UK Preconception Partnership response to the consultation on the NICE guideline on Maternal and child nutrition

Danielle Schoenaker[1,2,3], Keith Godfrey[1,2,3], Mark Hanson[1], Janine Winterbottom[4], Michael Daly[5], Kim Bul[6], Jayne Walker[7], Anna L David[8,9], Mehar Chawla[9,10], Manjiri Khare[11,12], Anna Boath[13], Elpida Vounzoulaki[14], for the UK Preconception Partnership*

[1] School of Human Development and Health, Faculty of Medicine, University of Southampton, Southampton, UK
[2] MRC Lifecourse Epidemiology Centre, University of Southampton, Southampton, UK
[3] NIHR Southampton Biomedical Research Centre, University of Southampton and University Hospital Southampton NHS Foundation Trust, Southampton, UK
[4] The Walton Centre NHS Foundation Trust, Liverpool, UK
[5] Department of Population Health Sciences, Bristol Medical School, University of Bristol, Bristol, UK
[6] Centre for Intelligent Healthcare, Coventry University, Coventry, UK
[7] School of Advanced Practice, Faculty of Health Sciences. University of Hull, Hull, UK
[8] NIHR University College London Hospitals Biomedical Research Centre, London, UK
[9] Elizabeth Garrett Anderson Institute for Women's Health, University College London, London, UK
[10] Imperial College Healthcare NHS Trust, London, UK
[11] University Hospitals of Leicester NHS trust, Leicester, UK
[12] Department of Population Health Sciences, University of Leicester, Leicester, UK
[13] Physical Activity for Health Research Centre, University of Edinburgh, Edinburgh, UK
[14] Leicester Real World Evidence Unit, Diabetes Research Centre, Leicester General Hospital, University of Leicester, Leicester, UK

* The UK Preconception Partnership is a coalition of organisations and individuals with an interest and expertise in different aspects of preconception health in women and their partners. Organisations include the Royal College of General Practitioners, the Royal College of Obstetricians and Gynaecologists, the Faculty of Sexual and Reproductive Healthcare, the Government Office for Health Improvement and Disparities, Tommy's Charity and the Medical Women's Federation. Academics from multiple institutions across the UK have expertise in reproductive and sexual health, neonatal medicine, obstetrics and gynaecology, chronic condition management for example for epilepsy, population health and epidemiology, nutritional sciences, behavioural sciences, and school education. https://www.ukpreconceptionpartnership.co.uk/

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.

	Please read the checklist above before submitting comments. We cannot accept forms that are not filled in correctly. 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. 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.** 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? See Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.
Organisation name (if you are responding as an individual rather than a registered stakeholder please specify).	UK Preconception Partnership
Disclosure (please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry).	None
Confidential comments (Do any of your comments contain confidential information?)	Yes (comment numbers 14 and 30)
Name of person completing form	Danielle Schoenaker, Keith Godfrey, Mark Hanson, Janine Winterbottom, Michael Daly, Kim Bul, Jayne Walker, Anna David, Mehar Chawla, Anna Boath, Elpida Vounzoulaki, Manjiri Khare, for the UK Preconception Partnership.

