

Scientific Advisory Committee on Nutrition
2nd MEETING OF THE SUBGROUP ON MATERNAL AND CHILD NUTRITION
29th September 03, Department of Health,
Wellington House, 133-155 Waterloo Road, SE1 8UG

MINUTES

Chairman

Dr Anthony Williams

Members

Professor Peter Aggett
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)
Ms Kate Nye (DH)
Christine Carson (DH, item 3 only)
Vivien Lund (FSA, item 4 only)
Judith Holden (FSA, item 4 only)

Chair's Introduction

1. The Chair welcomed Members to the meeting.

Apologies for absence

2. Apologies were received from Professor Annie Anderson.

AGENDA ITEM 1 – Minutes of last meeting

3. Members were invited to comment on the minutes of the previous meeting (22nd January).

4. It was agreed to amend paragraph 4 to read “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 *the elderly* in the UK.

5. It was agreed to amend paragraph 5 to state that “ *In the absence of new information, members were of the opinion that the RNIs for vitamin D did not need to be revisited.* ”

6. Members agreed that paragraph 26 be amended to state that “ *Vomiting is not uncommon in healthy babies and carers should seek advice from health professionals if they are concerned* ”.

7. Pending these amendments, the minutes were agreed as a correct record of the meeting.

Matters arising

8. Members were informed that the provision of vitamin D supplements will be addressed in the reform of the Welfare Food Scheme. As requested, DH have written to the MCA on the need for a licensed vitamin D product – a significant practical obstacle to prescribing vitamin D - but a response has not yet been received. It was noted that the Royal College of Paediatrics and Child Health Standing Committee on Nutrition has raised the issue of vitamin D prescribing and may address it further in 2004. The Committee is currently undertaking a review of vitamin supplementation for low birthweight infants.

9. As requested by the Subgroup, a response on the introduction of oats before 6 months of age had been sent to IDFA following discussion in SACN. The response acknowledged that the introduction of gluten before 6 months of age is lacking in level 1 evidence and a precautionary approach was needed. IDFA have subsequently questioned the response. It was Members’ view that the SACN response was appropriate. A further response to IDFA will be drafted by the Secretariat, re-iterating SACN’s views and highlighting the potential for contamination of oats with gluten during processing.

10. At the previous meeting, Members had requested updates on relevant work by devolved administrations. On this occasion, an update had been received from Scotland but not from Wales or Northern Ireland. It was noted that the work of SACN is fed back to devolved administrations through the minutes and additional briefing as and when required. It was proposed that devolved administrations should be provided with the opportunity to attend Sub-group meetings. The Secretariat agreed to raise this matter with them.

11. Members noted their thanks for paper SMCN03-06 which provided a useful update on infant formulae and the regulations.

AGENDA ITEM 2 – Early nutrition and the development of disease in later life

12. The Chair introduced this item which related to the Sub-group’s first two terms of reference. At the previous meeting, Members had been informed that a group based in the MRC Environmental Epidemiology Unit, Southampton and the City University, London

are undertaking a review of the effects of early growth and size on long term outcome, and that this could impact on the proposed work of SMCN. The Chair had since attended another meeting of the Review Advisory Committee and was able to update Members further. The decision to be made was whether SMCN should undertake a complementary review or await its completion.

13. Members were informed that the MRC work primarily focuses on the impact of growth and size (between birth and later ages in infancy and childhood) on later key health outcomes, including ischaemic heart disease, SIDS and cognitive function. It does not address the impact of nutrition *per se* (including prenatal nutrition), low birth weight or wider measures of growth. The Review is supported by 3 full time researchers who aim to complete the task in 2004.

14. It was understood that a pragmatic decision has been taken to exclude papers on associations with birthweight alone due to the extent of the literature. It was noted that the WHO are already undertaking a review of low birthweight.

15. The Review will also include an ambitious social science element which aims to establish focus groups to address lay and parental perspectives on relevant issues, key concerns and likely acceptability of potential interventions to optimise growth. This work will be complemented by a systematic review and it is intended that it could inform population based interventions.

16. Members noted that the drivers for the Review are very different to those for SACN but that prior discussions between the MRC, relevant officials and SACN would have been helpful.

17. Members agreed that undertaking a parallel review rather than waiting would be helpful. SACN would be able to address issues which would be unlikely to be addressed within a systematic review – such as nutrition during pregnancy or dietary patterns in infancy and broad measures of nutritional status. An expert in fetal growth may need to be co-opted to aid this work.

