FOOD STANDARDS AGENCY

Testing of Draft Revised Government Advice on Peanut Consumption During Early Life

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Admistrative information

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1. Executive Summary

1.1 Background

In 1998, the Committee on Toxicity (COT)[1] issued precautionary advice stating that where there is a family history of allergy, mothers may wish to avoid eating peanuts during pregnancy and while breastfeeding, and not to introduce peanuts into their child's diet before three years of age to help prevent the development of peanut allergy.

The COT has recently reviewed the published scientific evidence on exposure to peanuts in early life and the development of peanut allergy and has concluded that the science is uncertain and that the current evidence base does not enable definitive advice to be given about avoidance or consumption of peanut (or at what level) during this period of life.

Following this review, the Food Standards Agency (FSA) and the Department of Health (DH) has re-drafted advice on this topic and aims to issue it in the summer of 2009.

1.2 Research objectives

The overall aim of this research was to explore consumer, health professional and other relevant stakeholders' understanding of the draft revised Government advice on peanut consumption when planning conception, during pregnancy, breastfeeding and until three years of age, and to capture any feedback regarding whether and how the revised advice could be improved before it is issued to the public.

The research was carried out on behalf of the Food Standards Agency and Department of Health by *thepeoplepartnership*.

1.3 Method and sample

The method involved qualitative research amongst consumers, health professionals and other relevant stakeholders.

The consumer research comprised:

- Group discussions with mothers and mothers-to-be with no family history of allergy;
- Group discussions with mothers and mothers-to-be with allergy in the family; and
- Depth interviews with mothers with a food allergy and mothers of a child under 3 with an allergy (high risk consumers).

[1] The Committee on Toxicity is an independent scientific advisory committee that advises the Food Standards Agency, the Department of Health and other Government Departments and Agencies on matters concerning the toxicity of chemicals in food.

The health professional and other stakeholder research comprised 14 x 45 minute depth interviews including two GPs, two health visitors, two midwives, two paediatricians, two dieticians, two staff from the Anaphylaxis Campaign and advisers from two Royal Colleges (the Royal College of Paediatrics and Child Health and the Royal College of General Practitioners).

For more detail on the research method, sample and approach, please see sections 4.1 and 4.2 in the appendix.

1.4 Main findings

1.4.1 Overall responses

The most informed (in terms of allergy)/literate consumers and health professionals/stakeholders tended to be very positive about the draft revised advice that was exposed in the research.

However, other health professionals and consumers who were less well informed about allergy and/or who had literacy issues were much less positive about the revised advice in terms of its structure and presentation, as well as in relation to specific content issues.

1.4.2 Consumer responses to the draft revised advice

Clarity and understanding of the advice

The majority of consumers felt the revised advice was clear and were able to summarise it accurately when asked to do so within the context of the research setting.

However, there was significant evidence from the research that some consumers – especially those who were less well informed about allergy and/or were less literate – would not assimilate the advice in a real life setting as it is currently structured, presented and expressed.

Consumer attitudes to the draft revised advice

At an overall level there was some consumer discomfort with, and some reluctance to follow, a change in advice that was perceived as the Government endorsing mothers and mothers-to-be eating peanuts, in the absence of definitive evidence in this area.

Against this general attitudinal context, participants' typical intended responses to the advice included to either:

- Begin to eat peanuts because they have realised that it does not pose a risk (those with no allergy in the family);
- Carry on excluding peanuts from their own or their child's diet; or
- Not to go out of their way, either to eat peanuts themselves or to give them to their child, but would not worry if a small amount was eaten.

Some believed that it is the responsibility of Government to provide up-to-date and transparent advice to consumers. They also assumed, and found to be reassuring, the fact that the Government is monitoring the research on peanut allergy and is responding to the emerging developments.

However, many participants disliked having the onus of responsibility for the choice of what course of action to take being put on them, especially during such an emotional life event as having, breastfeeding or weaning a child.

Dissemination of the advice

Use of 'The Pregnancy Book', 'Birth to Five' and 'Ready Steady Baby'[2] to disseminate the advice was endorsed, although this was not felt to be sufficient on its own.

In addition participants expressed concerns that, since many mothers – especially those who are second time or third time mothers – refer to previous editions of these publications, it would be important to issue regular update sheets containing the latest advice to ensure that all mothers were given access to the most up-to-date advice.

Many consumers felt that much more should be done to provide the relevant advice proactively to individual consumers in a tailored fashion and at the right time for them.

It was felt to be particularly important to ensure that mothers who already have a child get access to the information, since these women are likely to be operating under the previous advice.

At an overall level, many healthcare professionals (including midwives, health visitors and GPs) were often criticised as lacking the time and sufficiently up-to-date knowledge to be able to provide adequate support in this area.

Many participants felt that a greater focus should be put on providing channels through which consumers can quickly and easily access up-to-date information and advice and/or efficient signposting to this relevant information and advice.

Frequent suggestions for a 'first port of call' for information included:

- NHS Direct;
- Specialist allergy support groups by country, and particularly the Anaphylaxis Campaign;
- Health Protection Agency;
- FSA and Eatwell.gov.uk (the FSA's consumer website); and
- GPs (ensuring that the message that GPs will refer individuals on to an expert, if necessary, is highlighted).

[2] These booklets are given to all first time British mothers. English mothers are given 'The Pregnancy Book' when pregnant and 'Birth to Five' after the birth of their child. Welsh mothers receive the same information but with an additional Welsh translation. Scottish mothers receive 'Ready Steady Baby' when they are pregnant.

Suggestions for other ways of raising awareness included highlighting the issue during the midwife booking in session (or earlier if possible); at antenatal and postnatal clinics; via pregnancy, breastfeeding or weaning talks and literature; in Bounty packs[3]; at the time of weaning (health visitor); through the asthma nurse (for families who have been referred to this type of health professional); as well as through more general medical and retail channels.

1.4.3 Health professional responses to the draft revised advice

Many of the health professionals interviewed in this research did not feel that allergy in general, or food allergy in particular, was an issue that tended to arise much in their daily practice (certainly when compared with other issues they were dealing with) and often claimed they were rarely asked questions relating to peanut consumption.

Many, although not all, health professionals claimed to be aware of the current advice but they did not necessarily quote it correctly. The most common deviation from the advice was advising that no pregnant or breastfeeding women should eat peanuts (rather than only those with allergy in the family).

The revised advice was consistently endorsed as extremely clear and easy to understand by health professionals.

However, not all felt that their patients or the general public at large would necessarily understand or engage with it.

Health professionals' views on whether or not they would disseminate the revised advice to consumers were extremely mixed.

Some health professionals claimed they would automatically disseminate the revised advice and felt it would give them confidence that they were providing the most up-to-date advice.

However, others were nervous about revising their advice to mothers and mothers-to-be towards consuming peanuts, for a number of reasons:

- They felt as though they had little actual evidence on which to base this advice;
- They did not feel confident in knowing specifically what or how to advise patients in particular situations (especially those with a family history of allergy);
- In the absence of any positive benefits to eating peanuts being communicated, they perceived that there was no point in taking the risk in advising consumption; and
- Specifically, some worried that if a child developed an allergy on the basis of their advice, the mother might blame herself (and possibly even them).

[3] These are information packs given to mothers at various points throughout their pregnancy and after the birth of their baby.

Given that many health professionals felt they had no more information to provide consumers on top of this advice, they often requested further information, including:

- A distillation of the evidence on which advice is based; and
- Scenarios and examples of what this would mean for families in different situations.

Specific suggestions for channels for disseminating notification of the revised advice to health professionals included formal communications through management, informal communications from colleagues and medical and/or health professional organisations and websites.

1.4.4 Royal Colleges' responses to the draft revised advice

At an overall level, both expert advisers to the Colleges were positive about the revised advice being issued.

Both felt that their respective Colleges would be happy to disseminate information to members via channels relevant for each College.

Both also felt that the draft advice was probably clear for a literate audience but may not meet the needs of others. Specific suggestions for optimising the advice were made, which can be found within section 3.2.6 of the body of the report.

The likelihood of GPs being disengaged with this general area was noted and it was thought that much work will need to be done to convince GPs of the relevance and significance of addressing patient concerns on allergy.

There was also a request for information dissemination to be phased, i.e. for health professionals to be provided with the advice in advance of general consumers. This would give time for health professionals to consider the advice and how to advise patients.

1.4.5 Anaphylaxis Campaign's responses to the draft revised advice

Anaphylaxis Campaign staff reiterated consumer views and experiences of health professionals providing advice on peanut consumption, namely that the current advice provided by health professionals varies greatly and that many health professionals do not proactively focus on the topic of allergies or, more specifically, peanut allergies.

Anaphylaxis Campaign staff felt the draft revised advice was clear to them, but questioned whether it would be totally clear to consumers and specifically questioned the focus on breastfeeding until six months.

Campaign staff talked about a vicious cycle within which consumers ask health professionals for more advice and support on allergy; health professionals look to the

Anaphylaxis Campaign; and the Anaphylaxis Campaign looks to Government advice or advises individuals to ask their health professional. They expressed a strong view that this loop needs to be closed effectively and appropriately.

Anaphylaxis Campaign staff felt that more should be done to provide a hub of information for consumers and, more particularly, health professionals.

Anaphylaxis Campaign staff were keen to be involved in dissemination of the revised advice, as well as other support and guidance, to both health professionals and consumers.

Dissemination channels they anticipated using included the Campaign's:

- Website;
- Newsletter;
- Leaflets; and
- Introductory pack.

Staff did highlight that a significant proportion of members of the Anaphylaxis Campaign do not have access to the internet and they felt that dissemination channels used to communicate the revised advice should take account of this.

Specifically, there was enthusiasm for the Anaphylaxis Campaign to be included as a signpost on the revised advice.

1.5 Implications for development of the revised advice prior to issue

The implications for development of the revised advice prior to issue – based on the summation of the responses from consumers, health professionals and other stakeholders – have been detailed below.

1.5.1 Structure of the revised advice

The research indicates that the revised advice would be most appropriate when using the proposed 'No allergy/allergy in the family' structure – with content developments – for the health professional and stakeholder and more informed and/or literate target audiences.

However, the research also indicates that consumers with lower literacy levels and/or who are less informed and/or experienced in relation to allergy would be more likely to correctly assimilate the revised advice if it were re-structured to reflect 'stages in the child development cycle', i.e. planning conception, pregnancy, breastfeeding and with a child under 3 years of age.

Given these findings, a possible way forward is that two versions of the revised advice could be produced – one for health professionals and stakeholders and one for consumers.

Alternatively, a tabular structure could be developed using 'No allergy in the family/allergy in the family' and 'stage in the child development cycle' as the two key dimensions. This would mean that individuals could choose which dimension they preferred to navigate to the specific advice relevant to them.

1.5.2 Presentation of the revised advice

Consumers, especially those who were less informed or literate, frequently requested greater inclusion of visuals and greater use of bullet points.

1.5.3 Content of the revised advice

Consumers generally wanted a little more context and reassurance as to why the Government is revising the advice on peanut consumption during early life, as well as an indication as to where to find more detailed/broader information on allergies.

There were also consistent requests for an explanation as to why the advice only related to children under three years old or, if this is an arbitrary upper age, then this should be made clear.

In particular, consumers wanted a simple, straightforward and concise explanation of the status of the evidence and what that means for their consumption behaviour, as the current expression of the advice was not felt to offer this.

Where the issue of breastfeeding is raised, consumers wanted this to be done in the context of its relationship with allergy.

In relation to children who are being weaned, it was felt that more information could be included relating to specifically how to go about introducing peanuts and other allergenic foods to children, what allergy symptoms to look out for and what to do in case of spotting them.

In terms of signposting, consumers and health professionals felt it was appropriate to refer readers to their midwife, GP or allergy specialist for further clarification or discussion, if required.

It was also thought that additional signposting relevant to individual sections should also be provided throughout the revised advice rather than as a separate section at the end.

For more detailed suggestions on content development, please see section 3.4 of this report.

2. Introduction

2.1 Background

In 1998, the Committee on Toxicity (COT) issued precautionary advice stating that where there is a family history of allergy, mothers may wish to avoid eating peanuts during pregnancy and while breastfeeding, and not to introduce peanuts into their child's diet before three years of age. This advice was issued because at the time there was some evidence to support the suggestion that children could potentially develop a peanut allergy as a result of their mother eating peanuts during pregnancy or during breastfeeding. A child would be at higher risk if someone in their immediate family has an allergic condition (e.g. hay fever, asthma, eczema or a food allergy[4]); therefore the advice was targeted at this group.

This advice has been communicated since 1998.

The COT has recently reviewed the published scientific evidence on exposure to peanuts in early life and the development of peanut allergy. It was concluded that new evidence has become available since 1998 which reduces the suspicion that maternal consumption of peanuts during pregnancy may potentially predispose children to peanut sensitisation[5] or peanut allergy. However, it was also concluded that the science remains uncertain, and that the available evidence does not indicate whether mothers consuming peanuts during pregnancy or lactation are more likely to increase or decrease the risk of sensitisation and allergy to peanuts in children. An effect in either direction is possible: it may be that the direction of effect could differ according to intake; it may be that there is no effect at all.

Therefore, the current evidence base does not enable definitive advice to be given about avoidance or consumption (or at what level) during this period of life, in order to prevent peanut sensitisation or allergy.

Following this review, the Food Standards Agency (FSA) recommended in late 2008 that the existing Government advice should be revised in line with the conclusions and recommendations made by the COT to reflect the shift in the balance of evidence and the uncertainty of the science. This meant the removal of specific recommendations aimed at mothers of children with a family history of allergy to avoid peanuts during pregnancy and breastfeeding, and that peanuts should not be introduced into the diet of these children until three years of age.

[4] Food allergy can be described as an adverse reaction to food, which is mediated by the immune system.

[5] Sensitisation is the stimulation of allergic antibody response usually by an initial encounter with a specific allergic substance.

The FSA had previously funded two projects to investigate the impact of the previous advice on peanut avoidance[6]. These studies reported that:

- Advice had not been adopted as intended, as both families with a history of allergy and those without, followed the advice more or less equally, despite it being intended for the former group only; and
- Where maternal avoidance of peanut was attempted, this was rarely done completely; therefore total dietary avoidance was not achieved.

Since the COT review of the previous advice, and the FSA recommendation that the advice should be revised, the FSA and the Department of Health have re-drafted advice on this topic and aim to issue it in the summer of 2009.

thepeoplepartnership was commissioned to trial the draft revised advice, prior to dissemination, amongst consumers (mothers and mothers-to-be), key health professionals and other interested parties (including two Royal Colleges and the Anaphylaxis Campaign[7]).

A copy of the draft revised advice that this project tested can be found in section 4.7.1 of this report.

2.2 Research objectives

The overall aim of the research was to explore consumer and health professional understanding of the draft revised advice on peanut avoidance when planning conception, during pregnancy, breastfeeding and until the child reaches three years of age, and to capture any feedback regarding whether and how it could be improved.

More specific research objectives were to:

- Explore understanding of the draft revised advice with women who are planning conception, currently pregnant, breastfeeding or who have a child under the age of three, and investigate how they might respond to it;
- Explore understanding of the draft revised advice with health professionals, and key interested parties, and how confident/comfortable they would be with disseminating it to those who they advise;
- Indicate any areas for improvement to aid understanding and uptake; and
- Explore possible channels for dissemination of the advice to both audiences.

[6] T07034 – An investigation into trends of peanut allergy incidence in the last 15 years in England using sequential childhood cohorts; T07035 – The prevalence of peanut allergy in British children at school entry age in 2003. Both reports are available online at foodbase.gov.uk..

[7] The Anaphylaxis Campaign is a support group for allergic consumers.

2.3 Method and sample

The method involved conducting qualitative research amongst consumers, health professionals and other relevant stakeholders across the UK.

The consumer research comprised:

- 4 x 1½ hour group discussions with mothers/mothers-to-be with no family history of allergy;
- 4 x 1½ hour groups discussions with mothers/mothers-to-be with a family history of allergy (including women with an allergy and women without an allergy but who had partners and/or children with allergy); and
- 12 x 1 hour depth interviews with high risk consumers (women with a food allergy or a child under 3 with an allergy).

The following factors were represented across the sample:

- A range of ages (those aged 16 to over 45 were included);
- A range of socio-economic groups (women who were ABC1, C2 and DE were specifically included);
- A range of ethnic groups (five participants were from black and minority ethnic groups);
- Stage in the child development cycle (there were quotas for women planning conception, pregnant women, breastfeeding women and women with a child under three);
- The number of children that women already had (there was a mix of first time mothers and mothers who had at least one child already);
- A range of different allergies (allergies to peanuts, egg, milk, wheat, scallops, penicillin, animals; and hay fever, asthma and eczema were included);
- Whether allergies were medically diagnosed or self-diagnosed;
- Experience of anaphylaxis (those who were anaphylactic themselves or who had a close family member who was anaphylactic were included); and
- UK nation (consumers were recruited from England, Wales, Scotland and Northern Ireland).

The health professional and other stakeholder research comprised 14 depth interviews across a range of professional groups.

The total number of research participants was 66, which was made up of:

- 52 consumers;
- Ten health professionals, including health visitors, midwives, dieticians, GPs and paediatricians;

- Two Royal College representatives (Royal College of General Practitioners and Royal College of Paediatrics and Child Health). Representatives of the Royal Colleges were speaking in their capacity as expert advisors to the respective Colleges and;
- Two members of staff from the Anaphylaxis Campaign.

The precise specifications of these audiences and the rationale for their inclusion are detailed in section 4.1 of the appendix to this report.

All research was conducted by Ann Whalley and Louise Skowron of *thepeoplepartnership* between 8th and 21st May 2009.

All participants in the consumer sample were presented with an information letter explaining the research at the time of recruitment and were asked to give their full informed consent to take part in the research. All health professionals were also presented with an information letter explaining the research when recruited. Sample information letters can be found in section 4.3. The recruitment questionnaires used can be found in section 4.4.

