



Department
of Health

From the Lord Prior of Brampton
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13 JUL 2016

13 Jul.

I thought it would be helpful for you and the House to set out some additional points to those I raised during the debate on the second reading of your Bread and Flour Regulations (Folic Acid) Bill on 8 July.

I should begin by reiterating the Government's position and express its reservations on your Bill. We will continue to consider emerging evidence but our current view is that the proposed Bill would only provide part of the solution to reducing the risk of pregnancies affected by Neural Tube Defects (NTDs).

In the debate I did not dwell on the scientific arguments. There is strong evidence for increasing the intake of folic acid in women prior to conception and Government advice is that women who could become pregnant or are planning pregnancy take a daily supplement of folic acid until the 12th week of pregnancy. Fortification would only ever provide part of the solution to NTDs and it is doubtful that the potential population it needs to reach would fully benefit from it. It is also the case that the Scientific Advisory Committee for Nutrition (SACN) advised that a number of preconditions be met if mandatory fortification of folic acid was introduced, not least that voluntary fortification be restricted. The reason for this is concern over the relationship between excess folate and cardiovascular disease, cognitive function, depression, bone health, colorectal cancer and the masking of vitamin B12 deficiency in the over 65s. Mandatory fortification of white bread flour would affect all populations, including those where these adverse effects could take hold.

Baroness Flather made a case for mandatory fortification with vitamin D. A new report from SACN on vitamin D intakes is expected soon, which may affect its existing advice. Currently the Government recognises deficient intake levels in some populations and gives advice on where dietary intakes can supplement natural supplies from the action of sunlight. The Healthy Start programme provides free Healthy Start vitamins containing the appropriate amount of recommended vitamins A, C and D for children aged from six months to four years, and folic acid and vitamins C and D for pregnant and breastfeeding women. Vitamin D is also available on prescription.

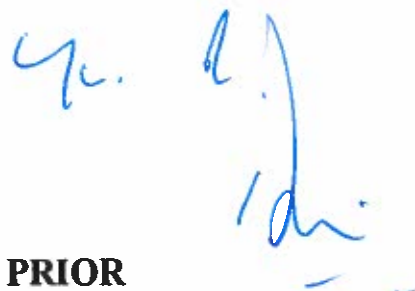
To reiterate some of my concluding remarks, rather than support the mandatory fortification of white bread with folic acid and introduce it in England, we have chosen to focus our efforts on promoting good pre-conception health of both parents to make sure every child gets the best start in life. Good preconception health of both future mothers and fathers can lead to healthier pregnancies and good infant health. And poor preconception health, for example, due to diabetes, poor diet, obesity or smoking, can lead to poor pregnancy outcomes, including gestational diabetes, neural tube defects, premature births and poor perinatal and infant mental health. And, significantly, these good or poor health outcomes can be passed down from one generation to another.

However, many parents make few preparations to improve their health before pregnancy and almost half of all pregnancies in this country are unplanned.. This is why a more proactive approach which promotes good preconception health, to reduce the risk of poor pregnancy outcomes, for women and their families, should be adopted.

In light of this, a Ministerial Roundtable co-hosted by my colleague Jane Ellison, the Parliamentary Under Secretary of State for Public Health, with Dr Gina Radford the Deputy Chief Medical Officer, was held on the 13th June with interest groups to help identify additional measures that can promote good preconception health. This meeting was a first step towards developing a much broader approach to preconception health to help us deliver positive health outcomes in this area, including how to improve the low blood folate levels of women which can lead to neural tube defects. We will be engaging further with stakeholders in the coming months on this issue.

Regarding the request that Jane Ellison received to meet with Sir Nicholas Wald, I can only again reiterate that it was not possible to accept this particular meeting at that time, but access to and review of the appropriate expert evidence is nevertheless available to the Department.

I hope I have clarified all the remaining issues and that this letter is helpful. I will copy it to all speakers in the debate and place it in the library.



DAVID PRIOR