

Policy Extract

[Good Maternal Nutrition: The best start in life](#)

NCDs are the leading cause of death and disability within the WHO European Region and worldwide, with prevalence reaching epidemic levels. Obesity, unhealthy diets and physical inactivity are major modifiable risk factors for NCDs and the need for public health interventions to tackle these is being increasingly recognized.

Maternal nutritional status before and during pregnancy

The fetus is dependent on the range of micronutrients circulating in the mother's blood supply for optimal development.

Overweight, obesity and co-morbidities

In the WHO European Region, overweight and obesity are responsible for up to 20% of mortality and for around 10% of the total disease burden, which between 1990 and 2010 increased by two fifths, especially in women of reproductive age.

As the number of overweight and obese women entering pregnancy has increased, pregnancy-related complications are seen as important women's health issues. Maternal obesity before and after conception increases the risk of a wide range of pregnancy-related complications. Pre-pregnancy overweight and obesity are associated with impaired fertility, risk of preterm birth, co-morbidities and mortality. It is also associated with an increased risk of gestational hypertension and diabetes, which are strongly correlated with large-for-gestational-age infants (macrosomia) and can alter the offspring's glucose and lipid metabolism and induce hypertension. Investigations show an association between pre-pregnancy BMI and the offspring's increased risk of: abdominal or generalized obesity across infancy and childhood, into adolescence and adulthood; related metabolic disorders; and asthma in predisposed children.

Weight gain during pregnancy

Although adverse effects are associated with both high and low gestational weight gain (GWG), there is no WHO guidance at global or European levels, nor any consensus on the amount of weight an obese pregnant woman should gain. Moreover, in many European countries, weight gain during pregnancy is not always routinely monitored, despite several studies that suggest that pregnancy-related complications are more likely to occur in obese women who gain excess weight during pregnancy. The likelihood of adult obesity developing in their offspring increases by eight percent with every kilogram of maternal GWG.

Maternal obesity combined with multiple micronutrient deficiency

It may seem paradoxical, but pregnant women who are obese (with overnutrition from excess energy intake) may simultaneously have multiple nutrient deficiencies (with undernutrition

from intake of micronutrient-poor foods). Micronutrient deficiency and overweight or obesity are likely to overlap, and this conjunction may exacerbate the rise in transgenerational NCDs. The hazards of a combination of obesity together with multiple micronutrient deficiency may lead to serious long-term health and societal consequences, through transgenerational transmission.

DEVELOPMENT AND IMPLEMENTATION OF NATIONAL GUIDELINES ON MATERNAL NUTRITIONAL HEALTH

Suggestions for policy-advisers at national level

- Gender equality should be promoted and women empowered using legislation and rights-based commitments, including health-in-all-policies and life-course approaches in national policies and strategies within health and other sectors, such as social and employment policies, food and agriculture, education, welfare and financial policies.
- A multisectoral, interdisciplinary expert group should be established, which is responsible for ensuring the development and review of national policies, strategies, recommendations, guidelines and programmes on nutrition, physical activity and weight gain for pregnant and postpartum/lactating women. These should be based on WHO's and the latest national and international scientific evidence.
- The correct conditions should be created for the national expert group to develop and monitor evidence-informed national policies, implemented through locally adapted guidelines. All women, regardless of their socioeconomic status, should be guaranteed access to good-quality maternal, infant, child and young child health care services, whereby appropriate advice on healthy eating and physical activity is freely available and appropriate links to other government supportive services can be made.
- National examples of good practice should be shared when developing, implementing and updating national policies, strategies, guidelines and programmes.
- The support of experts should be enlisted, using the best available high-quality evidence that is most relevant for the Member State concerned, in order to update national guidelines and recommendations on food and nutrition and physical activity that are suitable for women during preconception, pregnancy and postpartum/lactation.
- An intersectoral approach should be taken that tackles the underlying determinants of poor nutrition and health inequity in order to stimulate the development and implementation of guidelines outside the health care sector, for example fully paid maternity leave and breastfeeding in public spaces.
- A supportive environment should be created that will enable mothers, families and other caregivers to make it easy to make informed, healthy choices; for example, through legislation protecting and enforcing the rights of working women to breastfeed exclusively for six months (through paid maternity leave, job protection and breastfeeding breaks with suitable local facilities).
- Prenatal, childbirth and postnatal care should be made available and maternity services should carry out all 10 steps recommended by the BFHI in full.
- Legislative, regulatory and/or other effective measures to control the marketing of breastmilk substitutes should be developed (or, where necessary, strengthened) in order to ensure implementation and enforcement of the Code and subsequent relevant resolutions adopted by the World Health Assembly.