2.4 Analysis and interpretation

The process that was used to analyse the semi-structured qualitative data that was obtained was as follows:

- Each researcher listened to their own recordings, noting down verbatim;
- They then noted the key themes, issues and patterns that they perceived to be emerging from the qualitative data, covering each of the topic areas identified within the outline discussion guides;
- Each researcher then began to develop their own overall hypotheses relating to the emergent findings, in terms of overall understanding of the advice, particular patterns of response (and the underlying factors which were influencing this) and overall improvements that could be made to the advice to optimise communication for all audiences;
- The team had a discussion to compare key findings, hypotheses, thoughts and ideas and from this developed a refined framework for analysis;
- This was used to develop a set of notes that would form the basis of the PowerPoint presentation and written report;
- The structure and content of these notes were refined and developed over a number of days in the light of thorough analysis of each researcher's own qualitative data – this was an iterative and progressive process, within which an individual researcher developed the notes for discussion and debate with the other researcher;

- From these notes, the team then developed the structure and content of the PowerPoint presentation which was to be presented to the Agency and DH, and identified appropriate quotations to support the findings;
- Given the tight timescales of the project, the team began to put the written report together on the basis of the PowerPoint presentation prior to presentation delivery and to identify relevant supporting quotations; and
- Following the PowerPoint presentation, client input and perspective was incorporated to finalise the draft narrative report.

3. Main findings

3.1 Consumer responses

3.1.1 Awareness of current advice

At an overall level, there were relatively high levels of awareness of nut and peanut allergies. Consumers also tended to make a strong link between peanut allergy and anaphylactic shock.

This meant that consumers' general perception of peanut allergy was that it is a strong and possibly dangerous allergy to have.

> *"Anaphylactic shock I relate to peanuts"*
> (No family history of allergy, ABC1, Glasgow)

> *"It was on the news that a toddler died from eating a peanut at nursery...I remember thinking: how awful – just that one thing can do so much damage"*
> (Family history of allergy, C2DE, London)

However, there was very mixed awareness and understanding of the current advice. Some consumers had received the correct advice, according to their situation, and had made the choice themselves as to whether or not to act on it.

> *"The midwife said: avoid nuts, especially if there's asthma or eczema in the family, so that's why I steered clear"*
> (Family history of allergy, ABC1, Manchester)

> *"I vividly remember when I first fell pregnant getting a bit of paper, saying don't eat paté, eggs and it said don't eat peanuts – but I don't eat a lot of peanuts so I didn't even think about it"*
> (Family history of allergy, C2DE, Glasgow)

More generally, though, consumers who were aware of the current advice tended to mis-quote it. Many claimed that they had read or been advised that all pregnant and breastfeeding women should avoid peanuts, and that all infants and young children should avoid them too.

> *"I thought everybody wasn't supposed to have nuts – it was probably on a list I'd read..."*
> (Family history of allergy, ABC1, Manchester)

> *"I think they said you couldn't eat peanuts when you're pregnant...they used to say if you ate a lot of peanuts when you're pregnant it could bring a nut allergy on"*
> (No family history of allergy, C2DE, Manchester)

A significant proportion of consumers were not aware of any advice relating to peanut consumption, whether in terms of eating them during pregnancy or whilst breastfeeding, or introducing them to children.

> *"I'm aware of nut allergies but not about whether you should eat them in the pregnancy or not and how old the children should be before you introduce them"*
> (Family history of allergy, C2DE, Glasgow)

Specifically, some consumers talked about having conducted their own online searches on what foods to avoid during pregnancy and reported relative inconsistency in terms of the information they found. This tended to result in a lack of clarity about what course of action to take in relation to peanuts, commonly leading to inaction.

> *"Some [sites] were: if there's a history of it [peanut allergy] or you've got a peanut allergy then don't eat them – and other sites just didn't mention it at all...it was completely inconsistent"*
> (Family history of allergy, ABC1, Manchester)

Those closest to peanut allergy (i.e. those who had a peanut allergy themselves or in the family) were most likely to quote the correct advice and to be aware of the research that has prompted the current revision to the advice. However, even within this group, some participants mis-quoted the advice too.

The main sources of the current advice that consumers spontaneously mentioned were: advice from health professionals; advice included in the 'The Pregnancy Book', 'Birth to Five' and 'Ready Steady Baby'; and word of mouth from other mothers and mothers-to-be.

> *"I asked my health visitor when she [daughter] could have peanut butter..."*
> (High risk consumer, ABC1, Manchester)

> *"I got most of my advice from a friend at work who's a midwife"*
> (Family history of allergy, ABC1, Manchester)

Specifically, consumers felt that the current advice could be communicated more consistently and proactively, and that this could be done in a more targeted manner, than is felt to be the case at the moment.

3.1.2 Overall perceived clarity of the draft revised advice

The majority of consumers felt the draft revised advice was clear and were able to summarise it accurately when asked to do so within the context of the research setting.

Typical interpretations and examples of paraphrasing included:

> *"You can eat peanuts while you are pregnant and breastfeeding if there is no allergy in the family"*
> (No family history of allergy, C2DE, Belfast)

> *"There is no clear evidence to suggest that you can or can't eat peanuts while you are pregnant or breastfeeding if there is allergy in your family, so it's up to you"*
> (No family history of allergy, ABC1, Bristol)

> *"Monitor your child when you introduce peanuts, especially if they already have an allergy*"
> (Family history of allergy, ABC1, Cardiff)

However, there was significant evidence from the research that some consumers – especially those who were less well informed about allergy and/or were less literate would not assimilate the advice as it is currently structured, presented and expressed.

> *"At first sight I sort of thought it was clear but I don't think it would sink in"*
> (No family history of allergy, C2DE, Belfast)

For more detailed discussion of reasons for this, please see section 3.3.1 of this report.

3.1.3 Understanding of groups

On prompting, consumers typically claimed that the groupings that had been used to structure the revised advice sounded clear, relatively straightforward and definitive.

However, it became apparent during the course of the research that some consumers, despite claiming to have understood the groupings, were actually categorising themselves or their child in the wrong group. This was due to a general lack of understanding of allergy as an area, which meant that some of the terms and concepts used within the definitions themselves were not familiar and could therefore cause confusion.

Key issues to emerge included:

- Confusion over the reference to 'allergic disease' – many consumers were unsure as to whether this was any different from the common use of 'allergy' (to some participants 'allergic disease' sounded more serious than 'allergy');

- A general lack of understanding that eczema and asthma are allergic diseases;
- A lack of clarity as to what constitutes an allergic reaction (in terms of the actual symptoms and the level of severity of these); and
- Confusion over the definition of 'family history', as consumers reported that health professionals routinely ask about extended family history, which led them to debate the relevance of including uncles, cousins, grandparents and half-siblings etc.

  "'Allergic diseases': is that something special, what does that mean?"
  (Family history of allergy, ABC1, Manchester)

  "I hadn't seen asthma as an allergy – I'd thought it was more of a condition...I wouldn't have put eczema and asthma together and if they had eczema I wouldn't have thought they were at higher risk of a peanut allergy"
  (No family history of allergy, ABC1, Glasgow)

  "I think it would be good to put in here what to do if a child had an allergy because I wouldn't know what to pick up on"
  (No family history of allergy, ABC1, Glasgow)

  "I had to re-read it to check that it was 'immediate family', not like grandparents were included"
  (No family history of allergy, C2DE, Manchester)

The most common errors in terms of self-categorisation were to believe that individuals had no family history of allergy when indeed they had, or that their children were not in the 'high risk' group, when they were.

Specifically, despite the definition, some could interpret the advice as relating to family history of peanut allergy, as opposed to allergy in a broader sense.

> *"It's now safe to eat peanuts during pregnancy, as long as there's no peanut allergy in your immediate family – the parts that apply to me are those for people who don't have a history of nut allergy"*
> (High risk consumer, C2DE, London)

> *"I'm not worried because, although he [son]'s got eczema and asthma, there's no link to peanuts in the family"*
> (Family history of allergy, C2DE, Glasgow)

3.1.4 What consumers would do with the revised advice

At an overall level there was some consumer discomfort with, and some reluctance to follow, a change in advice that was perceived as the Government endorsing mothers and mothers-to-be eating peanuts, in the absence of definitive evidence in this area.

> *"If there's no clear evidence, it's just the way it reads....it sounds like they don't know what they're talking about: they've got a hunch"*
> (Family history of allergy, C2DE, Glasgow)

Many consumers claimed that since peanuts were not necessarily perceived as an 'everyday' food and there was no positive reason given to eat them, they would prefer not to risk eating them or giving them to their child until the child was significantly older than six months.

> *"Whether or not you eat peanuts is not a big issue – it's not like milk, it's not an essential part of your diet. It doesn't make any difference if you eat them or not, so you might as well avoid them"*
> (No family history of allergy, ABC1, Bristol)

Against this general attitudinal context, participants' typical intended responses to the advice included to either:

- Begin to eat peanuts because they have realised that it does not pose a risk (those with no allergy in the family);
- Carry on excluding peanuts from their own or their child's diet; or
- Not to go out of their way, either to eat peanuts themselves or to give them to their child, but would not worry if a small amount was eaten.

> *"I'm thinking now: maybe I can enjoy peanuts and maybe not worry it's going to do something [bad]...I wouldn't feel guilty now"*
> (No family history of allergy, ABC1, Glasgow)

> *"I'm just paranoid – if he doesn't really need to have something, I'd just prefer to give him something else...it's not an essential part of the diet"*
> (No family history of allergy, C2DE, Manchester)

> *"It's fair enough them saying it's OK to eat but I won't take the risk – it's not worth it. It's easy to avoid peanuts anyway"*
> (High risk consumer, C1C2, Cardiff)

> *"The current advice that the midwife gave me says that if you have an allergy in the family, don't eat peanuts. Seeing this, I will probably still not eat them but if I have the odd one, I'll be less likely to worry"*
> (High risk consumer, ABC1, London)

Specifically some participants with a child who had severe or multiple allergies were not happy about introducing nuts into their child's diet outside of a controlled clinical environment.

> *"I would be too scared to introduce my son to nuts – it would be too risky"*
> (High risk consumer, ABC1, Belfast)

3.1.5 Consumer confidence in the revised advice

Some endorsed the revised advice as being clear and reassuring. These participants believed that it is the responsibility of Government to provide up-to-date and transparent advice to consumers. They also assumed, and found to be reassuring, the fact that the Government is monitoring the research on peanut allergy and is responding to the emerging developments.

> *"The honesty from the Government is good because it feels it's not a scaremonger-y type of thing...you can decide"*
> (No family history of allergy, ABC1, Glasgow)

> *"I think that the information the Government gives, it must be researched in some way...so there must be a reason why they're saying this"*
> (No family history of allergy, ABC1, Glasgow)

> *"As far as I'm concerned, the Government or whoever deals with things are looking and are constantly reviewing and revising and so I'm confident that what's written there is factual and so I'm happy to go along with it"*
> (High risk consumer, C1C2, Glasgow)

However, many were not comfortable with the revised advice and did not feel confident in following it. These participants disliked having the onus of responsibility for the choice of what course of action to take being put on them, especially during such an emotional life event as having, breastfeeding or weaning a child.

> *"It's hard when they say: oh, you can [eat peanuts], it's up to you..."*
> (Family history of allergy, ABC1, Manchester)

> *"I think with something as serious as that you should be given 100% serious advice – either it is or it isn't [safe to eat peanuts]"*
> (Family history of allergy, C2DE, Glasgow)

> *"Reading this, I don't really know what to do now"*
> (High risk consumer, DE, London)

There was also some concern that the advice might change again in the near future. This concern was particularly acute given the perceived shift in direction of the revised advice towards eating a food that was previously considered to be dangerous, rather than moving away from consuming it.

> *"They used to say: you cannot have peanuts in pregnancy, end of, and that's at the back of your mind – they used to say don't have them at all and now they say you can: who do you trust?"*
> (No family history of allergy, C2DE, Manchester)

> *"If the Government guidelines have changed, you think: will they change back?"*
> (No family history of allergy, ABC1, Glasgow)

> *"If it had said: under no circumstances go near a peanut while you're pregnant, I would've said: I'm fine with that"*
> (Family history of allergy, C2DE, Glasgow)

3.1.6 Dissemination of the revised advice

Overall

Many consumers felt that much more should be done to provide the relevant advice proactively to individual consumers in a tailored fashion and at the right time for them.

> *"They need to target certain people directly to make sure they get the advice – they can't assume people will just pick it up"*
> (High risk consumer, ABC1, London)

> *"There should be a red flag indicator so that when they go through your family history they can target you and give you the appropriate literature"*
> (High risk consumer, ABC1, Manchester)

> *"A lot of advice you get in pregnancy by which time it's too late – you need to get it the day you find out, so I don't quite know how they'll do that"*
> (Family history of allergy, ABC1, Manchester)

More broadly there was a consistent perception amongst consumers that there is a lack of quick, easily accessible, reliable and up-to-date support and advice to help inform dietary decisions relating to allergy.

It was felt to be particularly important to ensure that mothers who already have a child get access to this information, since these women are likely to be operating under the previous advice.

"This sort of thing might be alright for first time mothers because they don't know any different...but what about when you've already had one?"
(Family history of allergy, C2DE, London)

"It's probably going to be quite confusing to people who are pregnant now and have been told to avoid peanuts"
(No family history of allergy, C2DE, Manchester)

"New mums going forward are less of a problem but what about mums who have been told not to eat peanuts in the past – you need to tell them there has been a change and why"
(No family history of allergy, C2DE, Belfast)

Health professionals

At an overall level, many healthcare professionals (including midwives, health visitors and GPs) were often criticised as lacking the time and sufficiently up-to-date knowledge to be able to provide adequate support in this area.

"I laugh at the advice to go and see a health professional, as we have done that consistently and no one could help – no one knows!"
(High risk consumer, ABC1, Belfast)

"They won't know anything either! What're they going to know? This is Government advice to everyone, whether you're a GP, midwife, whoever you are"
(Family history of allergy, ABC1, Manchester)

"I would never dream of going to the doctor's and saying: ooh, my husband's brother has a peanut allergy, I wonder if you could give me advice on giving peanuts to me baby – I'm sure they'd say: try it and keep a close eye on them and if anything happens go to A&E"
(High risk consumer, C1C2, Manchester)

However, some participants, especially those in the DE socio-economic groupings and those with low literacy skills, were clear that they wanted health professionals to be the main channel for delivery of the revised advice. This was because they wanted someone to explain the advice to them (whether or not they felt that they wanted to seek more detailed or personalised information as directed within the advice). They felt that they would not necessarily proactively read and assimilate the advice themselves, due to the execution and inconclusive nature of the advice.

"The advice is saying we can eat them – I still wouldn't eat them unless I was told I could"
(No family history of allergy, C2DE, Belfast)

> *"I prefer to be able to talk it through than read a bit of paper – you feel a bit wet ringing your doctor about something like this – it's different if you're seeing your midwife and health visitor as a matter of course"*
> (No family history of allergy, C2DE, Belfast)

Consumers felt that a lot more should be done to communicate the latest research and thinking on allergies to health professionals, so that they are able to provide appropriate help or support.

> *"GPs need more training on what to do and they need to keep up-to-date on the latest studies"*
> (No family history of allergy, ABC1, Bristol)

More broadly, consumers tended to complain about the lack of 'joined up' working between health professionals: many believed that information about allergy was not effectively passed between health professionals.

> *"The different health professionals don't talk to each other – you have to make all your own appointments. As parents, you quickly end up knowing more than them and working out what is best to do yourself"*
> (High risk consumer, ABC1, Belfast)

Practice nurses and pharmacists were specifically highlighted as having the potential to play more of a supporting role in disseminating advice and information on allergies than is currently the case.

GPs

Many claimed that they would not feel comfortable 'bothering' their GP about queries relating to the advice unless their child had a significant allergy; and those who did have experience of asking their GP for advice often reported dissatisfaction.

> *"You can't even get an appointment with them [GPs] when you get pregnant – I went to mine and he told me to go and see my midwife"*
> (No family history of allergy, ABC1, Bristol)

> *"GPs don't know – it took ages before my son was referred. He [the GP] should have caught on earlier"*
> (High risk consumer, ABC1, Belfast)

> *"I'd never go to my GP and say: we've got allergies in the family, can my kids have peanuts?...He'd say: try it and see...what can they say?"*
> (Family history of allergy, ABC1, Manchester)

Midwives and health visitors

Participants often felt that midwives and health visitors should do more to highlight the advice proactively, and at the appropriate time, during the ante- and post-natal process.

> *"My midwife didn't cover what to eat"*
> (No family history of allergy, ABC1, Bristol)

> *"I brought it up with my midwife – if you have it [peanut allergy] yourself you are more likely to bring it up...I have highlighted it at every stage and at no point have I been given reassurance or guidance"*
> (High risk consumer, ABC1, Manchester)

Beyond this, many consumers claimed that their midwife and/or health visitor had not known the answers to their queries when asked or would be likely to give broad, non-directive advice, especially on this kind of issue.

> *"She [midwife] said she has never come across it [her allergy] before. She says wait and deal with it when the baby arrives"*
> (High risk consumer, ABC1, Manchester)

> *"In my experience, even if I did ring my health visitor up and made an appointment to see them, they'd still just say: it's up to you and they'd try to discourage you from giving them [the child] any form of peanuts"*
> (Family history of allergy, C2DE, London)

Specialists: dieticians and paediatricians

Generally, perceptions and experiences of these specialists were good.

However, many complained about how difficult it was to gain access to these health professionals due to long waiting lists and/or lack of eligibility.

> *"The waiting lists are very long – there are not the resources for children to see specialists if they need them"*
> (Family history of allergy, ABC1, Cardiff)

Suggested dissemination channels

Many participants felt that more focus should be put on providing channels through which consumers can quickly and easily access up-to-date information and advice and/or efficient signposting to relevant information and advice.

