

**Scientific Advisory Committee on Nutrition**  
**4<sup>th</sup> MEETING OF THE SUBGROUP ON MATERNAL AND CHILD**  
**NUTRITION**

**2 August 2005, Department of Health,  
Skipton House, 80 London Road, SE1 6LH**

**FINAL MINUTES**

**Attendees:**

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

**Secretariat**

Dr Sheela Reddy (DH)  
Dr Peter Sanderson (FSA)  
Mrs Parminder Nijjar (DH)

**Chair's Introduction**

1. The Chair welcomed Members to the 4<sup>th</sup> meeting of the Subgroup on Maternal and Child Nutrition. Dr Robert Fraser was invited to introduce himself to the Subgroup.

**Apologies for absence**

2. Apologies were received from Dr Alison Tedstone (FSA), Dr Naresh Chada (NI), and Mrs Maureen Howell (Wales). Chair informed members that Professor David Stone will be representing Scottish Executive at the future SMCN meetings and has sent his apologies for this meeting.

**AGENDA ITEM 1 – Minutes of last meeting**

3. Members were invited to comment on the minutes of the previous meeting (15 September 2004).

4. Members had no comments and the minutes were agreed as a correct record of the meeting.

**Matters arising**

5. The Chair reported progress on matters arising from the previous meeting and members were invited to comment.

6. *SMCN/04/13*- Members were informed that following longstanding concern on the statement issued by NICE on Vitamin D, the Secretariat have now reiterated in the CMO's Update the existing advice on the importance of meeting the RNI set for pregnancy and the consequent need to consume vitamin D supplements during pregnancy. Furthermore, NICE is likely to consider this issue in the guidance document that they are currently developing for the health professionals. Once the scope for the guidance is finalised members will be invited to comment in mid-September. The Secretariat will also be inviting Caroline Mulvihill to the main Committee meeting in October to provide an update on NICE . The CMO's Update is made available on the DH website

<http://www.dh.gov.uk/assetRoot/04/11/56/64/04115664.pdf>

Members acknowledged the statement made in CMO's Update and further expressed their concern on the lack of available evidence on the prevalence of vitamin D deficiency and rickets in children.

The Chair noted that the members' ongoing interest in vitamin D had raised a few important issues that need to be addressed.

- A suitable vitamin D preparation for pregnant women supplying the existing RNI of 10 microgram/day;
- There is no national system of monitoring vitamin D deficiency among pregnant women and young children and as a result no national data are available;
- A need to review the rationale for food fortification with vitamin D which currently is substitution.

Members were informed that DH is currently tendering for reformulation of vitamin supplements for pregnant and breastfeeding women to include vitamin D, folic acid and vitamin C. The Secretariat will trace the relevant work with the Healthy Start team and report progress at the next Subgroup meeting. The Subgroup expressed its interest in visiting this matter.

7. Members were informed that there has been a delay in getting MHRA's response with regard to reviewing the product Dalivit. It is understood that MHRA would only ask for reformulation on grounds of safety. The minutes of discussion have been forwarded to MHRA who will inform DH if there is a need for a formal risk assessment in order for them to take action. The Department's vitamin drops will be made available once Healthy Start is launched and the content will be in accordance with the advice from COMA. However, in light of the recent NDNS findings of inadequate micronutrient intakes in young women the composition of vitamins may need to be reassessed. Members suggested the need to consider the UNICEF/WHO multi vitamin supplements for pregnant women based on 100% RDA. Members requested the background paper and Secretariat agreed to provide this at the next meeting.

8. Secretariat agreed to circulate a table on Matters Arising to members for future SMCN meetings.

**Action: Secretariat****AGENDA ITEM 2 – MRC review – defining optimal infant growth for lifetime health**

9. The Chair of the Subgroup introduced the MRC review and compared its content and remit with that of the Subgroup's draft report – the influence of maternal, fetal and child nutrition on the development of disease in later life (SACN/SMCN/05/01). It was noted that the studies included in the MRC review were restricted to those that measured infant growth/size at least twice in the first two years of life; whereas, the Subgroup's draft report included studies with one or more measures of size. There were, therefore, more studies cited in the Subgroup's report that related birth size to the later development of coronary heart disease or non-insulin dependent diabetes than in the MRC review, which related early growth/size to these outcomes.

