

Scientific Advisory Committee on Nutrition

7th MEETING OF THE SUBGROUP ON MATERNAL AND CHILD NUTRITION

23 May 2007, Department of Health,
Wellington House, 133-155 Waterloo Road, SE1 8UG

FINAL MINUTES

Attendees:

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

Secretariat:

Dr Sheela Reddy (DH)
Rachel Coomber (DH)
Saadia Noorani (FSA)

Observers:

Susan Sky (Welsh Assembly)
Rachel Atkinson (DH)
Edward Wozniak (DH)

Chair's Introduction

1. The Chair welcomed Members to the seventh meeting of the Subgroup on Maternal and Child Nutrition, and welcomed Susan Sky, who attended representing Maureen Howell as observer from the Welsh Assembly.

Apologies for absence

2. Apologies were received from Professor Tim Key, Dr Naresh Chada (NI), Fiona Bisset (Scottish Executive), Dr Alison Tedstone (FSA).

AGENDA ITEM 1 – Minutes of last meeting

3. Members were invited to comment on the minutes of the meeting on 11 May 2006 (SACN/SMCN06/min/01).
4. It was agreed that in paragraph 16, the term “*wrongly*” should be removed from line 5 of the second bullet point; and “*vindicates*” should be replaced with “*supports*” on line 1 of the fourth bullet point.
5. On page 5 under agenda item 5, it was agreed that paragraph 20, line 3 should be amended to read “*Proposals have been put forward on restrictions of certain foods in schools*”; and line 4 should be amended to read “*In light of the greater incidence of neural tube defects, Scotland is keen to see progress on the issue of fortification*”.
6. Members also asked for comments to be recorded anonymously, rather than attributing comments to individual members.
7. Pending above corrections, minutes were agreed as the correct record of the meeting.

Action: Secretariat to make above corrections to the minutes of the previous meeting.

Matters arising

8. The Chair reported progress on matters arising from the previous meeting.
9. The Chair confirmed that the SMCN Subgroup report – *The influence of maternal, fetal and child nutrition on the development of disease in later life* had not been redrafted since the last meeting, because priority had necessarily been accorded to other activities over the last year. The Committee were invited to consider how this work could now be moved forward.

10. Members discussed the report's objectives and emphasised the need for these to have relevance to policy options. Members agreed the report should take the form of a risk assessment describing, for example, the importance of preparation for pregnancy in early life, and should illustrate relevance to the UK by reference to data from the NDNS.

Action: Secretariat to redraft the Subgroup's report before the next meeting on 14 September 2007, updating the literature review and taking into account the Subgroup's comments from its previous meeting (11 May 2006).

11. Members were informed that revisions had been made to the vitamin D report and that the report had now been published on the SACN website. The Chair confirmed that the final version of the report was a position statement, highlighting the prevalence of low vitamin D status throughout the UK population and providing a synopsis of the evidence relating to vitamin D.

12. Members were concerned that the vitamin D report should be communicated as widely as possible and actively publicised for example by publishing an article/letter in the BMJ, informing NICE of its publication and further promoting vitamin D in press/magazines etc. Members also proposed that hard copies should be published in a format referenced by ISBN.

13. Members were informed that work was already underway to produce leaflets on vitamin D for both health professionals and consumers, and that DH were planning to hold a conference on infant feeding issues where the issue will be highlighted to health professionals.

Action: Secretariat to liaise with DH and the Royal Colleges' (RCPCH and RCOG) press offices. Secretariat to inform NICE of the vitamin D publication and arrange for hard copies of the report to be published.

14. Members sought clarification about SACN's involvement in a meeting about the FSA's Nutrient Profiling Model on 11 June 2007. They were informed that a review is being undertaken by FSA. The purpose of the June meeting is to look at its scope and lay out a plan. Members emphasised that the model must remain robust as there are ramifications beyond its immediate use.

Action: Secretariat to inform SACN members about the process for reviewing the Nutrient Profiling Model.

AGENDA ITEM 2 – Infant Feeding Survey 2005

15. The Chair introduced the *Infant Feeding Survey 2005 (IFS 2005)*, published on 14 May 2007, outlining for members the methodology of data collection and highlighting key differences in the methodology to that of previous surveys.
16. The Chair briefly introduced each chapter, highlighting key findings. Members discussed the survey in detail and principal comments were as follows:
- The definition of 'Breastfed initially' as "*all babies whose mothers put them to the breast, even if this was one occasion only*" could be misinterpreted
 - The report does not provide data on the number of babies born in a Baby Friendly hospital and the impact this has had on breastfeeding rates. This should be included in future surveys
 - There is a need to consider capturing data on birth weight. This could possibly be achieved in subsets of the sample in future surveys
 - Need to explore the potential for linking infant surveys with NDNS, possibly through subset recruitment
 - Survey data raise questions about access to support by pregnant and breastfeeding mothers. There is a need to focus on the provision of

education for mothers and currently lack of clarity about who is responsible for providing this