Frequent suggestions for this 'first port of call' included:

- NHS Direct;
- Specialist allergy support groups (as appropriate for the different nations), particularly the Anaphylaxis Campaign;
- Health Protection Agency;
- FSA and Eatwell.gov.uk (the FSA's consumer website); and
- GPs (ensuring that the message that GPs will refer individuals on to an expert if necessary is highlighted).

  "Better to ring NHS Direct in the first instance – they would be more likely to be able to give you the official up-to-date advice than your local GP or midwife. It would be more time efficient as well and then you could just go and see someone if necessary"
  (Family history of allergy, ABC1, Bristol)

  "Health professional guidance needs to include that your GP could direct you to an allergy clinic"
  (High risk consumer, ABC1, Belfast)

Suggestions for other ways of raising awareness included highlighting the issues:

- During the midwife booking-in session (or earlier if possible);
- At antenatal and postnatal clinics, via pregnancy, breastfeeding or weaning talks and literature;
- 'The Pregnancy Book', 'Birth to Five' and 'Ready Steady Baby';
- In Bounty packs[8];
- At the time of weaning (via health visitor);
- Through practice nurses, GPs or pharmacists;
- Specifically through the asthma nurse for those currently referred to this type of health professional;
- Posters and leaflets at GPs surgeries and/or pharmacies;
- At nurseries (and in schools);
- Through articles and real life stories in childcare and parenting magazines;
- Leaflets in supermarkets and other community hubs; and
- News items (as long as these are reported in a balanced manner).

[8] These are information packs given to mothers at various points throughout their pregnancy and after the birth of their baby.

"It should be given out when you go to the midwife, or when you start to talk about weaning....the most important person after you've had your baby is your health visitor – everyone has their six week check, or when you go and get your first baby injections"
(High risk consumer, DE, London)

"I think for women with babies, they should have some sort of stand in child clinics, if you take children for weighing, they should have a stand there with information...they could give leaflets for children who've got allergies because they're probably already having treatment for asthma or eczema"
(No family history of allergy, C2DE, Manchester)

"It'd be good in an antenatal class, it'll be a bit clearer if you were able to ask questions, particularly when you're in a group of people"
(Family history of allergy, C2DE, London)

"It's something they should make you more aware of – the nursery teachers don't even say anything about it, it's something that they maybe should..."
(High risk consumer, DE, Glasgow)

'The Pregnancy Book', 'Birth to Five' and 'Ready Steady Baby'

'The Pregnancy Book', 'Birth to Five' and 'Ready Steady Baby' were generally very positively commented on but were not felt to be sufficient dissemination channels in isolation, as the advice was not always proactively highlighted by relevant healthcare professionals.

Participants felt this to be the case for a number of reasons:

- The books are not always read exhaustively (so mothers might miss the section relating to allergy);
- The books are generally only given out for a mother's first child (so if the advice was changed mothers already with a child would not necessarily find out); and
- Many tend to keep and refer to previous editions of books.

  "When you first become pregnant you get given masses of stuff – you won't necessarily read it if you are left to your own devices. You need to be actually told"
  (No family history of allergy, ABC1, Bristol)

Specifically participants suggested issuing regular update sheets for these books in order to reassure mothers and mothers-to-be that they were getting access to the most up-to-date advice.

"The pregnancy books are just too thick – it will get lost and it might be out of date – you need a separate update leaflet"
(High risk consumer, DE, Cardiff)

"When they print the books they should include a note saying that update sheets will be printed whenever there's new advice and to ask health professionals for these"
(No family history of allergy, ABC1, Bristol)

"I did get one of these [Birth to Five] with [first child] but I didn't get one with [second child], so if there were any updates, I wouldn't have got them. Maybe for second time mums...they could produce a leaflet of changes..."
(High risk consumer, C1C2, Manchester)

3.1.7 Further information requested

In addition, many requested access to information that would provide them with the broader allergy context, within which the revised peanut advice would fit, covering:

- The definition of an allergy;
- The definition of 'an allergy in the family';
- The allergic conditions and diseases within the definition of allergy;
- The link between breastfeeding and allergy;
- Weaning and allergy;
- Your child and the symptoms of allergy to look out for;
- What to do and who to contact if you think your child is having an allergic reaction;
- How to access specialist advice on allergy; and
- Key websites and contact numbers.

"I think it'd be better placed giving mothers advice on how to handle any allergic reaction because how would you respond...I don't recall reading any leaflets about this, given to me by my midwife or doctors"
(No family history of allergy, ABC1, Glasgow)

"Maybe a bit about what reactions you're looking for: what to take seriously, just sort of keep an eye on, and what to do if you do get a serious reaction"
(High risk consumer, C1C2, Manchester)

3.2 Health professionals and other stakeholder responses

3.2.1 Awareness of the current advice

Many of the health professionals interviewed in this research did not feel that allergy in general, or food allergy in particular, was an issue that tended to arise much in their daily practice (when compared with other issues they were dealing with) and claimed they were rarely asked questions relating to peanut consumption.

> *"They [mothers/mothers-to-be] don't ask much [on allergy]...personally I haven't been focusing on allergies, even if there's a family history of atopia[9]"*
> (GP, London)

> *"I don't get questions about it because people already know about it and that it can be quite drastic and most people would not give their babies peanuts...because of that fear"*
> (Health visitor, Manchester)

Many, although not all, health professionals claimed to be aware of the current advice but they did not necessarily quote it correctly. The most common deviation from the advice was advising that no pregnant, or breastfeeding women, should eat peanuts (rather than only those with allergy in the family).

> *"It's more or less the general advice I'd give people anyway...have a healthy diet, obviously avoid nuts while you're pregnant...it's just sound advice: why take the risk if you're trying to protect your baby?"*
> (Dietician, Glasgow)

> *"Perhaps I haven't been much aware of these things...my position at the moment is a bit black and white: if you're not allergic, eat it, if you're allergic don't eat it!"*
> (GP, London)

As would be expected, specialists (including paediatricians) tended to be most aware of the current advice. Some of these health professionals were already giving advice more in line with the revised advice, as they were aware of the research in the field and hence were advising women in line with that.

> *"I have tried to follow the Government advice, which has been given to them by the FSA, which is that there's not really any evidence that avoiding particular foods during pregnancy is of any benefit, but we have until recently been advising that if there is any kind of atopic family history...peanuts in particular should be avoided within the first 3 years of life"*
> (Paediatrician, Manchester)

[9] Condition of being atopic, which is defined as a predisposition to produce IgE antibodies associated with allergy to several common allergens

> *"The current guidelines, I'm sure they said that avoiding peanut would be better but I'm not sure why – there's no evidence to support it, why put a doubt in somebody's mind, that's my thinking"*
> (Paediatrician, Glasgow)

Specialist health professionals sometimes echoed consumers' view that more generalist health professional groups (especially GPs) were not necessarily particularly engaged with allergy as an issue.

> *"I don't think that GPs have got the time to spend, talking through these issues with families...they only get a few minutes really to deal with a problem like that so I don't think they're in a position to offer detailed advice about infant feeding and about how to deal with food allergies when they crop up"*
> (Paediatrician, Manchester)

> *"It can be difficult persuading GPs to refer mums to the community paediatricians and allergy clinics – GPs are not that receptive to these kinds of issues"*
> (Health visitor, Cardiff)

3.2.2 Overall perceived clarity of the revised advice

The revised advice was consistently endorsed as extremely clear and easy to understand by health professionals.

> *"I think this is very good – it's one of the most sensible guidelines in a long time, empowering the clients to do it [eat peanuts], not patronising them"*
> (Paediatrician, Glasgow)

> *"I think it's pretty clear – easy to read, pretty simple, on different levels"*
> (GP, London)

> *"It's fairly matter of fact, I don't mind that at all – 'there's currently no clear evidence' – I quite like that, it's not waffly...it's fairly clear"*
> (Health visitor, Manchester)

> *"It's done a good job – it targets people across the board, it's succinct and not patronising"*
> (Dietician, Cardiff)

However, not all felt that their patients or the general public at large would necessarily understand or engage with it.

> *"I don't think it's particularly clear – I think it could be written a lot better...in my experience people read bullet points better and this is a bit fussy"*
> (Dietician, Glasgow)

"In terms of the way it's written...people are more sort of visual now...I think a little bit of colour, a picture of babies, a mother, with these messages. Condense it..."
(Paediatrician, Glasgow)

3.2.3 Confidence in disseminating the revised advice

Views on dissemination of this advice were extremely mixed. Some health professionals claimed they would automatically disseminate this revised advice and felt that it would give them confidence that they were providing the most up-to-date information to patients.

"I'd have less fear of recrimination [from other midwives] if I advised it was OK to eat peanuts if this existed – it would give me confidence"
(Midwife, Belfast)

"If this is the recommendation then I would go with it – it still ultimately comes down to the mum's choice, though"
(Health visitor, Cardiff)

However, others were nervous about advising mothers and mothers-to-be on consuming peanuts, for a number of reasons:

- They felt as though they had little evidence on this area to go on themselves;
- They did not feel confident in knowing specifically what or how to advise patients in particular situations (especially those with a family history of allergy);
- In the absence of any positive benefits to eating peanuts being communicated, they perceived that there was no point in taking the risk in advising consumption; and
- Specifically, some worried that if a child developed an allergy on the basis of their advice, the mother might blame herself (and possibly even them).

  "Being practical, you've read all these things, then you come to me: it says there's no clear evidence so why would I have more clear evidence to advise you what to do? I'd feel a bit uncomfortable as to what to advise you to do"
  (GP, London)

  "I think my advice would still be the same...it's not a huge thing eating peanuts, unless you're a vegetarian and it's a big part of your life – I would just avoid it"
  (Dietician, Glasgow)

"I wouldn't advise them to eat peanuts – I'd send them on to the GP or health visitor "
(Midwife, Bristol)

"I would never risk telling mums it was OK – if you ever did and the child developed peanut allergy the mums would blame themselves and be consumed with guilt"
(GP, Belfast)

3.2.4 Access to information

The general view amongst health professionals who did not specialise in diet or allergies amongst children was that this revised advice provides the most up-to-date guidance on peanut consumption in early life. As such, they had no more information to provide consumers on top of what they already knew (other than clearly explaining the advice to the individual and helping them to decide what to do in the future).

Given this context, health professionals requested further information to help them advise families, including:

- A distillation of the evidence on which advice is based; and
- Scenarios or examples of what this would mean for families in different situations.

"I'd like to have more access to up-to-date, recent research – it's all about...being confident about the advice you're going to give"
(GP, London)

"I'd like to see the evidence...somebody has obviously done some research, I'd like to know was it properly done, is it replicable, is it kosher?"
(Health visitor, Manchester)

"The kind of things that clinically can be useful are, say for example clinical scenarios worked up. So maybe x has this kind of situation and somebody has worked through that in terms of what the implications of this are"
(RCGP)

This was felt to be particularly relevant, given the current focus in the health service on evidence-based practice.

"We are now in a world where we are using evidence-based practice"
(Paediatrician, Glasgow)

3.2.5 Key information dissemination channels

Specific suggestions for channels for disseminating notification of the revised advice to health professionals included:

- Formal communications through management;
- Informal communications from colleagues;
- National Institute for Health and Clinical Excellence guidelines;
- Consultants and immunologists working in relevant clinics or areas;
- Hospital channels: intranet, staff notice boards and staff room;
- NHS Library and NHS Knowledge;
- British Medical Journal;
- Royal College of Midwives;
- British Dietetic Association;
- GP Notebook and doctors.org.uk;
- GP magazines;
- Writing to the practice manager;
- Royal College of General Practitioners;
- Royal College of Paediatrics and Child Health;
- Chief Medical Officer;
- Medline;
- British Allergy Society;
- Nutrition & Practice Magazine; and
- Department of Health Maternal & Infant Nutrition web pages.

"One of the ways that might work is writing to the practice manager, making GPs more aware of the changes"
(GP, London)

"I think the other way of getting the message across to the medical fraternity would be the one journal that lands on everyone's door step, which is the BMJ, so working up a bit of a strategy with them would be good in terms of getting reasonable penetration of the message"
(RCGP)

More generally, health professionals felt that food manufacturers and retailers should be enlisted to help consumers to identify nut and peanut-free foods more easily, especially in relation to children's products.

Suggestions for this included:

- Production of 'guaranteed totally nut-free' children's food ranges;
- Clarification of the definition of nuts and what foods this relates to;
- More consistent and enforced labelling regulation regarding nuts; and
- On shelf nut alerts and warnings.

> *"We always tell people to look very carefully at the labels but there are lots of issues around the definition of 'does not contain nuts', which is worrying"*
> (Anaphylaxis Campaign)

3.2.6 Royal Colleges' responses

Overall responses

At an overall level, both expert advisers to the Colleges were positive about the revised advice being issued. They were highly conscious of the change in the evidence base and believed that the Government and medical profession have a responsibility to update the public on these changes.

> *"I think it's a shifting landscape really and probably the answer is that we don't really know what's best at the moment until some of the work that's ongoing... Personally, I think [issuing the advice] is a sign of being responsible"*
> (RCGP)

Both felt that the respective Colleges would be happy to disseminate information to members via channels relevant for each College.

They generally thought that the advice would be clear for a literate audience, however were not convinced it would be appropriate for all members of the public, due to their perception of the relatively text-heavy nature, complicated structure and the relative lack of visual interest.

> *"I think it's probably more accurately reflecting where we're at [than the current advice]...are there any plans to do anything visual with this? Because it's very text-heavy"*
> (RCGP)

> *"Although the message is clear to anyone with any interest in this area, it could be more emphatic. It's not emphatic enough, really it could be simplified to say; irrespective of whether you or any member of your family has any allergy, there's no need to adjust your diet because the evidence is that early introduction makes no difference and may even help to avoid allergy "*
> (RCPCH)

Suggested improvements

The expert advisers to the Colleges made a number of suggestions relating to how to improve the advice from their perspective.

One suggestion was to put this advice into the broader context of food allergy advice, as it was argued that the advice would be the same for other allergenic foods.

> *"This has concentrated on peanuts but really it's relevant for all foods – the issues are the same for egg, tree-nuts, sesame seeds..."*
> (RCPCH)

Within this, it was also suggested that where possible references to more positive messages should be included that have a clearer, more established evidence base. Examples given included messages around not smoking or drinking alcohol during pregnancy.

> *"If the context is parents saying: what can I do?, the important public health message is that smoking in pregnancy will increase the likelihood of the child having asthma and also there's some evidence that alcohol consumption in pregnancy can have a similar affect – there's the positive health advice"*
> (RCPCH)

Both expert advisers to the Colleges felt that there should be more direct reference to the fact that this advice represents a change, in order to prevent confusion regarding previous advice, and why this has been recommended.

> *"I think one of the things that probably needs to come across here is that, one needs to say this is a change that's taking place, and that's implied but it's fudged at the moment really"*
> (RCGP)

However, it was thought that there should also be reassurance that harm is unlikely to have occurred from following previous advice.

> *"I think the important thing is that we're not saying that anything you did [by following the current advice] made matters worse – the likelihood is that it made little difference and we need to wait for further research..."*
> (RCPCH)

Specifically it was suggested that the message could be expressed in a more direct, positive and reassuring manner, in terms of what the advice means for peanut consumption. For example, stating that all mothers and mothers-to-be do not need to change their diet or their child's diet whether they currently eat peanuts or peanut products or not. Additionally, it was thought that there could be some reference to how this advice relates to the current advice and emerging evidence, for example stating that there is no evidence to suggest that avoiding peanuts in early life protects against allergy (and it may even be the case that it is better to introduce peanuts earlier).

> *"Rather than having sections 1 and 2 it should just say: it doesn't matter, there's no need to avoid any particular foods...early weaning [in terms of introducing peanuts] can at least do no harm and leaving it until later may even be counter-productive"*
> (RCPCH)

There was also a suggestion that parents should be directed to allergy clinics if they have particular concerns, certainly in relation to young children developing food allergies if they are atopic.

> *"The message could very well be: if you think your child has an allergy then you should talk to your GP and ask whether it's appropriate to be referred to an allergy clinic"*
> (RCPCH)

Concerns raised

The expert advisers to the Colleges raised a number of concerns related to the roll-out of the revised advice.

Specifically, it was felt that GPs are disengaged with this area and may not currently focus seriously on allergy as a health concern; therefore work will need to be done to convince GPs of its relevance and significance.

> *"The whole subject of allergies for them [GPs] is a challenging one – it's one they tend to struggle with because the archetype in many people's minds is the individual who probably doesn't have an allergy who believes they have one... they do sometimes get alienated by messages from other professional groupings...such as the bona fide allergists who will say, well GPs need to be out doing allergy testing, and they're not workable solutions quite often"*
> (RCGP)

There was also a perceived need to ensure that health professionals are offered extra information to support their advisory role, in terms of providing GPs especially with a distillation of the evidence base and key family scenarios to help them understand what to advise.

> *"Under [section] number 2 there's also: talk to your GP, which is fine, but again, some kind of distillation of the evidence would be useful because otherwise GPs won't know what to say... If there was a professional version of this, we are encouraging professionals to be evidence-based practitioners and making that evidence available to them would make sense and what would need to be done is that, if there are specific articles, procuring the rights for practitioners to be able to get those articles at a click"*
> (RCGP)

Finally, there was also a desire for information dissemination to be managed and phased so as to avoid health professionals being overwhelmed with enquiries from those who have heard about the revised advice and who health professionals do not know how to support.

> *"Medical advice should be issued simultaneously with public advice – because health professionals will be deluged with demands from the public, so ideally the medical profession should be told first...[so they] aren't left high and dry"*
> (RCPCH)

> *"I think one would need to be, at the DH end or the CMO team's end, there would need to be someone there fielding enquiries, who is reasonably media-adept and able to get the message across in a calm, reassuring way"*
> (RCGP)

3.2.7 Anaphylaxis Campaign's responses

Anaphylaxis Campaign staff reiterated consumer views and experiences of health professionals providing advice on peanut consumption, namely that the current advice provided by health professionals varies greatly and that many health professionals do not proactively focus on the topic of allergies or, more specifically, peanut allergies.

