

## Appendix K. Participant feedback letters

*MRC Human Nutrition Research*

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**Serial/Respondent No.:**  
**Recording period: 25/02/2010 to 28/02/2010**

## **National Infant Diet and Health Study Diet Record Feedback**



As part of the National Infant Diet and Health Study, you kindly agreed to complete a diet record for your [son/daughter 'name']. You also said that you would like to receive feedback from this record.

As your child is exclusively breastfed or formula fed they are receiving all the nutrients they need for the first 6 months of their life and we therefore have not provided a detailed breakdown of their dietary intake.

Once you begin to feed your child solid foods, it is important to give them a variety of healthy foods to ensure they get all the nutrients they need. Also, if you give them lots of healthy foods to try when they are young, they are more likely to eat a variety of healthy foods when they grow up.

Please refer to the last page for additional resources if you wish to read more about a healthy diet for your baby.

## Healthy Eating



If you wish to obtain more information about a healthy diet for your child and tips for achieving this, there are a number of organisations that can help. It is best to look at websites from registered health professionals and Government organisations where you can trust the information and know that it is supported by good scientific evidence. There is a lot of information about nutrition on the web that is not supported by evidence coming from research. If you do not have access to the Internet, these organisations have other resources to help you. You should be able to find these in your GP's surgery.



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## National Infant Diet and Health Study Diet Record Feedback

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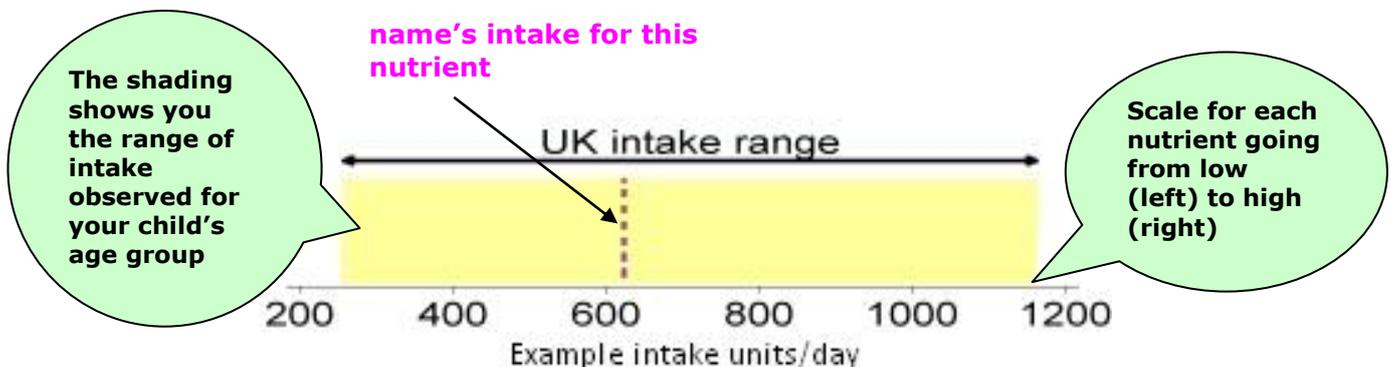


We have now analysed the diet record you gave us and have estimated a daily intake of energy (calories) and nutrients, from food and drinks 'name' has consumed. Intake from supplements is not included in this feedback.

If name's food intake during the recording period (25/02/2010 to 28/02/2010) was typical for him/her at the age he/she was then, the results will tell you how his intake of nutrients fits with the UK range for the 4 to 12 month age group.\*

If breast milk is a major part of your child's intake, with very little solid food or other drinks, the intake of some nutrients may appear towards the lower end of the range. This is quite normal. The content of some nutrients may be low in breast milk, but your child is efficient at using these nutrients to meet its needs for growth and development.

**Understanding the graphs:** First an explanation on how to read the graphs provided.



What it means: If 'name's' intake is within the yellow band he/she is consuming within the UK range for his age group.

Please refer to the last page for additional resources if you wish to read more about a healthy diet for your baby. If you have any concerns regarding your baby's diet please consult your GP or health visitor.

\*The ranges are taken from consumption figures from the dress rehearsal of this survey (188 participants) carried out in 2010. The intakes given are for your child's age group and are for food only and do not include supplements. Ranges shown exclude 2.5% of individuals at each end of the spectrum as these are considered extremes of intake.