- The effect of the burden of poor maternal, infant and child nutritional status in hindering national economic development should be recognized. Poor nutrition during fetal development and infancy has lasting and irreversible negative effects on cognitive development, and lasts throughout life

Suggestions for health care service providers and professionals

- Consistency of advice on good nutrition should be encouraged for women during pregnancy and lactation.
- Professional bodies and health care professionals can have an active role, free from conflict of interest, to support and inform policy development and implementation through technical expertise and advocacy. This role is important and can be a prominent feature of local interest and societal input to government and the media. Mechanisms for audit both of professional practice and the community's support could be developed and promoted.
- National policies and guidance should be up to date and put into practice using appropriate facilities, equipment and staff. Results from the survey of countries of the European Region (see Part II) suggest that health practitioners (general practitioners, obstetricians/gynaecologists, midwives, nurses and community health care workers) request specific training in how to give dietary and physical activity advice and how to manage GWG support. Institutions are urged to draft their guidance based on national policies and existing 42 care pathways, linking up preconception, pregnancy and postnatal care for a life-course approach, using participatory processes in order to generate ownership by all members of health care staff.
- Barriers to access should be identified and removed in order to increase the proportion of women of low socioeconomic status who use public services. This group of women may be overweight or obese, raising their health risks and those of their offspring. Risks can be reduced through behavioural changes, but practitioners may need support to ensure that they understand the women's circumstances without stigmatizing when discussing diet and physical activity.
- Effective, protective and supportive environments should be created and encouraged, including by implementing initiatives such as the BFHI and the safeguarding of breastfeeding through the Code.

Suggestions for civil society (e.g. communities, families, NGOs)

- Sustainable policy implementation for improved maternal and infant health should be supported and facilitated (for example, through the provision of local breastfeeding facilities).
- The implementation of national guidelines and recommendations on both food and nutrition and physical activity should be advocated and assistance provided, along with support to control the marketing of breastmilk substitutes and the inappropriate marketing of complementary foods.
- Enforcement of the Code should be monitored and violations (including inappropriate marketing of complementary foods) reported to local authorities and consumer groups.
- Participatory local and national decision-making should be promoted by interacting with policy- and decision-makers, using relevant democratic processes.

- Knowledge and information should be disseminated, and conflicts of interest avoided which may undermine the independence and credibility of the information provided.
- Social media and grassroots movements should be used to make parents' lives easier by pooling knowledge, advice and support.

Suggestions for researchers

- Gaps between the latest scientific evidence and existing national policies should be identified and addressed.
- The most effective ways to implement nutrition and physical activity interventions that are sustainable should be investigated; for example, how to strengthen preconception care mechanisms so that women in all socioeconomic groups enter pregnancy in good nutritional health.
- Measures should be identified and addressed that reduce inequalities and establish how to protect and promote health equalities and support an inclusive approach to public health and nutrition.
- Evidence should be provided on the determinants of exclusive breastfeeding until six months of age and the timely introduction of appropriate complementary foods, as well as informing policy-makers how current feeding and eating patterns could be improved.
- Evidence should be presented to policy-makers on the cost-effective benefits of supportive environments, such as the BFHI and restrictions on marketing of breastmilk substitutes and inappropriate marketing of complementary foods (World Health Assembly resolution WHA63.23). vity is advised.