> *"The current advice says do not eat peanuts if you fall into risk categories but our experience is that advice given by individual health visitors varies hugely"*
> (Anaphylaxis Campaign)

> *"There is no proactive advice out there pointing people in the right direction – unless mums ask, nuts are not talked about"*
> (Anaphylaxis Campaign)

Anaphylaxis Campaign staff felt that the draft revised advice was clear to them, but questioned whether it would be totally clear to consumers and specifically questioned the focus on breastfeeding until six months.

Campaign staff talked about a vicious cycle within which consumers ask health professionals for more advice and support on allergy; health professionals look to the Anaphylaxis Campaign; and the Anaphylaxis Campaign looks to Government advice or advises individuals to ask their health professional. They expressed a strong view that this loop needs to be closed effectively and appropriately.

> *"There appears to be little support for health professionals – we advise people to ask them and they ask us!"*
> (Anaphylaxis Campaign)

The Anaphylaxis Campaign staff felt that more should be done to provide a hub of information and advice for consumers and, more particularly, health professionals.

> *"There needs to be a definite strategy for health professionals and a place where they can go to get more detailed guidance and access to the research findings"*
> (Anaphylaxis Campaign)

Anaphylaxis Campaign staff were keen to be involved in dissemination of the revised advice, as well as other support and guidance, to both health professionals and consumers.

Dissemination channels they anticipated using included the Campaign's:

- Website;
- Newsletter;
- Leaflets; and
- Introductory pack.

Staff did highlight that a significant proportion of members of the Anaphylaxis Campaign do not have access to the internet and they felt that dissemination channels used to communicate the revised advice should take account of this.

Specifically, there was enthusiasm for the Anaphylaxis Campaign to be included as a signpost on the revised advice.

3.3 Specific responses to the revised advice

3.3.1 Overall responses

Responses to the revised advice varied across the sample.

More informed or literate consumers and health professionals/stakeholders

The most informed (in terms of allergy) and literate consumers, in addition to health professionals, tended to be very positive about the execution of the revised advice. They felt it was easy to understand and written in a concise, clear manner that they perceived as accessible but not patronising.

> *"I thought it was really good, really clear to each group – I don't think there's anything else that could be said...concise and clear"*
> (Family history of allergy, ABC1, Manchester)

> *"It is simple, clear and succinct"*
> (Dietician, Cardiff)

These participants often responded very positively to the tone and generally felt that it was factual and balanced, informative but not panic-inducing.

> *"It's very factual really, I guess it's done because they care, so that's nice...it tells you the points and then if you want to go further into it, then you can"*
> (High risk consumer, DE, London)

> *"It's not strict on anything, it's genuine advice – if it was someone speaking they wouldn't say it in an angry voice..."*
> (High risk consumer, DE, Glasgow)

> *"It's very sort of business-like...it's a very important piece of advice, ground-breaking really, for the last blip blip years we've had to avoid peanuts...it's easy to read, well spaced"*
> (High risk consumer, DE, London)

> *"I liked the tone, I didn't find it patronising or condescending. I thought it was generally quite well written and neutral: here is the information"*
> (High risk consumer, C1C2, Glasgow)

They tended to like the fact that the advice was structured into different sections, and found it easy to identify which section(s) was relevant to them.

> *"I thought it was good to pick out the groups and split them down to the groups who already have some kind of allergy – they are saying, it's your decision still, but if you want to [eat peanuts] you can"*
> (Family history of allergy, ABC1, Manchester)

> *"I like it – the bit that set the tone for the rest of it is that there's no clear evidence. It's honest and to the point and you can quite quickly see if you're 1, 2 or 3 and quite quickly zoom in on that"*
> (No family history of allergy, ABC1, Glasgow)

They often welcomed the revised advice, as they felt it was giving people up-to-date information and overall felt it to be reassuring in terms of peanut consumption.

> *"Brilliant – I'm the kind of person who has to read everything twice and this was clear immediately"*
> (High risk consumer, C1C2, Cardiff)

Less informed or literate consumers

However, other consumers who were less well informed on allergy and/or who were less literate, were much less positive about the revised advice overall.

These consumers tended to complain about the way the revised advice was written. They often complained that it was too repetitive and wordy to engage them.

> *"They constantly repeat themselves!"*
> (High risk consumer, DE, London)

> *"I got bored halfway through reading it"*
> (Family history of allergy, C2DE, London)

> *"Maybe make it with a few comedy cartoon peanuts on the page – not so black and white"*
> (Family history of allergy, C2DE, London)

Specifically these participants suggested using bullet points to highlight key advice in each section.

> *"There's too much writing, it needs to be in bullet points"*
> (High risk consumer, C1C2, Manchester)

> *"You should keep it short and sweet – put it in one block...little bullet points"*
> (Family history of allergy, C2DE, London)

These participants felt the advice should concentrate much more single-mindedly on directing readers on the issues around peanut allergy and what to do in terms of peanut consumption.

> *"The advice itself needs to contain the definition of allergy, how to spot it and then there should be links to breastfeeding and things like that, not the other way around"*
> (No family history of allergy, ABC1, Bristol)

They often complained that there was too much of a focus on more general messages such as those relating to breastfeeding, weaning and feeding whole nuts to young children.

> *"The general benefits of breastfeeding shouldn't be in there so much – also what if you don't breastfeed"*
> (Family history of allergy, ABC1, Cardiff)

> *"It says: we advise that peanuts are not introduced to babies before 6 months – nothing's supposed to be introduced before 6 months, except for milk, according to Government guidelines!"*
> (No family history of allergy, ABC1, Glasgow)

> *"It's common sense you don't give a baby a whole nut!"*
> (No family history of allergy, C2DE, Belfast)

These messages were sometimes felt to distract individuals from the core issue of peanut consumption.

These participants also tended to criticise the tone of the advice – they felt it to be too formal and authoritarian to be appropriate or appealing to them.

> *"I find it a bit patronising in a way, the breastfeeding bit...it's very formal, the way they've written it, they could kind of make it a bit more relaxed so people feel comfortable about reading it"*
> (Family history of allergy, C2DE, London)

Further, they tended to be cynical about the reasons why the Government had drafted the revised advice, especially given the emphasis on being referred to health professionals, who they suspected would not know either.

> *"I think it's written alright but I think they're covering their backs...people don't want to be told unless there is sufficient evidence to say: do not do it"*
> (Family history of allergy, C2DE, Glasgow)

These consumers tended to complain that the revised advice itself was too vague and not definitive enough – they wanted it to be more conclusive and directive in terms of peanut consumption.

> *"You're looking for it to say in block capital letters: do not eat peanuts while you are pregnant!"*
> (Family history of allergy, C2DE, Glasgow)

Many felt that the division of the advice into sections 1 and 2 seemed artificial or too unnecessarily repetitive, given that the advice is the same (except for the signposting to talk to relevant health professionals in section 2).

> *"There's no clear difference between the first two sections – the only difference is whether or not you go and see your GP, and he doesn't know!"*
> (High risk consumer, ABC1, London)

> *"That's the thing I didn't really understand because all three of them are basically saying the same thing..."*
> (High risk consumer, DE, London)

Some participants talked about how they felt they were trying to 'spot the difference' between the two sections and that this made them feel as though they had missed the point of the advice.

> *"When I first read it, I thought: if you have an allergy, you should consult your doctor but it actually says, when I read it again: go if you have any questions...because it's got number 2, it makes you think you've got to go and see the GP"*
> (Family history of allergy, C2DE, London)

Given the overall length of sections 1 and 2 in comparison with section 3, some consumers also perceived the focus of the advice to be on these first two sections. Many felt this was not appropriate, as they often felt section 3 was the most important section.

Generally participants wanted relevant references to be signposted throughout the advice, rather than at the end, in a separate section.

> *"You need the websites under each section – the website addresses quoted are too general and are likely to be ignored because they aren't in the section the individual is interested in"*
> (No family history of allergy, ABC1, Bristol)

On reflection, participants talked about the revised advice lacking an overall navigation system. Specifically participants felt the advice was not clearly showing which parts are relevant for whom, that is mothers-to-be, breastfeeding mothers and mothers of children aged 6 months to 3 years.

> *"They should tell you which section to go to next – lead you through – otherwise you are going to miss important bits"*
> (No family history of allergy, ABC1, Bristol)

> *"The advice needs to be targeted by timing – no way will you remember what you were told when you were pregnant 18 months down the line"*
> (Family history of allergy, ABC1, Cardiff)

"They need a flow diagram or something to help people see which bits are for them and to make sure they don't miss bits out – it needs to be more about mothers and mothers-to-be, versus children"
(No family history of allergy, ABC1, Bristol)

3.3.2 Title/introduction

FSA/DH DRAFT REVISED PEANUT AVOIDANCE ADVICE

Advice on eating peanuts during pregnancy, whilst breastfeeding and in the first 3 years of life

After reviewing the latest evidence, the Government has issued the following revised advice:

Some participants, across consumers, health professionals and stakeholders, questioned why this advice is focused on peanuts rather than more broadly on nuts or allergenic foods. Many suggested that the reason for this should be explained, if this information is to be issued on its own.

"Why is it only peanuts? Is the allergic reaction to peanuts worse or more common than other foods or nuts?"
(No family history of allergy, ABC1, Bristol)

Many wanted to know why three years of age is the cut-off point for advice relating to children and peanut consumption.

"Why is the age of three the cut-off – is it saying it's OK over three?...Can't you get allergies any time?...is it worse under three?"
(Family history of allergy, ABC1, Cardiff)

"I suspect three is an arbitrary cut-off"
(RCGP)

Many also requested a little more description relating to the nature of the latest evidence in order to provide a clearer context within which consumers and health professionals could judge the advice.

"There should be a short introduction saying that the research is developing all the time and that this is the latest evidence. It should also say why the Government cannot be more certain"
(No family history of allergy, ABC1, Bristol)

> *"I would like to know why in the last ten years we weren't allowed to eat peanuts and why now we can – is there something different in peanuts? It would be nice to know"*
> (High risk consumer, C1C2, Manchester)

> *"[It should say]: basically we've changed how the Government think and we don't believe you should stop giving your child peanuts because of the risk of allergy, but be aware of the risk of choking ..."*
> (High risk consumer, DE, London)

> *"Maybe they should say: in recent years it has been said that it could be harmful for you to have peanuts – maybe relate back to what people might already be thinking..."*
> (Family history of allergy, C2DE, London)

Some also wanted there to be an explicit reference as to why the Government is giving the advice, given that the evidence base is not clear.

> *"They need to spell out why they are doing it otherwise it just looks like they are just constantly changing their minds...they need to tell you that they are giving you access to the latest research"*
> (Family history of allergy, ABC1, Cardiff)

Generally participants felt that it would also be appropriate to include a reassurance that the Government is conducting or sponsoring more research and is monitoring the situation and will provide updates as the evidence becomes clearer.

> *"It would also make sense to say that this is an area in which the evidence base is accruing and that the Government, or whoever this will be published on behalf of, is going to continue to monitor this area and further clarification will be forthcoming"*
> (RCGP)

3.3.3 Section 1

1. Where there is no family history of allergy (where the child's mother, father, brother(s) or sister(s) do not have any allergic diseases, such as asthma, eczema, hay fever or a food allergy)

Advice during pregnancy and whilst breastfeeding:
We continue to advise that there is no reason for women to avoid eating peanuts during pregnancy or whilst breastfeeding.

Advice on Introduction of peanuts into the infants diet:
Government advice to **all** mothers is that you should exclusively breastfeed your baby until around 6 months of age. Breastfeeding provides many health benefits to both mothers and babies. As with the other common allergenic foods (milk, eggs, wheat, tree-nuts, seeds, fish and shellfish), we advise that peanut should not be introduced into your baby's diet before six months of age. When any of these foods are introduced, we advise you to introduce them one at a time so you can spot any allergic reaction. Whole nuts or peanuts should not be given to children under 5 years of age because of the risk of choking.

Definition of family history of allergy

Some consumers questioned the definition of family and exactly who is included within this – as already raised, there was evidence that health professionals were asking about allergies amongst family members beyond those quoted in this advice, which meant that there was an expectation that cousins, uncles or grandparents may be relevant in the risk assessment.

> *"Does it matter if another blood relative has an allergy?"*
> (Family history of allergy, ABC1, Manchester)

> *"It's what type of previous history – what you narrow it down to...obviously it says your [immediate] family but what if your uncle's got it?"*
> (No family history of allergy, ABC1, Glasgow)

Many participants also felt that the definition of allergic diseases needs to be given a higher profile, as many were not aware that asthma and eczema would be included within this definition. Specifically hay fever was questioned as an allergy, especially given the perception that it is not necessarily serious and it can come and go throughout life. Others also wanted to know whether other specific non-food allergies fall into this category too.

> *"What's the definition of an allergy – what's included? I wouldn't have linked hay fever and things like that to a food allergy. They need to explain this rather than assume that people know"*
> (No family history of allergy, C2DE, Belfast)

> *"And if it's just hay fever would it matter? Because eczema and asthma are obviously more serious, or that's what I'd think..."*
> (No family history of allergy, ABC1, Glasgow)

> *"I don't think of things like asthma as allergic diseases – they're more like conditions"*
> (No family history of allergy, C2DE, Belfast)

> *"Are bee stings included?"*
> (High risk consumer, ABC1, London)

> *"'A food allergy' – does that mean, if you get a bit of a dicky tummy after eating milk? You need a bit more detail there"*
> (Family history of allergy, ABC1, Manchester)

The particular reference to 'allergic disease' confused some too, as they felt that this might refer to a particular type or form of allergy.

Advice during pregnancy and whilst breastfeeding

Many participants (including consumers and some health professionals) were confused by the statement 'we continue to advise there is no reason for women to avoid peanuts during pregnancy or whilst breastfeeding' because they believed the current advice is that all pregnant and breastfeeding mothers should avoid eating peanuts.

Consumers often questioned why the advice for women who were pregnant had not been separated from the advice for women who are breastfeeding.

> *"I think there should be: 'thinking about being pregnant and being pregnant', and feeding and weaning...I don't like the way they've clumped them [pregnancy and breastfeeding] together"*
> (Dietician, Glasgow)

Consumers planning to conceive also wanted to be directly referenced in the revised advice.

> *"They don't cover trying to conceive, whereas on the website it does. Maybe they could get the message out to couples actively trying..."*
> (Family history of allergy, ABC1, Manchester)

Advice on introduction of peanuts into the infant's diet

Across the board, participants tended to feel that there was too much focus on communicating the message about breastfeeding.

Specifically, many women became agitated at the way the message is expressed, as references to 'all mothers' (particularly as the 'all' is in bold type), 'exclusively' and to breastfeed until six months old were felt to be too heavy handed. This frequently undermined consumers' motivation to read and assimilate the rest of the message. It could also unnecessarily worry or induce guilt amongst those who had not breastfed their children for six months.

> *"It really annoyed me about the breastfeeding...the first line was: the Government recommends...they kept on repeating it, they didn't need to keep repeating it so many times!"*
> (No family history of allergy, ABC1, Glasgow)

> *"I know that's ideal and I know that's what you should do but I think there's a lot of pressure on mums to breastfeed...you read that and it's a bit straight cut, harsh...it's the 'all' being in bold"*
> (Family history of allergy, ABC1, Manchester)

> *"As a new mum there's so much pressure to breastfeed and if you don't, reading this might make you feel really bad and so you'd ignore all the bits about peanuts and you'd just feel guilty about the fact you're not breastfeeding"*
> (Family history of allergy, C2DE, London)

Many also assumed that the focus on breastfeeding must be because there is a proven link between this and preventing allergies. Hence they were surprised that this point had not been explicitly made.

> *"It implies that breastfeeding is directly linked to the prevention of allergies – is this the case? If so, they should say"*
> (No family history of allergy, C2DE, Belfast)

In terms of the reference to six months, this was considered by many to be quite old to start weaning a child – again this could lead to distracting debates about the differences between children and changes in Government advice on the age at which to start weaning.

Given that only a relatively small proportion of women are, in reality, exclusively breastfeeding until six months old, it was thought that some reference should be made to bottle feeding or those weaned before six months.

> *"What if you don't want to breastfeed or stop before 6 months – what happens then?"*
> (Family history of allergy, ABC1, Cardiff)

In some contrast to beliefs about weaning, six months of age was felt to be a young age at which to be introducing products containing peanuts.

> *"I always thought it was a year – six months seems quite early, as I'm at the stage of a six month old, introducing baby rice. To me, that's another thing that's six months down the line...for me as a mum I'd feel slightly uncomfortable about it [introducing peanuts] and would like to wait a bit longer"*
> (High risk consumer, DE, London)

The reference to other common allergenic foods within the section about weaning often served to trigger participants to query why the advice was focused on peanuts and was not broader.

Consumers often picked up on the reference to introducing common allergenic foods one at a time. Many wanted more guidance and reassurance on this issue, including what allergic reactions to look out for, how to deal with any allergic reactions and how long to wait before introducing the next food. Therefore, many suggested providing signposting to the answers to these questions at this point in the text.

Another particular issue was that not everyone (health professionals included) understood the term 'tree-nuts' and how or whether they are different from peanuts.

> *"'Tree-nuts': I was like, is that a coconut?"*
> (No family history of allergy, ABC1, Glasgow)

> *"'Tree-nuts': who knows where the nuts come from?"*
> (Health visitor, Manchester)

Consumers felt that the emphasis of the revised advice was on whole peanuts rather than products containing peanuts and were surprised that this was the case.

> *"To be honest, when I read this, I didn't even think of the things that you mentioned, like peanut butter with the smaller traces – I could just see these big great peanuts and I'm thinking: no, why would any mother want to give her child a peanut?"*
> (High risk consumer, DE, London)

> *"They need to focus on telling people what peanuts could be in – it seems like the focus of this is on whole nuts, which feels obvious and like common sense"*
> (Family history of allergy, ABC1, Cardiff)

As illustrated by the comment above, consumers also acknowledged the importance of highlighting the danger of giving whole nuts to children under 5, although most claimed to know this already and claimed that it was not directly relevant to peanut avoidance.

