

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>Royal College of General Practitioners</p>
<p>Disclosure (please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry).</p>	<p>No disclosures</p>
<p>Confidential comments (Do any of your comments contain confidential information?)</p>	<p>No</p>
<p>Name of person completing form</p>	<p>Michael Mulholland/Adrian Hayter/Anika Mandla</p>

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 <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. • Include section or recommendation number in this column.
Example	Guideline	016	045	Rec 1.3.4 – We are concerned that this recommendation may imply that
Example	Guideline	017	023	Question 1: This recommendation will be a challenging change in practice because
Example	Guideline	037	016	This rationale states that...
Example	Evidence review C	057	032	There is evidence that ...
Example	Evidence review C	063	012	CONFIDENTIAL: Our unpublished study has shown that [X] is more effective than [Y]
Example	Methods	034	010	The inclusion criteria ...
Example	Algorithm	General	General	The algorithm seems to imply that ...
Example	EIA	010	002	We agree with the barriers to access listed, and would also like to add
1	Guideline	014	015	Rec 1.2.5 – We believe the guidance on physical activity could be further detailed by incorporating examples of safe exercises tailored to different trimesters and specific conditions.
2	Guideline	019	012	Rec 1.2.15 – We question if this might sound ambiguous- from a primary care perspective, would we then refer to the midwifery/gynaecology team? Research suggests women in this category seem to do better in terms of rates of pre-eclampsia and caesarean section, and that glycaemic control should be more relaxed. In terms of follow-up (which is what primary care should do mostly) should we be doing the same? Repeat HbA1c etc?
3	Guideline	General		We think it is important to consider creating more accessible format, such as visual aids or flowcharts, to help healthcare professionals quickly reference key recommendations.
4	Guideline	General		We suggest providing a list of available resources (e.g., referral networks, support groups, accessible food programs) which could help address some of the socioeconomic challenges mentioned.
5	Guideline	General		We question why there is no mention of omega 3 supplements - This is standard in USA and in some Trust websites in the UK to reduce premature births. Superdrug sells pregnancy vitamins with Omega 3. Additionally there is the need to remind women not to take cod liver oil (which is much cheaper).
6	Guideline	General		We are concerned that there is no mention about introducing allergenic foods e.g nuts, eggs etc at 4 to 5 months despite the evidence now that suggests that they are good at preventing allergies – this is a major omission.

Maternal and child nutrition

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

email: mandcnutrition@nice.org.uk

7	EIA	General		We are pleased that the equality and health inequalities assessment (EHIA) reflects a strong commitment to inclusivity, particularly in addressing diverse groups' needs (e.g., ethnicity, socioeconomic status, gender identity).
8	Guideline	General		Overall, the guideline provides a comprehensive structure for the updated guidelines, consolidating new and existing recommendations on maternal and child nutrition and integrating relevant evidence. It emphasises critical areas like vitamin supplementation, healthy eating, weight management, and physical activity during pregnancy.

Insert extra rows as needed

Data protection

The information you submit on this form will be retained and used by NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties. Please do not name or identify any individual patient or refer to their medical condition in your comments as all such data will be deleted or redacted. The information may appear on the NICE website in due course in which case all personal data will be removed in accordance with NICE policies.

By submitting your data via this form you are confirming that you have read and understood this statement.

For more information about how we process your data, please see our [privacy notice](#).