

# The importance of the first 1000 days of life – a midwives perspective

ANA Regional Forum

Palmerston North

Thursday 26<sup>th</sup> May

# School of midwifery



**OTAGO**  
**POLYTECHNIC**  
Te Kura Matatini ki Otago

# Nutrition in pregnancy

- What is the single most important issue?
- What do you think is the most important thing a midwife can do?

# Tolerable risk

- Balance risk?
- Alarmist vs minimalist approach
- Fear vs knowledge

# Impact on pregnancy

	Prevalence in women with normal BMI	Prevalence in overweight and obese women	Range of odds ratio to compare
Stillbirth	0.5-0.6	0.6-1.9	1.97-2.79
Macrosomia	6.5-9.03	12.3-13.41	2.36
Structural anomaly	1.2-4.5	2.2-5.5	1.1-2.6
Caesarean Section	7.7-22.3	10.4-32.6	1.7-2.9
Hypertensive Disorders (including pre-eclampsia)	0.7-4.8	1.4-13.5	2.1-5.2
Gestational Diabetes	1.2-4.1	3.5-9.5	4.0-7.8

# Maternal Mortality

- UK Confidential Enquiry into Maternal Deaths 2003-2005 28% of women who died had a BMI >30

# Philosophy

- Midwifery care takes place in **partnership** with women
- Midwifery profession is concerned with the promotion of women's health.
- Midwifery care is given in a manner that is flexible, **empowering** and supportive
- Holistic in nature (emotional, cultural, psychological and physical)
- Integrates knowledge of arts and sciences
- New Zealand College of Midwives, (2008).



# Scope of practice

- The midwife understands, promotes and facilitates the physiological processes of pregnancy and childbirth, identifies complications that may arise in mother and baby, accesses appropriate medical assistance, and implements emergency midwifery care in **collaboration** with other health professionals.
- Have an important role in health and wellness promotion and education for the woman, her family and the community.
- Midwifery practice involves information and preparing the woman and her family for pregnancy, birth, breastfeeding and parenthood and includes certain aspects of women's health, family planning and infant well being.
- Midwives can practice in any setting, including the home, the community, hospital or in any other maternity service.

- *New Zealand College of Midwives, 2008.*





# Code of ethics

- Midwives accept the right of each woman to control her pregnancy and birth experience.
- That the midwife accepts that the woman is responsible for decision that affect herself, her baby and her family/whanau.
- Midwives uphold woman's right to free, informed choice and consent throughout the childbirth experience.
- Midwives have a responsibility not to interfere with the normal process of pregnancy and childbirth.

(College of Midwives, 2008)



# Midwives

Opportunity during pregnancy to give health promotion advice

- Midwives well positioned
- Positive change possible during pregnancy
- Women are pillars of family/community



# Birth right?

- “If we can get birth right, at least we have half a chance of getting society right”.

Lesley Arnott (Face of birth).



# Midwifery Care

- Maternal nutrition at conception can cause epigenetic changes to DNA that can impact on the infant in later life (diabetes, obesity, CVD).

Women often ask what they can do to increase their chances of a normal birth?

# Conclusion

We all have parts to play in improving the health of individuals, families, communities

Midwives specialists in low risk pregnancies and work in partnership with women

Nutrition and diet are linked to positive birth outcomes

Fear, loss of control, being disempowered is not conducive to positive birthing and preparing women to parent.

How do we balance this?