

Scientific Advisory Committee on Nutrition
5th MEETING OF THE SUBGROUP ON MATERNAL AND CHILD
NUTRITION

**21 November 2005, Department of Health,
Skipton House, 80 London Road, SE1 6LH**

MINUTES

Attendees:

Dr Anthony Williams (Chair)
Professor Alan Jackson
Mrs Stella Walsh
Professor Tim Key
Dr Robert Fraser

Secretariat

Dr Sheela Reddy (DH)
Dr Alison Tedstone (FSA)
Dr Peter Sanderson (FSA)
Ms Judy More (DH)
Ms Hannah Booth (DH)
Ms Andrea Dedeciusova (DH)

Observers

Mrs Maureen Howells (Welsh Assembly)

Chair's Introduction

1. The Chair welcomed Members to the 5th meeting of the Subgroup on Maternal and Child Nutrition.

Apologies for absence

2. Apologies were received from Professor Peter Aggett, Dr Ann Prentice, Professor Annie Anderson, Dr Naresh Chada (NI), and Professor David Stone (Scottish Executive).

AGENDA ITEM 1 – Minutes of last meeting

3. Members were invited to comment on the minutes of the previous meeting (2 August 2005).
4. It was agreed that paragraph 19, second sentence be amended to read as “structure data that are already collected” instead of “structure data that is already collected”.

5. Members agreed that minutes were too detailed. It was suggested that points made in relation to Agenda item 2 should be removed.
6. Pending above corrections, minutes were agreed as the correct record of the meeting.

Matters arising

7. The Chair reported progress on matters arising from the previous meeting and members were invited to comment.
8. Members had requested a background paper on the UNICEF/WHO multivitamin supplements for pregnant and breastfeeding women. Clarification was provided on the paper justifying the formulation used by UNICEF in trials.
9. Regulations for Healthy Start Phase 1 had been passed through the Lords and Commons last week and Phase 1 will start on 28 November. The age limit of child beneficiaries will reduce from 5 years to 4 years from the beginning of Phase 2. It was noted that a particular risk assessment was not undertaken with respect to this change.

Vitamin D and NICE recommendations

10. Members proposed that DH should prepare a paper looking at reviewing the evidence for vitamin D deficiency in children. They proposed reviewing the previous paper prepared and add in all recent published research and anecdotal evidence on vitamin D status in relevant population groups and clinical implications. It should include:
 - Estimates of numbers of cases of rickets
 - Vitamin D status in all population groups
 - Relationship to childhood stature
 - Relationship to low birth weight
 - Relationship to hypocalcaemia
 - Rationale for fortification of foods

AGENDA ITEM 2 – SMCN Subgroup report – The influence of maternal, fetal and child nutrition on the development of disease in later life

11. The draft report was discussed and detailed comments were made by the members.

Action: Secretariat and Peter Sanderson to work on the draft report and consider Subgroup's comments before the next meeting in March 2006.

AGENDA ITEM 3 – Healthy Start Vitamins

12. Members considered the tabled paper on options for an interim vitamin supplement for pregnant and breastfeeding women who are beneficiaries of the Welfare Food Scheme and Healthy Start:

- supplements containing vitamin A were considered unsuitable in view of previous advice that vitamin A supplements should not be consumed in pregnancy;
- 10mcg of vitamin D and 400mcg of folic acid were considered essential;
- there is no evidence to support giving other micronutrients to the target group therefore the commercial options with extra micronutrients were considered unsuitable;
- the best option of those listed would be a 10mcg vitamin D supplement with some calcium (700mg) and a 400mcg folic acid supplement.

Action: Secretariat

AGENDA ITEM 4 – NICE Consultation: Effective action briefing on the initiation and duration of breastfeeding

13. The Chair provided a brief outline and invited members to comment on the consultation document. Members expressed the following comments:

- transparency would be improved by listing clearly those who had been consulted and the workforce that was represented.
- the recommendations do not appear to consider the costs involved or important resource implications.
- training was recommended for staff. Implications for their workload need consideration.
- a broader basis for education to promote breastfeeding needs to be considered.
- cultural aspects of breastfeeding need to be considered (breastfeeding in public/workplace) – as breastfeeding in public needs to be supported.
- the several actions identified need prioritisation.
- there was no indication of how the feasibility rating of recommendations had been assessed
- overall the document would be improved if condensed.

