



Dietitians Association of Australia response to the NHMRC National Guidance on Collaborative Maternity Care

About DAA

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 4100 members, and has branches in each state and territory. DAA is a leader in nutrition and advocates for better food, better health, and better living for all.

Introduction

DAA welcomes the opportunity to contribute to this important framework for collaboration in maternity care. This response was developed by a reference group of Accredited Practising Dietitians experienced in nutrition research, education and service delivery in maternity services.

Dietitians have an important role in maternity care and DAA feels it is important that this professional group has an improved profile and recognition in planning documents in this health care area. Developing and planning maternity care guidelines is a great opportunity to reorientate the approach to care to include a greater multidisciplinary, women-centred approach to care at an ideal time to implement health behaviour changes, with the potential to influence the health of two generations.

This submission addresses issues under the headings from the National Guidance on Collaborative Maternity Care, Draft for public consultation document.

Key recommendations

1. That access and availability of dietetic services be considered when planning collaborative maternity care.
2. That education on nutritional aspects of pregnancy and infant feeding provided to allied health professionals, doctors and midwives is facilitated by dietitians.

Contact details

Contact person: Kate Paul
Position: Professional Services Dietitian
Address: 1/8 Phipps Close, Deakin ACT 2600
Telephone: 02 6163 5203
Email: kpaul@daa.asn.au

1.0 Maternity Care Collaboration: Definition and Principles

The DAA agrees with the definition and principles of maternity care collaboration outlined in the paper as they recognise the importance of professional respect and value of health care providers diverse roles not only in the delivery of services but also education and training. DAA recommends particular health care professional lists in the document include not just midwives, obstetricians and GPs but also allied health professionals to include the multidisciplinary nature of health care provided in maternity services. There is the perception that “Maternity Care Professionals” only refer to the professions listed as outlined in the terminology section of the document. Whilst this may not be the experience of this paper’s authors, we feel it is important to be more explicit about the key professions who are instrumental in the provision of care to this population.

DAA advocates strongly for collaboration in maternity care to include allied health professionals, particularly dietitians.

Dietitians are experts in the area of nutrition, having a valuable role in the provision of nutrition and dietary advice to women and nutrition education to health care professionals involved in the delivery of maternity care.

The dietitian’s role in maternity care spans across all models of care outlined in the guidance paper, providing education to midwives, and acting as consultants in low risk models of care and to direct delivery of care and research.

Consideration of this workforce is essential in the underpinning principles of this guidance.

2.0 Key elements of collaboration: translating evidence into clinical practice.

In order to make informed decisions about her health care all women should be provided with adequate information from appropriately trained health professionals. Current pregnancy care guidelines recommend that all pregnant women receive advice about the important factors which may influence pregnancy outcomes, and this should include dietary advice, education and support for behaviour change.

A poor quality diet during pregnancy is associated with unhealthy maternal weight gain (1,2), preeclampsia (3), anaemia (4), preterm birth or miscarriage (5). It is also associated with poor infant outcomes, including inadequate development (6), low birth weight (7), preterm birth (8), macrosomia (9), and an increased risk of chronic diseases later in life (10). Poor dietary choices and excess post-partum weight retention places women at an increased risk of maternal chronic disease later in life. Further, there is a strong association between maternal prenatal intention and breastfeeding behaviour (11).

Dietitians are ideally placed and skilled to provide this advice to pregnant women and educate midwives and medical officers in the nutritional aspects of this important time in the human life course.

With higher rates of overweight and obesity, the number of women presenting for maternity care with elevated body weight is increasing. Recent data indicate that 50% of mothers delivering in Queensland hospitals were overweight or obese prior to pregnancy (12). Being pregnant and overweight or obese is a known risk factor for a higher risk pregnancy, congenital abnormalities, the development of gestational diabetes mellitus, pre-eclampsia and weight retention post-partum. Dietitians have defined roles in the management of obesity and diabetes in pregnancy. Appropriate collaboration with dietetic professionals in maternity care has the potential to greatly enhance the women-centred care provided to the women and their families in pregnancy.