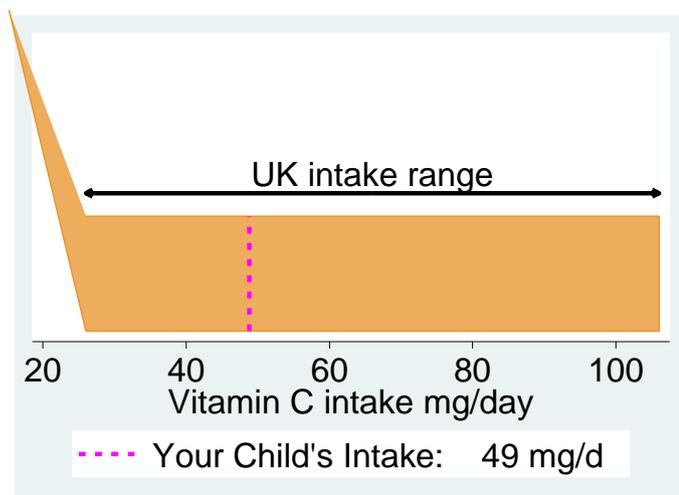
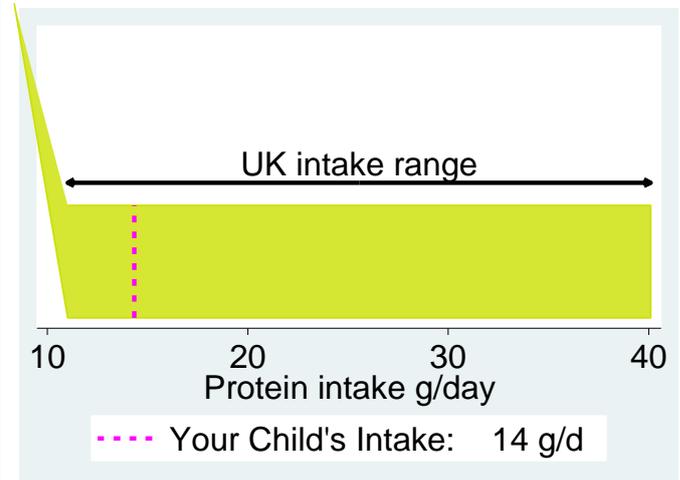


As you feed your child more solid foods, it is important to give them a variety of healthy foods to ensure they get all the nutrients they need. Also, if you give them lots of healthy foods to try when they are young, they are more likely to eat a variety of healthy foods when they grow up.



Your baby needs **protein** to grow. There is a lot of protein in the milk you give your baby regardless of what type that is, and there is also protein in cereals and in meats, when you reach the point of giving these. Most babies in the UK have enough

protein in the diet.



Some young children may not consume a good variety or sufficient amount of solid foods to get enough of vitamins A, C and D and, as a precaution, are therefore recommended to take supplements of these vitamins between 6 months and 5 years. Vitamin D supplements are particularly important in this age group as very few foods are good sources.

Opposite is an example of your child's intake for vitamin C from food and drinks.

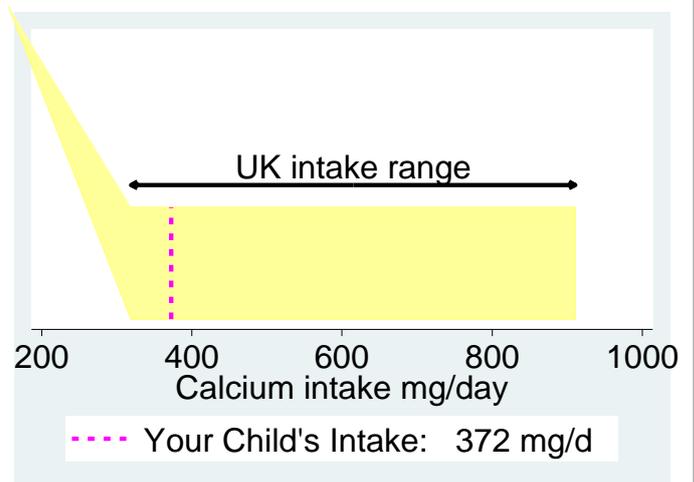
**Vitamin C** is important for many functions in the body and it helps to protect cells from damage. Vitamin C can only be obtained from fruit and vegetables so it is important to include these in your baby's diet once you start to wean. Try to prepare fruit and vegetables yourself by using soft types, such as bananas, or pureeing and offering using a spoon.

