



World Health
Organization

REGIONAL OFFICE FOR

Europe

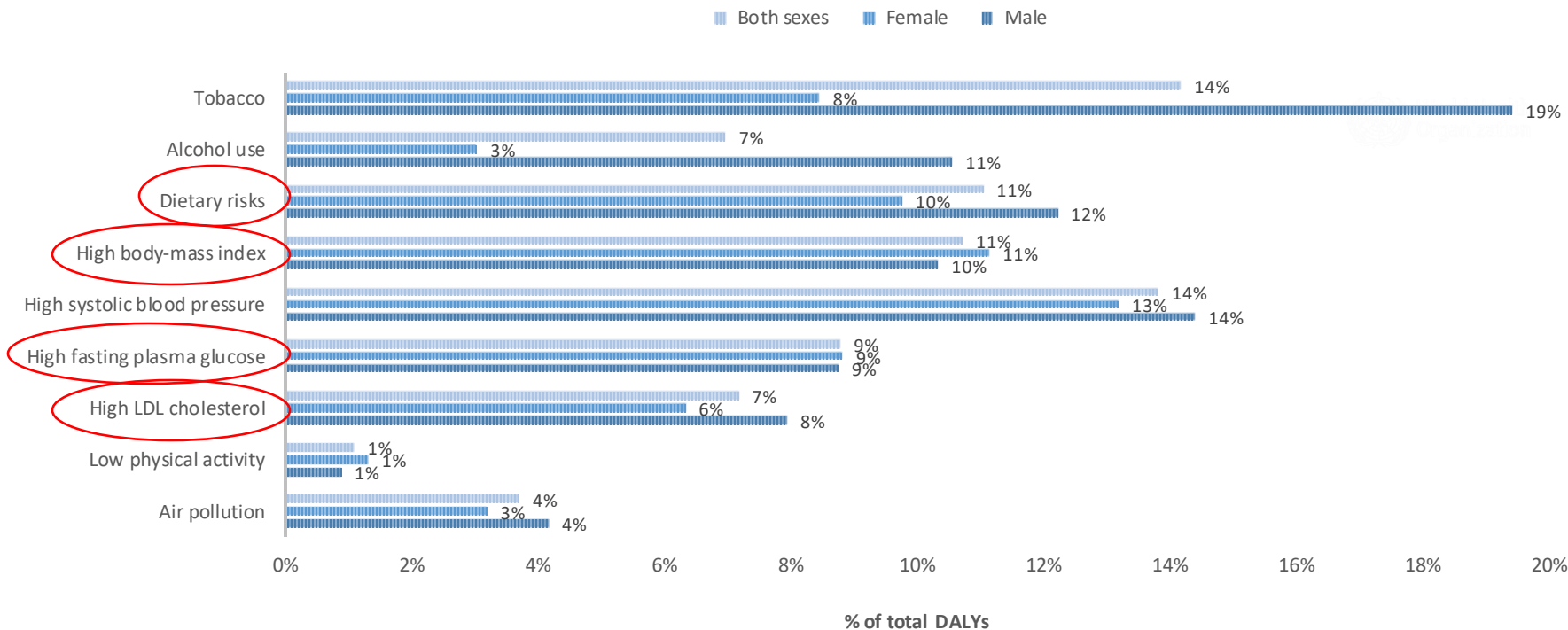
Maternal nutrition – laying the foundations for good health for all

Dr Kremlin Wickramasinghe, Acting Head, Advisor for Nutrition, Physical Activity, and Obesity