10. It was also noted that both reports were limited by the lack of high quality studies, and that the reports provide valuable information on the review of current understanding.

11. It was suggested that the question addressed in the review needs to be refined to determine the outcome that is examined. There was also the issue of imprecision in the language and terminology used, e.g. growth, catch-up growth. The need for a defined classification of terminology was discussed. It was noted that this was a difficult issue, but one that was essential to develop this area of study. It was requested that a glossary of terminology should be included.

12. The Subgroup discussed the choice of outcome measures used in the MRC report and noted that the outcome measures chosen in the Subgroup's draft report were selected on the basis of the available evidence rather than on the basis of quality adjusted life year assessments. It was observed that the commentary in the MRC report did not address study publication bias, reverse causation and confounding to the extent that the Subgroup has examined these.

13. The difficulty in managing data across the life-course was discussed. Parallels with handling longitudinal and cross-sectional data in developing growth references for children were noted. It was considered that the Subgroup's report was sufficiently different from the MRC review and that they provided different perspectives.

14. The Subgroup discussed the conclusions of the lay perspectives section of the MRC review. Description of issues on process was considered useful, but the very limited extent of original qualitative data was noted. Members felt that the qualitative work needed prioritization to inform the quantitative work, and expressed disappointment that, although a series of gaps in the evidence were identified, no recommendations for further qualitative work were provided.

15. The terms of reference of the MRC review were discussed, as were the parameters of growth used to determine later health outcomes. It was noted that the review findings would be published in a peer-reviewed journal, after which the full report would be made freely available electronically. Members expressed a concern that some of the MRC review conclusions might compromise further funding for work on

infant growth by informing DH R&D and MRC research funding policies. The Subgroup requested the opportunity to consider formally the review and draw conclusions which might inform these agencies.

**Action: Secretariat** – Sheela Reddy to request of DH R&D that the Subgroup have an opportunity to comment formally on the MRC review, and to ask how it will inform policy.

### **SMCN Subgroup report – The influence of maternal, fetal and child nutrition on the development of disease in later life**

16. It was noted that with the exception of Professor Jackson's comments, all SACN members' comments received by Dr Owen had been incorporated in the current draft of the report.

17. It was noted that there was a lack of human data in this area and that the report gave the opportunity to consider how to order and structure data that are already collected, e.g. the National Diet and Nutrition Survey and child growth measures. The need to ensure that confounding is addressed was also noted.

18. Members expressed several comments on the content and structure of the report.

**Action: Secretariat** – Professor Jackson's comments to be considered while redrafting the report. Secretariat to redraft report, taking account of all comments made at the meeting.

### **AGENDA ITEM 3 – Infant Feeding Survey 2005**

19. Members were provided with a brief outline of the protocol for the seventh Quinquennial Infant Feeding Survey 2005. The 2005 survey will specifically collect data on exclusive breastfeeding rates at different ages, detailed analysis on the reasons for stopping breastfeeding, use of child health clinics, GP practices and lay support for advice, advice on smoking and drinking, making up formula feeds as well as experiences of feeding in public. The survey will continue to record the prevalence of different types of feeding practices among babies aged 4-10 weeks, 4-5 months and 8-9 months and will highlight any changes compared to previous surveys.

20. Several members expressed personal concern that the resource provision for supporting breastfeeding mothers in continuing breastfeeding was low. It was requested that the issue of access to professional support be addressed in the 2005 survey. It was noted that the questionnaire for the 2005 survey ideally might have been based on HDA's evidence briefing "*The effectiveness of public health interventions to promote the duration of breast feeding - Systematic review*" but this had not proved possible for reasons of timing. It was suggested this approach be adopted for the 2010 survey, which would need to be planned in 3-4 years time.

**Action: Secretariat**

## **AGENDA ITEM 4 – Update on Activities related to Maternal and Child Nutrition**

### **DH Update**

21. Sheela Reddy gave an update on DH activities and members were invited to comment on the paper.

22. Members were informed of the recent restructuring of the Nutrition team. The team will be referred to as the “Obesity team” led by the Obesity Programme Manager, a cross Government post working with DCMS and DFES. Tabitha Jay has been appointed as the Obesity Programme Manager and will be responsible for three teams – Obesity Delivery Team, Nutrition & Physical Activity Team and General Nutrition Team working with industry and promotion of food to children.

