D.6 Key area F

D.6.1 Interventions to manage faltering growth – nutritional (question number F.1)

Item	Details
Area in the scope	Interventions to manage faltering growth, including: • breastfeeding support
Review question in the scope	What interventions related to breastfeeding are effective in the management of faltering growth?
Review question for the guideline	What forms of breastfeeding support are effective in the management of faltering growth?
Objective	The aim of this review is to identify effective interventions to support breastfeeding: • in the context of suspected or confirmed faltering growth
Population and	Infants and preschool children in whom weight gain concerns have been raised

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Item	Details
directness	through either routine monitoring (defined in recommendation 17 of the NICE guideline on maternal and child nutrition) or concern by professionals, parents or carers. Exclude complex, severe malnutrition in World Bank low and middle income group countries, and infants and children in intensive care settings.
Intervention	Health education interventions (parental education and support): • factual or technical information about breastfeeding (hospital or community setting; to individuals or groups) Peer or professional support: • advice or support given by a trained individual (professional or non-professional). This could include one-to-one, groups or helplines Physical, pharmacological, psychological or behavioural interventions (related to either the mother the baby or both): • behavioural changes for instance positioning and attachment, breast milk expression, frequency of feeds (feeding cues/responsive/baby led/demand vs. scheduling) • division of tongue tie / tethered oral tissue / lip tie / frenotomy or frenulotomy / ankyloglossia • domperidone, metoclopramide, fenugreek, galactogogues • supplementation with artificial feed / expressed breast milk • interventions to adjust maternal diet • interventions related to maternal mental health / emotional family / partner support (e.g. stress or postnatal depression) Multifaceted interventions • any of the above interventions used in combination Exclude: • studies with fewer than 10 participants in each arm
Comparison	The following possible comparisons will be included: • any of above interventions versus no intervention (no support) • any of above interventions versus placebo • any of above intervention versus any other of the above interventions (individually or in combination or in different routes) Exclude: • Comparisons of interventions for breastfeeding with non-breastfeeding interventions
Outcomes	• resolution of borderline or definite faltering growth concerns, based on measurements of growth (weight change, length/height, head circumference, mid-arm circumference) • continuation of breastfeeding (for instance duration of breastfeeding) • health-related quality of life (parent/carer) • parent or carer satisfaction • adverse effects of interventions (psychological and physical effects, allergies)
Importance of outcomes	Preliminary classification of the critical and important outcomes for decision making: Critical:

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Item	Details
	1. continuation of breastfeeding 2. measurements of growth 3. health related quality of life (parental) Important: All other specified outcomes including adverse effects of interventions (related to mother and baby).
Setting	Any setting where a child is suspected of having faltering growth in World Bank high income group countries except intensive care settings.
Stratified, subgroup and adjusted analyses	Stratified analyses: Borderline or definite faltering growth: Groups that will be reviewed and analysed separately: Infants and preschool children who: • were born prematurely • were born small for gestational age • were born after intrauterine growth restriction (IUGR) • excessive early weight loss after birth • intervention categories Sub-group analyses, e.g. In the presence of heterogeneity, the following subgroups will be considered for sensitivity analysis: • socio-economic, cultural, ethnic background • age (maternal and infant) • severity of growth concern Intervention subgroups: • setting in which the intervention is conducted (community or healthcare setting) • group or individual intervention
Language	English
Study design	• Only published full text papers – state if conference abstracts are being considered only of RCT studies and only if insufficient fully published data is identified. • Systematic reviews of RCTs.
Search strategy	Sources to be searched: Medline, Medline In-Process, CCTR, CDSR, DARE, HTA, Embase, CINAHL. Limits (e.g. date, study design): Standard English language and animal restrictions to be applied. Limit to RCTs in first instance. Supplementary search techniques: No supplementary search techniques will be used. See appendix E for full search strategies.
Review strategy	Appraisal of methodological quality: The methodological quality of each study should be assessed using checklists suggested in the NICE manual and the quality of the evidence for an outcome (i.e. across studies) will be assessed using GRADE. Synthesis of data: A meta-analysis will be conducted where appropriate. State the MIDs, e.g. default MIDs will be used: 0.75 and 1.25 for dichotomous outcomes; 0.5 times SD for continuous outcomes. The Committee agreed that default MIDs would be used for the protocol outcomes.

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	For continuous data, final and change scores will be pooled together and if any study reports both, the method used in the majority of studies will be analysed. If studies only report p-values, this information will be entered into GRADE tables without an assessment of imprecision possible to be made.
Equalities	Effective interventions to address should take into consideration parents' and carers' socioeconomic, cultural, religious and ethnic environment, and potential language barriers. Access to appropriate nutrition may also differ across socioeconomic groups. Certain groups may be at greater risk of developing faltering growth, including preterm infants and children, children and infants with intrauterine growth restriction, those with learning-disabled parents or carers, asylum seekers, and looked-after children.
Notes/additional information	n/a

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