

Scientific Advisory Committee on Nutrition

1st MEETING OF THE SUBGROUP ON MATERNAL AND CHILD NUTRITION (SMCN)

22 January 03, Department of Health, Skipton House, 80 London Road, SE1 6LH

DRAFT MINUTES

Chairman	Dr Anthony Williams
Members	Professor Peter Aggett Professor Annie Anderson Professor Alan Jackson Dr Timothy Key Dr Ann Prentice Mrs Stella Walsh
Secretariat	Dr Sheela Reddy (DH) Dr Adrienne Cullum (DH) Dr Alison Tedstone (FSA) Ms Lynn Burns (FSA) Mrs Parminder Nijjar (DH)

Chair's Introduction

1. The Chair welcomed Members to the meeting.

AGENDA ITEM 1 – MRC and WHO Systematic reviews on Low Birth Weight

1. The Chair outlined two reviews which have a bearing on the agreed terms of reference for the SMCN:
 - DH is funding an MRC review on the outcomes of early growth and nutrition. Members of the MRC advisory group – which includes the Chair of SMCN in a personal capacity - met once towards the end of 2002 and plan to meet again June 2003. Proceedings of the advisory group's meetings will be available on the MRC web site.

- The WHO is at an early stage of planning a systematic review of the effects of low birthweight on long term adult disease.
2. Members agreed that it was important to have a clearer understanding of the intended focus, timing and nature of the reviews and the planned risk assessment. From the MRC brief, it could not be presumed that issues which SACN had planned the Subgroup to address would be addressed by the review. It was noted that the reviews did not appear to include relevant issues associated with pre-conceptual nutrition or nutrition during early pregnancy.
 3. It was agreed that the Secretariat should prepare a paper identifying key issues to be considered by SMCN on this matter for the next meeting. It was also agreed that the Chair should provide feedback from the next MRC advisory group meeting and keep the Subgroup updated on progress. Proposals for SMCN's work plan could be put to SACN at a later date.

Action: Chair and Secretariat

AGENDA ITEM 2 – Vitamin D: Prevalence of deficiency and any recent concerns

4. The Chair informed Members that reports on vitamin D were included for two reasons:
 - Recent literature – the majority of which comprises case reports - indicates that there appears to have been an increase in the prevalence of vitamin D deficiency among young children, pregnant women and adult men in the UK. The vitamin D status of pregnant women from South Asian and African origin is of particular concern.
 - Inequalities in vitamin D status reflect ethnicity and culture more strongly than income. However, under the proposals arising from the review of the Welfare Food Scheme, free vitamin D supplementation will only be provided to those receiving income support not those at higher risk due to their ethnicity. Supplements are currently only taken by around 25% of those eligible for Welfare Foods.
5. Members were of the opinion that the RNI's for vitamin D were appropriate and the COMA recommendations relating to vitamin D should be followed. Members

considered what opportunity there was for DH to take forward this matter and implement the recommendations.

6. Members were informed that the need for vitamin D supplementation could be included in the National Service Framework (NSF) for Children, which is currently being developed. The MCA have been alerted to the need for a licensed vitamin D product (only combination products – vitamin D and calcium – are currently available).
7. Effective ways of communicating messages with regard to vitamin D supplementation need to be considered. Antenatal care has changed in recent years, with much of the care now administered through midwives rather than doctors, and at risk groups may not be receiving advice on vitamin D.
8. Members noted that there is a lack of evidence on the general effects of hypovitaminosis D in population groups other than women and children.
9. Presently in the UK, there are no guidelines on the length of time required to expose the skin to sunlight to ensure adequate vitamin D status. This data would be useful.
10. Dietary exposure to vitamin D will be particularly important for certain groups, though it can be difficult to achieve the RNI for vitamin D through diet alone (with the exception of groups receiving artificial diets, such as infant formula).
11. Health professionals, especially obstetricians, need to be engaged to consider ways of tackling this issue. The absence of an obstetrician on SMCN was noted. The Subgroup agreed to invite comments from the Royal College of Pediatrics Committee on Nutrition. The Chair suggested that this item be put on the Committee's agenda at their forthcoming meeting in March.

