

## D.8 Key area H

### D.8.1 Information and support (question H.1)

Item	Details
Area in the scope	Information and support for parents and carers of infants and preschool children with suspected or confirmed faltering growth.
Review question in the scope	What information and support should be provided for parents and carers of infants and preschool children with suspected or confirmed faltering growth?
Review question for the guideline	What is the effectiveness of information and support interventions for parents and carers of infants and preschool children with suspected or confirmed faltering growth?  What are the barriers and facilitators in the provision of information and support to successfully address the needs of families with an infant or preschool child in whom concerns about growth have been raised?
Objective	To discover what information and support interventions are effective or perceived as making a positive difference to families with infants or preschool children in whom concerns about growth have been raised.

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	<p>Three objectives have been set up:</p> <ol style="list-style-type: none"> <li>1. To explore the areas of information and support that families find helpful.</li> <li>2. To test the effectiveness of information or support interventions as compared to usual care.</li> <li>3. To see how they would like to receive this information or support.</li> </ol>
Population and directness	<p>Families of infants and preschool children in whom growth concerns have been raised, through either routine monitoring (defined in recommendation 17 of the NICE guideline on maternal and child nutrition) or professional or parental concern.</p> <p>Exclude complex, severe malnutrition in World Bank low and middle income group countries, and infants and children in ICU settings.</p>
Intervention – information and support (quantitative)	<ul style="list-style-type: none"> <li>• mode of information provision (written, oral, online)</li> <li>• peer support within faltering growth including online forums</li> <li>• group meetings/support</li> <li>• family support including emotional support (health visiting, children’s centres/nurseries/education setting qualitative)</li> </ul>
Comparison	<p>Compare the above interventions with each other.</p>
Context and likely themes (qualitative)	<p>Context:</p> <ul style="list-style-type: none"> <li>• perspectives on information and support that parents perceive as helpful</li> </ul> <p>Themes will be identified from the literature, but expected themes are:</p> <ul style="list-style-type: none"> <li>• stigma of having a child with faltering growth</li> <li>• difficulties in the recognition of faltering growth</li> <li>• experience with healthcare professionals</li> <li>• lack of support</li> <li>• condition specific information</li> <li>• treatment related information</li> <li>• communication with staff</li> <li>• how service is delivered and what to expect</li> <li>• care planning</li> <li>• how the information is delivered – individual or group</li> <li>• peer support</li> <li>• internet information (pros and cons)</li> <li>• parental and HCP perception of what is important</li> <li>• cultural and religious factors</li> <li>• parental emotional well-being</li> <li>• parents and carers feeling isolated</li> <li>• family diet (e.g. vegan)</li> <li>• cognition (knowledge about and attitudes to faltering growth)</li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>• resolution of borderline or definite faltering growth: based on measurements of growth (weight change, length/height, head circumference, mid-arm circumference)</li> <li>• health-related quality of life</li> <li>• parent or carer satisfaction and preferences</li> <li>• adherence to information / support intervention</li> <li>• hospital admissions (of the infant or child)</li> </ul>
Importance of outcomes	<p>Preliminary classification of the critical and important outcomes for decision making:</p>

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	<p>Critical:</p> <ul style="list-style-type: none"> <li>• measurements of growth</li> <li>• health related quality of life (parental?)</li> </ul>
Setting	<p>Any setting where a child is suspected of having faltering growth in <a href="#">World Bank high income group countries</a> except ICU settings.</p>
Stratified, subgroup and adjusted analyses	<p>Stratified analyses:</p> <p>Borderline or definite faltering growth:</p> <p>Groups that will be reviewed and analysed separately:</p> <p>Infants and preschool children who:</p> <ul style="list-style-type: none"> <li>• were born prematurely</li> <li>• were born with intrauterine growth restriction (IUGR)</li> <li>• early weight loss after birth</li> <li>• intervention categories</li> </ul> <p>Sub-group analyses, e.g. In the presence of heterogeneity, the following subgroups will be considered for sensitivity analysis:</p> <ul style="list-style-type: none"> <li>• socio-economic background</li> <li>• severity of growth concern</li> <li>• age of infants or children</li> <li>• setting in which the intervention is conducted (community or healthcare setting)</li> <li>• group versus individual interventions</li> </ul>
Language	English
Study design	<p>Quantitative: Systematic reviews of RCTs or RCTs for effectiveness.</p> <p>Qualitative: Systematic reviews of qualitative evidence or qualitative studies (interviews, focus groups, blogs). It may be possible to incorporate the results of high quality systematic reviews (according to CASP SR checklist) into the evidence review (updating them if necessary).</p>
Search strategy	<ul style="list-style-type: none"> <li>• Sources to be searched: Medline, Medline In-Process, CCTR, CDSR, DARE, HTA, Embase, PsycINFO.</li> <li>• Limits (e.g. date, study design): Apply English language and human only limits where appropriate.</li> <li>• Supplementary search techniques: No supplementary search techniques will be used.</li> </ul> <p>See appendix E for full search strategies.</p>
Review strategy	<p>This review was not prioritised for dual weeding.</p> <p>Appraisal of methodological quality:</p> <p>Quantitative studies:</p> <ul style="list-style-type: none"> <li>• The methodological quality of each study will be assessed using quality checklists and the quality of the evidence for an outcome (i.e. across studies) will be assessed using GRADE</li> </ul> <p>Synthesis of data:</p> <ul style="list-style-type: none"> <li>• Meta-analysis will be conducted where appropriate</li> <li>• Default MIDs will be used: 0.75 and 1.25 for dichotomous outcomes; 0.5 times SD for continuous outcomes to assess imprecision</li> <li>• If studies only report p-values, this information will be plotted in GRADE tables without an assessment of imprecision possible to be made</li> </ul>

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	<p>Qualitative studies:                      Study quality will be assessed using the CASP qualitative study checklist. The GRADE-CERQual approach will be used to assess the quality of the evidence by theme. Themes themselves will be summarised narratively.</p>
Equalities	<p>Effective interventions to address should take into consideration parents' and carers' socioeconomic, cultural, religious and ethnic environment, and potential language barriers.</p> <p>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.</p>
Notes/additional information	n/a