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Royal Australian College *of* General Practitioners

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20 July 2020

Expert Working Group Secretariat
Review of the Pregnancy Care Guidelines
Maternity Services Policy
Email: Maternity@health.gov.au

Dear Expert Working Group Secretariat,

Re: Review of the Pregnancy Care Guidelines – nutrition, physical activity and weight

The Royal Australian College of General Practitioners welcomes the opportunity to comment on the consultation draft of the Pregnancy Care Guidelines – nutrition, physical activity and weight.

Format of pregnancy care guidelines and evidence summaries

The current format of the guideline is text dense, which reduces accessibility to important evidence by those who are time poor. It would be helpful to tabulate sections that summarise the evidence and place the recommendations at the beginning of each new section.

Whilst the certainty of the evidence is described in some of the text paragraphs, each recommendation summary should state the level of certainty and the strength of the evidence, beyond a simple 'evidence-based' or 'consensus based' classification. This would improve transparency and provide the reader with far more certainty.

Comments on specific recommendations and practice points

Section 1.1– Nutrition

Practice point A: Eating the recommended number of daily serves of the five food groups and drinking plenty of water is important during pregnancy and breastfeeding

This recommendation could be made more specific by stating why this is important during pregnancy and breastfeeding. Its generic focus misses an opportunity for more targeted advice, e.g. women living with obesity and impaired glucose tolerance need lower carbohydrate intake. As an example, an emphasis stating what are the recommended serves of fruits and vegetables; and to not exceed the recommended daily serves of red meat.

Section 1.2 – Nutritional supplements

In line with graded recommendations, the nutritional supplement chapters should include a description of any evidence for harms, so that guideline users are provided enough information to engage in shared decision making with patients e.g. the evidence for calcium supplementation does not mention possible harms.

Also, in general, it would be helpful to provide a summary on which of the nutritional supplements are of most benefit and clarity on different combinations. For example, is it most appropriate to take iodine, calcium, folic acid and poly unsaturated fatty acids.

Evidence based recommendation 1: Recommend dietary supplementation of 500 micrograms per day folic acid, from 12 weeks before conception and throughout the first 12 weeks of pregnancy to reduce the risk of neural tube defects

The RACGP recommends including further information on higher dosage recommendations for obese (BMI more than 30) women; and how long to maintain the higher dose.

Evidence based recommendation 2: Advise women that taking vitamin A, C, or E supplements is of little or no benefit in pregnancy and may cause harm

The inclusion of information about the harms of over the counter vitamins, which are often self-prescribed, is needed. More information and a recommendation for or against multi-micronutrient supplements is also needed. There is a description of the evidence, but a recommendation is not provided.

Evidence based recommendation 5: Advise women to take a low-dose calcium supplement

It would be helpful to include the definition of low-dose (less than 1g daily) in the stated recommendation.

Evidence based recommendation 6: Advise pregnant women that supplementation with omega-3 long-chain polyunsaturated fatty acids may reduce the risk of preterm birth.

Further information on dose, and when supplementation should ideally start and finish, is required for the recommendation on omega-3 long-chain polyunsaturated fatty acids. The RACGP Handbook of Non-Drug Interventions recommends supplementation with at least 500mg of omega-3 long-chain polyunsaturated fatty acids per day, and less than 1000mg overall. Higher doses do not appear to provide extra benefit.

Section 1.2.2 - Minerals

There is moderate certainty evidence presented that zinc could reduce pre-term birth (p.15) however, it is noted that there is insufficient evidence to support a recommendation on zinc supplementation (p.66). The presentation of the evidence on zinc, without a recommendation is confusing to the reader. If a recommendation cannot be formed, then the section on zinc should be removed from the guideline.

Section 1.3 – Physical activity

Evidence based recommendation 7: Advise women that regular moderate-intensity physical activity during pregnancy is associated with a range of health benefits and is generally not associated with adverse outcomes

Advice should also be provided for women who are already at a very high fitness level to maintain this level as appropriate.

Section 2.3 – Weight and body mass index

Consensus-based recommendation II: Measure women's weight and height at the first antenatal visit and calculate their body mass index (BMI) and give them advice about the benefits of gaining weight within the recommended weight gain range for their BMIs

Some recommendations are needed for women who fall outside the normal BMI ranges. This recommendation should be re-worded in view of increasing rates of obesity in pregnancy. 'Gaining' weight, should be substituted with 'attaining' and 'maintaining' a healthy weight.

Consensus-based recommendation III: At every antenatal visit, offer women the opportunity to be weighed so that low or high gestational weight gain is identified and risk of associated adverse outcomes monitored

Whilst routine weighing is becoming more acceptable, a focus solely on weight is not the best marker for pregnancy health. A primary focus should be exercise and diet, with weight being a secondary focus. Advice on nutrition and exercise for women with multi-morbidity in pregnancy is missing e.g. pre-pregnancy diabetes, epilepsy, previous recurrent miscarriages, pre-pregnancy obesity, and pregnancy in those with prior bariatric surgery.

Scope of pregnancy care guidelines

The scope of pregnancy care is necessarily broad, and the RACGP commends the inclusion of other topics which are currently under review (Section D) - lifestyle considerations, clinical assessments, maternal health testing and fetal chromosomal anomalies. We recommend inclusion of the important topic areas of maternal mental health during pregnancy[2] and domestic abuse in pregnancy, which are of equal significance and relate to poorer outcomes.[3] Furthermore, women with severe mental illness are particularly at risk of poor nutrition.[4]

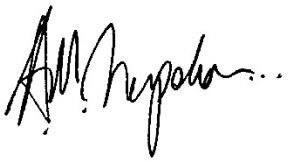
Additional comments

In addition to discussion at pre-pregnancy, there should be ongoing discussion about smoking, drugs, alcohol and over the counter preparations at onset of and throughout the pregnancy.

There is a lack of information and advice regarding supplementation with vitamin D. This is a frequently asked question by general practice patients. Vitamin D testing among women at risk of vitamin D deficiency is recommended by the Royal Women's Hospital in Victoria.[5]

Thank you again for the opportunity to provide feedback on this report. Please contact Mr Stephan Groombridge, Manager, eHealth and Quality Care on (03) 8669 0544 or at stephan.groombridge@racgp.org.au if you have any further queries.

Yours sincerely



Dr Harry Nespolon
President

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4. Frayne J et al 2020 Nutritional status, food choices, barriers and facilitators to healthy nutrition in pregnant women with severe mental illness: a mixed methods approach. https://doi.org/10.1111/jhn.12752
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