Action: Secretariat

AGENDA ITEM 3 – Salt and Health: Draft Report of SACN

12. The Secretariat provided an update on the draft Subgroup report on salt and health. The report was issued for comment between 4 November 2002 and 3rd January 2003; 28 responses have been received. The Salt Subgroup will meet on 7th February to consider the responses.

13. Responses to the request for comments had queried whether the recommendations for children were achievable. Members were informed that the work carried out by the FSA suggests that the recommendations are achievable.
14. Members sought clarification on the use of the RNI for infants as opposed to the EAR for setting requirements. It was noted that basing requirements on the sodium content of breastmilk was problematic due to the possibility of sampling bias, arising from pooling of breastmilk in original studies.
15. Members noted that there was a large jump in the table from RNI to target intakes. Clarification of the precautionary approach was required.
16. Comments would be forwarded to the Salt Subgroup.

Action: Secretariat

AGENDA ITEM 4 – Gluten containing weaning foods

17. The Chair informed Members that this issue relates to a letter from the Infant and Dietetic Food Association (IDFA), seeking clarification on the use of gluten containing weaning foods for infants - whether all children should avoid gluten or only those with a family history. This issue was discussed at the main SACN meeting in March 2002.
18. The IDFA query relates to statements made in the COMA Report on Weaning and the Weaning Diet (11.1.8 and 11.1.4). The conflict between the two statements had been picked up by the IDFA (and by a Health Visitor at the SACN Open Meeting June 2002).
19. The Chair referred Members to SACN's discussion in March 2002 on the introduction of gluten before 6 months of age. SACN had previously agreed that the recommendation clearly applies to all infants and not just those at risk with a family history of coeliac disease.
20. With regard to giving oats before 6 months, Members noted that there is no specific evidence or data available to preclude oats in children's diets. However, it was highlighted that data on adult studies have shown that oats in vitro can trigger an immune response in patients with coeliac disease. Furthermore, there was a chance of oats being contaminated with wheat during the processing/packaging process.

21. Members agreed that, as a precautionary approach, oats should not be given to infants before 6 months of age. Professor Cummings' assistance would be sought in drafting the Committee's response to IDFA.

Action: Secretariat

AGENDA ITEM 5 – DH Update on Activities related to Child and Maternal Nutrition

22. The Secretariat provided an update on the Department's activities related to Maternal and Child Nutrition. Through the NHS Priorities and Planning Framework (PPF), targets have been set up to increase the breastfeeding initiation rates by 2 percentage points from 2003-2006. The focus is mainly on women from the disadvantaged groups. The activities include collecting baseline figures from PCTs and monitoring over the next three years.

23. Members queried the status of the Infant Feeding Initiative. The initiative came to end last year but the Department continues to fund the National Breastfeeding Awareness Week. Funding continues this year with the setting up of the PPF targets. The National Infant Feeding Advisors have finished their contracts but they continue to work for the Department and their contracts will be reviewed. The role of National Network of Breastfeeding Co-ordinators will be reviewed within the regions. The Department has identified food and health leads in regions and it is intended that links be established between them and the breastfeeding co-ordinators. It was noted that baby friendly hospitals are extremely successful in establishing breastfeeding. In Scotland around 2/3rd of births are now in baby friendly hospitals whereas in England the figure is around 40%.

24. Members were also informed about proposals to review the Welfare Food Scheme, progress on the National School Fruit Scheme and relevant physical activity initiatives.

25. The Members requested updates from Scotland, Wales and Northern Ireland at future meetings.

Action: Secretariat

AOB

26. Members were provided with information on two recently introduced infant formulas – “Nan-HA” and “Staydown”. Members commented that the information was unclear.

Furthermore:

- Vomiting is a normal response of healthy babies and it was unclear at what point vomiting became a health problem.
- “Hypoallergenic” has not been defined but in this instance was intended to mean less allergenic rather than non allergenic. However, there is no conclusive evidence that such formulas are any less allergenic than standard formulas.

27. Members sought clarification on the position of such products and the regulations governing them

28. The Secretariat agreed to provide a list of currently available infant formulas in the UK and an up date of the infant formula regulation.

29. The Chair thanked members of the Subgroup for their attendance.

Secretariat to trawl dates for next meeting

Action: Secretariat