

Scientific Advisory Committee on Nutrition

11th MEETING OF THE SUBGROUP ON MATERNAL AND CHILD NUTRITION

28 January 2009, Department of Health,
Wellington House, 133-155 Waterloo Road, London SE1 8UG

DRAFT MINUTES

Attendees:

Dr Anthony Williams (Chair)
Professor Alan Jackson
Professor Peter Aggett
Dr Ann Prentice
Dr Robert Fraser
Professor Annie Anderson
Mrs Stella Walsh

Secretariat:

Dr Sheela Reddy (DH)
Rachel Coomber (DH)

Observers:

Susan Sky (Welsh Assembly)
Phyll Buchanan (DH) (agenda item 3 only)

Gaynor Ferrari (DH) (agenda item 3 only)
Richard Storey (M&C Saatchi) (agenda item 3 only)
Michael Wilton (M&C Saatchi) (agenda item 3 only)
Emma Baltho (M&C Saatchi) (agenda item 3 only)

Chair's Introduction

1. The Chair welcomed Members to the eleventh meeting of the Subgroup on Maternal and Child Nutrition. Apologies were received from Professor Tim Key and also from observers Ruth Campbell (Scottish Government) and Naresh Chada (Northern Ireland).

AGENDA ITEM 1 – Minutes of last meeting

2. Members were invited to comment on the minutes of the meeting on 17 September 2008 (SMCN/08/min02). The minutes were agreed as a correct record of the meeting.

Matters arising

3. The Chair invited the Secretariat to report progress on matters arising from the previous meeting.

SMCN/08/min01

4. At the previous meeting, the Secretariat had agreed to enquire about proposed measures to evaluate the Health in Pregnancy Grant (HiP). The Secretariat explained that Her Majesty's Revenue and Customs (HMRC), who deal with the HiP, had informed them that there are currently no plans to evaluate the HiP. They had also reiterated that the HiP intends to provide additional financial support towards the costs women face in the latter stages of pregnancy, and that it is not specifically a nutrition Grant. Members were given copies of the Explanatory Memorandum to The Health in Pregnancy Grant Regulations 2008 (no. 3108 and 3019) for information. The Secretariat noted that an impact assessment had not been prepared, but that the Grant will be under review by HMT; in particular the amount payable will be reviewed and amended if considered appropriate.
5. The Secretariat clarified for Members that healthcare professionals will receive information, but that there will be no specific guidance, nutrition or otherwise, on how women are advised to spend the Grant. The Secretariat also noted that the concerns previously expressed by the Subgroup had been fed back to HMRC. The Secretariat also clarified that the Grant would only be available from the 25th week of pregnancy.

SMCN/08/06

6. The Secretariat noted that the full "Tommy's" research report on teenage pregnancies (Baker *et al.*, 2008) had still not yet been published and the Secretariat would circulate the report as soon this becomes available.

Action: Secretariat to circulate the full report by Baker *et al.*, 2008 once this becomes available.

SMCN/08/07

7. Members were reminded that the final SACN statement on the use of “Good Night” milk products for infants six months and above is now available to download from the SACN website.

SMCN/08/08

8. The Chair noted that the Secretariat had circulated hard copies of the joint SACN/RCPCH report on the *Application of the WHO Growth Standards in the UK* at the last SACN main meeting in October 2008. The Secretariat then agreed to circulate hard copies of the report to those Members who had not been present at the meeting. It was noted that hard copies of the report would also be circulated to representatives of RCPCH who had formed part of the Expert Group, but that the Secretariat were awaiting confirmation of the correct contact details.

Action: Secretariat to circulate hard copies of the joint SACN/RCPCH report to SACN Members who had not already received them, and to members of RCPCH as appropriate.

AOB

9. The Secretariat reminded Members that the future work plan, including a review of the risks associated with not breastfeeding, and a review of the scientific evidence around complementary feeding, would remain on hold until completion of the Subgroup’s current working report. Members suggested that any work to be commissioned might begin at an earlier stage, to allow efficient use of time, and it was also suggested that there might be potential to collaborate with the Royal Colleges. The Secretariat agreed to consider the process for commissioning the work and feedback to the Subgroup at the next meeting. Members were asked to put forward ideas of any potential contractors that might be considered.

