



Mothers First  
Fieldwork and Advocacy for  
Maternal Nutrition

## Wasting Guidance Position Paper

By Mothers First, 5<sup>th</sup> August 2020

On Thursday the 16th of June I was privileged to have a zoom meeting with Dr Parul Christian. Dr Christian is head of Human Sciences of the John Hopkins University. She has recently returned to the University after 4 years working in the Gates Foundation as a Senior Program Officer for Women's Nutrition. For the past 25 years Dr Christian has advanced the field of maternal and child nutrition and micronutrient deficiency prevention in South Asia and Africa. This is a woman who has walked the talk.

I contacted her because of the paper she wrote on maternal nutrition in 2019 entitled *Addressing inequities in the global burden of maternal undernutrition: the role of targeting*. The paper stood out in its honesty, bravery and compassion and is available [here](#). This is the opening paragraph of that paper:

*"The burden of maternal undernutrition is well defined, but global momentum and political will to address it is lacking. Maternal nutrition has long been neglected largely due to gender-based inequities in resource allocation.*

*The first 1000 days, especially the period from conception through birth (approximately the first 280 days), is a critical window for future growth, development and resilience in the face of possible adversity or disease.*

*Despite this biological imperative, the bulk of resources allocated to maternal and child health have been directed towards the child –with little attention to a woman's nutritional status prior to and during pregnancy."*

### Summary box

- ▶ Recent estimates of low birth weight (LBW) (weight <2500 g) indicate the burden to be high; 20.5 million babies are born too small annually, although data from low-income countries is sparse.
- ▶ The WHO's antenatal care guidelines recommend supplementation with 'balanced energy and protein' (BEP) during pregnancy in undernourished settings (where >20% women are too thin based on their body mass index).
- ▶ Motivated by equity, we make the case for targeting individual, higher-risk women for BEP supplementation, which would be safe, affordable and likely more impactful by giving all vulnerable women access to this effective intervention.
- ▶ Innovative, programmatic action using such a precision public health approach is needed to improve women's health and accelerate progress towards the 2030 target for reducing LBW by 30%.

## About us.

My name is Pat Mc Mahon and I established Mothers First in 2004. In 2015, we adapted our community management of acute malnutrition (CMAM) program by training our CMAM staff to include targeted maternal nutrition interventions. We found that CMAM program operating and knowledge/training structure made the adaption straight forward.

This short paper will look at some of the issues Dr Christian raised in her paper. We will do this by comparing how maternal nutrition is prioritised in two recently published UN papers on wasting prevention and management (see below). We will then outline how adapting CMAM Programs to include maternal nutrition may be just a decision away.

- [Global Action Plan on Wasting \(GAP\) by UNICEF/WHO /WFP/FAO/UNHCR](#)
- [Prevention, Early Detection and Treatment of Wasting in Children 0-59 Months through National Health Systems in the Context of COVID-19 Implementation Guide by UNICEF/WHO](#)

## How does the Global Action Plan on Wasting and the Implementation Guide on wasting deal with the issue of maternal nutrition?

### Issues to be addressed.

- WHO antenatal care guidelines on the delivery of Balanced Energy and Protein (BEP) supplementation during pregnancy.
- WHO recommendations to the delivery of Multiple Micronutrients (MMN) during pregnancy.

### The issue to be resolved.

- Equitable policy guidelines for BAP and MMN during pregnancy.

### Contextual example of WHO guidelines for Energy Protein Supplementation.

As it currently stands the current WHO guidelines for Balanced Energy and Protein (BEP) supplementation means that it is a population-based approach rather than a targeted intervention. In practice, it means that the recommendation only extends to pregnant women in India and Bangladesh. This means that women in undernourished or food insecure regions of other countries are not eligible for BEP; thus, the current guideline ignores the substantial sub-national heterogeneity in maternal nutritional status.

### How this looks in the field.

The WHO recommendation if followed as prescribed would mean that the overweight pregnant women in India will fall within the WHO guidelines for BEP. On the continent of Africa, a 19 year old woman named Adwoa from Ghana, has recently become pregnant and weighs 33 kg with a Body Mass Index of 16.5 kg/m<sup>2</sup> is not eligible for BEP.

### The Global Action Plan on Wasting. (Outcome 1 By 2025, reduce low birth weight by 30%)

- **Priority 1.2:** In populations with a high prevalence of nutritional deficiencies provide services to give multiple micronutrient supplements to pregnant women that include iron and folic acid. (WHO Protocol)

- **Priority 1.4:** In undernourished populations, establish programmes of balanced energy and protein supplementation in pregnant mothers in Antenatal Care services. (WHO Protocol)
- **Priority 1.7:** Improve the design of food assistance programmes on the basis of the specific nutritional needs of adolescents, pregnant and breastfeeding women and girls.