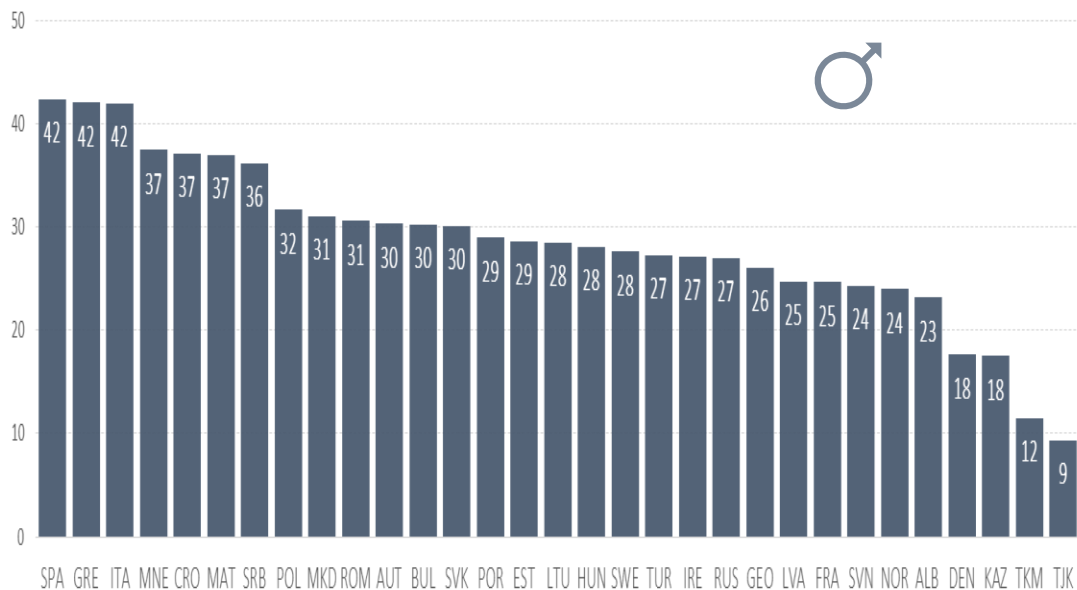
WHO European Office for the Prevention and Control of Noncommunicable Diseases (NCD Office), WHO Regional Office for Europe

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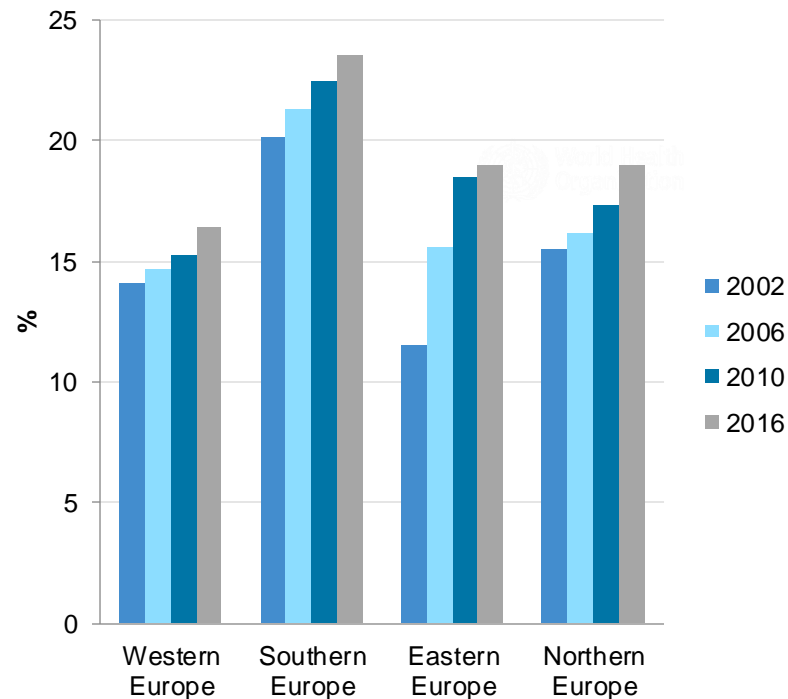
Burden of disease in the WHO European Region attributable to selected risk factors, 2019



Overweight among children and adolescents



Source: WHO Childhood Obesity Surveillance Initiative (COSI)