Additionally, there was some confusion over the reference to 'peanuts should not be given to children under five years of age', as some consumers did not realise the advice referred to avoiding giving children under five 'whole peanuts'.

> *"I thought it was a little bit contradictory – it says: we advise peanuts should not be introduced into your baby's diet 'till six months and then later on it says: whole nuts or peanuts should not be given to children under five years of age..."*
> (Family history of allergy, ABC1, Manchester)

3.3.4 Section 2

2. Where there is a family history of allergy (where the child's mother, father or brothers or sisters have any allergic diseases, such as asthma, eczema, hay fever or a food allergy)

Advice during pregnancy and whilst breastfeeding:
There is currently no clear evidence to show that either avoiding or consuming peanuts during pregnancy or whilst breastfeeding will prevent the development of peanut allergy in your baby. So, if you would like to eat peanuts during these times, you can do so as part of a healthy balanced diet. If you have any questions, then you should talk to your GP, midwife, health visitor or other health professional.

Advice on Introduction of peanuts into the infant diet:
Government advice to **all** mothers is that you should exclusively breastfeed your baby until around 6 months of age. As with the other common allergenic foods (milk, eggs, wheat, tree-nuts, seeds, fish and shellfish) we advise that peanut should not be introduced into your baby's diet before six months of age. Before you do introduce peanut into your baby's diet, we advise you to talk to your GP, health visitor or other health professional, since they will be best placed to advise you in your particular circumstances (for example if someone in the immediate family already has peanut allergy your health professional is likely to advise not to introduce peanuts into the household). When any of the common allergenic foods are introduced into your baby's diet we advise you to introduce them one at a time so you can spot any allergic reaction. Whole nuts or peanuts should not be given to children under 5 years of age because of the risk of choking.

Overall

As already discussed, many participants found sections 1 and 2 repetitious and – although they were aware that they should theoretically only read the section relevant to them – in reality, if the advice is to be divided between 'The Pregnancy Book' and 'Birth to Five' books, this will mean that two lots of virtually identical advice will be printed side by side. This will be the same for 'Ready Steady Baby', in which information is similarly provided in terms of the different stages.

The expectation was that advice should only be divided up in this way if it differs for different groups.

> *"By making it into two, it makes you think: we're not allowed it [peanuts] because we've got an allergy"*
> (Family history of allergy, C2DE, London)

Advice during pregnancy and whilst breastfeeding

There was a great deal of debate relating to the use of the phrase 'There is currently no clear evidence...'

While some participants felt the phrase was evidence of Government honesty and transparency, to many 'no clear evidence' implied that there is some evidence (on which to base a change in revised advice) but that this is not being revealed. Participants were eager to know what this evidence was.

> *"'No clear evidence' sounds like there is some evidence and that these findings are not true or may change again – it's putting the onus on you and the health professionals. It feels like it is passing the buck to me"*
> (No family history of allergy, ABC1, Bristol)

If there is no evidence either way, and in the absence of any stated benefits of eating peanuts, participants (both consumers and health professionals advising consumers) queried why it would be relevant to risk eating, or to advise eating, peanuts if there had been past concerns.

> *"Have they discovered something new or haven't they? They're giving no reason...I'd probably think I'd stick with the old advice that said avoid"*
> (Family history of allergy, ABC1, Manchester)

> *"Unless there's definite proof, I wouldn't take much notice of it"*
> (Family history of allergy, C2DE, Glasgow)

Those health professionals most focused on childhood allergy (i.e. paediatricians running allergy clinics) were not convinced that this particular message should be disseminated to parents. Although they agreed with the content of the message, they felt that it would only be useful to parents if it could be more directive.

> *"I don't think they should [go ahead with this]. It dilutes the evidence that was there before, it doesn't offer anything better, and I think it would be more appropriate to wait until we, as an allergy profession, have decided if there is an argument for saying: our previous advice was wrong, nut products started at an early age can prevent the development of peanut allergy"*
> (Paediatrician, Manchester)

Specifically, some felt that the reference to 'avoiding or consuming peanuts' was confusing in the context of 'no clear evidence', in that they believed they were being given very little guidance in any direction.

> *"That [first sentence] is a little bit confusing: if you had got a history, you'd be like: is it or isn't it, there's no clear evidence that it does or doesn't stop it"*
> (No family history of allergy, C2DE, Manchester)

As previously discussed, 'If you have any questions...', raised lots of debate about whether health professionals would actually be equipped to answer these questions. Many consumers doubted that health professionals would have the knowledge, understanding, medical resources (such as allergy tests) or the time to do so.

Advice on introduction of peanuts into the infant diet

This section was felt to be particularly repetitive and, once again, the extent to which health professionals would be able to provide more advice and support was questioned.

In the absence of further information, some health professionals did not feel confident in being able to answer questions on this issue. GPs in particular wanted access to evidence and guidance on what to advise patients in this group.

Most felt that the example given of avoiding having peanuts in the household if someone was already allergic to them was an obvious point and perhaps an example could have been used that was more debatable and perhaps applicable to more people.

3.3.5 Section 3

3. If your child under 3 years of age already has an allergy

If you have a baby or infant under 3 years of age who already has an allergy – such as eczema or a known food allergy – they are at an increased risk of becoming allergic to peanuts. In such cases, we would advise you to talk to your GP or other health professional before introducing peanuts into your baby's diet, as they will be best placed to advise you. However, our general advice to exclusively breastfeed your baby until around 6 months of age and not to introduce the common allergenic foods until 6 months of age still applies.

Participants wanted the profile of this section to be raised because it was the only one that was perceived to contain definitive information (i.e. that atopic children are at increased risk of peanut allergy) and information that not all mothers were aware of.

> *"I like the fact that they're actually saying something for once rather than humming or haahing"*
> (Family history of allergy, ABC1, Manchester)

> *"I didn't realise there was much of a link between asthma, eczema and the peanut thing"*
> (Family history of allergy, C2DE, Glasgow)

> *"It's very relevant because it's telling you if your child is under three and has an allergy...that actually was quite interesting because I've been through this kind of process with my health visitor and this information has never been mentioned, it's not been offered to me and I think that's slightly worrying...I didn't know that"*
> (High risk consumer, C1C2, Glasgow)

For some mothers whose children did have an allergy, it gave them confidence in the legitimacy of their concerns around their child developing an allergy.

> *"It would make me think, OK, I'm not being a neurotic mother...so I'm quite happy to follow it and it gives you back-up mentally, I think"*
> (High risk consumer, C1C2, Glasgow)

As previously discussed, many (including health professionals) queried why three years of age was the cut-off point – participants often debated whether the advice meant that beyond the age of three children who have allergies become less vulnerable to peanut allergy.

> *"When they've [the child has] turned three, do you give them peanuts?...so are they saying then if you give them a peanut, if they're under three then their chances of getting an allergy are higher?"*
> (Family history of allergy, C2DE, London)

The sole reference to eczema, as opposed to a broader range of non-food allergies, could be taken literally at this point. Hence mothers of atopic children (who had asthma or hay fever) could think that their children were not at an increased risk of peanut allergy.

> *"They talked about hay fever but then taken that out [at 3]...what does that mean?"*
> (Family history of allergy, C2DE, London)

Specifically some health professionals felt that at this point the advice could highlight the need to look out for the development of allergies in a child, especially if siblings had developed allergies in early life.

> *"That could be sound advice to give as well: if any siblings have developed allergies in the first few years of life...it might be good advice to avoid such and such or whatever"*
> (Dietician, Glasgow)

Some health professionals questioned the general inclusion of eczema, as they felt the advice could be more specific about the type of eczema that is a marker of high risk of development of food allergy.

> *"I'm not sure that this [reference in the advice to all types of eczema being linked to food allergy] can be substantiated at the moment, although perhaps I haven't followed the research closely enough"*
> (RCGP)

> *"Eczema, for a start, that's a bit iffy: it's not always an allergy..."*
> (Dietician, Glasgow)

There was strong resistance to the referral of readers to their GP, since many reported unsatisfactory experiences in relation to children's allergies.

Specifically, paediatricians suggested that the advice could, instead, direct parents to request GPs to refer them to an allergy clinic if they are worried about their child developing a food allergy. They felt that this may be more appropriate, as GPs are unlikely to have access to allergy testing.

> *"That's a different bit of advice [3] – it's not about prevention, it's about trying to get advice at an early stage if you think the child is developing an allergy or the child is suspected of having an allergy problem. And I think the advice there should be really: request referral to an allergy clinic, rather than talk to your GP...That's not to say that GPs should be by-passed but they won't be able to give the best advice. Partly because they're not up-to-date with the issues and partly because they don't have access to the allergy tests"*
> (Paediatrician, Manchester)

Participants tended to express particular aggravation at this point in relation to the repeated guidance on breastfeeding.

Some also felt that here would be a good point to include a signpost to information on the signs of allergy to look out for and what to do if a child displays the symptoms.

> *"I'd still like to see a link at the bottom about what to do if there's an allergic reaction...it doesn't detract from what the leaflet's for"*
> (Family history of allergy, ABC1, Manchester)

3.3.6 Section 4

4. General information

General information on food allergies can be found at www.eatwell.gov.uk/

General information on what foods to avoid during pregnancy and whilst breastfeeding, is available at:
www.eatwell/agesandstages/pregnancy

and on feeding and weaning your baby is available at:
www.eatwell/agesandstages/baby/weaning

Information can also be found at:
www.dh.gov.uk/en/Healthcare/Maternity/Maternalandinfantnutrition/index.htm

If you wish to avoid foods containing peanuts, you can do so by reading the ingredients lists on foods labels or, if you are eating out, by asking the person selling the food. Further information on the rules on labelling of foods causing allergy, including peanut, is available at
www.eatwell.gov.uk/foodlabels/labellingterms/allergenic

The inclusion of this section was generally very well received, although many consumers claimed they might not read this far if the current structure of the advice remained.

> *"The websites you put down were good... a great way of being able to access your own information"*
> (No family history of allergy, ABC1, Glasgow)

> *"I liked the bit as well with the bit at the bottom saying, avoid foods containing nuts, check on the food labelling whatever...And I liked that there were websites as a point of reference"*
> (High risk consumer, C1C2, Glasgow)

Some suggested that signposting to information relevant for planning conception, pregnancy, breastfeeding, weaning and feeding should be provided at the appropriate points throughout the advice, rather than at the end.

Only a minority of participants were aware of the Eatwell website, although those who were and had visited it (some had looked it up as a result of this research exercise) were extremely positive about it.

> *"Eatwell – that's already advertised on the telly...it gives you information on what to eat and stuff, they're actually good ads...I keep meaning to go into that"*
> (High risk consumer, DE, Glasgow)

It was stressed by many that it would be critical that peanut consumption advice was updated on all information and that it should be clear what the newest advice is if there is any risk of confusion.

> *"There needs to be a mechanism to keep them [the websites in 4] up-to-date"*
> (RCGP)

> *"I think it should also have a date on it so you'd know when you saw it that it had been updated, for example from May 09"*
> (Family history of allergy, C2DE, Glasgow)

Other key inclusions for this section were felt to be:

- Anaphylaxis Campaign;
- Allergy support groups; and
- NHS Direct.

Specifically, participants without access to the internet or a computer thought it would be important to include telephone numbers that could be used to obtain advice.

> *"They should have phone numbers too because not everyone's got a computer...I think they could've put the NHS website – NHS Direct"*
> (No family history of allergy, C2DE, Manchester)

The inclusion of advice on how to avoid foods containing peanuts was endorsed as essential. Many participants believed that more focus could be put on highlighting different situations in which children could be at risk, such as at birthday parties.

Some also suggested signposting to a more specific question and answer or a frequently asked questions document.

> *"If it's life-threatening, they should have an FAQ document because I have no faith that the GP, midwife and health visitor would give you the same advice...or something that's consistent, that gives you the same message, directing you to a website where you can ask questions..."*
> (No family history of allergy, ABC1, Glasgow)

> *"I suppose they could put a website there as well, some people don't want to worry their midwife, bringing up something that's not relevant, so perhaps they could say: consult this website, so you can just look it up yourself"*
> (High risk consumer, C1C2, Manchester)

There was also a desire for the information to be available in a range of community languages.

"They could translate it in a different language...and a bit of illustration wouldn't go astray!"
(No family history of allergy, C2DE, Manchester)

"In terms of the accessibility, most of these things now are translated into different languages...though some of the translations I've seen hardly make sense, so that's an issue as well"
(RCGP)

3.4 Key implications for development of the revised advice prior to issue

The implications for development of the revised advice prior to issue – based on the summation of the responses from consumers, health professionals and other stakeholders – have been detailed below.

3.4.1 Structure of the revised advice

The research indicates that the revised advice using the proposed 'no allergy/allergy in the family' structure – with content developments – would be appropriate for health professionals and more informed or literate target audiences.

However, the research also indicates that the revised advice would be more likely to be assimilated by less informed or literate consumers if it were restructured to allow readers to navigate it from the perspective of the 'stage in the child development cycle'.

Given these findings, a possible way forward is that two versions of the revised advice could be produced – one for health professionals and one for consumers.

Alternatively a tabular structure could be developed using 'No allergy in the family/allergy in the family' and 'stage in the child development cycle' as the two key dimensions. This would mean that individuals could choose which dimensions they preferred to navigate to the specific advice relevant to them.

With regard to the 'stage in the child development cycle' aspect of the revised advice, many felt that it could be restructured to mirror how the advice would be disseminated via 'The Pregnancy Book', 'Birth to Five' and 'Ready Steady Baby' books, namely:

- Section 1: Revised advice for women planning conception and who are pregnant;
- Section 2: Revised advice for mothers who are breastfeeding and/or have a child under six months; and

- Section 3: Revised advice for mothers who are weaning and/or have a child aged six months to three years.

Participants also often felt that specific signposting relevant to individual sections throughout the revised advice would be more effective than a separate signposting section at the end.

3.4.2 Presentation of the revised advice

Consumers, especially those who were less informed or literate, frequently requested:

- Inclusion of visuals;
- Greater use of bullet points; and
- More direct emphasis on points specifically relevant to peanuts avoidance and less emphasis on more general topics, especially breastfeeding.

3.4.3 Content of the revised advice

In this section we have assumed a revised structure which is more focused around 'stage in the child development cycle' and summarised possible improvements to the revised advice based on consumer and health professional and other stakeholder comments that emerged during the course of the research.

Title/introduction

A little more context and reassurance could be provided about why the Government is revising the advice on peanut consumption during early life.

Signposting could also be given to broader information on allergies of which there is currently low awareness, such as:

- The definition of an allergic reaction;
- The definition of a 'family history of allergy';
- What the signs and symptoms of an allergic reaction are; and
- Why peanuts are being focused on.

Specifically, there could also be an explanation of why the revised advice only relates to children under three years old or, if this is an arbitrary upper age then this should be made clear or the language changed to more broadly communicate 'early years'.

Section 1

This section could be entitled "Mothers-to-be (those planning to conceive/who are pregnant)" and could:

- Clearly communicate that – regardless of whether or not there is a family history of allergy – there is no clear evidence that eating peanuts during pregnancy either increases or decreases the likelihood of the unborn child developing a peanut allergy, hence women may eat peanuts when pregnant as part of a healthy balanced diet;
- Provide signposting to more detailed information on allergy; and
- Refer readers to their midwife, GP or allergy specialist (if they already have a relationship with an allergy specialist).[10]

Section 2

This section could be entitled "Breastfeeding mothers and mothers with a child under six months" and could:

- Promote and explain the benefits of breastfeeding in the context of its relationship with allergy;
- Communicate that there is no clear evidence that eating peanuts during breastfeeding either increases or decreases the likelihood of the child developing a peanut allergy, therefore women may eat peanuts when breastfeeding as part of a healthy balanced diet;
- Signpost those who have a child under 6 months but who are not (exclusively) breastfeeding to Section 3;
- Signpost to detailed breastfeeding advice; and
- Refer readers to their midwife, GP or allergy specialist (if they already have a relationship with an allergy specialist).[11]

Section 3

This section could be entitled "Weaning mothers and mothers with a child under three years" and could communicate:

- That if there is a family history of allergy, or the child under three already has an allergy, to go and see a health professional before introducing whole peanuts or products containing peanuts into the child's diet;

[10] Although the findings from this research indicate that health professionals are not currently always seen by some consumers as the most appropriate source of information, it was still thought helpful to suggest a reference point in the first instance. Specifically, consumers' frustration was that they felt health professionals lack the up-to-date knowledge needed to provide adequate support in this area: however, if health professionals were more aware of how best to advise their patients, this may help to overcome these negative perceptions.

[11] Please see above.

- That if a child under three already has an allergy (stating all relevant allergies), there is an increased risk that they will be allergic to peanuts;
- That all mothers, as with other common allergenic foods, should not introduce peanut – including whole peanuts and products containing peanuts – into an infant's diet until after six months of age;
- That all common allergenic foods, including whole peanuts and foods containing peanuts, should be introduced one at a time;
- The length of time that should elapse between introduction of individual allergenic foods, allergy symptoms to look out for and what to do in the case of spotting them; and
- The additional point about whole nuts and the risk of choking.

3.4.4 Dissemination of the revised advice

The following channels could be used as a 'first port of call' for the advice:

- NHS Direct;
- Specialist allergy support groups by country, and particularly the Anaphylaxis Campaign;
- Health Protection Agency;
- FSA and Eatwell.gov.uk (the FSA's consumer website); and
- GPs (ensuring that the message that GPs will refer individuals on to an expert, if necessary, is highlighted).

Other ways of raising awareness could include:

- Highlighting the issue during the midwife booking in session (or earlier if possible);
- At antenatal and postnatal clinics via pregnancy, breastfeeding or weaning talk and literature;
- In Bounty packs;
- At the time of weaning (health visitor);
- Through the asthma nurse (for families who have been referred to this type of health professional); and
- Other more general medical and retail channels.

