New guidelines, position paper, and insights from the FIGO Pregnancy Obesity and Nutrition Initiative (PONI)

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The FIGO (International Federation of Gynecology and Obstetrics) Pregnancy Obesity and Nutrition Initiative (PONI) was launched in the International Journal of Gynecology and Obstetrics (IJGO) in 2019.1

The aims of the PONI are:

- Provide key messages and a strong narrative relating to the importance of tackling malnutrition and obesity before, during, and after pregnancy to improve the long-term health of mothers, their children, and future generations.
- Share and disseminate FIGO’s evidence-based guidelines, checklists, and tools to support frontline services to “Think Nutrition and Weight First at Every Contact.”
- Ensure a large range of stakeholders (i.e. member societies, frontline health professionals, partner nongovernment organizations) understand PONI’s messages, guidelines, available tools, and the way in which they can make a difference.
- Provide publicity opportunities to increase uptake and implementation of PONI as a basis for further outreach and resource mobilization for FIGO’s Pregnancy and Non-Communicable Diseases (PNCD) Committee.

This Supplement of the IJGO publishes the results of the activities of the PONI group. It is published on behalf of FIGO’s PNCD Committee.

The Supplement commences with a FIGO position paper on the prevention of noncommunicable diseases (NCDs) in the preconception period, which is a joint paper from FIGO’s PNCD Committee and the Committee for Reproductive Medicine, Endocrinology, and Infertility.2 It gives an overview of published clinical guidelines on nutrition and weight management in the preconception period and, based on this, provides a set of recommendations that can be adopted even in short consultations between a healthcare professional and a woman and her partner. The paper explores the barriers to preconception care and how they may be overcome, calling for concerted action and continuity of care by all healthcare professionals who come into contact with women in the preconception period, both before a first pregnancy and in the interpregnancy period of their lives. The PONI forms part of the activities of FIGO’s PNCD Committee, so this paper is important as it recognizes that the prepregnancy or interpregnancy period is an increasingly critical time in reducing the risk of NCDs in the mother and their transmission to the next generation. The PONI work draws on the FIGO recommendations on adolescent, preconception, and maternal nutrition, which are a resource for use in all settings.3

As part of the PONI work, the guidelines published in this Supplement review key recommendations for the management of obesity before, during, and after pregnancy from published international guidance documents and provide pragmatic advice for obstetricians and gynecologists.4 While the recommendations may need to be adapted for local use in line with resource availability and other needs, they provide a useful resource for informing policy and practice in most healthcare settings. The guidelines use “people-first” language and provide practical recommendations along with supporting evidence for key issues in the management of women with obesity at each time point. We emphasize the role of clinicians in reducing the global burden of disease by managing obesity in women before,
during, and after pregnancy, harnessing the increased contact with healthcare professionals during this period and using nutrition and lifestyle as the cornerstone of management.

The FIGO Working Group on Adolescent, Preconception, and Maternal Nutrition (active 2014–2018) agreed that engagement of women and their partners with issues related to nutrition in the preconception period or in early pregnancy would be facilitated by a simple checklist. The FIGO Nutrition Checklist (supporting information S1) was developed to be completed by women before or during pregnancy, in conjunction with their healthcare professional during even a short clinical consultation. The Checklist is not intended to be all-encompassing or definitive and needs to be adapted to the nutrient environment in a local context. The FIGO Nutrition Checklist is designed to be a simple way of identifying the regular consumption of an unbalanced diet by women, with the goal of prompting a discussion with their healthcare professional on the potential consequences of a poor diet in pregnancy and suitable corrective measures. The Checklist is accompanied by further information on common nutritional issues, to support and inform the discussion.

In this Supplement, the PONI team reports that the FIGO Nutrition Checklist has been piloted in several settings, including the study by Tsoi et al.5 in Hong Kong that compares the data gathered by the Checklist (translated into traditional Chinese) with that from a locally validated food frequency questionnaire administered to the same women. Not only did use of the Checklist reveal that 95% of women in this setting report at least one suboptimal dietary behavior, but the Checklist score was related to more detailed, well-established dietary quality indices. The FIGO Nutrition Checklist question on fruit and vegetables was associated with fiber, vitamin C, and fruit and vegetable intake, and the question on dairy foods with intake of calcium, milk, and dairy products. Thus, comparison of the FIGO Nutrition Checklist with gold standard indices of diet makes a good case for the wider use of this simple checklist.

Two papers in the Supplement report use of the FIGO Nutrition Checklist in Dublin, Ireland. In a qualitative assessment, Killeen et al.6 report that the Checklist was well received by women attending an antenatal clinic in a large tertiary-level university maternity hospital in Dublin. The sample of women recognized the importance of nutritional advice, the current lack of its provision, and the usefulness of the Checklist in meeting this need in the context of antenatal care.

Clearly, the support to improve dietary behavior provided by the FIGO Nutrition Checklist is likely to be well received by the women concerned—a finding made clear in the quantitative study of its use in Dublin.7 Almost every woman in the Dublin pilot found the Checklist feasible to complete in a short time, while waiting to see their obstetrician. However, the practicing obstetricians felt that they did not have enough time to discuss the Checklist during a routine consultation. Nonetheless, they recommended it for use more widely. This is important because, like the patients in Hong Kong, a high proportion (80.2%) of women in the Dublin pilot gave at least one answer to a question in the Checklist that indicates a possible nutritional risk. Collectively, the work of PONI suggests that suboptimal dietary practices are common in pregnant women globally and that the FIGO Nutrition Checklist could help doctors, midwives, and other health professionals identify and manage these.

Taken together, the work of the PONI team in developing and evaluating the FIGO Nutrition Checklist demonstrates that this tool is useful for identifying women at nutritional risk and the nature of risk for further investigation or intervention. It also indicates that the FIGO Nutrition Checklist would be well received by both women and their healthcare professionals. In a recent publication from Italy,8 a modified (although unvalidated) form of the FIGO Nutrition Checklist was related to a range of pregnancy outcomes including pregnancy-associated plasma protein A concentration, gestational age at birth, uterine artery pulsatility index, and placental volume. This illustrates the potential utility of the tool as an early indicator of pregnancy outcome. The issue of the time constraints and use of the FIGO Nutrition Checklist needs to be investigated and resolved in each local setting.

Globally, economic progress in low-income populations is producing a transition in diets, physical activity, and lifestyle. India has a growing prevalence of obesity in both rural and urban populations, especially the latter. The paper in this Supplement by Chopra et al.9 gives detailed information at the local level for the prevalence of obesity and its risk factors in pregnant and postpartum women in India. The authors took a mixed-methods approach, starting from a scoping review and analysis of a national dataset to build a picture of the problem, showing stark regional differences with the prevalence of obesity over 40% in over 30 districts of multiple states. Older maternal age, urban residence, greater wealth, and secondary school education were all associated with greater prevalence of obesity, bringing into sharp perspective the potential health hazards associated with increased economic prosperity in low-/middle-income countries globally.

This collection of papers focusing on FIGO’s PONI will empower specialists in obstetrics and gynecology, midwifery, and related healthcare professions to join the international mission being pioneered by FIGO to address the challenge of obesity and malnutrition before, during, and after pregnancy. We owe it to the parents and children of today and tomorrow to address this chronic, debilitating, and costly problem.

AUTHOR CONTRIBUTIONS

All authors contributed to writing the manuscript.

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CONFLICTS OF INTEREST

The authors have no conflicts of interest.
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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of the article.

Supporting information S1. FIGO nutrition checklist for pre-pregnant/early pregnant women. Reproduced with permission from FIGO.