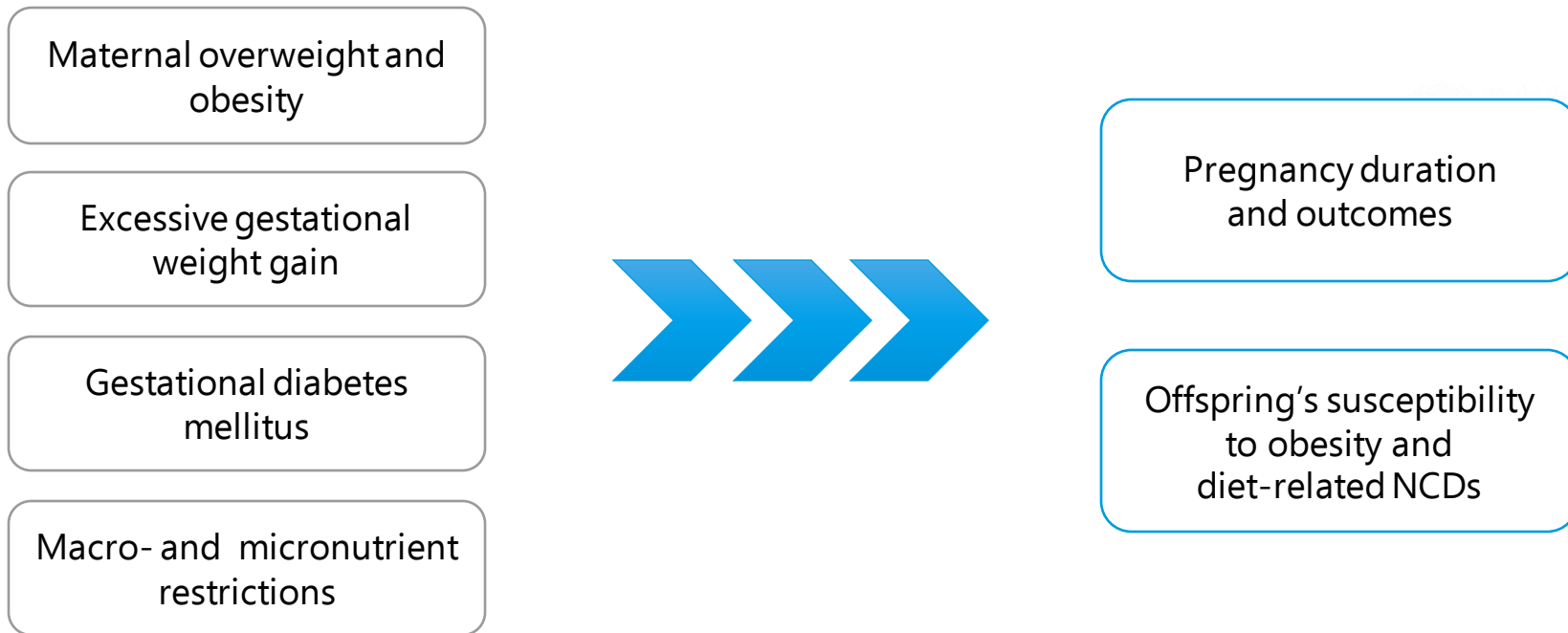


Source: HBSC, Overweight (boys and girls) aged 11, 13, 15

Healthy diet

- A variety of foods (e.g. fruit, vegetables, legumes, nuts and whole grains)
- At least 400 g (5 portions) of fruit and vegetables per day
- Low in free sugars (less than 10% of energy, which is equivalent to 50 g or 12 teaspoons for an average person, or ideally even lower)
- Less than 30% of energy intake from fats
- Unsaturated fats (found in fish, avocado and nuts, and most plant-based oils) are preferable to saturated fats (found in fatty meat, butter, palm and coconut oil)
- Diets should be free from trans fats
- Less than 5 g (equivalent to about one teaspoon) of salt per day. Salt should be iodized.