### **Implementation Guide for Wasting.**

1. “Where food distribution is significantly interrupted and/or in populations with a high prevalence of nutritional deficiencies, the use of multiple micronutrient supplements that include iron and folic acid may be considered for pregnant and lactating women”

2. “Among undernourished populations, provide balanced energy and protein dietary supplementation to pregnant women” (WHO Protocol)

### **Discussion.**

WHO guidelines maintain a population-based approach to the delivery of BEP and multiple micronutrients interventions. We used a real example of how this inequality is currently playing out in the field using the example of India and Ghana. As we have just outlined Both the Global Action Plan and the new Wasting Guidelines surprisingly offer differing approaches to population-based interventions. We recommend taking the most equitable approach to both of these program guidance papers to come up with these simple recommendations.

### **Recommendations.**

1. Priority 1.7 in the Global Action Plan calls for food assistance programs on the basis of nutritional need. This needs to supersede the current WHO population-based guidance for BEP during pregnancy.
2. The guidance of Multiple Micronutrient (MMN) as outlined in the new Implementation Guide For Wasting supersede the WHO population-based guidance for this intervention.

### **What impact would this have in the field?**

In the field this would mean that Adwoa would be recognised by international policy guidelines to require a BEP and MMN intervention.

## **Part 2.**

If you have got this far in the document, then we hope that you will understand why we need to transcend maternal nutrition interventions based on individual nutritional needs rather than population based interventions. Now we will detail how this can be implemented in the field.

### **The issue to be resolved.**

The rapid scaling up of nutrition interventions to malnourished pregnant mothers such as Adwoa

### **Context.**

COVID 19 has shown us the importance of being able to adapt quickly to shocks. Many believe it can be a time of real transformation in food systems and nutrition programming. Part of this transformation can centre around scaling up essential nutrition actions for women during pregnancy.

This is an emergency that is already spiralling out of control in Asia and Africa. The gains that we have worked hard for in the past decade are rapidly descending into negative progress unless we act in a holistic manner which centres on a continuum of care model around mothers.

UNICEF Executive Director Henrietta H. Fore in her forward to the 2019 State of The World's Children has substantially added to the maternal nutrition debate by stating:

*"I want to emphasize again my commitment, and the commitment of UNICEF, to use all of these opportunities to work for better nutrition for every child, especially in the crucial first 1,000 days – from conception to age two years – and during adolescence, the two unparalleled windows of opportunity."*

Her leadership in this area is significant. The Global Action Plan on wasting has created a platform to holistically integrate both the prevention and treatment of wasting by recognising the key interlinkages between maternal nutrition and low birth weight as a key intervention area. The new Wasting Guidelines has shown us how quickly we can adapt programming.

*"To prevent child wasting, all efforts should be made to sustain any and all services that: a) improve child health; b) improve maternal nutrition and birthweight; c) protect, promote and support adequate infant and young child feeding, and; d) identify and intervene early with nutritionally at risk infants under 6 months"*

@Saul Guerrero of UNICEF replied to our (@1worldnutrition) question on twitter on the 31st of July regarding the need for a more targeted approach as outlined in priority 1.7 of the 2020 Global Action Plan on Wasting. His response indicates the gap between concept and implementation.

*"I think the answer is two-fold: yes, in a general sense, more targeted, context-specific interventions are certainly needed. But if/how COVID19 changes this targeting is less clear to me".*

## Our answer to more targeted, context-specific interventions.

We at Mothers First are just months away from developing a remote training package to integrate maternal nutrition interventions directly into any functioning delivery platform for nutrition, including but not limited to CMAM Programming.

We are confident than when this training package is finalised any such delivery platform can be operationalised to include maternal interventions within 28 days. These interventions would be context specific and targeted from when pregnancy is confirmed to 6 months post-delivery. Our confidence comes from operationalisation of just such a framework from concept to implementation over the course of the past 5 years.

### The Path Ahead.

The journey is in part an ideological one; can non-academic, local, field-based solutions contribute meaningfully to the nutrition narrative? If so, we are ready to walk with you and learn with you to do things differently, better and fairer.

### About Mothers First

Mothers First is a community based targeted nutrition project in India.

Its mission is to provide nutrition to malnourished pregnant mothers and their children, breaking the cycle of malnutrition in communities.

### Contact

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