18. A key role for SMCN would be to help assess current knowledge, identify research gaps and make recommendations for policy through reviewing the available evidence in the traditional manner. This could identify further analysis needed and provide guidance for on-going cohorts, such as ALSPAC and Southampton, which would eventually be able to address important questions not answered by RCTs. A short review could also increase awareness of the importance of addressing this issue. It was noted that the FSA would also appreciate guidance for their research programme.

19. Members were informed that it is possible for the Subgroup to view papers circulated to the Review's Advisory Committee in confidence. The Review group has already identified papers which would be of relevance to any work undertaken by SACN.

20. Suggested options to progress this work would be presented at the next meeting.

AGENDA ITEM 3 – Introduction of solids

21. This item was introduced by Christine Carson, DH National Infant Feeding Advisor.

22. Members were reminded that DH had changed its recommendation on the optimal duration of exclusive breastfeeding following SACN's advice that breastmilk is nutritionally adequate for the first 6 months of life. There were outstanding questions about the age at which infants bottle or mixed fed should be introduced to complementary foods, in particular whether mothers artificially feeding their infants should be advised to delay this until 6 months of age. At present, the majority of women introduce solid foods from 4 months of age and weaning foods are labelled as being suitable from 4-6 months of age. Mothers may view the early introduction of foods as a developmental achievement and believe (contrary to the published literature) that babies will sleep better when solids are introduced.

23. Members were informed that the FSA had also asked DH for guidance on this matter as any delay in the introduction of solid foods would impact on other advice about the introduction of foods through the first year of life.

24. Members noted that SACN's original recommendation had been based on the observation that delaying the introduction of solid foods until 6 months of age was not associated with growth faltering at the population level. Moreover there was some evidence of health benefit for breastfed babies if solid foods were introduced later. In the case of bottle and mixed-fed babies, there is a lack of evidence available to indicate whether or not delaying the introduction of solids to 6-months is beneficial. The question in general goes beyond risks associated with introduction of pathogens and issues such as delayed introduction of gluten and development of immunotolerance.

25. Members concluded that, as the risks and benefits associated with introduction of solids for bottle and mixed fed babies at 4- or 6-months had not been identified, they were not able to carry out a full scientific risk assessment on this issue. Members agreed that it was inappropriate to introduce solids until infants were "developmentally ready" (in terms of gastrointestinal maturation and neuromuscular or psychomotor development) though acknowledged that the precise meaning of this phrase is difficult to characterise. It was suggested that further consideration of this issue might be addressed through SMCN's "early life" work (see Agenda Item 2).

26. Based on the small amount of evidence available, Members were unable to identify any significant risk associated with delaying the introduction of complementary feeding to 6 months in bottle fed infants.

AGENDA ITEM 4 – Scientific Committee for Food report on the composition of infant formula

27. This item was introduced by Vivien Lund, FSA Food Labelling and Standards Division. The FSA is currently consulting key critical readers on the SCF

recommendations to change the composition and labelling criteria for infant formulae and follow-on formulae. Comments on the report would inform the FSA's views on changes to these criteria which are being discussed in the EC and Codex (at which FSA represents the UK). FSA would therefore appreciate SMCN's views on the recommendations before the next Codex meeting at the beginning of November. It was noted that while the full SCF report had not been circulated to all members of the Subgroup, a table summarising the Report's key conclusions had been provided by the Secretariat.

28. Members were informed that the Chair had already responded to the consultation in a personal context. Those comments received by FSA prior to the meeting were tabled.

29. Members identified that the report did not address:

- the need for follow-on formulas and the lack of studies which have compared health outcomes associated with the use of follow-on and infant formulas.
- the value of formal nutritional assessments of all modifications to products, whether or not the ingredients had been separately tested or fell within criteria approved by current legislation.
- a difficulty in defining the precise criteria of product safety. It was acknowledged that testing every new product can be onerous and potentially obstructive.
- a lack of information on actual nutrient intakes of artificially fed infants which may vary by virtue of "overage" and errors of reconstitution. It was noted that such issues generally cause higher intakes of nutrients in practice than stated product composition might imply.
- the presumption that products already on the market are safe - caution is needed on confidence that there is a strong evidence base. Members noted particular concern on the lack of evidence for the addition of probiotics to follow-on formulas.
- the rationale for making a nutritional claim (for example about long chain PUFA) where evidence for benefit associated with presence of the ingredient was lacking.