- The survey highlights a need to encourage more intensive implementation of antenatal and postnatal care
- The survey shows that a high proportion of mothers (almost 50%) do not follow guidelines for preparing infant formula. This highlights the lack of practical support available for mothers on feeding practice
- “*Formula milk*” should be referred to as “*infant formula*”
- Progress in delaying the introduction of solids has been made and advice to introduce solids later appears to be effective
- The proportion of mothers feeding drinks other than infant formula at 4 weeks seems high and it would be useful to know what these drinks are
- Specific data on vitamin D supplementation and the preconceptional use of folic acid should be included in future surveys
- Postnatal iron supplementation appears more widely practised than expected – these data should be incorporated into the SACN iron report being drafted
- Members noted that the report was solely web-based and strongly recommended that hard copies are made available in the interests of publicising and citing this important work
- The Chair clarified that figures in the 2005 Infant Feeding Survey tables were not standardised to a 1985 demographic base. Members suggested including standardised figures in the tables in future surveys to avoid confusion.
- Text accompanying the survey data might have benefited from the involvement of an individual familiar with current practice and policy to facilitate interpretation of the statistical detail

Action: Secretariat to relay this back to the Information Centre.

17. Members proposed that SACN should undertake a scientific risk assessment of *not* breastfeeding. The report should refer to the “risks of not breastfeeding”, rather than the “benefits of breastfeeding”, since it is

breastfeeding which constitutes the physiological norm. The Secretariat agreed to consider this in the future work programme.

18. Members were informed that following the publication of the IFS 2005, DH was planning a conference for health visitors, midwives and other health professionals to highlight the findings and discuss issues around support systems.

19. Members recognised that the IFS 2005 report had a wealth of information and requested that a synthesis paper should be drawn up to summarise the findings.

Action: Secretariat to draft a synthesis paper of the Infant Feeding Survey 2005.

AGENDA ITEM 3 – WHO Growth Standards

20. The Chair gave a brief introduction to the work undertaken by the Joint SACN/RCPCH Expert group on the *Application of WHO Growth Standards in the UK* and introduced the paper summarising responses to the five week consultation.

21. The Chair informed members that the paper would also be circulated to the Joint Expert group (SACN/RCPCH) for comment.

22. The Chair observed that a majority of respondents support the adoption of the WHO Standards and that comments largely related to risk management issues, with an emphasis on appropriate training of health professionals on the use and interpretation of the standards.

23. Members observed that the consultation had not raised issues or yielded information that the expert group had failed to consider at previous meetings

24. The responses indicated that:

- The distinction between a standard and a reference was not well understood. The report needs to be more explicit about the use of the WHO Standards as a reference for the UK
- Clarity about the management implications of using the chart as a reference for formula-fed infants is required
- There is a lack of understanding as to why the period 0-2 weeks will be omitted and this needs to be clarified further in the revised report
- The choice of disjunction is a risk management issue which should be informed by the consultation. A majority favoured disjunction at 2 years
- Health Departments need clear indications on the purpose of piloting and how the piloting should be structured

Action: Secretariat to redraft the report and send tracked changes together with the list of responses to the consultation to SACN/RCPCH members. The list of responses should incorporate specific action that has been taken.

AGENDA ITEM 4 – Lancet series on Child Development

25. The Chair provided a brief outline of the papers and invited members to consider the relevance of the issues raised to the UK population, particularly in light of the current ethnic diversity in the UK. The Chair also introduced the report by CMO *Health is Global: Proposals for a UK Government-wide Strategy*, currently open to consultation, and invited members to discuss and comment on the report.

26. Comments were as follows:

- The *Health is Global* report does not recognise malnutrition as a leading cause of death, directly or indirectly responsible for approximately 50% of deaths in young children
- The report does not mention food security, the impact of industrialisation on parenting practice, or trade implications related to marketing of breastmilk substitutes

- There is no mention of malnutrition in a global context. It would be also be worthwhile highlighting the issue of malnutrition in the elderly as a worldwide problem
- The impact of human interaction on early childhood development deserves strong emphasis
- Nutrition is key to child development. There is a strong economic justification for improving the nutrition and health of the population and interventions in the earliest years (before 18-months of life) are the most effective. This was recognised in the World Bank review “*Repositioning nutrition as central to development. A strategy for large scale action*” (2006) which should be used to support the argument
- The current emphasis on “technological fixes” is disproportionate to the greater part played by skilled human contact. There is a need to balance better these aspects
- If doctors are to advise developing countries as envisaged they must receive adequate training. The UK can make a contribution to reducing child mortality by promoting a wider range of effective strategies than those currently envisaged
- Other countries (notably Singapore) have shown that investment in nutrition can lead to long term benefits

27. Members noted that it was the responsibility of SACN to provide advice on nutrition-related issues across Government, including the Department for International Development (DFID). Members commented that SACN subgroups must also look at issues from a global perspective, but in the past have not. The Committee requested that a representative from DFID be invited to a SACN meeting to provide an update on nutrition activities.

