

Scientific Advisory Committee on Nutrition

**13th MEETING OF THE SUBGROUP ON MATERNAL AND CHILD NUTRITION
5 May 2010, Department of Health, 10.30am, Room 128A, Skipton House, 80 London
Road, London SE1 6LH**

DRAFT MINUTES

Attendees:

Dr Anthony Williams (Chair)
Professor Alan Jackson
Dr Ann Prentice
Dr Stella Walsh
Professor Tim Key
Professor Annie Anderson
Professor Peter Aggett
Dr Sian Robinson
Dr Ken Ong

Secretariat:

Dr Sheela Reddy (DH)
Rachel Marklew (DH)
Lisa Miles (DH)

Observers:

Susan Sky (Welsh Assembly)
Francesca Entwistle (DH)

In attendance for agenda item 4 only:

Dr Joelle Buck (Food Standards Agency)
Dr Alison Tedstone (Food Standards Agency)
Sarah Hardy (Food Standards Agency)

Chair's Introduction

1. The Chair welcomed Members to the 13th meeting of the Subgroup on Maternal and Child Nutrition. The Chair welcomed two new members to the Subgroup, Dr Sian Robinson and Dr Ken Ong and a new member of the Secretariat, Lisa Miles.
2. Apologies were received from Dr Robert Fraser and from observers Dr Ruth Campbell (Scottish Government), Dr Naresh Chada (Northern Ireland) and Rachel Elsom (Food Standards Agency).

AGENDA ITEM 1 – Minutes of last meeting

3. Members were invited to comment on the minutes of the meeting on 11th September 2009 (SMCN/09/min02). The following amendments were agreed:
 - Paragraph 3 – amendment to last sentence from “which would” to “that had”.
 - Page 3 – move the action point from the end of paragraph 9 to the end of paragraph 11.
 - Page 7 – amendment to penultimate bullet point, insert “economic” before “climate”.
4. Pending the above corrections, the minutes were agreed as a correct record of the meeting.

Matters arising (SMCN/09min02)

5. Dr Sheela Reddy reported the progress on matters arising from the previous meeting. The following points were raised:
6. A paper was tabled for information “Update on work with industry regarding Good Night Milks following the publication of the SACN statement in November 2008”. Dr Sheela Reddy reported that meetings with industry had been successful. The Cow and Gate Good Night Milk and Comfort Follow-on products (now owned by Danone) have been discontinued. HiPP have agreed to remove the claim “easy to digest” from the label but plan to retain the “satisfying” claim for now. The “gluten-free” claim remains but this is not thought to be problematic. The FSA and DH have written to HiPP to draw their attention to Cow and Gate’s reaction to the SACN statement. Professor Peter Aggett asked for this information to be sent to Dr David Vickers, Registrar, RCPCH.

ACTION: Secretariat to send an update on the industry response regarding Good Night Milks following the publication of the SACN statement to RCPCH.

7. The Committee was informed that following confidential discussion of a novel formula ingredient at its last meeting (SMCN/09/06) the manufacturer concerned had withdrawn the application.
8. Dr Sheela Reddy indicated that the Department of Health had recently received a few queries regarding the lack of availability of infant formula suitable for vegans.
9. The majority of the remainder of the matters arising were actioned or discussed as items on the agenda. The following updates were also given:
 - The Secretariat plans to draw up a document about the nature of SACN consultations. This will be taken to the main SACN committee when available.
 - Susan Sky provided an update on the Healthy Weight Data Collection Feasibility Study taking place in Wales. Welsh Ministers have approved height and weight measurements for children at reception and year 4. This information will be publicly available from the end of May.
 - Start4Life has now been launched and favourable feedback has been received so far. Many resources can be downloaded from the website in pdf format.

ACTION: Secretariat to circulate the final version of Start4Life behaviours.

10. Members enquired about the planned work on complementary feeding that was discussed at the most recent SACN horizon scanning meeting. Dr Sheela Reddy indicated that the SMCN Secretariat would be able to progress with this once the report on *Early nutrition and the development of chronic disease in later life* has finished.
11. Members also enquired about the work on women's/maternal health that was discussed at the most recent SACN horizon scanning meeting. Although this work was not regarded a high priority at the SACN horizon-scanning meeting it was agreed that

it would be useful to capture the issues at a future SMCN meeting and to highlight any additional expertise required on the group.