Starting fruit and vegetables early in your weaning and getting your baby used to them will help with their willingness to eat them when they get older.



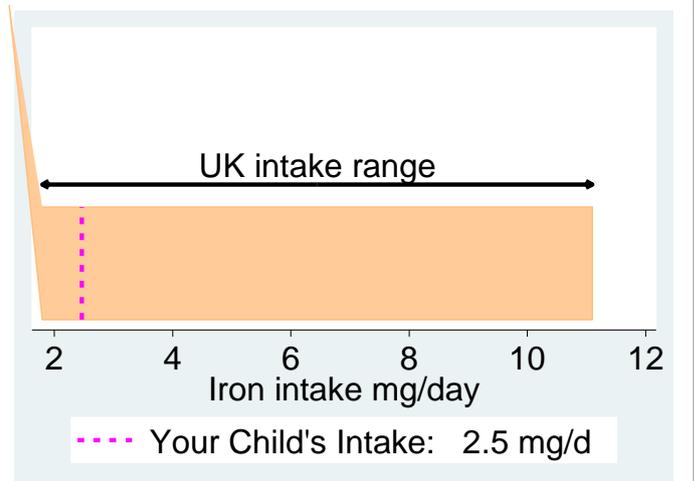
**Calcium** is important for many functions in the body, including building strong bones and teeth, helping muscles to contract and blood to clot properly.

Your milk is an important source of calcium for your baby as are dairy products such as milk, yoghurts and cheese.

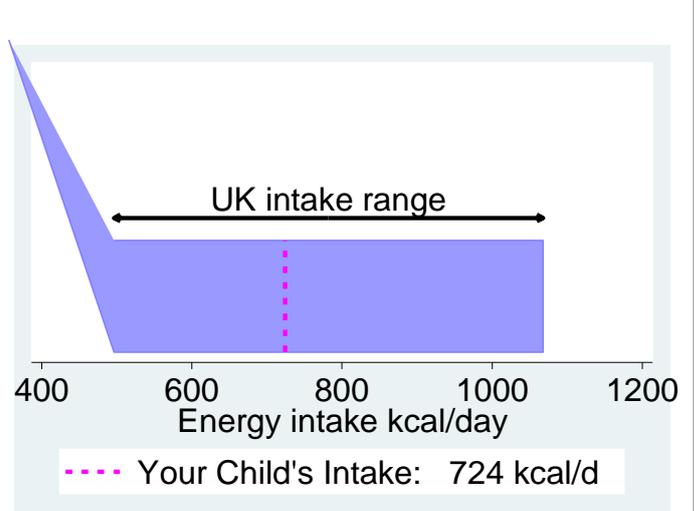


**Iron** is required for healthy blood and to help carry oxygen around our body. Lack of iron leads to anaemia, which causes tiredness and can affect your baby's development, behaviour and resistance to infection.

Once weaning starts, iron can be obtained from cereals and also from meat, where the form of iron, called haem iron, is much better absorbed into the body than iron from other sources.



**Energy or calories** are obtained from the protein, fat, and carbohydrate in the food your baby consumes, and everything your baby does uses calories. How many calories your baby needs depends on how fast your baby is growing and how active your baby is.



# Healthy Eating



If you wish to obtain more information about a healthy diet for your child and tips for achieving this, there are a number of organisations that can help. It is best to look at websites from registered health professionals and Government organisations where you can trust the information and know that it is supported by good scientific evidence. There is a lot of information about nutrition on the web that is not supported by evidence coming from research. If you do not have access to the Internet, these organisations have other resources to help you. You should be able to find these in your GP's surgery.