Comment number	**Document** [e.g. guideline, evidence review A, B, C etc., methods, EIA]	**Page number** **'General'** for comments on whole document	**Line number** **'General'** for comments on whole document	**Comments** • 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. • Include section or recommendation number in this column.
1	Guideline	1	Box	To accurately capture the scope of the guideline, and for consistency, we recommend stating that 'The guideline covers nutrition and weight management in pregnancy for anyone who **may become pregnant**, is planning to become pregnant, or is already pregnant..'. (the addition of 'for anyone who may become pregnant' is in line with statements in the Guideline for example on page 6 [lines 7 & 18].
2	Guideline	1	-	We recommend reference in the introduction to the role of partners and fathers before, during and after pregnancy in supporting optimal nutrition and health for women, children and families (https://pubmed.ncbi.nlm.nih.gov/28983715/; https://www.tandfonline.com/doi/full/10.1080/23293691.2024.2345099).
3	Guideline	2	Box	When listing healthcare professionals working in the NHS who are responsible for maternal and child nutrition, we recommend explicit mention of specialist nurses and midwives (e.g. epilepsy, diabetes).
4	Guideline	2	Box	Second last bullet point under 'Who is it for'; we suggest stating 'Anyone who **may become pregnant**, is planning a pregnancy or who is pregnant, ..'.
5	Guideline	2	Box	When referring to 'anyone' (e.g. anyone who is planning or may become pregnant), we recommend using gender-sensitive language, or a comment somewhere in the guideline that 'anyone' refers to people who can become pregnant, irrespective of their gender identity (https://onlinelibrary.wiley.com/doi/10.1111/hex.14181).
6	Guideline	5	6	We recommend adding the following relevant resources to the list: NHS page on pregnancy planning (https://www.nhs.uk/pregnancy/trying-for-a-baby/planning-your-pregnancy/), NICE CKS on Preconception care (https://cks.nice.org.uk/topics/pre-conception-advice-management/), NICE CKS on Epilepsy (https://cks.nice.org.uk/topics/epilepsy/), NICE guideline on Diabetes in pregnancy: management from preconception to the postnatal period (https://www.nice.org.uk/guidance/ng3/).
7	Guideline	5	15	We recommend reference to 'between' i.e. folic acid before, between and during pregnancies. The interconception period may not be considered if it is not explicitly mentioned, and preconception folic acid supplement use is lower before second and subsequent pregnancies (https://pubmed.ncbi.nlm.nih.gov/36810878/).
8	Guideline	5	19	We recommend adding specialist services to the list (e.g. preconception care clinics and maternal medicine networks) as well as healthcare settings supporting chronic condition management in secondary and tertiary healthcare for conditions such as epilepsy.

Consultation on draft guideline – deadline for comments 5pm on 11/11/24 **email: mandcnutrition@nice.org.uk**

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9	Guideline	6	4	We recommend family hubs be specifically stated here (for consistency with the vitamin D section).
10	Guideline	6	10	We recommend adding 'reproductive health' to the list of relevant appointments when the importance of folic acid can be discussed.
11	Guideline	7	12	We recommend replacing 'offer' with 'prescribe' when referring to high-dose folic acid supplements.
12	Guideline	7	12	We suggest stating '..to anyone who **may become pregnant**, is planning to become pregnant, or is in the first 12 weeks of pregnancy, ..'.
13	Guideline	7	25	Section 1.1.3 (page 6) on providing information in the person's preferred format etc is also relevant to section 1.1.4, and may be better placed after line 25 on page 7.
14	Guideline	7	26-30	The evidence review was undertaken before publication of a recent trial using 400 mcg folic acid before and during pregnancy (https://pubmed.ncbi.nlm.nih.gov/38051700/). Further confidential comments provided.
15	Guideline	8	-	There appears to be no reference to iron in the guideline, despite very extensive literature on iron deficiency before and during pregnancy and its consequences for maternal health, pregnancy outcomes and offspring development (e.g. https://pubmed.ncbi.nlm.nih.gov/32184147/; https://pubmed.ncbi.nlm.nih.gov/35427520/). There are also no references to iodine in the guideline, despite extensive literature on iodine deficiency before and during pregnancy affecting around 1 in 10 women in the UK and its consequences for offspring neurocognitive development (e.g. https://pubmed.ncbi.nlm.nih.gov/33184453/; https://pubmed.ncbi.nlm.nih.gov/29767745/; https://pubmed.ncbi.nlm.nih.gov/23706508/).
16	Guideline	9	3	We recommend reference to secondary and tertiary healthcare visits, for example epilepsy clinic appointments where vitamin D deficiency secondary to antiseizure medicines use is managed.
17	Guideline	12	-	While noting that weight management for women before and after pregnancy is not covered by this update but by the update to the NICE guidelines on weight management, there is moderate-certainty evidence that preconception physical activity is associated with a reduced risk of gestational diabetes and pre-eclampsia (https://pubmed.ncbi.nlm.nih.gov/34970757/). We recommend a mention of the importance of physical activity before and between pregnancies.
18	Guideline	13	10-11	In addition to mentioning 'Healthy food and drink options that are acceptable and available for the person', we recommend adding 'affordable' here as food insecurity disproportionally impacts women.