Use of 'The Pregnancy Book', 'Birth to Five' and 'Ready Steady Baby' to disseminate the advice is highly relevant, although this would need to be supported by the issue of regular update sheets containing the latest advice.

Ideally, health professionals should be taking care to flag up the advice at appropriate times throughout pregnancy, breastfeeding and weaning, especially to those within the 'at risk' group.

4. Appendix

4.1 Further information on method and sample

4.1.1 Method rationale

Consumers

Group discussions were conducted amongst the more general audiences as they were judged to provide an excellent forum within which to identify and discuss any differences in understanding arising from the revised advice and to debate possible revisions and improvements to the communication of the advice.

Group sessions comprised of five participants in order that individual detailed responses could be effectively captured, as well as the broader group response.

Depth interviews were conducted amongst high risk consumers on the basis of an expectation that they would have different opinions from the rest of the general population.

This method also allowed very specific quotas to be applied and enabled researchers to distinguish precisely between different participants' responses.

Health professionals

Individual depth interviews were used due to the relative convenience for participants of this as a method.

They also facilitated exploration of health professionals' unique perspective and allowed them to feed back very specific issues and ideas.

4.1.2 Consumer sample breakdown

Consumers with no family history of allergy

4 x 1½ hour group discussions, comprising 5 participants in each, amongst those with no family history of allergy

Group no.	Impact of draft revised advice	SEG[12]	Location
1	On mother	ABC1	Bristol
2		C2DE	Belfast
3	On child	ABC1	Glasgow
4		C2DE	Manchester

Additional recruitment criteria:

- All unborn children and infants had no direct family member with a medically or self-diagnosed allergy of any kind;
- Groups referring to the impact of advice on the mother's diet
  - Each group included one woman planning conception, two pregnant women and two women who were breastfeeding;
- Groups referring to the impact of advice on the child's diet
  - Each group included at least two mothers with children aged 6-18 months and at least two mothers with children aged 18 months-3 years;
- Each C2DE group session comprised two C2s and three DEs;
- A range of ages (16-45 and over) was represented across the sample;
- Each group comprised a mix of those who already had one or more child (in addition to the child in question) and those who did not; and
- Five women from black and minority ethnic groups were represented across these four group discussions.

Consumers with a family history of allergy

4 x 1½ hour group discussions, comprising of 5 participants in each, amongst those with a family history of allergy (including women with an allergy and women without an allergy but who had partners and/or children with an allergy)

[12] This stands for 'socio-economic group' and refers to a system used within the social sciences to denote how individuals relate to each other within a society. Individuals are graded according to occupation, hence this is often used as a marker of affluence and education levels. In the case of families, the grading accorded to family members who are not working is based on the occupation of the head of household. ABC1 broadly relates to white collar/service sector workers and C2DE broadly relates to blue collar/manufacturing sector workers.

Group no.	Impact of draft revised advice	SEG	Representation of anaphylaxis	Location
5	On mother	ABC1	4 participants across the sample (1 anaphylactic mother and 3 with close family members who were anaphylactic)	Manchester
6		C2DE		Glasgow
7	On child	ABC1		Cardiff
8		C2DE		London

Additional recruitment criteria:

- Across the sample, there was representation of mothers, as well as of other close family members of the infant or unborn child (i.e. fathers and/or siblings) with an allergy;
- Across the sample, a wide range of allergies was represented and within this, a range of levels of severity were represented and there was a mix of those whose allergies had been medically diagnosed and those whose had been self-diagnosed;
- Groups referring to the impact of the advice on the mother's diet
  - Each group included one woman planning conception, two pregnant women and two women who were breastfeeding
  - None had a food allergy themselves;
- Groups referring to the impact of the advice on the child's diet
  - Each group included at least two mothers with children aged 6-18 months and at least two mothers with children aged 18 months-3 years
  - None of the children in question had an allergy (although siblings may have done);
- All C2DE group sessions included two C2s and three DEs;
- A range of ages (16-45 and over) was represented across the sample; and
- Each group comprised a mix of those who already had one or more child (in addition to the child in question) and those who did not.

High Risk Consumers

12 x 1 hour depth interviews with high risk consumers (women with a food allergy or a child under 3 with an allergy)

Depth no	Impact of draft revised advice	Sub-group	Allergy representation	Peanut allergy	Representation of anaphylaxis	SEG	Location
1	On mother	Planning conception/ pregnant/ breastfeeding	All had food allergies: peanut, egg, milk and wheat	Mother	Mother anaphylactic	ABC1	Bristol
2				Mother	Mother anaphylactic	ABC1	Manchester
3				/	/	C1C2	Cardiff
4				/	/	DE	Cardiff
5				/	/	C1C2	Manchester
6				/	/	C1C2	Manchester
7	On child	Child under 3	A range of different kinds of allergies: eczema, hay fever, egg and peanut	/	/	DE	London
8				/	/	DE	London
9				Child	Child anaphylactic	ABC1	London
10				Child	Child anaphylactic	ABC1	Belfast
11				/	/	DE	Glasgow
12				/	Mother anaphylactic	C1C2	Glasgow

Additional recruitment criteria:

- There was a mix of those whose allergies were medically diagnosed and those whose were self-diagnosed; and
- A range of ages (16-45 and over) was represented.

4.1.3 Consumer sample rationale

Overall

This sample structure was constructed to ensure participation of the broadest range of consumers based on their own or their family's allergy history. It was therefore designed to include people with no personal or family history of allergies, through to those with direct experience of food allergies (as opposed to food intolerances), as well as anaphylactic reactions.

Fundamentally the sample was structured to take account of who the consumption advice would be relevant for, that is whether it would impact on the mother or the child.

Women planning conception, pregnant women, breastfeeding women and women with a child under 3 were included across the research, as the expectation was that concerns and issues would be likely to differ by stage in the child development cycle.

A mix of first time mothers and those who already had at least one child were also included, as this criterion was identified as an important likely influence in relation to overall responses to the information and channel preferences for dissemination of the information.

Consumers without family history of allergies

Participants in these sessions were recruited specifically to come from families with no history of medically or self-diagnosed allergies, in order to explore their awareness and understanding of, and perspective, on the issues.

Consumers with family history of allergies

Within these sessions, a wide range of different allergies were represented across and within the sessions. Participants included those who had allergies themselves (but not food allergies) and also had close family members (children and the father of the children) who had allergies. The allergies represented were: hay fever, asthma, eczema and allergies to peanut, scallops, animals and soap.

Specifically, food allergies were represented via the immediate family and not personally by the participant or child under 3, to maintain differentiation between groups 5-8 and the depth interviews. Within this, there was inclusion of participants with close family members who were allergic to peanuts, to ensure that this group was given a voice within the research.

In order to achieve a broad spread of responses, there was a mix of participants whose allergies were self-diagnosed and those whose were medically diagnosed.

Representation of consumers who were, or whose family members were, anaphylactic was also included so that the impact of personal experience of, and exposure to, this severe form of allergy could be directly assessed.

High risk consumers

Representation of a wide range of allergies was achieved. Those included were:

- Women with allergies to peanut, egg, milk and wheat;
- Children with eczema and hay fever and allergies to egg and peanut.

Mothers-to-be and mothers with children under 3 who are anaphylactic were included in order to provide insight from those who are very close to the issue for discussion.

As for the sessions amongst those with allergies in the family, participants encompassed a range of those whose allergies were self-diagnosed and medically diagnosed.

Socio-economic group

Socio-economic groups were separated out in anticipation of variations between people in these groups regarding responses to the content, communication, presentation and approach to dissemination of the advice.

Although a general ABC1 versus C2DE split formed the basis of the sample structure, there was a conscious effort to ensure DEs were represented in C2DE sessions.

Age

The sample ensured wide variation in terms of the age of consumers: a mix of those aged from 16 to over 45 was achieved.

Ethnicity

The ethnic mix fell naturally by location and five participants were from black and minority ethnic groups across the sample.

Location

Consumers were recruited from England, Wales, Scotland and Northern Ireland, however a greater proportion of subjects were recruited from England to reflect the relative populations of UK nations.

4.1.4 Health professional sample breakdown

14 x 45 minute depth interviews amongst health professionals and other stakeholders

Depth no	Professional group	Population advising	Location
1	Health visitors	ABC1	Manchester
2		C2DE	Cardiff
3	Midwives	ABC1	Belfast
4		C2DE	Bristol
5	Dieticians	ABC1	Cardiff
6		C2DE	Glasgow
7	GPs	ABC1	London
8		C2DE	Belfast
9	Royal College of General Practitioners	/	Edinburgh
10	Paediatricians	ABC1	Manchester
11		C2DE	Glasgow
12	Royal College of Paediatrics and Child Health	/	London
13	Anaphylaxis Campaign helpline staff	/	Farnborough
14			

Additional recruitment criteria:

- Health professionals were recruited to represent different lengths of service in their role across the sample.

Specifically, representatives of the Royal Colleges were speaking in their capacity as expert advisors to the respective Colleges.

4.1.5 Health professional sample rationale

This sample was designed to enable analysis of the general health professional perspective rather than to give robust feedback by individual health profession. Therefore, representation of a range of relevant roles, focusing on those with an interest in families, children, allergy and diet, was included.

There was also coverage of health professionals serving different types of populations, that is more ABC1-based versus more C2DE-based populations, in order to understand whether this affected health professionals' perceptions of their patients' needs in relation to this type of advice.

4.2 Research approach

4.2.1 Consumers

Consumers were pre-placed with the revised advice and given a short pre-task exercise sheet to fill in. Pre-placement was useful because:

- It allowed participants to read and digest the advice before being asked about it, in a situation that would be more akin to a real life setting than the more artificial environment of a group discussion or depth interview;
- It triggered participants to go through the broader information gathering process, such as speaking to partners or other family members or searching for additional information online, that they might go through in real life; and
- It enabled participants to consider and record their responses to the advice individually and privately prior to discussing it formally or in a group setting.

A copy of the consumer pre-task exercise can be found in section 4.3 of this report.

The research sessions comprised a discussion of:

- The background issues relating to allergy in terms of overall understanding, awareness of, and attitudes towards allergy (generally and in relation to their children);
- The draft revised advice, in terms of understanding, perceptions of overall clarity and the extent to which participants would feel comfortable acting on it;
- How the draft revised advice could be improved to optimise communication; and
- Key channels that would be most appropriate to disseminate the revised advice.

The consumer discussion guide used can be found in section 4.6.1 of this report.

A list of current dissemination channels for the advice, that were used to prompt discussion of channel strategy, can be found in section 4.7.2.

4.2.2 Health professionals and other relevant stakeholders

The trialling of the draft revised advice amongst health professionals and other relevant stakeholders was conducted in a similar way: the revised advice was pre-placed with them, however they were not asked to complete a pre-task exercise. This was to avoid placing any extra burden of work on this group. In addition, it was anticipated that they would have greater familiarity with the subject area in any case and therefore would not need a formal exercise to help them consider the issues.

Each discussion was tailored to the individual circumstances and needs of each professional group.

Topics covered were similar to those focused on in the consumer element of the research, however interviews had a greater emphasis on professionals' confidence in disseminating this advice to their patients, clients and/or members.

Separate discussion guides for health professionals, the Royal Colleges and Anaphylaxis Campaign staff can be found in section 4.4.2-4.4.4 of this report.

4.3 Letters introducing the research

4.3.1 Consumers

22nd April 2009

Dear Sir/Madam,

REVISED GOVERNMENT ADVICE ON PEANUT CONSUMPTION DURING EARLY LIFE

Thank you for expressing an interest in this piece of market research on views of the revised Government advice for mothers, and mothers-to-be, on peanut consumption during pregnancy, breastfeeding and in relation to weaning.

We are an independent research agency and are carrying out this project on behalf of the Food Standards Agency and the Department of Health. We are a member of the Market Research Society and bound by their code of conduct (for further details please visit www.mrs.org.uk).

Your comments will form part of the feedback to the Agency and Department of Health but these will not be attributed personally to you and will be kept anonymous. Any personal details (for example, names, address) will be kept confidential, held securely and will not used for any purpose beyond this specific project. All these details will be removed from our records on completion of the project.

If you have any further questions please feel free to call me, Louise Skowron, on the following number 020 8418 5807.

Yours faithfully,

Louise Skowron
Researcher
020 8418 5807
louise@*thepeoplepartnership*.com

Informed Consent:

I confirm that I have read and understood this information sheet and have had the opportunity to consider the information, ask questions and have had them answered satisfactorily.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. I agree to take part in this research project.

___	_____	_____	_____
	Name of participant	Date	Signature
___	_____	_____	_____
	Name of person taking consent	Date	Signature

4.3.2 Health professionals

22nd April 2009

Dear

REVISED GOVERNMENT ADVICE ON PEANUT CONSUMPTION DURING EARLY LIFE

We are currently conducting research on behalf of the Department of Health and the Food Standards Agency on views of the revised Government advice for mothers and mothers-to-be on peanut consumption during early life in relation to the development of peanut allergy.

The revised advice is the result of developments in the scientific evidence available in this area. This has led to the Department of Health and the Agency revising its guidance for mothers, mothers-to-be and young children. The aim of the research is to explore your views on how clear the re-drafted guidance is.

As part of our study we wish to conduct face-to-face interviews with healthcare professionals who give advice to mothers and mothers-to-be on diet during pregnancy/breastfeeding and weaning. You may wish to know that we will also be trialling the advice with consumers.

We would very much appreciate your participation in this research. The interview can be conducted at a time and venue of your choice, and will last approximately 45 minutes. Ideally the research would be conducted within working hours, however if this is not possible then, in accordance with standard market research practice, a compensation payment will be provided by *thepeoplepartnership* to you as a token of appreciation. We would provide you with a copy of the draft revised guidance for you to consider, prior to the interview.

The research is being carried out by *thepeoplepartnership*, an independent market research company. *thepeoplepartnership* is a member of the Market Research Society and are bound by their code of conduct (for further details please visit www.mrs.org.uk). *thepeoplepartnership* have been commissioned by the Central Office of Information (COI) who monitor for quality control and manage research on our behalf.

Your comments will form part of the feedback to the Department of Health and the Agency but will not be attributed personally to you, and will be kept anonymous.

Any personal details (for example, names, address) will be kept confidential, held securely and will not used for any purpose beyond this specific project. All these details will be removed from our records on completion of the project.

thepeoplepartnership will contact you over the next few days to ask if you are able to help with this project. If you have any questions in the meantime please contact Louise Skowron, Project Manager, *thepeoplepartnership* on 020 8418 587.

I do hope you can help us with this project.

Yours sincerely,

Dr Sheela Reddy
Department of Health

Mrs Sue Hattersley
Food Standards Agency

4.3.3 Royal Colleges

22nd April 2009

Dear

REVISED GOVERNMENT ADVICE ON PEANUT CONSUMPTION DURING EARLY LIFE

We are currently conducting research on views of the revision of advice for mothers and mothers-to-be on peanut consumption during early life.

The revised advice is the result of developments in the scientific evidence available to the Agency and the Department of Health in this area. This has led to the Department of Health and the Agency re-drafting its guidance for mothers, mothers-to-be and young children. The aim of the research is to explore the College's views on how clear the re-drafted guidance is.

As part of our study we wish to conduct face-to-face interviews with spokespeople for nutrition and/or allergies who would be willing to give their opinion on the guidance on behalf of their Royal College. You may wish to know that we are also trialling the advice with consumers and other health professionals in the field.

We would very much appreciate the College's participation in this research and would be grateful if you could nominate a representative of the College who may wish to be involved. The interview can be conducted at a time and venue of your choice, and will last approximately 45 minutes. Ideally the research would be conducted within working hours, however if this is not possible then, in accordance with standard market research practice, a compensation payment will be provided by *thepeoplepartnership* to you as a token of appreciation. We would provide a copy of the draft revised guidance for consideration, prior to the interview.

The research is being carried out by *thepeoplepartnership*, an independent market research company. *thepeoplepartnership* is a member of the Market Research Society and are bound by their code of conduct (for further details please visit www.mrs.org.uk).

thepeoplepartnership have been commissioned by the Central Office of Information (COI) who monitor for quality control and manage research on our behalf.

Comments will form part of the feedback but will not be attributed to individuals, and will be kept anonymous.

Any personal details (for example, names, address) will be kept confidential, held securely and will not used for any purpose beyond this specific project. All these details will be removed from our records on completion of the project.

thepeoplepartnership will contact you over the next few days to ask if you are able to nominate someone to help with this project. If you have any questions in the meantime please contact Louise Skowron, Project Manager, *thepeoplepartnership* on 020 8418 587.

I do hope you can help us with this project and the College's contribution will be very much welcomed.

Yours sincerely,

Dr Sheela Reddy
Department of Health

Mrs Sue Hattersley
Food Standards Agency

4.4 Recruitment questionnaires

4.4.1 Consumers

Good morning/afternoon/evening. My name is (...) from *thepeoplepartnership*, an independent market research company. We are conducting research on behalf of the Food Standards Agency and the Department of Health and we are looking to speak to different people about the Government's revised advice on peanut allergy. All the answers that you give in this questionnaire will be completely confidential.

If you have any questions about the research please call *thepeoplepartnership* on 020 8418 5807. Please ask to speak to Louise Skowron who will be happy to answer questions you may have.

At no time during the interview/discussion will any attempt be made to sell anything to you, this is purely a research exercise.

Q.1 Have you ever taken part in a group discussion or in an interview?

Yes _____ No _____

If yes, what was it about?

_____

If subject close to the research: **CLOSE**

When was it?

_____

If less than 6 months: **CLOSE**

CLOSE IF SUBJECT RELATED TO RESEARCH TOPIC OR IF LESS THAN SIX MONTHS AGO

Q.2 Gender

Male [ ]

Female [ ]

ALL TO BE FEMALE

Q.3a Do you have any children?

NO [ ] GO TO Q.4

YES [ ] CONTINUE TO Q.3b

Q.3b How many children do you have and what are their ages?