Poor maternal nutrition: health consequences



Micronutrient status during pregnancy

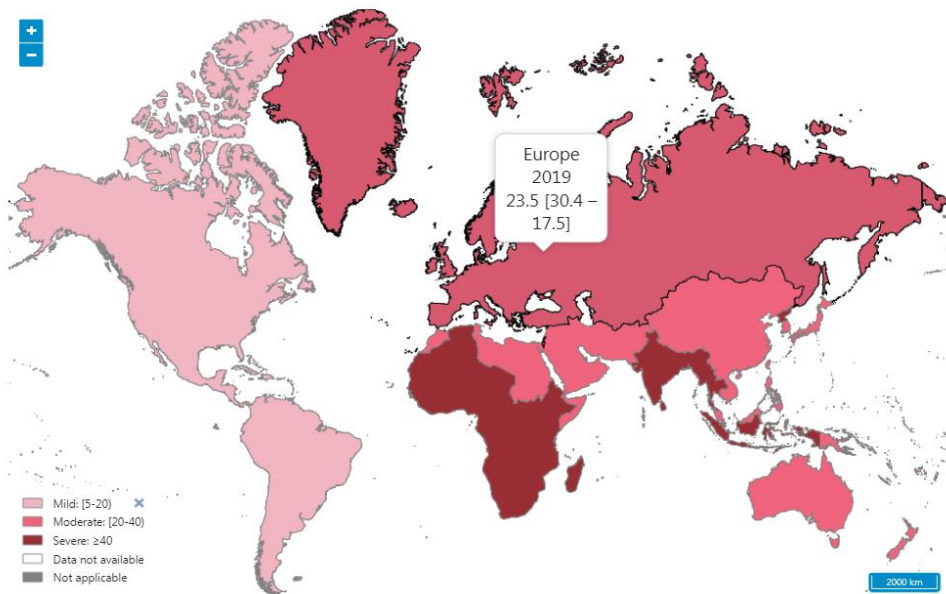
Pregnant women, including women suffering from obesity, may simultaneously have multiple nutrient deficiencies

Common micronutrient deficiencies:

- Iron
- Folate and other B vitamins
- Iodine
- Zinc
- Calcium
- Vitamin D

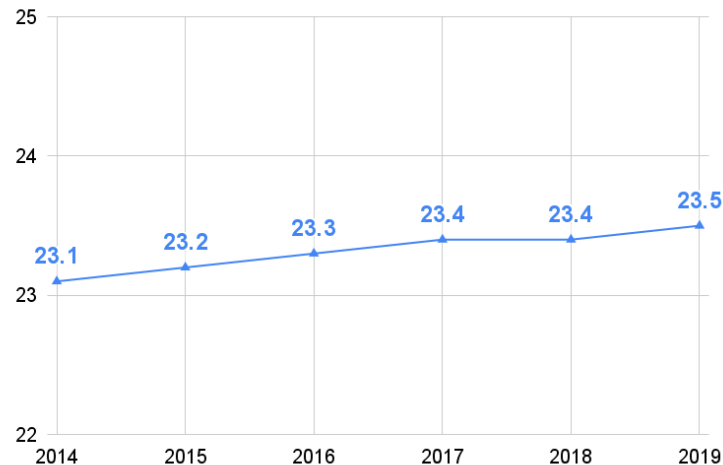


Prevalence of anaemia in pregnant women (aged 15-49) (%)



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Prevalence of anaemia in pregnant women (aged 15-49) (%) - Europe



Policies to support healthy diets

Healthy and Sustainable Diets

Key workstreams in the WHO European Region

Factsheet | 2021

Good Maternal Nutrition

The best start in life

MONITORING AND RESTRICTING DIGITAL MARKETING OF UNHEALTHY PRODUCTS TO CHILDREN AND ADOLESCENTS



Report based on the expert meeting on monitoring of digital marketing of unhealthy products to children and adolescents
Moscow, Russian Federation
June 2018

WHO recommendations on antenatal care for a positive pregnancy experience

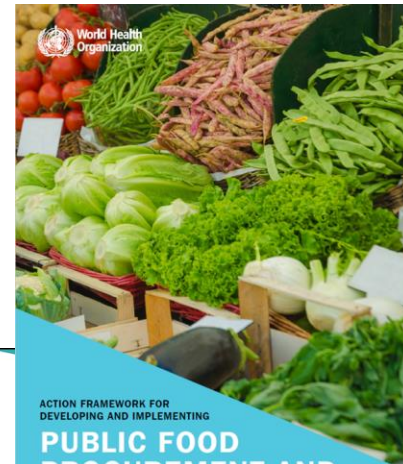


Ending inappropriate promotion of commercially available complementary foods for infants young children between 6 and 36 months in Europe



A discussion paper outlining the first steps in developing a nutrient profile model to drive changes to product composition and labelling and promotion practices in the WHO European Region

ACTION FRAMEWORK FOR DEVELOPING AND IMPLEMENTING PUBLIC FOOD PROCUREMENT AND SERVICE POLICIES FOR A HEALTHY DIET





Improving nutrition throughout the life-course, with a special focus on the reproductive years and infancy