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**Recording period: 25/02/2010 to 28/02/2010**

## National Infant Diet and Health Study Diet Record Feedback

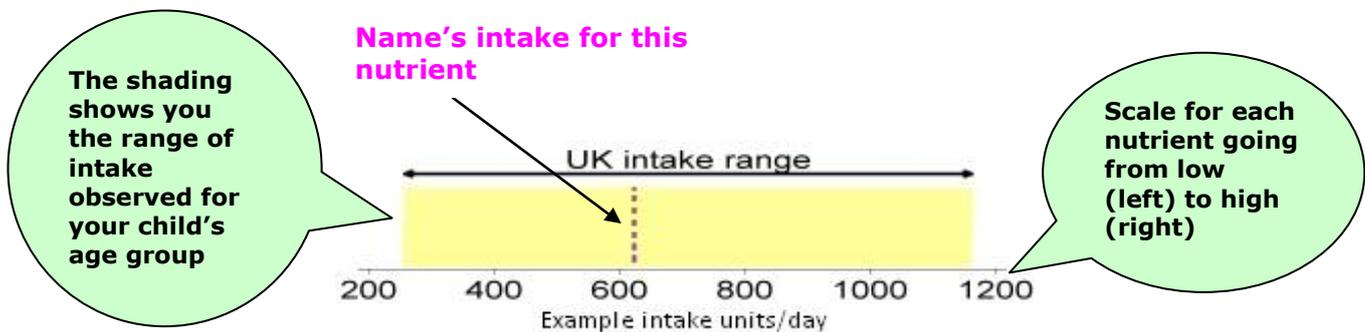
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If 'name's' food intake during the recording period (25/02/2010 to 28/02/2010) was typical for him/her at the age he/she was then, the results will tell you how his intake of nutrients fits with the UK range for the 12 to 18 month age group.\*



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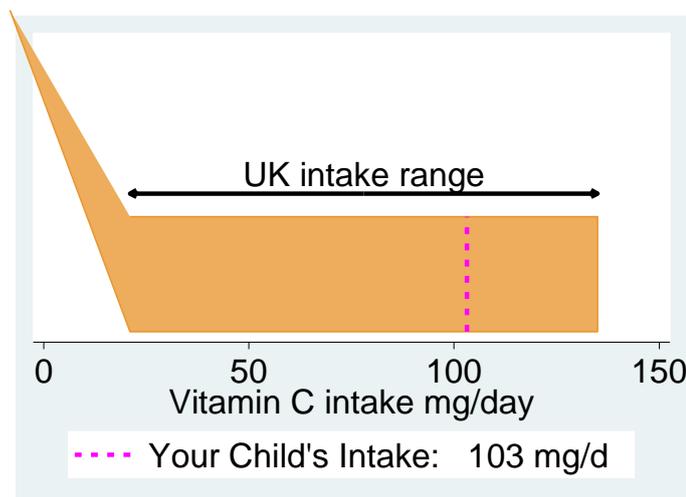
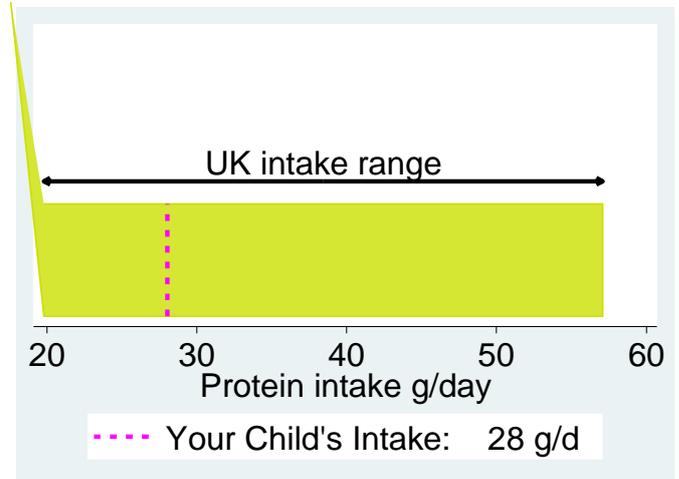
[www.mrc-hnr.cam.ac.uk](http://www.mrc-hnr.cam.ac.uk) [www.natcen.ac.uk](http://www.natcen.ac.uk)



