not be an appropriate environment for meaningful discussion to take place Additional measure as above – information on uptake of HS vitamins is a measure of effectiveness of the promotion and information given to parents on the benefits of giving vitamin supplements to babies and young children Data sources a) Childhood illness Could use hospital admission rates for common childhood illnesses b) Vitamin D deficiency Perhaps use incidence of rickets, maybe available from the maternity and children's dataset.
72	Royal College of Obstetricians and Gynaecologists	Statement 4	No specific comments. In response to the question – primary care / health visitor
73	Dietitians in Obesity Management UK	Statement 4	In addition we have concerns that the Healthy Start vouchers may be accepted in some cases for products for which they are not eligible and would like this reflected in the standards.
74	Dietitians in Obesity Management UK	2, 3 & 4	We agree with these Quality Statements but note the fundamental contradiction between promoting breastfeeding and a scheme which supplies vouchers which can be used to purchase infant formula. The contradiction is particularly acute given that this scheme is aimed at low income groups, who are also least likely to breastfeed. An unintended consequence of a focus on the Healthy Start scheme therefore may be a reduction in breastfeeding among this high risk group.
75	The Royal College of Midwives	Statement 4	Midwives and maternity support workers need more time and access to education in this area to enable them to effectively deliver appropriate nutritional advice during pregnancy. The lack of such time is a clear barrier to effective implementation.

ID	Stakeholder	Statement number	Comments[1]
76	Danone Nutricia Early Life Nutrition	Statement 4	Quality standard 4 is clear and accurately reflects the area for improvement but is lacking in the depth needed to ensure that everywhere across the country has a minimum level of provision. The role of the Healthy Start website and Start 4 Life, Change 4 Life and NHS Choices are key in providing recipe ideas, tips for increasing vegetables and other initiatives. In order for this to be delivered effectively and efficiently, the information should be provided by workers such as Community Nursery Nurses, Food Workers, Children's Centre Workers, Health Visitors and Early Years professionals, but this should be following comprehensive training from qualified nutrition professionals such as Public Health Nutritionists or Dietitians. In summary, to enable an increase in the intake of fruit and vegetables a change in behaviour is required, therefore empowering families with practical advice and tools for all.
77	Department of Health	Statement 4	(page 20) Given that the eligibility criteria for Healthy Start vouchers includes pregnant women who are at least 10 weeks pregnant, it would be useful to consider inclusion of a direct reference to pregnant women, as early take up of the vouchers for pregnant women is important not just for the vitamin supplements but for pregnant women being able to benefit from the vouchers during pregnancy to increase their consumption of fruit and vegetables and/or milk. This links to the evidence base (page 1) which refers to nutritional status of pregnant women and how this influences growth and development of the baby and foundations for children's health in later life.
78	Department of Health	Statement 4	(What the quality statement means for …commissioners (page 22)) It may be helpful to consider a reference to where commissioners have responsibility for joint commissioning intentions as part of Children's Trust arrangements and links to role of Health and Wellbeing Boards.
79	UNICEF UK	Statement 4	(Suggested changes in red) Parents and carers receiving Healthy Start food vouchers are given ~~advice~~ information and support on how to use them to increase the amount of fruit and vegetables in their family's diet.
80	Royal College of General Practitioners	Statement 4	The health visitor, midwife or GP could give the advice and record with a code on the GP computer system or in the midwife notes. GP Software such as that on SystmOne allows members of the team to record on the notes. (JA)
81	Royal College of General Practitioners	Statements 2, 3 & 4	General. Of course it is important that the most deprived mothers and children are advised about where they can get free vitamins. (Healthy Start vitamins are only available at Children's Centres and then only to those receiving certain state benefits). This is counter intuitive and discriminatory. Those people are least likely to attend the Children's Centres, especially in city areas where the centre is a bus ride away. Education re an adequate diet is preferable, but where for example universal vitamin D and folic acid are