The Guidance document notes “*A barrier to effective collaboration may occur when team members do not understand each others’ scope of practice*”. DAA agrees inter-professional learning is one way to break this barrier. A multidisciplinary approach including allied health professionals is essential in this process.

DAA believes it is vital that appropriate education on nutritional aspects of pregnancy and infant feeding provided to other allied health professionals, doctors and midwives in health care is facilitated by dietitians. This will ensure an understanding of professionals’ scope of practice regarding these issues.

3.0 Establishing collaboration

DAA agrees with the key areas to consider when establishing collaboration in maternity identified in the document. Access needs to consider allied health care professionals either face to face or via emerging technology to ensure women-centred care can be delivered in all appropriate settings.

In health service planning within maternity services, allied health care often fails to be acknowledged. DAA recommends access and availability of dietetic services be considered when establishing maternity collaboration.

4.0 Clinical resources for collaboration and 5.0 Monitoring and Evaluation

DAA recommends dietetic professionals be included in the development of clinical resources for collaboration and monitoring and evaluation in maternity care.

Appendix 4: Guidance Development Process

DAA acknowledges that allied health disciplines including the DAA were not consulted in the development of this Guidance paper. DAA feels the dietetic profession should have a role in the planning of maternity care.

Prepared on behalf of DAA by Susan de Jersey APD, Senior Dietitian/Nutritionist, Maternal Health, RBWH and Dr Shelley Wilkinson APD, Conjoint Senior Research Dietitian/Nutritionist & Maternal Health Dietitian/Nutritionist, Mater Mothers' Hospital & School of Public Health (Griffith University)

Signed off by Claire Hewat, APD, AN, Chief Executive Officer, DAA

References

1. Kramer M, Kakuma R. Energy and protein intake in pregnancy. *The Cochrane Database of Systematic Reviews* 2003; **Issue 4**: 1-48.
2. Lagiou P, Tamimi RM, Mucci LA, Adami H-O, Hsieh C-C, Trichopoulos D. Diet during pregnancy in relation to maternal weight gain and birth size. *EJCN* 2004; **58**: 231- 7.
3. Atallah AN, Hofmeyr GJ, Duley L. Calcium supplementation for pregnancy for preventing hypertensive disorders and related problems. *The Cochrane Database of Systematic Reviews* 2002; **Issue 1**: 1-40.
4. Mahomed K. Iron and folate supplementation in pregnancy. *The Cochrane Database of Systematic Reviews* 1998; **Issue 3**: 1-18.
5. Woteki C. Dietitians can prevent listeriosis. *J Am Diet Assoc.* 2001; 101:285-6.
6. Lumley J, Watson L, Watson M, Bower C. Periconceptional supplementation with folate and/or multivitamins for preventing neural tube defects. *The Cochrane Database of Systematic Reviews* 2001; **Issue 2**: 1-23.
7. Cogswell ME, Parvanta I, Ickes L, Yip R, Brittenham GM. Iron supplementation during pregnancy, anemia, and birthweight: a randomized controlled trial. *AJCN* 2003; **78**: 773- 81.
8. Villar J, Abdel- Aleem H, Merialdi M, et al. World Health Organization randomized trial of calcium supplementation among low calcium intake pregnant women. *AJOG* 2006; **194**: 639- 49.
9. Hoffman L, Nolan C, Wilson JD, Oats JJN, Simmons D. Gestational diabetes mellitus - management guidelines. The Australasian Diabetes in Pregnancy Society. *MJA* 1998; **169**: 93-7.
10. Darnton-Hill I, Nishida C, James W. A life course approach to diet, nutrition and the prevention of chronic diseases. *Public Health Nutr* 2004; **7**: 101-21.
11. Queensland Health. (2005). *Infant and child nutrition in Queensland 2003*: Queensland Health. Brisbane.
12. Watson M, Howell S. *Characteristics of overweight and obese mothers in Queensland, 2008*. 2009 Health Statistics Centre, Queensland Health: Brisbane.