

Checklist for submitting comments

- Use this comments form and submit it as a **Word document (not a PDF)**.
- **Do not submit further attachments** such as research articles, or supplementary files. We return comments forms that have attachments without reading them. You may resubmit the form without attachments, but it must be received by the deadline. You are welcome to include links to research articles or provide references to them
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **document name, page number and line number** of the text each comment is about.
- Combine all comments from your organisation into 1 response form. **We cannot accept more than 1 comments form from each organisation.**
- **Do not** paste other tables into this table – type directly into the table.
- Ensure each comment stands alone; **do not** cross-refer within one comment to another comment.
- **Clearly mark any confidential information or other material that you do not wish to be made public with underlining and highlighting. Also, ensure you state in your email to NICE, and in the row below, that your submission includes confidential comments.**
- **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
- Spell out any abbreviations you use.
- **We do not accept comments submitted after the deadline stated for close of consultation.**

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate. Where comments contain confidential information, we will redact the relevant text, or may redact the entire comment as appropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

	<p>Please read the checklist above before submitting comments. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment.</p> <p>In addition to your comments below on our guideline documents, we would like to hear your views on these questions. Please include your answers to these questions with your comments in the table below.</p> <ol style="list-style-type: none"> 1. Would it be challenging to implement of any of the draft recommendations? Please say why and for whom. Please include any suggestions that could help users overcome these challenges (for example, existing practical resources or national initiatives). 2. Would implementation of any of the draft recommendations have significant cost implications? <p>See Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.</p>
<p>Organisation name (if you are responding as an individual rather than a registered stakeholder please specify).</p>	<p>AIMS - The Association for Improvements in the Maternity Services</p>
<p>Disclosure (please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry).</p>	<p>Nil</p>
<p>Confidential comments (Do any of your comments contain confidential information?)</p>	<p>No</p>
<p>Name of person completing form</p>	<p>Carolyn Warrington</p>

Comment number	Document [e.g. guideline,	Page number	Line number	Comments <ul style="list-style-type: none"> • Insert each comment in a new row. • Do not paste other tables into this table, because your comments could get lost – type directly into this table.
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	evidence review A, B, C etc., methods, EIA]	'General' for comments on whole document	'General' for comments on whole document	<ul style="list-style-type: none"> Include section or recommendation number in this column.
1	guideline	general	general	suggest summarising risks/benefits of each supplement into a “quick reference” table
2 (3,4)	guideline	general	general	Despite the Recommendations opening with the statement “People have the right to be involved in discussions and make informed decisions about their care” much of the language is directive and does not support autonomy. People should be given evidence about the benefits and risks and supported to make their own decisions about managing their own nutrition.
5	guideline	general	general	The scope of the guideline is far-reaching and encompasses many professional groups. Much (particularly around delivery of dietary and exercise advice) sounds like it is intended to be delivered by community midwives; from a credibility and training point of view, is this appropriate? Particular example around re-starting exercise and the support required for that. Suggest clarification of roles and responsibilities.
6	guideline	general	general	suggest inclusive language with respect to breast feeding <i>and chest feeding</i> . A mention of induced lactation would be wise, as adoptive/surrogate/AMAB parents will likely require additional support.
7		5	17	“ensure that information about the importance of folic acid supplementation...” should say “ensure that information about the benefits and risks of folic acid supplementation...” (It does have potential side effects Side effects of folic acid - NHS (www.nhs.uk) , can cause allergic reactions and may be contraindicated in people with certain health conditions. There are also implications of mixing it with some other medicines or supplements.)
8	guideline	6	7	As above “Invite discussion on the importance of...”
9	guideline	6	23/24	should include the actual rates of neural tube defects and other congenital malformations for those who do and do not take folic acid.
10	guideline	6	30	should add “however there are some potential side effects that include...(list and say how common these are). Also add “That folic acid can also affect the way other medicines work or be affected by them, so you should check with your doctor if you are taking any of the following medicines (list) or taking any herbal remedies or vitamin or mineral supplements.” Not providing this information is potentially putting people at risk.