Action: Secretariat to write to NICE on the above comments, recommendations and aspects of practical implementation.

AGENDA ITEM 5 – Clinical Guidance on Postnatal Care – NICE Consultation

14. The Chair provided a brief outline and invited members to comment. Members expressed a range of comments as follows:

- The guideline does not say if it applies to healthy babies or to all babies
- No mention of any vitamin supplements particularly vitamin D, folic acid for mothers from vulnerable groups.
- No mention of special requirements for mothers under 16

- No guidance on how to manage obese women postnatally.
- The term attachment is used both to indicate “breast attachment” or “Psychological attachment”. This can be confusing and needs clarification
- Breastfeeding – does not say how often babies should be weighed, does not relate to what standard practice is
- “baby’s health should be evaluated” – not clear what is meant by evaluated
- Hypoallergenic formulas recommended for colic. The Subgroup is not aware of any evidence of its use for colic – if it is to be used then a substantiation of the evidence is necessary. Hypoallergenic formulas are not recommended by SACN. There is no evidence that these formulas reduce the risk of allergy in infants. These formulas contain partially hydrolysed cow’s milk protein which may still sensitise infants. The label “hypoallergenic” is misleading as mothers can mistakenly assume that these formulas can be given to infants with cow’s milk allergy.
- Mastitis – apparent differentiation between infective and obstructive aetiological factors in mastitis requires clarification.

AGENDA ITEM 6 – Consultation on Nutritional Standards for School Meals

15. Members welcomed the opportunity to comment on the draft school lunch standards and agreed that full implementation of the report would have a major impact on the health of school children. Specific comments were

- The committee considered comment on the ecological issues beyond its remit.
- There was concern about apparent lack of consultation with children. It was important that they participate in discussions as it is their behaviour we are trying to influence.
- Members felt the assumption that the school meal should provide 1/3 daily intake required further justification. Report highlights significant spending to and from schools - is this because children are not consuming enough during school day - perhaps we should be looking at providing for other times in school day (e.g. extending the school fruit and vegetable scheme)
- Report mentions physical activity levels - what is the mechanism for caterers being able to take these into account when considering provision?
- Charts on page 32 confusing - need clarification.
- It is important that appropriate monitoring should be in place and Ofsted inspections need to address this issue. Monitoring should include not supply of food but also actual consumption.
- Should be looking at evaluation changes in consumption.
- There is no nutritional justification for Rec 3 – i.e. 'hot meal, cooked on site, from fresh and seasonal ingredients'
- Fibre - the standards should use opportunity to recommend wholemeal breads
- Recommendations about chilling water requires some justification.
- Provision of choice was not addressed particularly with regard to nut allergy, ethnic minority groups, vegetarians and vegans.

AGENDA ITEM 7

DH Update

16. Sheela Reddy provided an update on Healthy Start regulations which had been passed by the parliament. Phase 1 of the new scheme had been introduced in Devon and Cornwall and DH was undertaking a rapid evaluation to assess the impact of the scheme and the effectiveness of its processes. Members asked for details of the evaluation such as the key objectives and the outcomes that are to be assessed.
17. Members were informed of the forthcoming DH guidance to PCTs on measuring obesity in children in order to provide data for performance management and for designing local services.

Welsh Assembly Update

18. Maureen Howell gave an update on activities in Wales including the free breakfast initiative in all LEA maintained primary schools who wish to participate. The scheme was being phased in and members were informed that the uptake ranged between 10 and 50% of children. Breakfast cereal, bread, dairy product and fruit were being offered.
19. Members were also informed that the UNICEF Baby Friendly Initiative had been adopted by all hospitals in Wales.

AOB

20. The next SMCN meeting will be held on 20 March 2006. Secretariat to email venue & other details at a nearer date.
21. The Chair thanked members for their attendance.

Action: Secretariat