

NATIONAL INTEGRATED MATERNAL
AND PERINATAL CARE GUIDELINES
FOR SOUTH AFRICA

6. MATERNAL NUTRITION



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Outline: Maternal Nutrition Chapter

- ❑ Rationale
- ❑ Nutrition interventions throughout the continuum of care
- ❑ Encompass: preconception, antenatal, intrapartum, post delivery and breastfeeding
 - Nutrition during labour and delivery (Intrapartum period)
 - Immediately after delivery
 - Postpartum
 - Nutrition while breastfeeding
 - Nutritional requirements during lactation
 - Nutrition of adolescents and at-risk women
 - Key nutrition principles

Why strengthen / a strong focus on Maternal Nutrition?

- ❑ **Women's nutrition is an important determinant of maternal health, children's nutrition, growth, and development outcomes**
- ❑ **South Africa has a triple burden of malnutrition (obesity, undernutrition (Stunting, low birth weight) and micronutrient deficiency) affecting women and children.**
- ❑ **1 000-day period from conception to age two and beyond. presents a window of opportunity**

Nutrition interventions throughout the continuum of care



PRECONCEPTION CARE

Starts whenever a health workers meets a women of child bearing potential

Goal: optimize maternal health before conception to improve pregnancy outcome

Role of all healthcare providers:
– Initiate a dialogue on women's health, nutrition, and weight management

Nutrition interventions throughout the continuum of care cont.

PRECONCEPTION CARE

Screening & Assessment:

Weight, height, mid-upper arm circumference (MUAC)

Pre-pregnancy nutritional risk factors and manage accordingly

Dietary supplements intake (vitamins, minerals, traditional/home remedies, herbal products, weight loss products)

Lifestyle choices: Ask about diet, healthy eating, physical activity & maintaining a healthy weight / preventing excessive weight gain

Screening for anaemia

Interventions:

Supplementation: Iron, calcium, folic acid (see antenatal chapter)

Discourage use of harmful substances

Discuss (Diet, healthy eating, physical activity & maintaining health weight)

Antenatal care interventions

- ❑ Supplementation: Iron, calcium, folic acid (antenatal chapter for dosages)

- ❑ Nutrition education, counselling and promotion:
 - Healthy eating to meet nutrient needs, food safety and hygiene
 - To increase energy and protein intake in undernourished pregnant women to reduce risk of low-birth-weight neonates
 - Identify and promote locally produced/available foods.
 - Avoidance of smoking, alcohol and substance abuse

- ❑ Nutritional management of:
 - Minor ailments: e.g. nausea, vomiting, constipation and heartburn
 - Nutrition-related chronic illnesses such as HDP and DM



Nutrition during labour and delivery (Intrapartum period)

- ❑ During the first stage of labour & active pushing: intake of oral fluids and food is recommended and should be encouraged
- ❑ The available evidence on oral fluid and food restriction shows no harm or benefit on outcomes
- ❑ There is no evidence of benefit of administration of intravenous fluids for low-risk women who can take in fluids orally
- ❑ Low-risk women should not routinely get an intravenous line, as this will limit mobilisation during labour



Immediately after delivery

- ❑ Delayed umbilical cord clamping (at least 1 minute after birth) is recommended

- ❑ Delaying cord clamping has been shown to
 - Improve Infant health and nutrition outcomes
 - Improve infant's iron status until 6 months after birth

Postpartum



- ❑ Balanced and healthy diet
- ❑ Regular physical activity during: All women without any
contraindications
- ❑ Dietary advice to prevent and treat postpartum constipation
- ❑ Oral iron and folate supplementation can be continued in the
postpartum up to 12 weeks after delivery
- ❑ Vitamin A supplementation for the mother is not recommended

