

National Institute for Health and Clinical Excellence

**PUBLIC HEALTH PROGRAMME – MATERNAL AND CHILD NUTRITION
Synopsis of Evidence Consultation from 5th April to 3rd May 2007
Comments on the Evidence Synopsis and Economic Evaluation
and Submission of Evidence
by 5pm on 3rd May 2007**

Stakeholder Comments

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General	General	General	Overall impression is that the documents have captured the essence of the literature and summed up the evidence coherently. It is perhaps unfortunate that they have not recognised the ongoing research in various areas funded by FSA and EU to address some of the issues raised especially in the effectiveness of public health interventions (eg in the document on the effectiveness of public health interventions to improve the nutrition of children aged 2-5 y, there is no mention of "Eatwell, cookwell" etc).

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Evidence Summary – pregnancy review	General	General	The stated aim of the review is to assess “The effectiveness of public health nutrition interventions provided pregnant women that aim to improve pregnancy outcomes”. The effectiveness of dietary/nutritional ‘interventions’ is best measured in terms of changes in nutrient status and it would have been useful to see this outcome dealt with separately in the summary. The effect of the ‘interventions’ on biological outcomes - ‘birth weight’ and ‘maternal health in the short and long term’ is much more difficult to quantify. The logic behind choosing birth weight as one of the few key indicators of the efficacy of dietary/nutritional interventions is not clear. There is very little data to suggest that, in developed countries at least, birth weight is responsive to the intake of nutrients. Birth weight is therefore not a good indicator of the effectiveness of ‘interventions’. There is probably more evidence that gestational age is responsive to nutrition than birth weight and this could have usefully been

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			considered as a primary outcome with birth weight. Probably the biggest determinant of birth weight is smoking but I could not find any discussion of the effects of the various 'interventions' on other health related behaviours such as smoking.
Evidence Summary – pregnancy review	General	General	This is only the executive summary but important omissions in the analysis and the studies highlighted give some cause for concern that the overall analysis represents an incomplete picture of the evidence linking nutrition to health in pregnancy. For example: There are many more recent references to diet in pregnancy than the Rogers and Emmett paper; e.g. (Attree, 2005;Erkkola et al., 1998;Robinson et al., 2004;Rogers & Emmett, 1998;Turner et al., 2003). There was a large RCT of folic acid in pregnancy referred to recently in terms of long term maternal health (Charles et al., 2004); this particular analysis has significant weaknesses but the original study reports a number of other outcomes which are relevant here. There are also numerous reports of

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			fish/fish oil interventions in pregnancy, with some very large RCTs looking primarily at effects on gestational age. Omega-3 fats have also been studied extensively in relation to visual and brain development in the offspring but this does not seem to be reflected in the executive summary. There are other examples (see reference list at end)
Evidence Summary – pregnancy review	Background	1	Second paragraph, second sentence states that FSA "(advises) eating...lean meat", whereas the FSA wording is: "foods rich in protein such as lean meat and chicken, fish (aim for at least two servings of fish a week, including one of oily fish), eggs and pulses (such as beans and lentils)."
Evidence Summary – pregnancy review	Methods: selection criteria	1	First paragraph, third sentence - "...populations that had <u>nutrition levels..</u> " Nutrition levels is not an appropriate description.
Evidence Summary – pregnancy review	Methods: selection criteria	1	Second paragraph, first sentence - "...inform the searches of a second search of the literature which looked for systematic reviews,..". Poor phrasing.

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Evidence Summary – vitamin D	General	General	We welcome the fact that NICE has reviewed this area and is responding to the problem of poor vitamin D status among some pregnant women in the UK. The rigid adherence to systematic review methodology means that NICE has been unable to take into consideration observational studies that provide insights in this area, including data from the developing world. Nevertheless, such studies as exist in the literature would largely support the evidence statements in the consultation document. SACN will be publishing an overview in this area shortly, which they may find helpful.
Evidence Summary – vitamin D	General	General	NICE document draws attention to the need for further definitive RCT data on the influence of maternal D supplementation and infant 25hydroxyvitamin D concentrations and on infant outcomes (e.g. bone mineral content). SACN would agree that such studies are urgently needed.

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Evidence Summary – vitamin D	Conclusions	6	SACN are concerned that the conclusions, unlike the other reviews, are not a summary of the evidence statements and the findings, and therefore give a negative impression. Most particularly, the conclusions do not adequately reflect evidence statement 1, which demonstrates with good evidence that antenatal vitamin D supplementation is effective in improving the vitamin D status of Asian and Caucasian women and therefore supports SACN's recommendation that all women should take a vit D supplement in pregnancy.

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Attree, P. (2005). Low-income mothers, nutrition and health: a systematic review of qualitative evidence. *Matern.Child Nutr.* 1, 227-240.

Charles, D., Ness, A. R., Campbell, D., Davey, S. G., & Hall, M. H. (2004). Taking folate in pregnancy and risk of maternal breast cancer. *BMJ* 329, 1375-1376.

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Robinson, S. M., Crozier, S. R., Borland, S. E., Hammond, J., Barker, D. J., & Inskip, H. M. (2004). Impact of educational attainment on the quality of young women's diets. *Eur.J Clin.Nutr.* 58, 1174-1180.

Rogers, I. & Emmett, P. (1998). Diet during pregnancy in a population of pregnant women in South West England. ALSPAC Study Team. Avon Longitudinal Study of Pregnancy and Childhood. *Eur.J Clin.Nutr.* 52, 246-250.

Turner, R. E., Langkamp-Henken, B., Littell, R. C., Lukowski, M. J., & Suarez, M. F. (2003). Comparing nutrient intake from food to the estimated average requirements shows middle- to upper-income pregnant women lack iron and possibly magnesium. *J Am.Diet.Assoc.* 103, 461-466.

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