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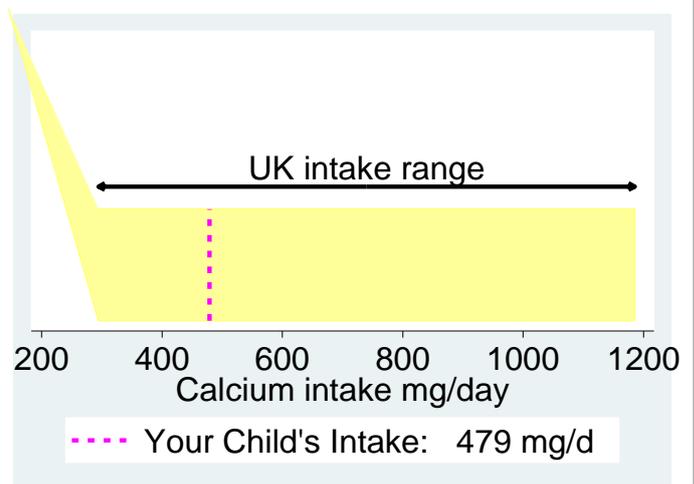
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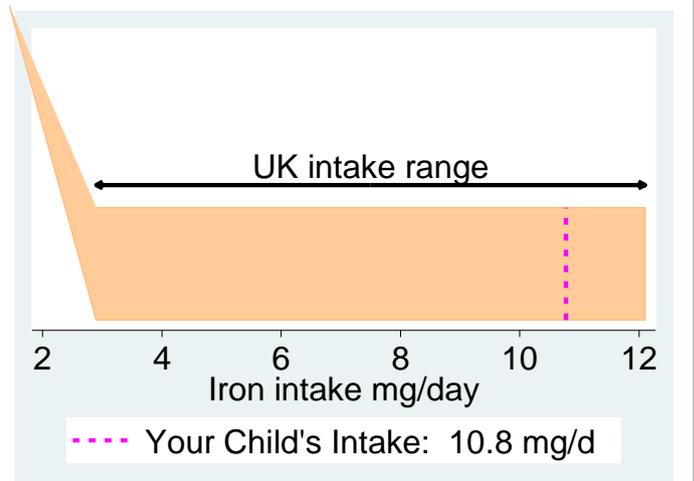
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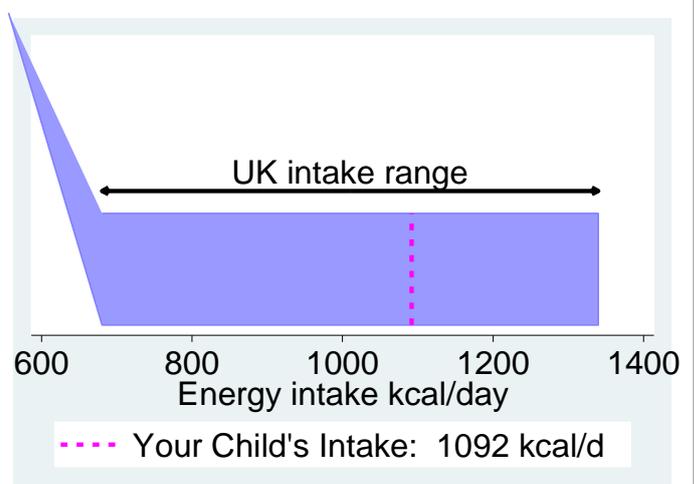


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Serial/Respondent No.:  
Recording period: 20/04/2010 to 04/05/2010

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## National Infant Diet and Health Study Breast Milk Feedback

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As part of the National Infant Diet and Health Study, you kindly agreed to take part in the **breast milk volume** component of the study.

We are now in a position to provide you with the estimated amount of breast milk that your child consumed during the period of 20/04/2010 to 04/05/2010. This has been calculated using information obtained from the tracer water that you and your baby drank and the urines you collected over this period.

During the period of 20/04/2010 to 04/05/2010, we are able to report that your child's breast milk consumption was calculated at an average of 640 ml per day, and represented 72% of your child's fluid intake.

The guidelines for breast milk consumed by breastfed infants are as follows\*:

4-6 months: A minimum of 600ml

6-12 months: 500-600ml

After 1 year: A minimum of 350ml

If you also feed your child with other food and drink, the amount of breast milk consumed is likely to be lower.

On the next page we have provided some useful resources for finding out more about eating a healthy diet.



\*These guidelines are detailed in the report: Weaning and the Weaning Diet from the Committee of Medical Aspects of Food Policy and published by the Department of Health in 1994.

