

Awareness and Importance of Maternal Nutrition

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DESCRIPTION

It has been demonstrated that a child's diet and lifestyle during pregnancy, lactation, infancy and the early years of childhood can have long-term effects on the child's health in the future, including an increased risk of non-communicable diseases like obesity, diabetes, and cardiovascular disease. The "Early Metabolic Programming of Long-Term Health and Disease" or "Developmental Origins of Adult Health and Disease" are terms used to describe this phenomenon. The evidence that is now available is derived from controlled intervention trials, retrospective and prospective observational studies of human cohorts, and experimental investigations in animals. The Early Nutrition in women who were not pregnant, pregnant and nursing women, infants, and young children—as well as designated integrators, the project coordinator, and the heads of the research project theme groups—were brought together to form the Recommendation Development Panel (RDP).

Malnutrition

It is well known that optimal nutrition during infancy lays the groundwork for long-term health. Nutrition plays a significant impact on maternal and child health. A healthy maternal eating pattern lowers the risk of maternal, fetal, and long-term consequences in the offspring, along with proper mother body composition, metabolism, and placental nutrient delivery. While malnutrition caused by a poor diet is mostly a problem in low-income nations, under nutrition is primarily a problem in high-income countries preconception counseling for women of childbearing age should raise awareness of the value of maternal nutrition both before and during pregnancy and should work to change cultural norms in favor of maintaining a healthy weight before getting pregnant and eating a balanced diet of high-quality foods. When it is difficult to meet required micronutrient intakes through diet alone, supplementation and/or fortification can help. Although a balanced diet is typically available in industrialized nations, switching to a high-fat, low-quality diet has resulted in inadequate vitamin and mineral intake during pregnancy. Although research does not support routine multiple micronutrient supplementation, it

does emphasize the significance of a customized approach to identify nutritional deficits in individuals and encourage healthy eating habits before conception and during pregnancy.

Advice on Gestational Weight Gain (GWG) offered to expectant women is not universal and differs greatly between nations. The IOM guidelines (USA), which suggest several ranges of weight increase for women of normal weight, overweight, and obesity, are the most generally adopted. The initial advice centered on the necessity of sufficient maternal GWG to avoid fetal growth limitations, which is strongly supported by the evidence. Later, advice for pregnant women who are fat and overweight was included in the list of suggestions. The recommended weight gain ranges for each BMI category were created based on the data from observational studies that were available at the time to prevent small-for-gestational-age and large-for-gestational-age infants, reduce the rate of cesarean sections, and prevent post-partum weight retention.

CONCLUSION

Some expert organizations have advised against adopting these guidelines for standard clinical practice since there is insufficient proof from controlled intervention trials of the benefits of using them. Gestational diabetes and pre-eclampsia, two of the most frequent unfavorable outcomes of obese pregnant women, were not taken into consideration by the IOM due to the dearth of accessible data. The IOM guidelines for weight increase in obese pregnant women have also come under scrutiny recently, with some researchers arguing that they should be adjusted by obesity classifications I, II, and III (BMI 30-34.9, 35-39.9, and >40 kg/m²) instead. The substantial correlation with post-partum weight retention is the strongest argument against excessive GWG in any BMI category. Even minor post-partum weight retention raises the risk of complications during subsequent pregnancies, such as hypertension, diabetes, and stillbirth. As a result, more focus should be placed on interventions that can assist women in losing weight after giving birth to achieve a healthy BMI.

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