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19	Guideline	13	19-20	In addition to mentioning 'Provide tailored, non-judgemental and culturally sensitive information that is in the person's preferred format', we recommend adding 'inclusive' here.
20	Guideline	15-16	21-23	When referring to factors that can affect weight change during pregnancy, we recommend adding wellbeing and mental health (https://pubmed.ncbi.nlm.nih.gov/31063018/; https://pubmed.ncbi.nlm.nih.gov/36930325/).
21	Guideline	16	15	We recommend adding further complications associated with excessive weight gain in pregnancy (including increased risk of pre-term birth, stillbirth, thrombosis, difficult or prolonged labour, post-partum haemorrhage, shoulder dystocia, anaesthetic complications and wound complications in the postpartum period) and with low maternal weight gain (e.g. increased risk of preterm birth and small for gestational age) (https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/1471-0528.15386; https://pubmed.ncbi.nlm.nih.gov/21623738/; https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/tog.12792).
22	Guideline	18	11-14	We recommend reference to discussing wellbeing and mental health if there are concerns about excessive weight gain during pregnancy (https://pubmed.ncbi.nlm.nih.gov/31063018/; https://pubmed.ncbi.nlm.nih.gov/36930325/).
23	Guideline	18	19	We recommend adding consideration of referral to antenatal clinic if risk changes with excessive weight gain as women may need an anaesthetic risk assessment (https://www.bjaed.org/article/S2058-5349(21)00003-2/fulltext; https://www.publichealth.hscni.net/sites/default/files/CMACE-RCOG%20Joint%20Guideline-Management%20of%20women%20with%20obesity%20in%20pregnancy.pdf).
24	Guideline	19	2	In the section on low weight gain in pregnancy, we recommend mention of weight loss in pregnancy related to severe hyperemesis gravidarum. This is common and associated with small for gestational age, preterm birth and other adverse outcomes for mother and baby (https://pubmed.ncbi.nlm.nih.gov/36924660/; https://pubmed.ncbi.nlm.nih.gov/23360164/; https://pubmed.ncbi.nlm.nih.gov/35367190/). A full review of hyperemesis gravidarum and management is not needed here, but healthcare professionals and patients should be signposted to the RCOG Green-top guideline (https://www.rcog.org.uk/guidance/browse-all-guidance/green-top-guidelines/the-management-of-

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				nausea-and-vomiting-of-pregnancy-and-hyperemesis-gravidarum-green-top-guideline-no-69/) which is mentioned in section 1.4 and 1.4.7 in the NICE Antenatal care guideline [NG201] (https://www.nice.org.uk/guidance/ng201/chapter/Recommendations#interventions-for-common-problems-during-pregnancy).
25	Guideline	19	4-7	We recommend reference to discussing wellbeing and mental health if there are concerns about low weight gain during pregnancy (https://pubmed.ncbi.nlm.nih.gov/31063018/; https://pubmed.ncbi.nlm.nih.gov/36930325/).
26	Guideline	33	4	We recommend changing this recommendation to 'Approaches to increase uptake..' rather than 'Digital technologies to increase uptake..'. The evidence summarised on page 35 suggests other approaches would be beneficial (e.g. posters and leaflets). Our research has also shown that migrant women, women without university degrees and those from low-income households are less aware of the benefits of preconception folic acid supplement use (https://pubmed.ncbi.nlm.nih.gov/36151510/). Focusing only on digital technologies may increase inequalities for those who experience digital exclusion and/or have low literacy levels. Approaches such as school-based education, public health campaigns and community events, while considering appropriate use of easy-to-understand and inclusive language, are likely to be more equitable and effective (https://pubmed.ncbi.nlm.nih.gov/36151510/; https://www.medrxiv.org/content/10.1101/2024.02.13.24302690v1; https://onlinelibrary.wiley.com/doi/full/10.1111/hex.14181).
27	Guideline	33	6	When referring to 'to increase uptake', we recommend adding 'and reduce inequalities in uptake'.
28	Guideline	34	-	We would like to suggest additional recommendations for research: 1. The role of partners and fathers: how can involvement of partners and fathers (before, during and after pregnancy) support optimal maternal and child nutrition? 2. Preconception micronutrient supplementation: a recent study documented that 9 in 10 women of a group trying to conceive had low or marginal B-vitamin/vitamin D status (https://pubmed.ncbi.nlm.nih.gov/38051700/) and that supplementation improves pregnancy and offspring outcomes (https://pubmed.ncbi.nlm.nih.gov/33782086/; https://pubmed.ncbi.nlm.nih.gov/38287349/). Further research is needed to clarify optimal doses