30. Members agreed to forward comments to FSA before the next Codex meeting.

AGENDA ITEM 5 – Soya based infant formula

31. Following COT's recommendation asking DH to review its advice on the use of soya-based formula, the CMO has asked SACN to clarify the need for soya-based formula for healthy infants to prevent cow's milk allergy and for those infants with proven medical indications such as cow's milk protein allergy, galactosaemia and lactose intolerance. At present soya-based formula can be prescribed and are listed by the ACBS for the treatment of proven cow's milk allergy, lactose intolerance and galactosaemia. Cow's milk protein hydrolysate-based formulas are also listed for the treatment of these conditions although some concerns have been voiced about their palatability. Non-prescribed soya-based formulas are used by a significant minority of infants and remain the only choice for vegan infants.

32. It was noted that SACN had previously concluded that there was no health benefit specifically associated with the consumption of soya-based formulas by healthy infants.

33. The previous SACN statement had also stated that there was no unique clinical indication for the use of soya infant formula as listed alternatives were available for each. Members were informed that the IDFA had queried this statement and a response was required.

34. Members agreed that beyond this factual observation about product availability, issues related to the choice of dietary products in the management of specific clinical conditions was outside the remit of SACN (and therefore SMCN).

35. The Committee was not able to identify consistent evidence that feeding soya-based formula to healthy infants is an effective strategy for the prevention of allergic disease. Evidence of the superior palatability of soya formulas appeared anecdotal and, as far as members were aware, current hydrolysate-based formulas were improved in this respect. Therefore, SMCN was of the view that there was no role for soya based formulas in the prevention of allergic disease.

36. The Committee reiterated that any infant formula should be used on the advice of health professionals, as stated on the label. Member noted the British Dietetic Association Paediatric Group statement on the use of soya-based formulas.

37. It was agreed that as this issue touched on SACN's terms of reference it would be useful to take the issue to the full Committee - there is a grey area between disease and health and it is not always clear where responsibility for such issues lie. An example might be the role of diet in preventing allergy amongst infants currently considered healthy.

38. The Secretariat agreed to draft a response to the comments made in the letter from IDFA and to circulate to SMCN Members for comment before presenting it to SACN.

AGENDA ITEM 6 – Update on activities related to maternal and child nutrition

39. Members were invited to comment on the paper.

40. In response to queries, Members were informed of the following:

- Infant feeding – the infant feeding programme is continuing and DH have a National Infant Feeding Advisor.
- Healthy Start – the consultation did not result in any major changes to the proposals. Details are currently being worked up and the legislative process is on-going. The range of foods and vitamins to be included in Healthy Start were under discussion and it was unclear at this stage whether SACN / SMCN would be asked to address this issue at a later stage.
- The use of vitamin D supplementation will be incorporated in the children's National Service Framework.
- School based work – results of Ofsted and FSA inspection of school meals expected in Spring. There are currently minimum food-based standards, which will be compared to

nutritional standards proposed by the Caroline Walker Trust. It was suggested that results also be circulated to the Royal College of Paediatrics and Child Health and to community paediatricians, through the British Association for Community Child Health.

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41. An additional paper on vitamin provision within the Welfare Food Scheme was added to the agenda. Members were informed that manufacture of the vitamin drops currently provided in the Scheme had been stopped due to the packages leaking. Stocks are running low and DH is proposing sourcing an alternative, as a temporary measure. However, neither of the alternative listed medicines seemed ideal – one has a high retinol content (*Dalivit*) and the other contains highly refined peanut oil (*Abidec*). However, the FSA have advised DH that, on balance, the provision of vitamins is more beneficial than the low potential risk associated with any protein in peanut oil. Members were asked to comment.

42. Members were reminded that vitamin drops are advised from 6 months of age for healthy breastfed infants and from one year in formula fed infants. It was highlighted that both products being assessed were licensed medicines but were also available over the counter.

43. Members noted concerns that the product *Dalivit* contained amounts of retinol exceeding by several fold the RNI. Moreover the total vitamin A intake (from food and supplements) would probably exceed safe upper limits, as recommended by COMA and the Expert Group on Vitamins and Minerals.

44. It was noted that *Abidec* has been available for many years. No adverse reactions, as a result of containing peanut oil, had been identified by the Medicines and Healthcare Products Regulatory Agency. Patients with known peanut allergy should not consume this product: this advice is stated in the enclosed patient information leaflet and a statement on the pack draws consumers' attention to it.

45. Members concluded that, on nutritional grounds, *Abidec* was the more suitable choice and more closely resembled the WFS drops. Therefore *Abidec* was a suitable temporary measure. Members suggested that the Medicines and Healthcare Products Regulatory Agency be asked to review the products in the light of the problems noted.

46. Members were informed that plans were underway to formulate new drops as part of Healthy Start. SMCN will be kept informed.

47. It was agreed that the minutes of the meeting and date of the next meeting will be agreed by correspondence.