Action: Secretariat to consider the future work plan and feedback to the Subgroup at the next meeting. Members to suggest potential contractors for this work.

AGENDA ITEM 2 – The influence of maternal, fetal and child nutrition on the development of disease in later life

10. The Chair informed Members that following the last meeting in September 08, the Secretariat had continued drafting the report and had incorporated members' comments. The Chair also noted that the report had undergone extensive revision since the last meeting and that he had edited the report.

11. Members were also informed that a drafting group had met in early January 09 to discuss further drafting of the report – members included the Chair, Dr Ann Prentice and Professor Peter Aggett. It had been agreed at this meeting, that work on the draft would continue and another drafting group meeting would be held in March 09. The Chair explained that the intention is to have a near final version of the report ready to go to the next Subgroup meeting in May 09 and then to the SACN main committee in June 09. Members recognised the difficulties and complexities with drafting this report.

AGENDA ITEM 3 – Change 4 Life – Early Years Messaging (SMCN/09/01)

12. The Chair welcomed Gaynor Ferrari from the Department of Health and colleagues from M&C Saatchi, the advertising agency working on Change4Life (C4L). The Chair introduced the Subgroup and invited each guest to also introduce themselves.

13. Gaynor Ferrari then explained that C4L is a new movement, launched in January 2009, which aims to improve children's diet and levels of activity leading to better health. Gaynor Ferrari explained that as part of this new C4L movement, a sister-brand, aimed at parents of children 0-2 years of age was in development, to support breastfeeding and healthy weaning.

Change4Life 5-11's campaign

14. Richard Storey , Chief Strategist for the C4L campaigns team at M&C Saatchi, firstly introduced the 8 behaviours that had been developed and launched in January 09 as part of the main C4L campaign for 5-11 year olds – details of these were also attached at Annex A of the paper for information. It was confirmed that this part of the campaign had already been agreed and launched and that Members would not be asked to comment on the messages for 5-11's and that the purpose of this introduction was simply to introduce the context of C4L.
15. Dr Sheela Reddy explained that the focus had originally been 5-11 year olds due to the Child Health and Wellbeing Public Service Agreement (PSA); the 0-2 year's strand was being developed to support the breastfeeding PSA. Members asked if there were any plans to incorporate the 2-5 year age group within C4L and Dr Sheela Reddy explained that these transitional phases would be considered in time.
16. Members asked for clarification as to whether the 0-2's strategy was solely focused on the prevention of obesity. Dr Sheela Reddy clarified that this was the case at present, but that inclusion of other important infant feeding topics (including salt, vitamin D and dental caries), would be considered if Members were to suggest it would be appropriate and relevant, even indirectly.

Change4Life 0-2's campaign

17. Richard Storey then introduced the proposed 0-2's behaviour messaging in development to promote breastfeeding and early weaning. Members were asked to discuss and comment on the proposed ideas, specifically focusing on the questions outlined in the paper (SMCN/09/01).
18. Following the discussion, Members were invited to volunteer (in an advisory capacity) to engage in the C4L process to ensure that the final messages and supporting copy accurately reflect the science. Members were informed that one SACN member, Professor Peter Kopelman, already sits on the Healthy Weight, Healthy Lives (HWHL) expert review group, but that there was currently no paediatric representative on this group. Dr Sheela Reddy explained the intention was therefore to engage SACN

at an early stage, particularly SMCN with paediatric expertise, in the development of the early year's strategy.

19. Members asked what the process for approval of C4L materials was and how the Committee would sit with others in DH. Dr Sheela Reddy clarified that HWHL had originally been tasked with this, but that core individuals were required to get the translation of specific messages right.
20. Members asked for clarification about the partnerships formed under the C4L movement and particularly the involvement of industry. It was explained that before any commercial company can work with the Department of Health on Change4Life, they must sign up to Campaign Terms of Engagement, which require companies to commit to working with the Department on both healthy diet and physical activity initiatives. Partners do not contribute funding directly to C4L but are asked to amplify and extend the awareness of the campaign, find new and effective channels for disseminating campaign messages about diet and activity and support goals of encouraging desired changes in behaviour as regards to both diet and activity levels. In this way leveraging partners planned marketing spend for public benefit. In accepting our terms, partners accept that the Campaign communications plan may carry messages communicating the negative consequences of unhealthy diets/sedentary activity. While the Department will not expect all Partners to carry these messages, they must accept that the overall Change4Life brand will be used to communicate both positive and negative messages as regards both diet and activity.
21. The Secretariat agreed to circulate the C4L Partnership Terms of Engagement in order for Members to know the nature of the relationship between DH and involved partners, and to avoid any sensitivity around conflict of interest.