ID	Stakeholder	Statement number	Comments[1]
			advised, then Healthy Start or the equivalent should be able to be purchased or obtained at all pharmacies and information given at all surgeries and on-line. (A universal token system was used after the Second World War for fortified milk and vitamins). A better standard would be given advice about vitamins or "taking vitamins". (JA)
82	Public Health England	Statement 4	Process – denominator could be number of parents and carers who are **eligible** for the healthy start food vouchers. This will provide a more accurate measure of the proportion of the "target" population who are receiving advice on increasing intake of fruit and vegetables Data sources/Outcomes b) Premature death ONS deaths file c) Childhood illnesses Could use hospital admission rates for common childhood illnesses d) Obesity From National Child Measurement Programme 4 -5 years
83	Royal College of Obstetricians and Gynaecologists	Question 5	Midwives should deliver this in conjunction with Health visitors. Women are in the care of midwife for the initial post-partum period which is the most critical time in establishing breastfeeding. Health visitors then need to be able to continue providing consistent advice up to weaning and beyond where appropriate.
84	Royal College of Obstetricians and Gynaecologists	Question 5	This should lie within the domain of primary care in the first instance. Wellbeing clinic lead by nutritionist may be a good starting point.
85	South Gloucestershire Council	Question 5	Commissioning for 0-5 Public Health services transfer to Local Authorities from NHS England from 1 October 2015 (as part of the transfer of Public Health to Local Authorities) This responsibility mainly covers Health Visiting and Family Nurse Partnership services (FNP).The transfer will join up public health services for children (0-5) and young people (5-19) to

ID	Stakeholder	Statement number	Comments[1]
			ensure seamless transition between services and that children are given the best start in life to maximise their potential. It needs to be written into service specifications that Health Visitors provide this advice and a tick box within child health record can be a way of auditing whether this has been done or not. Even better if HVs can signpost parents and carers to a local classes or groups which offer a programme of practical support e.g cooking and food parenting skills (to support feeding and eating of vegetables). The statements need clarification – is this standard about how the vouchers are used in shops to 'buy' fruit and vegetables or about how they are then used in family meals? Again, there is an issue with what constitutes advice/information and whether it will have any impact or if health promotion/behaviour change approaches are likely to be more effective. Health professionals, early years practitioners, voluntary groups etc all have potential to be involved in promoting fruit and vegetable consumption
86	Royal College of Obstetricians and Gynaecologists	Statement 5	No specific comments.
87	The Royal College of Midwives	Statement 5	We are surprised that this statement drawn from the PN quality standard is repeated here – when the number of statements in each standard has to be limited. If it remains in this standard, the statement about giving women information and support for bottle feeding should also be included, as this is a vital area that needs improvement as demonstrated in the surveys undertaken in the RCM Pressure Points campaign.
88	The Royal College of Midwives	Statement 5	NICE postnatal guidance suggests that as a minimum the Baby Friendly external structured programme should be used. There are many maternity units that are not applying for Baby Friendly status accreditation for whom it is not possible to be externally accredited. This could be undertaken in house. What is essential is using resources to provide good breast feeding support with an appropriate referral system, alongside well educated staff and comprehensive partnership working.
89	Danone Nutricia Early Life Nutrition	Statement 5	Breastfeeding support services must be well structured in order to make evaluation worthwhile. Educational advice and support is required on the importance of nutrition while breastfeeding. We know that education is required to ensure women are getting enough of the key nutrients during breastfeeding.

ID	Stakeholder	Statement number	Comments[1]
			There should be space to include examples of best practice in the quality statements. This could include case studies on programmes that have shown validated outputs as a result of programme implementation.
90	UNICEF UK	Statement 5	(Suggested changes in red) Women receive breastfeeding support from a service that uses an evaluated, structured programme using the Baby Friendly Initiative as a minimum standard. See Statement five of the postnatal care Quality Standard.
91	UNICEF UK	Statement 5	(Breastfeeding pg. 24) Suggested wording: Women receive breastfeeding support from a service that uses an evaluated, structured programme using the Baby Friendly Initiative as a minimum standard. See Statement five of the postnatal care Quality Standard. Unicef UK support this statement but do not feel that it is sufficient to refer/link the reader to an existing NICE QS rather the **information should be reported in its entirety in this standard** on maternal and infant nutrition, together with the existing link. In our experience information is used more readily when it is easily accessible and repeated in several places – this demonstrates links between service areas; e.g. pregnancy, labour, postnatal and neonatal care etc. Therefore add the information found in NICE QS37 Standard 5 Breastfeeding http://www.nice.org.uk/guidance/qs37/chapter/quality-statement-5-breastfeeding
92	Public Health England	Statement 5	Women who are eligible for healthy start are generally less likely to choose to breast feed and exposure to breast milk is a significant health inequality. This standard provides an opportunity to improve breast feeding rates amongst this population. Proposed quality measure Feeding intentions discussed and information on BF given during pregnancy. Rationale: The mandated universal antenatal health visitor contact during the last trimester is an opportunity to discuss infant feeding, promote the benefits of BF, discuss practical aspects and raise awareness of local support services etc Data