SUPPORTIVE ENVIRONMENTAL CONDITIONS

- Appropriate provision of health care services for optimum nutrition for maternal and infant health
- Appropriate education of health professionals on diet-related issues
- Specific guidance on clinical care pathways to manage and prevent underweight, overweight and obesity
- Incorporation of e-health with shared access among the different groups of health care professionals

PRECONCEPTION

- Dietary advice
- Physical activity advice
- Weight optimization for women with a BMI ≤ 18.5 or ≥ 25.0
- Assessment of micronutrient status

PREGNANCY

- Dietary advice
- Physical activity advice
- Assessment of micronutrient status
- Appropriate GWG
- Appropriate education of future parents (antenatal classes)

POSTPARTUM

- Dietary advice
- Physical activity advice
- Weight optimization advice for women (BMI ≤ 18.5 or ≥ 25.0)
- Support for exclusive breastfeeding for the first 6 months
- Assessment of micronutrient status

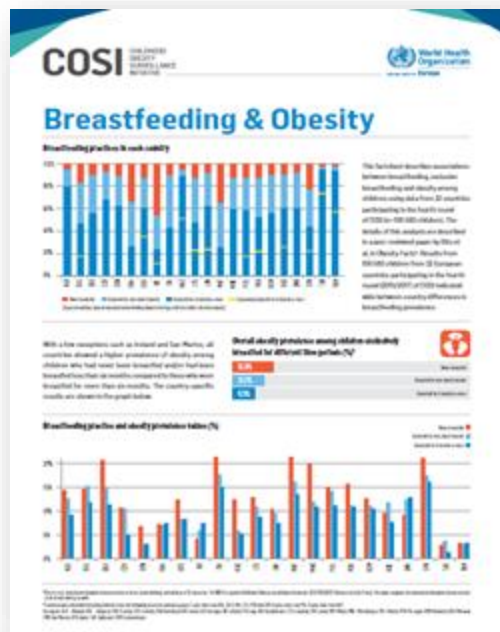
Recommended nutritional interventions

- Counselling on healthy eating and physical activity
- Balanced energy and protein supplementation in undernourished populations
- Iron and folic acid supplement
- Calcium supplement *(if dietary calcium is low in the local population)*
- Vitamin A supplement *(if night blindness is endemic)*
- Restricting caffeine intake *(for pregnant women with daily caffeine intake of more than 300 mg per day)*



Promote and support exclusive breastfeeding for the first 6 months of life

22 countries in Europe (COSI Round 4): **100 583** children

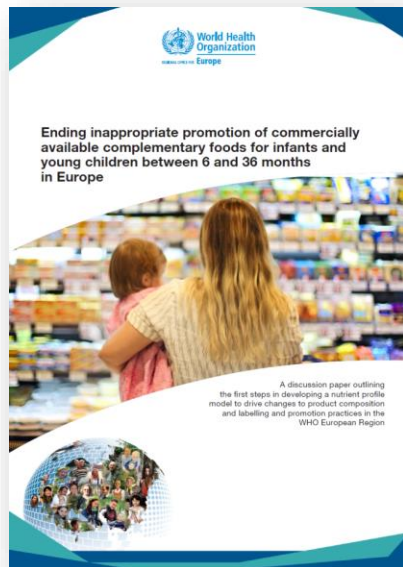


Overall obesity prevalence among children exclusively breastfed for different time periods (%)^b



^b Estimates were obtained using children from the following age groups: 7 year olds from BUL, CZH, DEN, GEO, IRE, LVA, LTU, MAT, MNE, POR, RUS, TJK, TKM; 8 year olds from ALB, CR, POL, ROM; 9 year olds from KAZ. Two age groups: 7 and 8 year olds from FRA and 8 and 9 year olds from ITA and SMR. SPA included children from all age groups

Complementary feeding



Around 1/3 of products list sugar, concentrated fruit juice or other sweetening agents as an ingredient.



Between 18% - 57% of products have more than 30% calories from sugars.



Between 13% - 35% carry statements relating to child health and/or development on labels.



Between 95% - 100% carry statements on composition, nutrition, or health claims on labels.

Thank you!



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