How many children:_____

Child/ren's ages:_____

GROUPS 1-8

WITHIN EACH GROUP PLEASE INCLUDE A MIX OF FIRST TIME MOTHERS/MOTHERS-TO-BE AND MOTHERS WHO ALREADY HAVE ONE OR MORE CHILDREN, IN ADDITION TO THE (UNBORN) CHILD IN QUESTION

Q.4 Which if any of the following applies to you?

I am planning to have a baby	[ ]
I am pregnant	[ ]
I am breastfeeding a child under 6 months old	[ ]
I have a child aged between 6 months and 18 months	[ ]
I have a child aged between 18 months and 3 years	[ ]
None of the above	[ ] CLOSE

GROUPS 1, 2, 5 & 6
WITHIN EACH GROUP PLEASE INCLUDE 1 WOMAN WHO IS PLANNING TO HAVE A BABY, 2 WOMEN WHO ARE PREGNANT AND 2 WOMEN WHO ARE BREASTFEEDING A CHILD UNDER 6 MONTHS OLD

GROUPS 3, 4, 7 & 8
WITHIN EACH GROUP PLEASE INCLUDE AT LEAST 2 WOMEN WITH A CHILD AGED 6-18 MONTHS AND AT LEAST 2 WOMEN WITH A CHILD AGED 18 MONTHS-3 YEARS

ALL GROUPS TO COMPRISE 5 PARTICIPANTS

DEPTHS 1 & 2
BOTH TO BE PLANNING TO HAVE A BABY

DEPTHS 3 & 4
BOTH TO BE PREGNANT

DEPTHS 5 & 6
BOTH TO BE BREASTFEEDING A CHILD UNDER 6 MONTHS OLD

DEPTHS 7-9
ALL TO HAVE A CHILD AGED 6-18 MONTHS

DEPTHS 10-12
ALL TO HAVE A CHILD AGED 18 MONTHS-3 YEARS

Q.5a Thinking from the point of view of your unborn child/child, please can you tell me if they or any of the child's close relatives (yourself, the father or any of their brothers or sisters) have any allergic conditions? Can you also tell me if any of them are anaphylactic?

Anaphylactic means that the person has a severe reaction called anaphylaxis or anaphylactic shock. When someone has an anaphylactic reaction, they can have symptoms in different parts of the body at the same time, including rashes, swelling of the lips or throat, difficulty breathing, a rapid fall in blood pressure and loss of consciousness. It is likely that if you/they are anaphylactic then you/they will have been prescribed an epi-pen/adrenaline pen.

Please record the answers in the table below:

Condition	Does the child have this?	Do you have this?	Does the (unborn) child's father have this?	Do any of the (unborn) child's brothers or sisters have this?
Asthma				
Hay fever				
Eczema				
Food allergy (please state):				
Any other kind of allergy (please state):				
Anaphylaxis				

NB 'other' allergies could include, but not limited to, being allergic to latex, wasp or bee stings or penicillin/other drugs

GROUPS 1-4
NONE OF THE (UNBORN) CHILD'S CLOSE RELATIVES TO HAVE ANY KIND OF ALLERGY AND NONE OF THE CHILDREN IN QUESTION TO HAVE AN ALLERGY

GO TO Q.6

GROUPS 5-8
ALL PARTICIPANTS' (UNBORN) CHILD TO HAVE AT LEAST ONE CLOSE FAMILY MEMBER WITH AN ALLERGY
WITHIN THIS, NONE OF THE PARTICIPANTS THEMSELVES TO HAVE A FOOD ALLERGY AND NONE OF THE CHILDREN IN QUESTION TO HAVE AN ALLERGY OF ANY KIND
WITHIN EACH GROUP PLEASE REPRESENT 1 PERSON WHO IS ANAPHYLATIC/IS RELATED TO SOMEONE WHO IS
ACROSS GROUPS PLEASE TRY TO REPRESENT A MIX OF PARTICIPANTS WHO ARE ANAPHYLACTIC THEMSELVES, THOSE WHOSE (UNBORN) CHILD HAS CLOSE RELATIVES WHO ARE ANAPHYLACTIC AND THOSE WHOSE CHILD IS ANAPHYLACTIC

GO TO Q.5b

DEPTHS 1-6
ALL TO HAVE A FOOD ALLERGY
PLEASE REPRESENT A RANGE OF FOOD ALLERGIES (eg allergy to eggs, milk, peanuts, tree nuts, soya, fish, shellfish, sesame, wheat, mustard, celery, lupin, molluscs)
PLEASE INCLUDE 2 WOMEN WITH A PEANUT ALLERGY
PLEASE REPRESENT 2 WOMEN WHO ARE ANAPHYLACTIC

GO TO Q.5b

DEPTHS 7-12
ALL CHILDREN TO HAVE AN ALLERGY
PLEASE REPRESENT A RANGE OF ALLERGIES ACROSS THE SAMPLE
PLEASE REPRESENT 2 CHILDREN WHO ARE ANAPHYLACTIC

GO TO Q.5

NB PLEASE NOTE THAT FOR THE PURPOSES OF THIS RESEARCH, COELIAC DISEASE IS NOT CLASSED AS AN ALLERGY

Q.5b For each of the conditions relevant for all of the people mentioned above, please can you tell me who you think diagnosed each allergy?

	CHILD	YOU	FATHER	BROTHERS/ SISTERS
Asthma				
Hay fever				
Eczema				
Food allergy (please state):				
Any other kind of allergy (please state):				

Answers may include

- A doctor, medical consultant, dietician or paediatrician
- An alternative therapist
- Yourself/the person with the allergy
- Someone else (stating exactly who)

GROUPS 5-8
WITHIN EACH GROUP PLEASE REPRESENT A RANGE OF THOSE WHOSE/WHOSE CLOSE FAMILY MEMBERS' ALLERGIES HAVE BEEN DIAGNOSED BY A DOCTOR/MEDICAL CONSULTANT/DIETICIAN/ PAEDIATRICIAN AND THOSE WHO HAVE BEEN SELF-DIAGNOSED

DEPTHS 1-12
ACROSS THE SAMPLE PLEASE REPRESENT A RANGE OF THOSE WHOSE ALLERGIES HAVE BEEN DIAGNOSED BY A DOCTOR/MEDICAL CONSULTANT/DIETICIAN/ PAEDIATRICIAN AND THOSE WHO HAVE BEEN SELF-DIAGNOSED

FOR ALL THOSE MENTIONING FOOD ALLERGY
- WHERE THE ALLERGY WAS MEDICALLY DIAGNOSED PLEASE *GO TO Q.5c*
- WHERE THE ALLERGY WAS SELF-DIAGNOSED *GO TO Q.5d*
- WHERE THE ALLERGY WAS DIAGNOSED BY ANYONE OTHER THAN A TRAINED MEDIC (e.g. if it was diagnosed by an alternative therapist/another family member)

GO TO Q.5d
FOR OTHERS GO TO Q.6

FOR THOSE FOR WHOM THE FOOD ALLERGY WAS MEDICALLY DIAGNOSED

Q.5c Specifically how was the food allergy diagnosed, as far as you know?

A skin prick test	[ ]
A blood test done by a doctor	[ ]
A home blood test sent off in the post	[ ]
An elimination diet	[ ]
A food challenge, administered in hospital	[ ]
On the basis of a full medical history, taken by a doctor	[ ]
Other (please state).....	[ ]

GROUPS 5-8 & DEPTHS 1-12
ALTHOUGH THERE IS NO QUOTA ON THIS, PLEASE CAN YOU RECORD ANSWERS TO CHECK THAT THE FOOD ALLERGY WAS MEDICALLY DIAGNOSED

PLEASE CLASSIFY THOSE ANSWERING THAT A HOME BLOOD TESTING KIT WAS USED TO DIAGNOSE THE ALLERGY AS HAVING DIAGNOSED THE ALLERGY THEMSELVES

GO TO Q.5d IF THE FOOD ALLERGY WAS NOT MEDICALLY DIAGNOSED
GO TO Q.5e IF THE FOOD ALLERGY WAS MEDICALLY DIAGNOSED

FOR THOSE FOR WHOM THE FOOD ALLERGY WAS SELF-DIAGNOSED

Q.5d Please can you describe in detail the symptoms of the food allergy?

(Please write in): .....

.....

.....

PLEASE NOTE WHETHER ANY OF THE FOLLOWING SYMPTOMS ARE MENTIONED

- COUGHING
- DRY, ITCHY THROAT AND TONGUE
- ITCHY SKIN OR RASH
- NAUSEA AND FEELING BLOATED
- DIARRHOEA AND/OR VOMITING
- WHEEZING AND SHORTNESS OF BREATH
- SWELLING OF THE LIPS AND THROAT
- RUNNY OR BLOCKED NOSE
- SORE, RED AND ITCHY EYES
- ANAPHYLAXIS

SCREEN OUT THOSE WHO ONLY CITE NAUSEA/FEELING BLOATED

GO TO Q.5e

Q.5e Are you a member of any allergy support organisations?

Yes [ ]

No [ ]

If yes, which one(s) e.g. Anaphylaxis Campaign, Allergy UK:.....

Q.6 What is your occupation? And your partner's? In which sector? And your partner's ?

Respondent /_____/ /_____/

Partner /_____/ /_____/

SOCIAL GRADE-BASED ON HOH OCCUPATION

A [ ]
B [ ]
C1 [ ]
C2 [ ]
D [ ]
E [ ]

GROUPS 1, 3, 5 & 7
ALL TO BE ABC1

GROUPS 2, 4, 6 & 8
ALL TO BE C2DE
EACH SESSION TO INCLUDE 2 C2s AND 3 DEs

DEPTHS 1-12
4 ABC1s, 4 C1C2s & 4 DEs TO BE REPRESENTED ACROSS THE DEPTHS

Q.7 Do members of your family or close friends work/used to work in any of the following professions or occupations?

	YES	NO
AN ADVERTISING AGENCY OR PUBLIC RELATIONS COMPANY	CLOSE	
MARKETING OR MARKET REASEARCH COMPANY	CLOSE	
JOURNALISM / PRESS	CLOSE	
NHS/DEPARTMENT OF HEALTH	CLOSE	
HEALTH & SOCIAL WELFARE	CLOSE	

*IF YES TO ANY ABOVE, PLEASE CLOSE INTERVIEW *

Q.8 How old are you? Mention age clearly _____

PLEASE ENSURE A GOOD SPREAD OF AGES 16-45+ ARE ACROSS THE SAMPLE AS A WHOLE, AND WITHIN GROUPS WHERE POSSIBLE

Q.9 Which of these ethnic groups do you consider yourself as belonging to?

White –
- British [ ]
- Irish [ ]
- European [ ]
- Eastern European [ ]
- Other white background [ ]

Mixed –
- White and Caribbean [ ]
- White and Black African [ ]
- White and Asian [ ]
- Any other Mixed background [ ]

Asian or Asian British –
- Indian [ ]
- Pakistani [ ]
- Bangladeshi [ ]
- Southern Asian [ ]
- Any other Asian background [ ]

Black or Black British –
- Caribbean [ ]
- Black African [ ]
- Any other Black background [ ]

Chinese [ ]

Other [ ]

*PLEASE ENSURE A GOOD SPREAD OF PARTICIPANTS FROM BLACK AND MINIORITY ETHNIC GROUPS ACROSS THE SAMPLE, AS APPROPRIATE FOR THE ETHNIC MAKE-UP OF THE LOCAL AREA

PLEASE PROVIDE AT LEAST 8 PARTICPANTS IN TOTAL ACROSS THE SAMPLE FROM BME GROUPS, INCLUDING THOSE WHO ARE AFRICAN CARIBBEAN, SOUTH ASIAN, CHINESE AND OF MIXED ORIGIN*

Q.10 We would like all participants to complete a short written task before attending the group session. Please can you confirm that you will be able and willing to do this?

YES [ ]

NO [ ] CLOSE

RECRUIT & CLOSE	
PARTICIPANT NAME	
ADDRESS 1	
ADDRESS 2	
ADDRESS 3	
POSTCODE	
HOME NUMBER	
MOBILE NUMBER	
WORK NUMBER	
EMAIL ADDRESS	
RECRUITER NAME	

4.4.2 Health professionals

Good morning/afternoon/evening. My name is (...) from *thepeoplepartnership*, an independent market research company. We are conducting research on behalf of the Department of Health and the Food Standards Agency and we are looking to speak to different people about the Agency's revised guidance on peanut allergy. All the answers that you give in this questionnaire will be completely confidential.

If you have any questions about the research please call *thepeoplepartnership* on 020 8418 5807. Please ask to speak to Louise Skowron who will be happy to answer questions you may have.

At no time during the interview/discussion will any attempt be made to sell anything to you, this is purely a research exercise.

Q.1a What is your occupation?

/_____/

DEPTHS 1 & 2 – BOTH MUST BE HEALTH VISITORS
DEPTHS 3 & 4 – BOTH MUST BE MIDWIVES
DEPTHS 5 & 6 – BOTH MUST BE DIETICIANS
DEPTHS 7 & 8 – BOTH MUST BE GPs
DEPTH 9 – MUST BE A REPRESENTATIVE OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS
DEPTHS 10 & 11 – BOTH MUST BE PAEDIATRICIANS
DEPTH 12 – MUST BE A REPRESENTATIVE OF THE ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH
DEPTHS 13 & 14 – MUST BE ANAPHYLAXIS CAMPAIGN STAFF

FOR DEPTHS 13 & 14 – RECRUIT & CLOSE

FOR DEPTHS 9 & 12 – GO TO Q.4

FOR ALL OTHER DEPTHS PLEASE – GO TO Q.1b

Q.1b How long have you been working in this occupation for?

Up to 5 years	[ ]
5-10 years	[ ]
10+ years	[ ]

PLEASE PROVIDE REPRESENTATION OF A RANGE OF DIFFERENT LENGTHS OF EXPERIENCE ACROSS THE SAMPLE

Q.1c Thinking about the population of people you are generally treating/working with – please can you tell me how you would describe them?

Fairly well-off/middle class/ABC1	[ ]
Less well off/working class/C2DE	[ ]
Mixed	[ ]

DEPTHS 1, 3, 5, 7 & 10
PLEASE AIM FOR ALL OF THESE PARTICIPANTS TO BE TREATING/DEALING WITH WEALTHIER/ABC1 POPULATIONS

DEPTHS 2, 4, 6, 8 & 11
PLEASE AIM FOR ALL OF THESE PARTICIPANTS TO BE TREATING/DEALING WITH DEPRIVED/ C2DE POPULATIONS

Q.2 Do members of your family or close friends work/used to work in any of the following professions or occupations?

	YES	NO
AN ADVERTISING AGENCY OR PUBLIC RELATIONS COMPANY	CLOSE	
MARKETING OR MARKET REASEARCH COMPANY	CLOSE	
JOURNALISM / PRESS	CLOSE	

** IF YES TO ANY OF THE ABOVE, PLEASE CLOSE INTERVIEW **

Q.3 Have you ever taken part in a group discussion or in an interview?

Yes /_____/ No /_____/

If yes, what was it about?

_____

If subject close to the research: CLOSE

When was it?

_____

If less than 6 months: **CLOSE**

CLOSE IF SUBJECT RELATED TO RESEARCH TOPIC OR IF LESS THAN SIX MONTHS

RECRUIT IF PARTICIPANT HAS NOT TAKEN PART IN RESEARCH ON A RELATED TOPIC/WITHIN THE LAST 6 MONTHS

Q.4a Which of the following best describes the capacity in which you would be talking to us?

As an expert/health professional speaking on behalf of the Royal College [ ]

As an expert/health professional speaking in a personal capacity [ ]

Q.4b Would you say that you have any particular expertise in relation to allergy or nutrition? If so, what kind?

Yes (please state):..... [ ]

No [ ]

Q.4a
WE WILL TRY TO ENSURE THAT THE INDIVIDUALS WE RECRUIT ARE SPEAKING ON BEHALF OF THE ROYAL COLLEGES

Q.4b
RECORD ANSWER ONLY

RECRUIT AND CLOSE

PARTICIPANT NAME	
ADDRESS 1	
ADDRESS 2	
ADDRESS 3	
POSTCODE	
HOME NUMBER	
MOBILE NUMBER	
WORK NUMBER	
EMAIL ADDRESS	
RECRUITER NAME	

4.5 Consumer pre-task

REVISED ADVICE ON PEANUT CONSUMPTION DURING EARLY LIFE IN RELATION TO PEANUT ALLERGY

Thank you for agreeing to help us with this research, which we are conducting on behalf of the Food Standards Agency and Department of Health.

The project is being carried out because the scientific evidence on which the Government bases its advice on peanut allergy has changed.

This means that the Government needs to revise the advice it gives to mothers and mothers-to-be, about:

- Eating peanuts during pregnancy and when breastfeeding
- Weaning children.

This is so the Government's advice reflects new scientific evidence.

The Agency and Department of Health has developed a draft version of the new advice, which is attached to this letter, and wants to make sure that it is as clear as it can be.

Please can you read the draft advice, discuss it with any key influencers in your life where appropriate (i.e. your partner, parents, friends, etc) and fill in the table below.

What do you understand this advice to mean?	
Do you know which parts of the advice apply to you?	
What do you think you will do in relation to eating peanuts/ introducing peanuts into your child's diet after reading this?	

Please can you also write notes on the advice, telling us whether there is anything you don't understand or think is unclear, and bring all the papers along to the research session with you.

We look forward to meeting you.