### *Healthy Start*

23. The Regulations on *Healthy Start* still need to be approved by the Parliament and are expected to be laid in October 2005. As a result, there has been a delay in rolling out Phase 1 of *Healthy Start* in Devon & Cornwall. It is now expected that it will be rolled out in November 2005. Members sought clarification on the age limit: this appears to have been dropped from 5 to 4 years under the new scheme though the current recommendation on vitamin drops for children continues to be 5 years. Members were also unclear about the cessation of low cost infant formula milk supplies through the NHS clinics, once the new scheme is launched. The Secretariat agreed to discuss these issues with colleagues and email information to interested members before the next meeting.

### *School Fruit and Vegetable Scheme (SFVS)*

24. The School Fruit and Vegetable Scheme has been fully rolled out across England and DH will consider extending the SFVS to LEA maintained nurseries following a full evaluation using Consumption and Dietary Evaluation Tool (CADET). The final report of the Big Lottery Fund’s Evaluation of the pilot School Fruit and Vegetable Scheme is expected to be published during August and will be made available on the BLF website.

### *Food in Schools*

25. Members were informed that DH is working along with DFES and FSA on strengthening of the *Healthy Schools* standard, which includes requirement for healthy and nutritious food. The School Meals Expert Review Panel held its third meeting on 12/13 July with the aim of developing tough minimum nutritional standards for primary and secondary schools. New standards will be out for consultation in September this year and in force by September 2006. *School Food Trust* has been set up to provide independent advice and support to schools and parents about improving school food. An interim Chair and two members have been appointed and an application for Chair and members is currently in progress. The group’s remit is yet to be determined.

*Promotion of Food to Children*

26. Members were informed that the work in this area is in progress. FSA is currently consulting on nutrient criteria to restrict promotion of foods to children that are high in salt, fat & sugar.

*Food and Drink Advertising and Promotion Forum*

27. A new *Food and Drink Advertising and Promotion Forum* has been set up recently to review, strengthen and bring together existing provisions. The first meeting was held on 7 July and the Forum agreed to meet under Chatham House rules. The work of the Forum will be posted on the DH and FSA websites to ensure openness and transparency.

*Measuring Childhood Obesity*

28. Members were informed that at present there is no system for measuring childhood obesity at the Primary Care Trust level and the work is underway to develop a local monitoring system. The Department has set up an Expert Advisory Group comprising of paediatricians, public health specialists and representatives from DH and DFES. The Group has met once to discuss whether measuring should be at an individual or population level. It will also consider the appropriate BMI measures to define obesity in children.

29. Members expressed their concern on public and professional misinterpretation of BMI measurements. BMI is a measure of weight adjusted for height, not a measure of fat mass. Members were of the view that a rational approach needs to be developed and that separation of risk assessment and risk management was essential before feeding into the policy. They also stressed the need for population surveillance.

**FSA Update**

30. Peter Sanderson provided an update on FSA activities and members were invited to comment on the paper. Emphasis was given on the ongoing projects that could feed into policy developments & intervention approaches and on the level of cross-government work.

31. Members were informed that the work is in progress on FSA's N14 Food Choice Inequalities Research and Development Programme. Two N14 projects have been undertaken to address the issue of improving diets of girls and young women in high risk groups as one of the important strategy in reducing the incidence of low birth weight. The Agency is also in the process of developing target nutrient specifications for manufactured foods used in school meals. It also supports the Government's wider intention to revise the current nutritional standards for school lunches and to consider introducing nutrient-based standards. Proposals have been developed, which will be opened shortly for public consultation. Copies will also be circulated to SACN members for their information.

**AOB**

32. Members were informed that the World Health Organisation will be publishing the growth charts and the Secretariat is liaising with WHO to obtain a copy for Subgroup's comment as soon as possible.

33. Members were informed that the Royal College of Paediatrics and Child Health Committee on Nutrition has requested SMCN's comments on Alison Leaf's paper on Vitamins. Before publication the Committee needs to ensure that the paper is in line with the Department's current policy on vitamins. The Secretariat offered to do the initial comments to see if it is consistent with the COMA/SACN/DH recommendations and consider any need for SACN to review the paper. Members supported this course of action.

34. The next SMCN meeting will be held on 21 November. Secretariat to email venue & other details at a nearer date.

35. The Chair thanked members for their attendance.

**Action: Secretariat**