Action: Secretariat to circulate the Partnership Terms of Engagement that were developed specifically for C4L process.

22. Members welcomed the opportunity to help in an appropriate way, once DH had agreed on an appropriate way forward. Dr Sheela Reddy noted that DH would consider the Committee's initial comments on the draft messages and that before

committing involvement in the C4L process, Member's would be notified of nature of their involvement (i.e. as independent advisors or on behalf of the Committee).

Action: DH to develop terms of reference to inform Members on the nature of their involvement, and Members to then notify the Secretariat of their wish to be engaged with the C4L process.

23. It was emphasised that, in an advisory capacity, Members would advise on the translation of the science. Members also requested assurance that, if involved in the process, they would have sight of any materials once comments had been incorporated. It was confirmed that C4L was for England only.

24. The Chair thanked Gaynor Ferrari and colleagues for presenting initial ideas for the 0-2's consumer messaging and for the opportunity to comment on the work at this stage.

AGENDA ITEM 4 – Recent changes to Government advice on maternal and child nutrition (SMCN/09/02)

25. The Chair invited Rachel Coomber to introduce the paper. It was noted that the paper had been circulated for information only, and some information contained in the paper (paragraphs 14 - 21) was strictly confidential.

Guidance on making up infant formula

26. Members were informed that in 2007, the Department of Health revised the advice on making up infant formula milk. This followed a recommendation from the European Food Safety Authority's (EFSA) Scientific Panel on Biological Hazards in 2004, to revise the current guidelines on preparing, handling and storage of infant formula. This recommendation had followed reports that contamination of powdered infant formula with *Enterobacter sakazakii* and *Salmonella* have been a cause of infection and illness in infants. EFSA's recommendation was to "always reconstitute formulae in hot water (>70 degrees centigrade) or water that has been boiled and cooled, avoiding recontamination". In light of EFSA's recommendations, both the Department of

Health and the Food Standards Agency changed its recommendations and these are reflected in mainstream advice and information materials.

27. Members asked for clarification as to why the DH states, “If you have to use bottled water, you will still need to boil it” in its advice, when it is not routinely recommended that bottled water is used for making up infant formula. The Secretariat explained that the general recommendation was not to use bottled water, but that in some situations if bottled water is used e.g. when going abroad or in emergency situations, for safety reasons, the Department specifies that bottled water should be boiled if using it. Members agreed the current wording did not adequately reflect this and the Secretariat agreed to feed comments back to the maternal and child nutrition policy team.

Action: Secretariat to feed comments regarding advice on making up infant formula, back to the relevant policy team.

Caffeine advice during pregnancy

28. Members were informed that in November 2008, following research carried out on behalf of the Food Standards Agency by the Universities of Leeds and Leicester, the Agency issued new advice to pregnant women on daily caffeine consumption. The Agency had previously set a maximum daily intake of 300mg and new research had suggested that although the risk is low, a limit of 200mg per day will help to minimise the risk further. It was explained that the Committee on Toxicity (COT) had spent a great deal of time considering the issue, and FSA’s analytical team had also considered this independently.
29. Members commented that mixed messages arose from the consumer advice, and advice implies consumption of 200mg caffeine per day is not of great concern. Members also commented that examples given i.e. 2 mugs of instant coffee (100mg each), 1 mug of filter coffee (140mg each), 2 mugs of tea (75mg each), 5 cans of cola (up to 40mg each), 2 cans of 'energy' drink (up to 80mg each) and 4 (50g) bars of plain chocolate (up to 50 mg each), were particularly strong measures.

30. Members asked if there had been any insight into public interpretation of the revised consumer messaging on caffeine. Members also commented that SACN had not been consulted on the revision of the advice and that the opportunity to comment would have been welcomed. The Secretariat agreed to ask the Food Standards Agency for a response to Member's queries regarding the new caffeine advice.

Action: Secretariat to ask FSA for a response Member's concerns regarding the revised caffeine advice, and to feedback to the Subgroup at the next meeting.

