

National Institute for Health and Clinical Excellence

**PUBLIC HEALTH PROGRAMME – MATERNAL AND CHILD NUTRITION
 Consultation on the Draft Recommendations from 11th July to 8th August 2007
 Comments to be received no later than 5pm on Wednesday 8th August**

Stakeholder Comments

Please use this form for submitting your comments to the Institute.

1. Please put each new comment in a new row.
2. Please insert the **section number** in the 1st column. If your comment relates to the document as a whole, please put '**general**' in this column

Name:		
Organisation:		Scientific Advisory Committee on Nutrition
Section number Indicate section number or ' general ' if your comment relates to the whole document	Page Number	Comments Please insert each new comment in a new row.
General		The provision of NICE guidance on this important topic is very welcome. The quality of the guidance in the draft report was generally very good.
General		An emphasis on low-income households is appropriate but it would be useful to also refer in the report to other disadvantaged groups who would benefit from specific guidance. For example, ethnic minorities such as South Asians have particular problems with vitamin D sufficiency. The issue of later disease (CVD and diabetes) referred to in the introduction may also be particularly relevant to this group where particular patterns of birth weight and early weight gain seem to be detrimental.
General		Perhaps it is too strong to state in a NICE guidance document that early nutrition "may also reduce the risk in adult life of conditions such as coronary heart disease and obesity." It "may" but there is very little hard evidence in humans that changing diet in pregnancy can reduce the incidence of chronic disease in later life.
General		It is important to also include information on nutrients/foods to be avoided in pregnancy; e.g. vitamin A in liver and cod liver oil; and too much oily fish (PCBs, dioxins etc).
General		The guidance includes advice on achieving an appropriate weight prior to pregnancy but no advice on the dangers of dieting during pregnancy could be found.
General		Throughout the guidance there is reference to advice "tailored to needs" and "personalised information" but it is not clear in what sense the general nutritional advice is made personal.
3 Considerations	6	The term "PDG" seems to be used here for the first time without being defined. It is first mentioned in the Introduction but without the abbreviation.

Please add extra rows as needed

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3.3	7	It is not clear what “colloquial evidence” refers to or the quality of that evidence. Is it reasonable to state that “colloquial evidence” “can form a valid basis for recommendations”?
3.10		“However, these foods alone are not enough to reduce the risk of NTDs”: This is not strictly correct. Any increase in folate status is likely to reduce the incidence of NTD in the population though the magnitude of the effect may be small when considering only changes in the intake of unfortified foods for example.
3.12		“Women from routine and manual groups”: The phrasing here is confusing. Does this refer to occupation?
3.13		“Interventions that successfully increase breastfeeding initiation and duration among those least inclined to breastfeed are likely to be highly cost effective.”; Without knowing what the interventions are is this a reasonable assertion?
3.16		Does “ongoing weekly weighing” refer to weighing after the first 2 weeks?
Recommendation 5 etc		For recommendations relating to general nutritional status prior to pregnancy perhaps the “Who should take action?” list should extend beyond “Midwives, obstetricians and GPs” to bodies such as FSA who are currently providing this type of advice.

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