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				and timing, along with strategies to support micronutrient status in minoritised groups. This is particularly pertinent as the move towards more plant-based diets will likely worsen micronutrient status. 3. Pregnancy after bariatric surgery: what recommendations should be given to women who may become pregnant and who are pregnant and who have had bariatric surgery?
29	Guideline	37	13	We suggest referring to '**best** practice', as recommendations on high-dose folic acid supplement use do not reflect current day-to-day clinical practice.
30	Guideline	38	11-13	While the committee determined that evidence on the appropriate dose of vitamin D during pregnancy that is within the overweight or obesity weight categories was limited and inconclusive, a) there is clear evidence in non-pregnant women that those with overweight or obesity need a higher supplement dose to achieve a blood level above 75 nmol/L (https://pubmed.ncbi.nlm.nih.gov/22431675/), b) the evidence review excludes (on the basis of there not being BMI stratified analyses) published data from the MAVIDOS trial (e.g. https://pubmed.ncbi.nlm.nih.gov/35866154/; https://pubmed.ncbi.nlm.nih.gov/35763390/) showing benefits for offspring bone and infantile eczema prevention with 25 mcg cholecalciferol, instead focusing only on a 10 mcg dose for which the evidence base is weaker. We recommend that consideration be given to recommendation of a higher dose of vitamin D supplementation if this is commenced during pregnancy. The evidence review was undertaken before publication of a recent trial using 10 mcg cholecalciferol before and during pregnancy (https://pubmed.ncbi.nlm.nih.gov/38051700/); this showed that a 10 mcg dose commenced preconception took a substantial duration of supplementation before vitamin D deficiency and insufficiency are corrected. Further confidential comments provided.
31	Guideline	50	25	We suggest adding 'and among women from Black ethnic background'. (https://pubmed.ncbi.nlm.nih.gov/36810878/).
32	Guideline	-	-	Throughout the guideline, we suggest replacing potentially stigmatising language such as "healthy eating" and "habits" with "dietary behaviours" or "dietary patterns".

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33	Evidence Review A	6	18, table 1	We recommend considering child outcomes (also under Benefits and Harms p.12, line 5), as increased cancer risk has been found in children of mothers with epilepsy using high-dose folic acid supplements in pregnancy (https://link.springer.com/article/10.1007/s10309-023-00602-3).
34	Evidence Review A	7	37-38	The folic acid dose required for people using antiseizure medications (ASM) has not been investigated, and current guidelines are based on non-epilepsy and non-ASM exposed pregnancies. The individualised need of these groups "not stratified" in this guideline, has not been considered to have condition/treatment specific requirements. The current guideline is reviewing population level data and recommending interventions for epilepsy which is a heterogeneous condition. The potential for seizure aetiology and ASM related causes for folate deficiency have not been included in the evidence included in the guidelines and needs to be recognised in a separate research recommendation to avoid health inequalities in safety advise for managing nutrition in epilepsy maternities and managing child nutrition in children born to people with epilepsy with and without antiseizure medicine exposure.
35	-	-	-	We foresee the following challenges to implement the draft recommendations, and have made suggestions that could help overcome the challenges: 1. There will be a need for training and education to update health professionals' knowledge. We recommend the development of standardised training packages and the use of online platforms for continuous education. 2. Resources will need to be allocated to ensure funding and staffing are in place to implement the recommendations. This could be supported through collaboration with private sectors and provision of financial incentives. 3. Compliance to uniform and standardised implementation of the guideline is important and should be monitored, for example through regularly reporting on metrics (performance indicators). Moreover, establishing feedback loops where healthcare providers can report challenges and successes in implementing the guideline may help identify areas that need more support or adjustment. 4. Addressing the needs of different population groups may be challenging. We recommend the development of inclusive health policies that can ensure all individuals have equal access to nutrition support.

Insert extra rows as needed

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