11	guideline	7	26	Welcome less stigmatising review in line with evidence
12	guideline	8	1	Is this necessary? We don't recall previous guideline of higher preeclampsia risk indicating higher dose folic acid
13	Guideline	8	9-10	The wording "Provide encouragement..." is not supportive of autonomy. People have the right to decide not to take a recommended supplement and not to be harassed with "follow-up reminders" if this is the case. It would be more appropriate to say "offer targeted information, support and follow-up reminders."
14	guideline	8	11	Request consent to send follow-up reminders...
15	guideline	9		Comments on Vitamin D - similarly should include a warning about taking excess vitamin D
16	guideline	10	17	Suggest collaboration with other agencies representing Black and Brown service-user voices. However - This feels highly problematic. Nothing is fundamentally wrong with these bodies. Suggest change to reflect the UK setting/climate and consider more sensitive language. (does the diabetes guideline consider BMI thresholds in different ethnicities?) - would like at least a mention https://doi.org/https://doi.org/10.1016/S2213-8587(21)00088-7 Global majorities are not helped by this guideline
17	guideline	11	25 onwards	Page 37 seems to suggest that the evidence behind these recommendations is rather lacking. "advise parents and carers that babies and children "should" be given supplements... inappropriate catch-all and may undermine confidence where families are already providing nutritionally optimal diets.
18	guideline	10	28	Not all would consider a vegan or vegetarian diet to be "restricted"; its a healthy norm for many
19	guideline	11	7	Look at evidence for this - does it undermine BF?
20		13		Section 1.2.2 Healthy eating in pregnancy Overall, the section reads well, however the reviewers felt that the tone is somewhat patronising at times. We recommend that (in recognition of the huge variation of health, opinions, education levels and personal priorities that are reflected, language such as "offer to discuss the following if appropriate" and "offer information on if desired" would be appropriate rather than a blanket direction to discuss this with anyone who is pregnant.
21	guideline	14-15		as above this should say "offer to discuss if appropriate." re physical activity - who is giving this advice? Reads as if CMW but not clear how practical this is - are midwives trained? Should the guideline summarise advice?

22	guideline	16		risks associated with gaining weight - quantify “excessive” and specify what the risks are along with the scale of the “risk”
23	guideline	17	8	Where a person declines to be weighed, respect their choice and avoid coercion
24	guideline	17		Explain how BMI calculation would affect the care offered to them (not the plan of care, as this assumes that the recommendation will be accepted by the pregnant person)
25	guideline	18	10-13	This is not clear about who it is that has the concern - the pregnant person or the midwife. If the latter, as routine weighing during pregnancy is not recommended, is this supposing that the midwife is making a judgement about weight gain based on the person’s appearance? If so, any conversation needs very sensitive handling and a comment on that should be included. As above, the wording should be ‘offer to discuss...’
26	guideline	18	15-18	It is not clear what is meant by “ensure routine monitoring of the baby...” Does this refer to ultrasound scans to monitor fetal growth, rather than just the normal offer of fundal height measurement? If so it should say “Give information on the actual risks if a baby is large-for-gestational age and offer to arrange regular ultrasound growth scans. Explain the accuracy of growth scans and the implications for the care they will be offered if the baby is suspected to be large-for-gestational age. Support the person’s decision whether or not to accept growth scans.”
27	guideline	19		Section 1.2.15 Low weight gain - corresponding comments as above
28	guideline	20		AIMS recognises arguments in support of breastfeeding, However, we suggest the section should open with this something about supporting people’s feeding choices, helping them to explore their options...then supporting continued bf if that is what they want.
29	guideline	21	6-7	Recommends asking about feeding... but if problems are raised, then what? Signpost to where?
30	guideline	31	31	Parenting advice (reward charts etc) outside scope of guideline and does not respect other parenting philosophies. Suggest limit to “avoid food-based rewards”.
31	guideline	43	18	AIMS recognises the argument that contact may be less frequent after this point, but concerned that such an early age (8 weeks) may give the impression that 8 weeks is a recognised stopping point thus undermining normal-term breastfeeding.

Insert extra rows as needed

Maternal and child nutrition

Consultation on draft guideline – deadline for comments 5pm on 11/09/24

email: mandcnutrition@nice.org.uk

Data protection

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