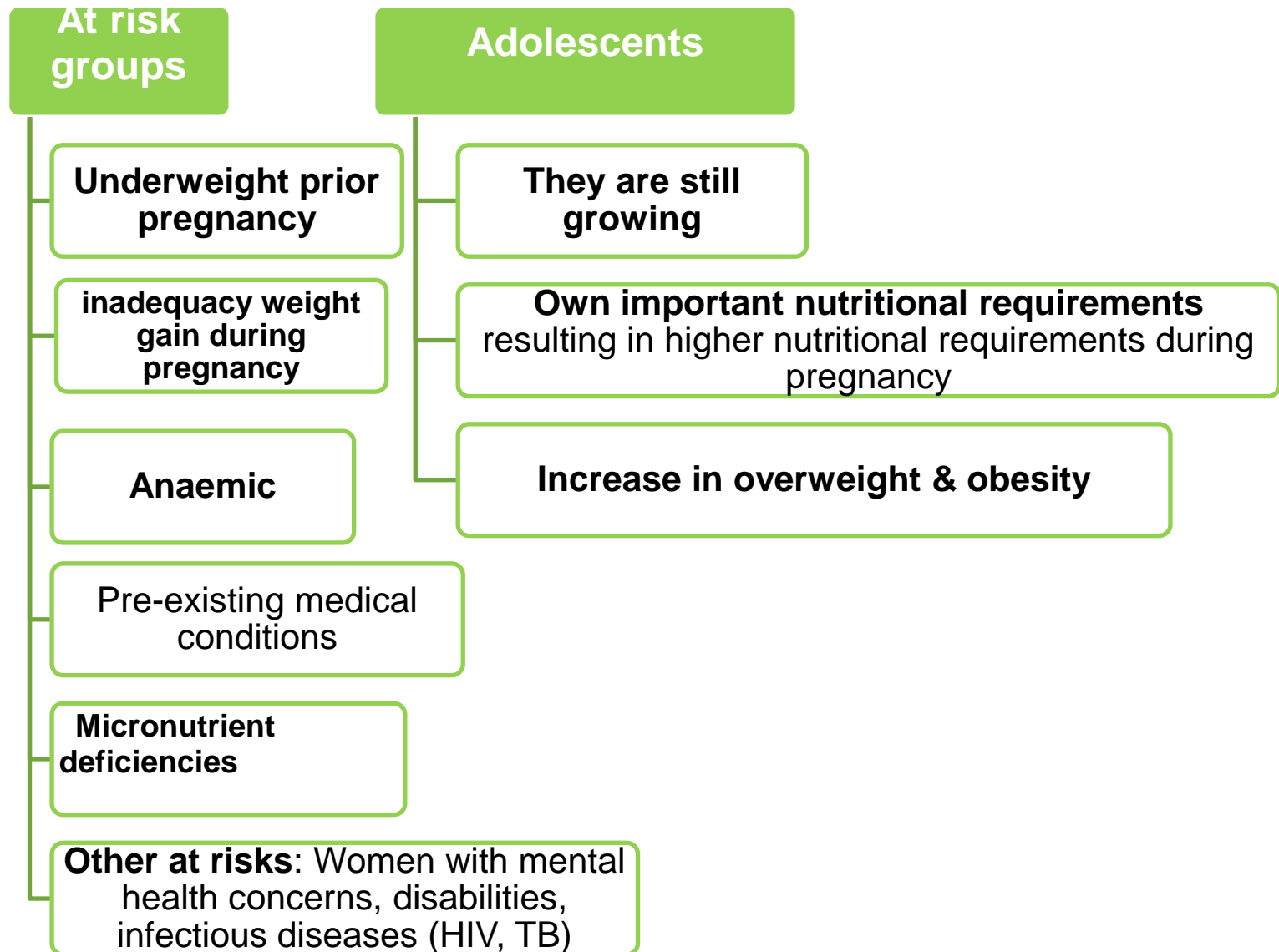
Nutrition while breastfeeding

- ❑ **Goal:** Restore maternal nutrient reserves after childbirth
 - Nutrition counselling and micronutrient supplementation are recommended
 - Nutrient reserves sufficiently meet the additional energy needs during breastfeeding
 - Special attention among women who are undernourished
 - Food safety and hygiene
 - Avoidance of alcohol, smoking and substance abuse
 - Women in KMC should be supported to breastfeed

- ❑ Counselling mothers on the benefits of breastfeeding (short-term benefits and longer-term benefits)




Nutrition of adolescents and at-risk women



The following should be screened for, to identify at-risk pregnant women:



Underweight, overweight, intestinal worms




Use of alcohol and other substances (past and present), tobacco use (past and present), exposure to second-hand smoke as early as possible in the pregnancy and at every antenatal care visit



Previous Obstetric history: History of IUGR or low birth weight babies, abruptio placentae



Assess food insecurity and diet



Pre-existing medical conditions: Hypertensive disorders, DM, Autoimmune disorders and chronic infections

Key principles

- ❑ Knowledge of Evidence-based nutrition interventions is throughout the continuum is crucial
- ❑ Antenatal care should include assessment, nutritional counselling and support
- ❑ Identify and promote the consumption of an adequate, quality nutrient-dense diet based on locally produced/available foods.
- ❑ Women should be supported but owns the ultimate responsible for adopting a healthy lifestyle
- ❑ Pregnant women require additional iron, and folic acid, and calcium to meet their nutritional needs as well as those of the developing fetus.
- ❑ The use of multiple micronutrients, (e.g. Zinc, Vit D,) without the prescription from a qualified and certified medical practitioner and for very clear indications is not recommended
- ❑ All babies should be initiated on breastfeeding within 1 hour of birth except where there is a clinical reason not to do so.
- ❑ All facilities rendering maternity and newborn care should implement the WHO/UNICEF ten steps to successful breastfeeding as a standard of care.
- ❑ Maternity practices that are not supportive of breastfeeding should be discouraged, including prelacteal
- ❑ Enteral and parenteral feeding for neonates should follow stipulated algorithms and guidelines for enteral feeding.
- ❑ Support women to access the Child Support Grant (during pregnancy) which has been shown to increase food security in households.