ACTION: Secretariat to add women's maternal health to the next SMCN agenda.

AGENDA ITEM 2 –Consultation Responses: Early nutrition and the development of chronic disease in later life (SMCN/10/01 and SMCN/10/02)

12. The Chair explained that the draft report *Early nutrition and the development of chronic disease in later life* had been released in February for a scientific consultation of 12 weeks. The draft report was published on the SACN website and sent out to individuals/institutions with an interest in the area. Comments were received from 15 individuals or institutions prior to the meeting:

- Professor Barry Bogin, Loughborough University (independent)
- Prof Judy Buttriss on behalf of the British Nutrition Foundation
- Neil Douglas, on behalf of the Scottish Food Advisory Committee
- Dr Manon van Eijsden, ABCD cohort study, Netherlands (independent)
- Dr Gail Goldberg, on behalf of MRC Human Nutrition Research, Cambridge.
- Sally Kappler, on behalf of the British Specialist Nutrition Association
- Marisol Warthon Medina, University of Central Lancashire (independent)
- Dr Ken Ong, MRC Epidemiology Unit, Addenbrooke's hospital (independent)
- Dr Chris Owen, St George's, University of London (independent)
- Dr Sian Robinson, on behalf of the MRC Epidemiology Research Centre, University of Southampton
- Professor Henry Leese, on behalf of the Scientific Advisory Committee, Royal College of Obstetricians and Gynaecologists
- Dr Kevin Sinclair, University of Nottingham (independent)
- Dr Jackie Taylor, on behalf of the Royal College of Physicians and Surgeons of Glasgow
- Mr Edward Wozniak, Professional Advisor for Child Health, Department of Health (independent).

- Professor Charlotte Wright, Glasgow University, Yorkhill Children's hospital (independent)

13. The consultation has closed on 30th April so it was noted that the Secretariat had not yet actioned suggested changes received from the consultation responses. However, a document displaying a table of consultation responses and suggested actions and points for discussion was circulated for the meeting (SMCN/10/01). The responses from the Scottish Food Advisory Committee and MRC HNR were received after the deadline so these were tabled as separate documents.
14. A table of consultation responses and agreed actions will be published once the Secretariat have confirmed whether comments are from an individual or made on behalf of an institution

ACTION: Secretariat to include a clear indication of respondents' status and affiliation in the final table of consultation responses and agreed actions.

15. The Committee discussed individual comments and gave the Secretariat clear guidance for making amendments to the report. In addition to a number of drafting changes, the following points were agreed:
- The consultation responses included several suggestions for the inclusion of more recent research papers. It was agreed that a cut-off was needed; papers published from 1st January 2010, finalisation of the consultation draft, will not be added into the report.
 - The concept of unbalanced nutrition rather than undernutrition needs to be captured in the early paragraphs of the introduction.
 - Widening the scope of the review was considered but it was agreed that the original scope of the report should be maintained. However, the report will acknowledge areas of expanding research which may need to be included in reports on early life nutrition in the future (new paragraph after para 12).

- The report needs to acknowledge that evidence exists from developing countries, though can recognise that these studies often involve correction of nutritional deficiency states through intervention.
- The Subgroup suggested that a further opinion should be sought through SACN on the question of including dental outcomes.

ACTION: Secretariat to contact Professor Angus Walls for his opinion on the suggestion that dental health be added to the scope of the report.

- At the end of the report it would be helpful to indicate that we have looked at certain health outcomes as an illustrative process; even if excluded outcomes had been reviewed, it is likely that we would not have been able to make definitive conclusions on them.
- One reviewer suggested that more information on the role of the placenta and pre-conceptual maternal nutrition status need to be added to the report. It was agreed that this should be added to section 3.1.3.