“Good Night” Milks

31. Members asked if any there had been any response to the published statement on “Good Night” milks. The Chair explained that Nutricia (manufacturer of the Cow & Gate's “Good Night Milk”) had made comments. These had been addressed and no major objections to the statement had been registered. The Secretariat noted that feedback had been received from health professionals, including the Royal College of Midwives (RCM), who had welcomed the statement and distributed the advice through their network channels.

32. Members were informed that DH and the FSA would be meeting together with industry to discuss the Committee's statement and would provide an update in due course.

Action: DH to provide an update on discussions with industry regarding “Good Night” milks.

Peanut avoidance

33. Members were informed that, in light of new evidence, the Food Standards Agency (FSA) Board recently recommended that Government consider revising the current advice on avoiding peanuts during pregnancy, breastfeeding and early life, where there is a family history of allergy. This followed a review of published scientific evidence on exposure to peanuts in early life and the development of peanut allergy, by the

Committee on Toxicity (COT). It was noted that the Department of Health was currently considering FSA's recommendation.

34. Members were informed of an error in paragraph 20 (page 5) of the paper (SMCN/09/02).
35. The Chair informed Members that there was a new planned study, the EAT study (Enquiring About Tolerance), funded by the Medical Research Council (MRC) and FSA, which will attempt to determine levels of exposure of allergenic foods indicative of tolerance. It was noted that although the protocol did not follow current infant feeding policy, the importance of such a study to determine exposure thresholds was important. There was some concern about the feasibility of recruiting participants for the study; if such a large number of women are expected to maintain exclusive breastfeeding, additional breastfeeding support would be required. Members noted that follow up beyond 3 years of age would be preferable and the Secretariat agreed to forward these comments to the FSA.
36. Members asked if the EAT study protocol should go to SACN. The Chair explained that the Committee had no role in influencing a research protocol that is already funded and agreed, and they would therefore not be consulted. It was noted that Professor Peter Aggett had been appointed to Chair the data monitoring committee for the study.

Action: Send Member's comments regarding the EAT study to FSA.

37. Members asked why advice on avoidance only included peanuts, and whether cross reactivity (for example between soya beans and peanuts) had been considered. It was noted that peanut allergy is quite a common and fatal allergy, whereas allergies to other nuts is not. Members asked if there was any information on the prevalence of peanut allergy in the UK population. The Secretariat agreed to ask the FSA and feedback to Members.

Action: Secretariat to enquire about prevalence of peanut allergy in the UK and report back to Members.

38. Members commented that the proposed consumer advice (pending a decision to revise the advice) was unclear. Although it states what Government advice is, the tone implies that mothers should do what they think is best. Similar concerns about the revised caffeine advice for pregnant women were noted.
39. The Secretariat explained that dissemination of any change in advice on peanut avoidance would occur in the Spring, as two key Department of Health publications (the 'Pregnancy Book' and 'Birth to Five') are currently undergoing a large revision.

Other

40. The Secretariat informed Members that the FSA were also considering advice on provision of liver in the weaning diet and growing children, and advice on foods to avoid to women thinking of having a baby.
41. Members noted that to ask women thinking of having a baby to follow the same advice as for pregnancy, might in some cases be too long a period. The Secretariat clarified that some pregnancy advice, for example vitamin A, already applies to both pregnant women and women trying to get pregnant, and that FSA was simply looking to clarify the advice.
42. Members asked if there were any developments to report on the farming industry following the publication of SACN's 'Review of dietary advice on vitamin A'. The Secretariat agreed to check with FSA and feedback to Members.

Action: Secretariat to find out if there is any feedback from FSA about conversations with the farming industry.

AGENDA ITEM 5 – Updates on Activities related to Maternal and Child Nutrition (SMCN/09/03)

DH Update

43. Dr Sheela Reddy introduced the paper and provided an update on current DH activities related to maternal and child nutrition. Members were asked to comment.
44. With regard to the National Child Measurement Programme (NCMP), Members asked what systems were in place to ensure adequate quality control of measurements. Dr Sheela Reddy explained that DH guidance has been given to all PCTs on training of staff on how to measure and weigh children correctly. There are also obesity training bodies with specialist training packages that each PCT can access. Dr Sheela Reddy explained that quality checks are undertaken on all data that is fed back.
45. Members expressed concern that there are no recognised mechanisms for validating the nutrition training of some specific work areas e.g. physical activity experts, who regularly give advice on diet and nutrition. Members noted that given the difficulties the Association for Nutrition (AfN) and the Nutrition Society (NS) had experienced, DH should consider enabling the process by which adequate work force skills can be achieved. The Secretariat agreed to gather some information with regards to the nutrition training of the workforce and feedback to the Committee. Dr Sheela Reddy clarified that there is a focus on training community pharmacists in England, although this is not centralised.