ID	Stakeholder	Statement number	Comments[1]
			• Increase in breast feeding initiation (dta collected from maternity provider • Increase in breast feeding prevalence at 6/8 weeks (HV minimum dataset) This data is currently collected by NHSE and in future can come from the maternity and children's dataset, www.hscic.gov.uk/maternityandchildren
93	Royal College of Obstetricians and Gynaecologists	Statement 6	No specific comments.
94	Dietitians in Obesity Management UK	Statement 6	We would like the wording of this QS softened to 'age appropriate weaning' and defined as not before 4 months (17 weeks) and not after 6 months, in line with UK guidance.
95	Di Dietitians in Obesity Management UK etitians in Obesity Management UK	Statement 6	In addition, we would like to see acknowledgement of the importance of moving from bottle to cup, particularly to reduce potential tooth decay.
96	Dietitians in Obesity Management UK	Statement 6	For premature babies we would like an additional sentence recommending use of the BLISS resources and recommendations for introduction of solid foods.
97	Danone Nutricia Early Life Nutrition	Statement 6	Quality Standard 6 does not accurately reflect the weaning advice given by the Department of Health that solids should be introduced around 6 months. This quality standard has the potential to increase confusion that already exists about when to begin complementary feeding. The recommended timing of information dissemination at 6-8 weeks may be premature and it is likely that parents will not be ready to process and retain all information at this point. Signposting parents to online information should be clear and thorough. Previously the Infant Feeding Survey would have monitored the age of introducing solids and types of foods given, with this now being carried out locally there is more room for inconsistencies which may create an unclear UK-wide picture. Suitable sources of information should be detailed for use that are unbiased and use evidence-based research to support. Training for Health Visitors and GPs should be provided by qualified nutrition professionals such as Public Health Nutritionists or Dietitians.

ID	Stakeholder	Statement number	Comments[1]
			This quality standard specifies that if information is to be provided before 26 weeks, then it should only be at a group delivered by a Health Visitor. Considering the number of parents wanting and needing this information before this point, and the size of Health Visitor caseloads, it would appear to be impossible for this to happen the role of CNNs should be considered, but again increasingly more important that suitable training is provided and guidance on the types of information that should be covered at this type of groups. There have been some good examples of effective groups in Nottingham and Birmingham, best practice case studies from these areas should be included by NICE.
98	UNICEF UK	Statement 6	(Suggested changes in red) Parents and carers are given ~~advice~~ information and support on starting their baby on solid food at around 6 months of age and gradually establishing a varied diet.
99	UNICEF UK	Statement 6	(pg. 25) Suggested wording: Parents and carers are given advice information and support on starting their baby on solid food at ***around*** 6 months of age and gradually establishing a varied diet.
100	Royal College of General Practitioners	Statement 6	(Page 25) Many GPs are experiencing that asking women to keep to 6 months exclusive breast feeding has variable outcomes. Anecdotally, a significant minority of male infants want solids before 6 months and are only happy and sleep through the night when they get appropriate solids (baby rice, sweet potato mixed with olive oil etc). I think there should be appropriate wording to cover such contingencies. The important thing is that breast feeding should still be the main source of nutrition up to 6 months. (JN)
101	Public Health England	Statement 6	Quality measures Proportion of parents and cares who are given advice during the first three weeks of their baby's life... the mandated universal 6//8week contact is an opportunity to follow up on advice around introduction of solid foods at age 6 months. Data/outcomes Coverage of the universal 8 week contact will be collected as part of the minimum HV dataset • Denominator: Number eligible for 6/8 week contact • Numerator: Number who receive advice on starting their baby on solid food at age 6 months (local data collection)

ID	Stakeholder	Statement number	Comments[1]
			Infant obesity rates: How will infant obesity be defined and measured?
102	The Royal College of Midwives	Additional areas	There should be a statement about signposting to local classes and local authorities' role in their provision.
103	The Royal College of Midwives	Additional areas	There should be a statement about making the access to HS vouchers and vitamins more accessible through a wide variety of settings.

Registered stakeholders who submitted comments at consultation

- Danone Nutricia Early Life Nutrition
- Department of Health
- Dietitians in Obesity Management UK
- NHS England
- National Osteoporosis Society
- Public Health England
- Royal College of General Practitioners
- Royal College of Midwives
- Royal College of Obstetricians and Gynaecologists
- Royal College of Paediatrics and Child Health
- South Gloucestershire Council
- UNICEF UK
- University of Hertfordshire