ACTION: Prof Alan Jackson to send the Secretariat some useful wording on the role of the placenta

- It was agreed that the term “maternal constraint” would be more appropriate than “uterine constraint” The definitions of SGA, IUGR and maternal constraint will be checked in the glossary.
- Section 4.4.1 requires some reordering of paragraphs and the addition of an introductory paragraph explaining what the evidence says.
- P trend values will be included where statistically significant.
- The cancer section will be rechecked for unreliable very large effect sizes.

- Some additions to the conclusions of Chapter 4 were agreed:
 - A paragraph should be added to the conclusions to help put effect sizes in context
 - A point should be made that not all risk factors for chronic disease are long-term and modifiable in later life
 - A reference to the San Antonio study should be added
 - A reference to the contribution of early life factors that affect vulnerability to later life outcomes should be added.

- Section 5.1 will be reorganised to clarify which results are experimental and which are observational.

- The title of chapter 5 will change to “Underlying biology, putative mechanisms and their implications”.

- The tabled comments from MRC Human Nutrition Research and the Scottish Food Advisory Committee were discussed and the following actions were agreed:

ACTION: (In response to a comment from MRC HNR) Secretariat to cross-check the report against the energy requirements report from SACN’s working group, to ensure any inconsistencies are ironed out.

ACTION: Secretariat to go through the detailed comments from MRC HNR and the Scottish Food Advisory Committee and make amendments to wording as appropriate.

Draft recommendations of the report “*Early nutrition and the development of chronic disease in later life*”

16. A draft version of the report’s recommendations was prepared by the Secretariat and tabled at the meeting (SMCN/10/01a). Various revisions were discussed, which are highlighted here.
17. The two sub-titles of “Recommendations for public health intervention” and “Research recommendations” were agreed.
18. It was agreed that a recommendation was needed to stress that acting before the age of 2 years is a critical age for intervention. This time period offers a number of opportunities to intervene.
19. It was agreed that a recommendation is needed to highlight that women who are planning a pregnancy need to have adequate nutrition status, and that the pre-conceptional period is a suitable target/window of opportunity for intervention. The awareness of health professionals of the importance of women’s health before and during pregnancy (particularly in relation to folate, vitamin D and body weight status) needs to be addressed (training and promoting awareness amongst both HPs and public).
20. The recommendations need to stress that the current situation is not acceptable, and to argue health economic analysis.
21. The public health recommendations need to make suitable reference to current useful programmes and opportunities for new interventions.
22. The recommendations should take a whole-population view and not simply refer to groups of low socio-economic status.
23. The research recommendations need to emphasise the need for funding of lifelong cohort studies and NDNS surveys, a systematic approach to nomenclature, and identification of clear questions to be answered by longitudinal studies.

24. It was suggested that discussions with funders of research are required. A major collaborative research effort is needed on issues core to maternal and child health.

ACTION: Secretariat to redraft recommendations and conclusions and circulate to the Subgroup.

25. It was agreed that the discussion of the early nutrition report at the main SACN meeting in June should concentrate on the draft recommendations and a summary of the report, rather than a full discussion of the detailed report, which had not yet been revised. An updated table of the consultation responses and actions to be taken will also be provided for the meeting for information, in addition to a copy of the report sent out for consultation. Members agreed to help the Secretariat with the final drafting changes on the report. The Secretariat aim to complete publication of the report in the Autumn.

ACTION: Secretariat to prepare papers on the early nutrition report recommendations and summary, and table of consultation comments for the main SACN meeting on 7th June.

AGENDA ITEM 3 – Draft scope for review on the risks of not breastfeeding (paper SMCN/10/03)

26. A review on the risks of not breastfeeding would assist preparation of Start4Life and other Health Department communications. The Chair noted that it is hoped that the work could be produced quickly in-house within a year. There are a number of existing expert reports, reviews, systematic reviews and meta-analyses on related topics that could be used as a basis for this work. The end result will be a position statement rather than a full risk assessment.

27. The Chair explained that a paper was prepared by the Secretariat to prompt discussion about the appropriate scope of the review of risks on not breastfeeding. The following points were discussed and agreed:.