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**NatCen**  
National Centre for Social Research



**Newcastle University**



Dr «DrName»  
«Pracname»  
«Pracadd1»  
«Pracadd2»  
«Pracadd3»  
«PracAdd4»  
«PracPC»

Our ref: PAU240/6299gp1/«Serial\_num»«P\_num»

20 February, 2013

Re: «KasName» («FancyDob») of «raddr1», «raddr2», «raddr3», «raddr4», «raddr5»  
«raddr6» «rpostcode»

This patient of yours recently took part in the National Infant Diet and Health Study. A blood sample was obtained to enable analysis of a number of health and nutritional status indicators for research purposes. «parent name» gave us written permission to send you the following potentially clinically relevant examination results from a clinic visit on «Vizdate». Please see overleaf for details of the survey.

Test	Analyte	Results <sup>1</sup>	Reference Range	Units
<b>Blood count</b>	Haemoglobin		2-5 mo: 9.5-13.5 5 mo -3yr: 10.5-13.5	g/dl
	Haematocrit		2-5 mo: 0.29-0.41 5 mo -3yr: 0.33-0.39	l/l
	Mean Cell Volume		2-5 mo: 74-108 5 mo -3yr: 70-86	fl
	Mean Cell Haemoglobin		2-5 mo: 25-34 5 mo -3yr: 23-31	pg
	Red blood cell count		2-5 mo: : 3.1-4.5 5 mo -3yr: 3.7-5.3	10 <sup>12</sup> /L
	Platelet Count		ALL: 150-450	10 <sup>9</sup> /L
	White blood cell count		2d - 2y: 6.0-18.0	10 <sup>9</sup> /L
	Neutrophils		ALL: 2.0-6.0	10 <sup>9</sup> /L
	Lymphocytes		2-4m: 3.7-9.6 5-8m: 3.8-9.69 9-14m: 2.6-10.4 15m-2y: 2.7-11.9	10 <sup>9</sup> /L
	Monocytes		ALL: 0.7-1.5	10 <sup>9</sup> /L

<sup>1</sup> Results that fall outside the reference/normal range are marked with an \*



*NA = not applicable, NM = not measured, NR = for technical reasons it was not possible to carry out this analysis*

**Either:** This respondent wished to have a copy of <<his/her>> own results and these are being sent at the same time as this notification to you.

**Or:** This respondent did not want to receive a copy of <<his/her>> results.

We leave any follow-up of these results to your discretion. If you wish to discuss any of the results, please contact the survey doctor, Dr Ken Ong at Addenbrookes Hospital on 01223 769207.

Results from further additional analytes (serum ferritin, transferrin receptors and 25-hydroxyvitamin D) will be sent to you in a few months time when analysis is complete.

Yours sincerely,

Jill Sommerville  
Survey Co-ordinator  
MRC Human Nutrition Research

**NATIONAL INFANT DIET AND HEALTH STUDY**

The National Infant Diet and Health Study is a study of the population living in private households, funded by the Food Standards Agency and Department of Health. The aim of the survey is to provide robust data on food and nutrient intakes, sources of nutrients and nutritional status of 4-18 month old children in the UK population.

This study is being carried out during 2010-2011, and around 1,800 parents of children will be interviewed in total. Participation in the survey involved interviews and a separate clinic visit. The interview collected information about participants' eating habits, lifestyle, general health and prescribed medicines as well household information and information about any longstanding illnesses. Diet diary records were also made of what a participant consumed on at least three separate days. At the clinic visit research nurses measured infant length, weight, head circumference and skinfold thickness, took a non-fasted blood sample and undertook measures of breast milk intake (if breastfed), fluid intake and body composition using isotopically labelled water and by collecting urine samples before and after dosing (each component was subject to the parent/carer's written consent).

<http://www.mrc-hnr.cam.ac.uk/working-with-us/national-infant-diet-and-health-study.html>



«Pname»  
 «Raddr1»  
 «Raddr2»  
 «Raddr3»  
 «Raddr4»  
 «Raddr5»  
 «Rpostcode»

Our ref: PAU240/6299/T31/«Serial\_num»«P\_num»

20 February, 2013

Dear «Pdear»,

**«Rname», «FancyDob»**

Your child recently took part in the National Infant Diet and Health Study, which involved visits from an interviewer and a visit to a clinic. Your and «infillb» help with this important survey is much appreciated.

The potentially clinically relevant examination results you agreed we could pass to your child's GP <<BP, blood sample tests>> have been forwarded. We have explained that this was with your permission. You also asked us to let you know the results of your child's blood sample tests taken during the clinic visit on «Vizdate».

