


## Description

## Supporting Optimal Maternal Nutrition

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### Introduction

Poor maternal diet is associated with adverse pregnancy outcomes for both mother and baby.[1] The National Institute for Health and Care Excellence (NICE)[2] recommends that all childbearing women and people should be given healthy eating advice throughout pregnancy from their health provider to support optimal nutrition and health.

With the increasing cost of living in the UK, the impact of food insecurity, particularly among those from lower socioeconomic groups, is a public health concern.[3] Recent estimates suggest that in the UK, more than one in four households with babies and young children are living with food insecurity, with families now faced with being unable to afford or source nutritious, fresh food and relying on cheaper, nutrition poor alternatives.[4]

### Nutritional advice

Evidence suggests that healthy eating advice shared during pregnancy has a positive effect on eating practices. Those accessing maternity and perinatal care value honest, open discussions with midwives around food, and want practical solutions to support.[5] Current diet should be discussed, offering advice to improve nutrition while taking into account affordability. Knowledge on where to signpost and refer for financial and practical support (e.g. benefits, local food banks) is also a priority when caring for families living with food insecurity. Added to this, discussions around foods to avoid as well as supporting nutrition for those facing physical disorders of pregnancy such as nausea and heartburn should be offered. Practical advice should also include discussions around vitamin supplementation such as folic acid before and during pregnancy to help prevent neural tube defects and Vitamin D for skeletal and bone health, as well as screening for and treatment of iron deficiency.[2,6,7]

### Supplementation

Iron deficiency is the most common micronutrient deficiency globally, with a two-centre UK study finding a prevalence in pregnancy of 47%.[8] Screening is therefore an important aspect of midwifery care and should be routinely offered at both the booking appointment and 28 weeks of pregnancy.[7] Iron-rich foods should be discussed, with supplementation offered to manage iron deficiency anaemia. It should be noted that there are challenges in iron supplementation. High-dose oral iron supplements (containing 100-200mg of elemental iron) are associated with gastrointestinal effects such as nausea, constipation and epigastric discomfort,[9] leading to low tolerance and adherence to treatment plans. Supplementation with a well absorbed low-dose iron product can help address these challenges, alongside alternate-

day-dosing, increasing absorption and reducing side effects.[10]

Midwives are in a unique position to offer nutrition advice. With the increase in the cost of food and with more households facing food poverty, it is important for midwives to understand the needs of this demographic as well as the general nutritional needs of all, using a compassionate, holistic approach to supporting nutritional health and wellbeing.
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**Useful Resources**

Read an interesting fact sheet: Understanding Nutrition for a Healthy Pregnancy here
Take a FREE mini-course: “Iron deficiency in pregnancy: An Introduction” here

**References**


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