- It was agreed that the review should focus on the UK perspective and highlight differences in exposures in UK compared to where the research is done.
- Defining 'not breastfeeding' is difficult due to differences in reporting in the research, and the range of behaviours associated with breastfeeding. It was agreed that terminology applied in the literature will need to be captured.
- The review will be limited to full-term infants. Use of expressed milk will not be considered equivalent to breastfeeding.
- Only short-term health outcomes for the infant will be covered (0-24 months of age). Short and long terms health outcomes for for parous women will be covered.

ACTION: Secretariat to revise scope of review of risks of not breastfeeding based on comments from the Subgroup, and draw up terms of reference.

AGENDA ITEM 4 – Timing of introduction of gluten into the infant diet (paper SMCN/10/04)

28. Dr Alison Tedstone, Dr Joelle Buck and Sarah Hardy from the Food Standards Agency joined the discussion for this item.
29. At the end of 2009 The European Food Safety Authority (EFSA) issued a Scientific Opinion on the appropriate age for introduction of complementary feeding of infants. The EFSA Opinion discusses the available scientific evidence and draws a number of conclusions, most notably on the timing of introduction of gluten into the infant diet. Conclusions indicate that introduction of complementary food into the diets of infants is safe between 4 and 6 months of age and does not pose a risk for adverse health effects, and that available data on the risk of coeliac disease and type 1 diabetes mellitus support the timing of introduction of gluten containing food (preferably while still breastfeeding) not later than 6 months of age. This advice is contrary to current

advice from the Department of Health, which advises introduction of complementary food at around 6 months of age and avoidance of gluten before 6 months of age.

30. The Subgroup briefly discussed the Scientific Opinion from EFSA and the key papers cited. The following points arose:

- Clarity is needed on the meaning of "6 months of age"; this was construed as 6 completed months.
- There is some discrepancy between the Conclusions and Diabetes mellitus sections of the EFSA report about the certainty of the relationship described .
- Only one study by Norris et al (2003) considers the timing of introduction of gluten into infants' diets before 4-months of age. The data needs to be examined in relation to adjustments for confounders and whether the gluten was introduced as cereal-based solids or formula.

31. The Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT) discussed the EFSA Scientific Opinion on 4th May 2010, in order to assess the immunological significance of introduction of gluten before 6 months. The COT were provided with the same documentation as the SMCN. Dr Joelle Buck provided an oral update on the provisional conclusions discussed by the COT. A formal minute of the COT meeting, which will set out the final views of the Committee, will be agreed in due course and forwarded to the SMCN for consideration at a future meeting.

32. In general the provisional comments from the SMCN were similar to those from the COT. However, there is a need to be explicit regarding the uncertainties in risk assessment; the evidence-base used to inform the EFSA Scientific Opinion appears to be rather weak, and subject to some quality issues. Further consideration is needed regarding the impact of formula or breastfeeding alongside introduction of gluten before 6 months of age.

33. EFSA reported that some of the studies indicate that the introduction of gluten in the 7th month or later could increase the risk of coeliac disease and/or type 1 diabetes. If this is the case, mothers following current advice to breastfeed exclusively for 6 months, would naturally find it difficult to ensure introduction to gluten before 7 months because of the short window of opportunity for introduction and because first foods tend not to contain gluten.
34. It was note that there are some ongoing studies which consider introduction of gluten to infants' diets but these are not likely to report soon.
35. It was agreed that it will be important to provide a clear SACN statement in response to the EFSA Scientific Opinion. The risk assessment can be conducted together with the COT, which will need to involve COT representation at the next SMCN meeting.

ACTION: Secretariat to draft a paper on the SMCN view on timing of introduction of gluten into infants' diets, and add to the next SMCN agenda.

AOB

36. Dr Sheela Reddy reported briefly on the recent discussion from the SACN/RCPCH meeting on cut-offs for defining overweight and obesity in children. A Position Statement is planned outlining the recommendations of the SACN/RCPCH group.

AGENDA ITEM 5 - Update on activities related to Maternal and Child Nutrition (SMCN/10/05)

37. This item was not discussed in detail due to time constraints.

Next meeting

38. The next Subgroup meeting will be held on 8th September 2010.