4.6 Discussion guides

4.6.1 Consumers

Topic Objective	Objective
Introductions • A bit about yourself and your interests • A bit about your family/children/plans for children • How you'd describe your attitudes to food advice, and whether being a mum/mum-to-be has changed your attitudes on this at all	To put participants at ease and warm them up for discussion
Allergy history • What is your own/family history of and experience of allergy • How would you describe your attitude to allergies (probing rational/emotional views, for example around how concerning they perceive allergies as being and their underlying beliefs about what causes them) • To what extent do you perceive your (unborn) child to be at risk of developing an allergy and to what extent has this changed over time – reasons for this • How has this perception of risk influenced your behaviour and why is this	To understand the consumer context
Response to advice • Overall experiences of reading the advice before the session and what their initial thoughts were • Top of mind awareness/perceptions of current advice (avoiding probing/encouraging comparisons between current/re-drafted advice) • Ask participants to read out what they noted down in their pre-task exercise and discuss their responses • In group sessions discuss how responses compared and the reasons for this	To explore comprehension of the draft advice

Ask participants to read through the advice again in detail • What is your overall understanding of the information • How clear is it overall – are there any areas that lack clarity, if so, what are they and how can they be clarified • Which part did you focus on initially and why • Do you understand which group you fall into and which part of the advice is relevant for you – if not, why don't you understand/what is unclear • What does the advice mean for you and your child in terms of eating peanuts • How confident do you feel in terms of following this advice and why is this Going through the advice in detail – for each section 1-3 • How clear is this overall • Does this relate to you personally – what makes you think this • How would you paraphrase what this means for women who are pregnant/breastfeeding and for those who are weaning children • How could it be any clearer, if at all Specifically in relation to section 4 • How relevant is the list of information provided here • Any other signposting (relating to information content/channel) that would be helpful and reasons for this Reflecting on the advice • How would you describe the tone of the advice – what effect does that have – if relevant, how could the tone be improved • How does this advice compare overall in terms of clarity with advice on other early life health issues (e.g. drinking caffeine/alcohol/introducing other allergens to children's diets etc) [if known] • What will you do in the future in relation to eating peanuts/weaning your child and why • Is there any other type of information that you think you would need on this subject – what is it and why; would you be able to find this information if you wanted to – where would you find it from	

Information channels Ask each to write down where they would expect/want to hear about/see the advice and then discuss • How would you expect to hear about this change in advice • What would be a good way of getting the message out to you Expose current channels (e.g. 'The Pregnancy Book'/'Birth to 5'/relevant leaflets/Eatwell & DH web pages) used for disseminating this type of advice and discuss for each piece of stimulus • How ideally should the advice be presented in this format • Whether the way the advice is expressed has an impact on how it is presented in the format and whether that makes a difference to how the advice should be expressed • Specifically how the advice should be disseminated to mothers who already have a child(ren) and so might not receive some of the books/leaflets shown	To elicit insight about key information channels and other issues of information presentation/ dissemination
Summary Each to summarise individually • Intentions relating to you/your child eating peanuts in the future and reasons • How clear the draft advice is • Key recommendations for optimising the draft advice • What channels should be used to disseminate the draft advice and any other ideas for/issues regarding how best to present the advice	To summarise key points

4.6.2 Health professionals

Topic Objective	Objective
Introductions • Role and experience, specifically in relation to mothers/mothers-to-be • Expertise in relation to allergy advice/prominence of allergy advice in day to day role	To put participants at ease, warm them up for discussion and understand their working context
Current advice context • Awareness/knowledge of current advice on avoiding peanut allergy and any particular views on it • Extent to which you advise mothers/mothers to be on this and how you tend to do this (what information is given/when/using what channel or format) • Current information sources/channels on this issue for yourself • Perceptions of general awareness of current advice • Specific experiences of responses (including those of health professionals and mothers/mothers-to-be) to the advice and any implications this has for the advice	To explore awareness/ knowledge of current advice and how this is used
Response to advice • Overall experiences of reading the advice before the session and what their initial thoughts were • Top of mind awareness/perceptions of current advice (avoiding probing/encouraging comparisons between current/re-drafted advice) • Ask participants to read out what they noted down in their pre-task exercise and discuss their responses • In group sessions discuss how responses compared and the reasons for this	To explore comprehension of draft advice To explore perceptions and (anticipated) responses to revised advice in relation to current advice

Going through the advice in detail – for each section 1-3 • How clear is this overall • Specific clarity of the advice • How would you paraphrase what this means for women who are pregnant/breastfeeding and for those who are weaning children • How could it be any clearer, if at all • How this compares with current advice • Expected response of mothers/mothers-to-be and reasons – how you expect this will be different versus the current advice • Expected need for more information (either for you/mothers/mothers-to-be/other health professionals) and whether you/they would be able to access this Specifically in relation to section 4 • How relevant is the list of information provided here – for you/mothers/mothers-to-be/other health professionals • Any other signposting that would be helpful and reasons for this Reflecting on the advice • How would you describe the tone of the advice – what effect does that have – if relevant, how could the tone be improved • How does this advice compare overall in terms of clarity with advice on other early life health issues (e.g. drinking caffeine/alcohol/introducing other allergens to children's diets etc) • How the draft advice is likely to change how you talk to mothers/mothers-to-be about avoiding peanut allergy/what you advise and reasons for this • Is there any other type of information that you think would be needed on this subject (whether for you, mothers/mothers-to-be or other health professionals) – what is it and why; would you/relevant people be able to find this information if necessary – where would it be found • Any specific information gaps and how these would be ideally addressed	

Information channels • Information channels • Key channels/formats for disseminating the new advice to you/other health professionals • Specific channels/formats that would be relevant for mothers/mothers-to-be • Any extra support that would be necessary (for you/mothers/mothers-to-be/other health professionals) Expose current channels used for disseminating this type of advice (e.g. 'The Pregnancy Book'/'Birth to 5'/relevant leaflets/Eatwell & DH web pages) and discuss • How ideally should the advice be presented in this format • Whether the way the advice is expressed has an impact on how it is presented in the format and whether that makes a difference to how the advice should be expressed • How would the new advice ideally be disseminated to second time mothers (i.e. who would not necessarily receive the booklets/leaflets shown)	To elicit insight about key information channels and other issues of information presentation/ dissemination
Summary • How the advice will change the way mothers/ mothers-to-be are advised (by you/other health professionals) • Clarity of the draft advice, perceptions of how it has changed and any issues this raises • Key recommendations for optimising draft advice (if relevant) • Key channels for disseminating information for you/ health professionals, and mothers//mothers to be • Any other ideas for/issues regarding how best to present it	To summarise key points

4.6.3 Royal Colleges

Topic Objective	Objective
Introductions • Professional background and how you became involved in the College • Role in relation to the College, responsibilities and length of time in role • College organisational/members' remit in terms of giving advice on nutrition/allergy to mothers/ mothers-to-be • Current involvement (if any) in giving advice on nutrition/allergy to mothers/mothers-to-be (where relevant, in relation to College and personal work)	To put participants at ease, warm them up for discussion and understand their working context
Current advice context • Does the College provide information/advice/ training on avoiding peanut allergy to College members – if so, what is provided, what is the content of the information/advice/training and what channels are used • What is the College's perspective on the current advice on avoiding peanut allergy offered to mothers/mothers-to-be • (If relevant) Personal awareness/knowledge of current allergy advice and any particular views on it • (If relevant) Current information sources/channels for allergy advice you use yourself • Perceptions of general awareness of current advice • Any specific experiences of responses (including those of College members and mothers/mothers-to-be) to the advice and any implications this has for the advice	To explore the College's perspective on current advice
Response to advice • Overall responses to the advice • Overall clarity, any areas that lack clarity, how clarity could be improved, if at all • Understanding of the different groups highlighted • Overall confidence in the advice and reasons • Whether/how the draft advice would change what/how you advise College members and reasons for this	To explore comprehension of draft advice

Going through the advice in detail – for each section 1-3 • How clear is this overall • Specific clarity of the advice • How would you paraphrase what this means for women who are pregnant/breastfeeding and for those who are weaning children • How could it be any clearer, if at all • How this compares with current advice • Expected response of College members/mothers/mothers-to-be and reasons – how you expect this will be different versus the current advice • Expected need for more information (either for you/College members/mothers/mothers-to-be) and whether you/they would be able to access this Specifically in relation to section 4 • How relevant is the list of information provided here – for you/mothers/mothers-to-be/College members • Any other signposting that would be helpful and reasons for this Reflecting on the advice • How would you describe the tone of the advice – what effect does that have – if relevant, how could the tone be improved • How does this advice compare overall in terms of clarity with advice on other early life health issues (e.g. drinking caffeine/alcohol/introducing other allergens to children's diets etc) • How the draft advice is likely to change how you talk to College members/mothers/mothers-to-be about peanut allergy/what you advise and reasons for this • Is there any other type of information that you think would be needed on this subject (whether for you, College members or mothers/mothers-to-be) – what is it and why; would you/College members/mothers/mothers-to-be be able to find this information if necessary – where would it be found • Any specific information gaps and how these would ideally be addressed	To explore perceptions and (anticipated) responses to revised advice in relation to current advice To understand how comfortable the College would be with the draft advice

• How comfortable are you as a representative of the College with this advice overall and why is this – how (if at all) would you like to optimise it and why • What would you expect College members' responses to this advice would be and why – are there any barriers or concerns that might need to be addressed – if so, what are they and why, and how could they be addressed	
Information channels • Information channels • Key channels/formats for disseminating the new advice to you/other health professionals • Specific channels/formats that would be relevant for mothers/mothers-to-be • Any extra support that would be necessary (for you/mothers/mothers-to-be/other health professionals) Expose current channels used for disseminating this type of advice (e.g. 'The Pregnancy Book'/'Birth to 5'/relevant leaflets/Eatwell & DH web pages) and discuss • How ideally should the advice be presented in this format • Whether the way the advice is expressed has an impact on how it is presented in the format and whether that makes a difference to how the advice should be expressed • How would the new advice ideally be disseminated to second time mothers (i.e. who would not necessarily receive the booklets/leaflets shown)	To elicit insight about key information channels and other issues of information presentation/ dissemination
Summary • How the advice will change the way mothers/ mothers-to-be are advised (by you/College members) • Clarity of the draft advice, perceptions of how it has changed and any issues this raises • How comfortable the College will be with this advice overall and key recommendations for optimising draft advice (if relevant) • Key channels for disseminating information for you/College members and mothers/mothers-to-be • Any other ideas for/issues regarding how best to present it	To summarise key points

4.6.4 Anaphylaxis Campaign

Topic Objective	Objective
Introductions • Background and how you came to be involved with the Anaphylaxis Campaign • Role and length of experience • Anaphylaxis Campaign membership and remit • How the Anaphylaxis Campaign disseminates advice/communicates with members	To put participants at ease, warm them up for discussion and understand their working context
Current advice context • What advice the Anaphylaxis Campaign currently gives on avoiding peanut allergy and what channels are used to do this • What is your/the Anaphylaxis Campaign's perspective on the current advice on avoiding peanut allergy offered to mothers/mothers-to-be • Perceptions of general awareness of current advice • What types of questions do people ringing the helpline tend to ask/what type of issues do they bring up generally and to what extent do these relate to avoiding peanut allergy • Who tends to ask for advice on avoiding peanut allergy – to what extent do they tend to be mothers/mothers-to-be and what are they focused on • Are there any particular areas that people ringing the helpline tend to be unclear about regarding current advice on avoiding peanut allergy and why do you think this is • Are there any issues regarding avoiding peanut allergy that you find difficult to communicate to people ringing the helpline – if so, why is this • Any other relevant issues that have implications for the advice	To explore the Anaphylaxis Campaign's perspective on current advice
Response to advice • Overall responses to the advice • Overall clarity, any areas that lack clarity, how clarity could be improved, if at all • Understanding of the different groups highlighted • Overall confidence in the advice and reasons • Whether/how the draft advice would change what/how you advise people ringing the helpline and reasons for this	To explore comprehension of draft advice

Going through the advice in detail – for each section 1-3 • How clear is this overall • Specific clarity of the advice • How would you paraphrase what this means for women who are pregnant/breastfeeding and for those who are weaning children • How could it be any clearer, if at all • How this compares with current advice • Expected response of people ringing the helpline and reasons – how you expect this will be different versus the current advice • Expected need for more information (either for you/people ringing the helpline) and whether you/they would be able to access this Specifically in relation to section 4 • How relevant is the list of information provided here – for you/people ringing the helpline • Any other signposting that would be helpful and reasons for this Reflecting on the advice • How would you describe the tone of the advice – what effect does that have – if relevant, how could the tone be improved • How does this advice compare overall in terms of clarity with advice on other early life health issues (e.g. drinking caffeine/alcohol/introducing other allergens to children's diets etc) • How the draft advice is likely to change how you talk to people ringing the helpline about avoiding peanut allergy/what you advise and reasons for this • Is there any other type of information that you think would be needed on this subject (whether for you or people ringing the helpline) – what is it and why; would you/relevant people be able to find this information if necessary – where would it be found • Any specific information gaps and how these would be ideally addressed	To explore perceptions and (anticipated) responses to revised advice in relation to current advice

• How comfortable do you feel about being able to communicate this clearly to people ringing the helpline – how (if at all) would you like to optimise it and why • What would you expect the responses of people ringing the helpline would be to this advice and why – are there any barriers or concerns that might need to be addressed – if so, what are they and why, and how could they be addressed	
Information channels • Key channels/formats for disseminating the new advice to you • Specific channels/formats that would be relevant for the general public/those who ring the helpline • How could the Anaphylaxis Campaign promote this advice to members so that they have the latest advice regarding avoiding peanut allergy • Any extra support that would be necessary (for you/people ringing the helpline) Expose current channels used for disseminating this type of advice (e.g. 'The Pregnancy Book'/'Birth to 5'/relevant leaflets/Eatwell & DH web pages) and discuss • How ideally should the advice be presented in this format • Whether the way the advice is expressed has an impact on how it is presented in the format and whether that makes a difference to how the advice should be expressed • How would the new advice ideally be disseminated to second time mothers (i.e. who would not necessarily receive the booklets/leaflets shown)	To elicit insight about key information channels and other issues of information presentation/ dissemination
Summary • How the advice will change the way you advise mothers/mothers-to-be • Clarity of the draft advice and perceptions of how it has changed and any issues this raises • How comfortable you feel about communicating this advice to people ringing the helpline and key recommendations for optimising draft advice (if relevant) • Key channels for disseminating information for you/members • Any other ideas for/issues regarding how best to present it	To summarise key points

4.7 Stimulus materials

4.7.1 Revised advice

DRAFT CONSUMER ADVICE – For Research Purposes.

Not for general dissemination.
Please return to *thepeoplepartnership* when requested.

FSA/DH DRAFT REVISED PEANUT AVOIDANCE ADVICE

Advice on eating peanuts during pregnancy, whilst breastfeeding and in the first 3 years of life

After reviewing the latest evidence, the Government has issued the following revised advice:

1. Where there is no family history of allergy (where the child's mother, father, brother(s) or sister(s) do not have any allergic diseases, such as asthma, eczema, hay fever or a food allergy)

Advice during pregnancy and whilst breastfeeding:
We continue to advise that there is no reason for women to avoid eating peanuts during pregnancy or whilst breastfeeding.

Advice on Introduction of peanuts into the infants diet:
Government advice to **all** mothers is that you should exclusively breastfeed your baby until around 6 months of age. Breastfeeding provides many health benefits to both mothers and babies. As with the other common allergenic foods (milk, eggs, wheat, tree-nuts, seeds, fish and shellfish), we advise that peanut should not be introduced into your baby's diet before six months of age. When any of these foods are introduced, we advise you to introduce them one at a time so you can spot any allergic reaction. Whole nuts or peanuts should not be given to children under 5 years of age because of the risk of choking.

2. Where there is a family history of allergy (where the child's mother, father or brothers or sisters have any allergic diseases, such as asthma, eczema, hay fever or a food allergy)

Advice during pregnancy and whilst breastfeeding:
There is currently no clear evidence to show that either avoiding or consuming peanuts during pregnancy or whilst breastfeeding will prevent the development of peanut allergy in your baby. So, if you would like to eat peanuts during these times, you can do so as part of a healthy balanced diet. If you have any questions, then you should talk to your GP, midwife, health visitor or other health professional.

Advice on Introduction of peanuts into the infant diet:
Government advice to **all** mothers is that you should exclusively breastfeed your baby until around 6 months of age. As with the other common allergenic foods (milk, eggs, wheat, tree-nuts, seeds, fish and shellfish) we advise that peanut should not be introduced into your baby's diet before six months of age. Before you do introduce peanut into your baby's diet, we advise you to talk to your GP, health visitor or other health professional, since they will be best placed to advise you in your particular circumstances (for example if someone in the immediate family already has peanut allergy your health professional is likely to advise not to introduce peanuts into the household). When any of the common allergenic foods are introduced into your baby's diet we advise you to introduce them one at a time so you can spot any allergic reaction. Whole nuts or peanuts should not be given to children under 5 years of age because of the risk of choking.

3. If your child under 3 years of age already has an allergy

If you have a baby or infant under 3 years of age who already has an allergy – such as eczema or a known food allergy - they are at an increased risk of becoming allergic to peanuts. In such cases, we would advise you to talk to your GP or other health professional before introducing peanuts into your baby's diet, as they will be best placed to advise you. However, our general advice to exclusively breastfeed your baby until around 6 months of age and not to introduce the common allergenic foods until 6 months of age still applies.

4. General information

General information on food allergies can be found at www.eatwell.gov.uk/

General information on what foods to avoid during pregnancy and whilst breastfeeding, is available at:
www.eatwell/agesandstages/pregnancy

and on feeding and weaning your baby is available at:
www.eatwell./agesandstages/baby/weaning

Information can also be found at:
www.dh.gov.uk/en/Healthcare/Maternity/Maternalandinfantnutrition/index.htm

If you wish to avoid foods containing peanuts, you can do so by reading the ingredients lists on foods labels or, if you are eating out, by asking the person selling the food. Further information on the rules on labelling of foods causing allergy, including peanut, is available at:
www.eatwell.gov.uk/foodlabels/labellingterms/allergenic

4.7.2 Channel stimulus materials

The following materials were used to prompt discussion on channel strategy:

Books

- The Pregnancy Book (English/Welsh versions)
- Birth to Five (English/Welsh versions)
- Ready Steady Baby

Websites

- Eatwell
- Ready Steady Baby

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