The Lancet Series on maternal and child nutrition presents interventions for maternal and child nutrition, but is evidence synthesis adequate? Zulfiqar Bhutta and colleagues\(^1\) make a few assertions that need to be clarified.

Although the use of multiple micronutrient supplements (MMS) during pregnancy is still a topic for debate, Bhutta and colleagues\(^1\) have included it in the packages of nutrition interventions for cost-evaluations, ignoring the conclusions of the Cochrane review\(^2\) asking for more evidence to guide a universal policy change while recommending replacement of iron-folate supplement with MMS.

Similarly, although the evidence in favour of ready-to-use therapeutic food in comparison with the standard care in the community-based management of severe acute malnutrition is weak in terms of reducing mortality, severe acute malnutrition management (which includes ready-to-use therapeutic food) is presented number one of the top ten interventions to reduce child mortality.

The authors also recommended folic acid supplementation for women of reproductive age with universal fortification of cereals
and other foods; however an increase in the risk of colorectal cancer has been reported with increased folate intake during the early post-fortification period, and also a risk of delay in the diagnosis of vitamin B-12 deficiency with excess folate intake.

Most of the interventions identified for modelling were based on products, and it is not clear why the modelling was not done for nutrition-sensitive interventions and interventions for disease prevention and management, especially when some of these were described as effective by the authors themselves.

We declare that we have no conflicts of interest.

References


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