Test	Analyte	Results <sup>1</sup>	Reference Range	Units
<b>Blood count</b>	Haemoglobin		2-5 mo: 9.5-13.5 5 mo -3yr: 10.5-13.5	g/dl
	Haematocrit		2-5 mo: 0.29-0.41 5 mo -3yr: 0.33-0.39	l/l
	Mean Cell Volume		2-5 mo: 74-108 5 mo -3yr: 70-86	fl
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	Platelet Count		ALL: 150-450	10 <sup>9</sup> /L
	White blood cell count		2d - 2y: 6.0-18.0	10 <sup>9</sup> /L
	Neutrophils		ALL: 2.0-6.0	10 <sup>9</sup> /L
	Lymphocytes		2-4 mo: 3.7-9.6 5-8 mo: 3.8-9.69 9-14 mo: 2.6-10.4 15 mo-2y: 2.7-11.9	10 <sup>9</sup> /L
	Monocytes		ALL: 0.7-1.5	10 <sup>9</sup> /L

<sup>1</sup> results that fall outside the reference/normal range are marked with an \*



**NM** - not measured;

**NR** - for technical reasons it was not possible to carry out this analysis

**Either**

I am pleased to confirm that all of the results were within the reference range.

**OR**

The following text-fill, only generated if any results are 'outside normal range'

\* **Reading 'Outside normal/reference range':** There is no need for immediate concern as this can occur for several reasons. We suggest that you consult a GP in the near future. The GP can then decide whether or not further investigations should be made.

There are a few more blood tests yet to be measured. We will let you know these results in a few months' time.

The GP is in the best position to understand and explain the meaning of these results. If the GP considers them to be satisfactory, then nothing further will be done as a result of these tests. If you would like to know more about these results, you should ask your child's GP to discuss them with you. Alternatively, you can discuss the results by telephone with the survey doctor, Dr Ken Ong at Addenbrookes hospital on 01223 769207.

Yours sincerely,

Jill Sommerville  
Study Co-ordinator  
MRC Human Nutrition Research



Pname  
Raddr1  
Raddr2  
Raddr3  
Raddr4  
Raddr5  
Rpostcode

20 February, 2013

Our ref: PAU240/6299/T32/Serial\_num\_P-num

Dear Pdear,

**Rname, Fancy DOB**

Following your child's involvement in the National Infant Diet and Health Study, we wrote to you on Let1Date <<Either: with some blood sample results **OR** to let you know that it was not possible to analyse his/her first set of blood results due to technical reasons>>

As promised in that letter, we are writing to you again with the results of further tests on your child's blood sample.

Test	Analyte	Results <sup>1</sup>	Reference Range	Units
Iron Status	Ferritin		1-6 mo: 8-275 6 mo – 15y: 8-116	µg/L
	Transferrin receptors		ALL 4.5 – 11.1	µg/L
Vitamin D	25-hydroxyvitamin D		ALL 25-150	nm/L

*These results were obtained in a research institution and therefore cannot be used for clinical diagnosis.*

<sup>1</sup> Results that fall outside the reference/normal range are marked with an \*

*NA = not applicable, NM = not measured, NR = for technical reasons it was not possible to carry out this analysis*

**Either:** I am pleased to confirm that all of your child's results were within reference range.

**Or**



The following should be a text-fill, only generated if any results are 'outside normal range'  
\* Results reading 'Outside normal/reference range': There is no need for immediate concern as this can occur for several reasons. We suggest that you consult a GP in the near future. The GP can then decide whether or not further investigations should be made.

These results have also been forwarded to your child's GP. We have explained that this was with your permission.

The GP is in the best position to understand and explain the meaning of these results. If the GP considers them to be satisfactory, then nothing further will be done as a result of these tests. If you would like to know more about these results, you should ask your child's GP to discuss them with you. Alternatively, you can discuss the results by telephone with the survey doctor, Dr Ken Ong at Addenbrookes hospital on 01223 769207.

Yours and your child's help with this important survey is much appreciated.

Yours sincerely,

A handwritten signature in cursive script that reads 'Jill Sommerville'.