Action: Secretariat to compile a response to CMO incorporating the Committee’s views on the *Health is Global: Proposals for a UK Government-wide Strategy* document. Secretariat to also invite the Department for International Development to the next SACN main meeting in October.

AGENDA ITEM 5 – EC Directive: Processed cereal-based food and baby food for infants and young children

28. The Chair briefly outlined the paper, informing members of the European Commission's intention to review the current Directive (2006/125/EC) on cereal-based foods and baby foods for infants and young children.

29. Members welcomed the opportunity to comment and contribute at this early stage of the process. The key comments were:

Health claims (Para 23) - The current directive does not specifically address the issue of health claims on foods meant for children. Under the latest EC Regulation on Nutrition and Health claims, all claims should be scientifically substantiated but there is no specific requirement that claims made on infants' or children's foods should be validated by scientific evidence based on studies conducted in target group. The revised Directive should explicitly state that any health claims should be based only on evidence from studies conducted with target groups

Ingredients (Article 4) - Suitability of ingredients in foods for particular nutritional use by infants and young children should be assessed and established by scientific data from studies conducted with the target group

Labelling (Article 8a and b) - Current labelling on weaning foods recommends introduction of solids from 4-6 months. The age of introduction of solid foods should be aligned with current UK and WHO recommendations about exclusive breastfeeding for 6 months

Essential Composition (Annex II)

Protein - The text setting out requirements for protein needs to be clarified as the current text is confusing and unclear

Carbohydrates - The amount of added carbohydrates (non-milk extrinsic sugars such as sucrose, fructose, glucose syrups or honey) currently allowed in by the Directive equates approximately to 30% of energy intake from complementary foods, which is rather high. The UK recommendation to reduce dental caries in the population is that intake of NMES should contribute no more than an average of 10% of total dietary energy. COMA states that this value is also applicable to infants and young children who are at high risk of dental caries. It is therefore advisable that the amount of added carbohydrate should be revised in line with the population recommendation

Fat - The current Directive only stipulates the level of total fat. Consideration needs to be given to the quality of fat. The revised Directive should include the full fatty acid profile including the levels of PUFAs and saturated fatty acids

Fibre - The current Directive does not specifically include fibre in the essential composition. SMCN would like the Commission to consider including levels of dietary fibre in the essential composition and further consideration should be given to the definition

Sodium - In addition to sodium, nutrition labels on foods should also provide the equivalent amount as salt

Action: Secretariat to draft a response incorporating the Committee's views on types of amendments that should be made to the current Directive.

AGENDA ITEM 6 – Updates

DH Update

30. Sheela Reddy provided an update on long-term evaluation of Healthy Start and informed members that DH were awaiting the scoping study for the evaluation. Sheela Reddy confirmed this would be presented to the

Committee for comment before a framework for evaluating Healthy Start is developed.

31. Members were informed that DH/DfES have set a target to develop 2500 children's centres by March 2008 and confirmed that not every centre would provide all health services, but that every PCT should have centres offering some of these services. Members expressed concern that the children's centres would not be a priority for PCTs and they would be unfairly resourced – members suggested that developing fewer well-resourced children's centres as models for better practice would be a more practical approach.

32. Members requested copies of *The 'Healthy Living' Social Marketing Initiative: A review of the evidence* and Foresight's *Tackling Obesity: Future Challenges* to be circulated.

Action: DH to circulate the scoping study for the Healthy Start Evaluation once received. DH to also circulate *The 'Healthy Living' Social Marketing Initiative: A review of the evidence* and Foresight's *Tackling Obesity: Future Challenge* to all members.

Welsh Assembly Update

33. Susan Sky gave an update on activities relating to Maternal and Child Nutrition in Wales.

34. All Wales Infant Feeding Guidelines have been developed which will provide a reference resource for primary care practitioners across Wales.

35. Members requested information regarding the number of 'Baby Friendly' hospitals in Wales and were informed that approximately 9 out of 26 maternity units in Wales are accredited as Baby Friendly.

Scottish Executive Health Department

36. Members noted the update from Scotland.

37. Members observed that levels of provision stipulated in existing nutrition standards appear to have been lowered because Scottish schools found them difficult to implement. They asked whether the risks associated with this change had been assessed and proposed a comparison of the nutrition standards for school lunches in the four countries of the UK, to include information about implementation and monitoring.

Action: Secretariat to request information from devolved administrations in Scotland, Wales and Northern Ireland regarding nutrition standards in schools. A paper will be drafted comparing the nutrient standards of the four countries.

AOB

38. The next SMCN meeting will be held on 14 September 2007. Secretariat to email venue & other details at a nearer date.

39. The Chair thanked members for their attendance.