Action: Secretariat to gather information with regards to the nutrition training of the workforce and feedback to the Committee.

46. Dr Robert Fraser raised concern that there was no further stock of Healthy Start women's vitamins. Dr Sheela Reddy explained that Bayer had withdrawn these vitamins with immediate effect and without notice. Dr Sheela Reddy reassured Members that this was not due to contractual omissions.
47. Dr Reddy noted that the Department were in discussion with Bayer to reconsider the contract, but that DH were also rethinking the supply of Healthy Start branded vitamins. Members were informed that DH had asked NHS Supplies, responsible for the distribution of the vitamins, to identify a suitable alternative (licensed or unlicensed) to replace the Healthy Start women's vitamins. Advice would be sought from the Medicines and Healthcare products Regulatory Agency (MHRA) and SACN.

It was noted that withdrawal of the vitamins was likely due to a lack of demand for the vitamins and the logistical problems faced by PCTs with distributing the vitamins. The Secretariat agreed to update Members on this issue at the next meeting and consult Members regarding an alternative supplement if necessary.

Action: Secretariat to update Members on the supply and distribution of Healthy Start women's vitamins, at the next meeting. Secretariat to also consult Members regarding a suitable replacement supplement if necessary.

48. Members asked about the effectiveness of community nurses in the Family Nurse Partnership (FNP) and it was clarified that the FNP was very different to community support workers. Dr Sheela Reddy explained that only 1000 families were on the programme, with 57 Family Nurses drawn from health visiting and midwifery, and so each nurse had a tight caseload of approximately 20 families. It was also clarified that there are plans to potentially roll out the programme across England, after a cost effective evaluation has taken place. Although this programme involved training of nurses, the quality of the training in terms of infant feeding and nutrition was not clear. Members emphasised the need for a clear strategy to ensure adequate training to enable staff to deliver and carry out their nutritional responsibilities.

Welsh Assembly Update

49. Susan Sky gave an update on activities relating to maternal and child nutrition in Wales. Members were informed that the Breastfeeding Data Collection Pilot Scheme in Caerphilly Borough was still going ahead and that the intention was to roll the Scheme out in Gwent Healthcare NHS Trust; a national roll out will then be considered. Susan Sky clarified that all data was collected by health visitors.

AOB

Papers from the Archives of Disease and Childhood on infant feeding for discussion

50. The Chair introduced two papers from the Archives in Disease and Childhood (Quigley et al 2009 and an editorial by Ward Platt 2009)¹. Members were asked to consider and comment on the papers.
51. Members highlighted that the editorial (Ward Platt 2009) makes reasonable argument about following developmental cues for introducing solids, but it is not clear that mothers or carers know what those cues are. It was noted that the methodology in the Quigley et al 2009 paper, which looked at hospital admissions, looked at the way the infant was fed that month, and does not capture overall feeding practice.
52. The Committee agreed that concerns raised about papers should be registered. It was agreed a response submitted independently of the Committee was more appropriate.
53. It was agreed that the need to review the evidence on complementary feeding was sharpened by the discussion, and it was timely to begin commissioning the research. The Secretariat agreed to draft and circulate Terms of Reference for the review at the next meeting in May.

Action: Secretariat to investigate the tendering process for commissioning a review, and to draft Terms of Reference for the review for the next meeting in May.

Next meeting

54. The next Subgroup meeting will be held on 15th May 2009.

¹ Quigley MA, Kelly YJ and Sacker A (2009) Infant feeding, solid foods and hospitalisation in the first 8 months after birth *Arch Dis Child* 94, 148-150 (originally published online 1 Oct 2008, doi:10.1136/adc.2008.146126)

Editorial: Ward Platt MP (2009) Demand weaning: infants' answer to professionals' dilemmas Arch Dis Child 94, 79-80