Jill Sommerville  
Study Co-ordinator  
MRC Human Nutrition Research



Dr «DrName»  
 «Pracname»  
 «Pracadd1»  
 «Pracadd2»  
 «Pracadd3»  
 «PracAdd4»  
 «PracPC»

Our ref: PAU240/6299gp2/«Serial\_num»«P\_num»

20 February, 2013

Re: «KasName» («FancyDob») of «raddr1», «raddr2», «raddr3», «raddr4»,  
 «raddr5» «raddr6» «rpostcode»

Further to a letter sent to you on <<Let1Date>>, I am writing to you with the results of additional blood tests.

As mentioned in the previous letter, this patient of yours took part in the National Infant Diet and Health Study. «he/she/their parent» gave us written permission to send you the following blood sample results from a clinic visit on «Vizdate».

Test	Analyte	Results <sup>1</sup>	Reference Range	Units
Iron Status	Ferritin		1-6 mo: 8-275 6 mo – 15y: 8-116	µg/L
	Transferrin receptors		ALL 4.5 – 11.1	µg/L
Vitamin D	25-hydroxyvitamin D		ALL 25-150	nm/L

*These results were obtained in a research institution and therefore cannot be used for clinical diagnosis.*

<sup>1</sup> Results that fall outside the reference range are marked with an \*

*NA = not applicable, NM = not measured, NR = for technical reasons it was not possible to carry out this analysis*

**Either:** This participant wished to have a copy of <<his/her>> own results and these are being sent at the same time as this notification to you.

**Or:** This participant did not want to receive a copy of <<his/her>> results.

Protect Personal



We leave any follow-up of these results to your discretion. If you wish to discuss any of the results, please contact the survey doctor, Dr Ken Ong at Addenbrookes on 01223 769207.

Yours sincerely,

Jill Sommerville  
Survey Co-ordinator  
MRC Human Nutrition Research

#### NATIONAL INFANT DIET AND HEALTH STUDY

The National Infant Diet and Health Study is a study of the population living in private households, funded by the Food Standards Agency and Department of Health. The aim of the survey is to provide robust data on food and nutrient intakes, sources of nutrients and nutritional status of 4-18 month old children in the UK population.

This study is being carried out during 2010-2011, and around 1,800 parents of children will be interviewed in total. Participation in the survey involved interviews and a separate clinic visit. The interview collected information about participants' eating habits, lifestyle, general health and prescribed medicines as well household information and information about any longstanding illnesses. Diet diary records were also made of what a participant consumed on at least three separate days. At the clinic visit research nurses measured infant length, weight, head circumference and skinfold thickness, took a non-fasted blood sample and undertook measures of breast milk intake (if breastfed), fluid intake and body composition using isotopically labelled water and by collecting urine samples before and after dosing (each component was subject to the parent/carer's written consent).

<http://www.mrc-hnr.cam.ac.uk/working-with-us/national-infant-diet-and-health-study.html>

## Brief explanation of tests performed on blood samples

### Blood count

**Haemoglobin** is a protein found in red blood cells that carries oxygen from the lungs to cells. 'Anaemia' means that levels of haemoglobin are too low.

**Haematocrit:** blood is a mixture of cells and plasma. The haematocrit measures how much of the blood is made up of cells. A low haematocrit may indicate anaemia.

**Mean cell volume:** this is a measurement of the size of red blood cells. Cells that are too large or small may indicate anaemia.

**Mean cell haemoglobin:** this measures the amount of haemoglobin in red blood cells.

**Red blood cell count:** this test measures the number of red blood cells in the blood. Red blood cells carry haemoglobin.

**Platelet count:** platelets help blood to clot. This test measures the number of platelets in the blood.

**White blood cell count:** White blood cells are made by bone marrow and help the body fight infection and other diseases. There are many different types of white blood cells all performing different functions. Neutrophils, Lymphocytes, and Monocytes are types of white blood cell.

## **Brief explanation of tests performed on blood samples**

### **Iron status**

**Plasma ferritin and plasma transferrin receptors:** measurements of both plasma ferritin and plasma transferrin receptors provide the best approach to measuring overall iron status. Iron has a number of important roles in the body. For example it helps make red blood cells, which carry oxygen around the body.

### **Vitamin D**

**Plasma 25-hydroxyvitamin D:** Vitamin D is a fat-soluble vitamin. Most people should be able to get all the vitamin D they need from their diet and by getting a little sun. Vitamin D has a number of important functions. For example it helps regulate the amount of calcium and phosphate in the body, and calcium and phosphate are needed to help keep bones and teeth healthy.