

## **NUTRITION - PREGNANCY**

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# **Nutritional Programs and Policies for Women and Children Commenting: Black, Reifsnider, and Devaney**

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### **Introduction**

These three papers highlight clinical, programmatic, and policy issues relevant to the provision of services promoting optimal health and nutrition in women and children. The first paper, by Black,<sup>1</sup> highlights issues related to the promotion of optimal feeding behaviours in young children with the goal of preventing malnutrition (undernutrition or overnutrition) and the development of healthy eating habits over a lifetime. The second paper, by Reifsnider,<sup>2</sup> characterizes macro-level trends and inter-generational influences on maternal and child health and nutrition, and advocates a life-course approach for programs in this area. The third paper, by Devaney,<sup>3</sup> describes the design of the largest nutrition program for women and children in the United States, and current knowledge with respect to its effectiveness in improving outcomes. Although markedly different in emphasis and style, the papers pinpoint several critical points as presented for discussion below.

### **Subject**

The papers provide a case for integrative maternal and child programs as well as a broadening of such programs and policies towards a life-course approach. Despite numerous achievements in programs and policies, women and children are still some of the most vulnerable members of society, and the need for special provisions will likely remain for many years to come. Several important lessons have been learned from major programmatic experience. First, there is a need to provide continuity of care in maternal and child health and nutrition as the two are inextricably linked; this means providing integrated approaches to care for the pregnant woman, the baby, the lactating mother, the growing child, and the inter-conceptional woman. Second, what happens in early life can make a lifetime of difference, be it in relation to maternal undernutrition (which can lead to impaired fetal growth and subsequent incidences of diabetes and cardiovascular disease in adulthood), or to how early feeding experiences, appetite regulation, and dietary patterns affect the development of healthy eating habits and adult health, and are passed on to the next generation. Third, unless we take a comprehensive and integrative approach to program evaluation, programs to support and improve maternal and child nutrition and health will be underestimated and underfunded.

## **Problems**

With this context in mind, the papers highlight the need for consistent and comprehensive research in this area. The paper by Black examines how feeding behaviours affect both dietary intake and health problems, but provides few references. Clearly, this shortcoming underscores the emerging nature of the field and the need for active research to describe the public health consequences associated with our failure (to date) in considering such issues within child nutrition programs and the keys to change in this area that will promote healthy eating and lifestyle behaviours in the youngest members of society. However, while programs should focus on children, they should not discount the integral role that mothers play, nor should they forget that improvements to dietary patterns and health behaviours of women can be transferred beyond immediate program beneficiaries. Such links are not well established, however, and underscore a second important context for research in program evaluation. The illustration in the paper by Devaney regarding the complexities of creative program evaluation makes a case for the development of better methods and more funding for the appropriate evaluation of complex and comprehensive programs such as the Women, Infants and Children (WIC) program in the United States.

## **Research Context**

It is clear from these papers that the context is ripe for further research in this area. There is an urgent need for research on the development of healthy eating patterns and on the familial and environmental influences on this development, including cultural and transgenerational factors. There is also a related need to identify and evaluate culturally appropriate and acceptable interventions to promote healthy dietary and lifestyle behaviours, and to develop programs and policies around successful approaches.

## **Key research questions**

Key questions for research include the following:

1. What are the key personal, familial, environmental and societal factors that negatively affect the dietary patterns and nutritional well-being of women and children?
2. What are the most effective means by which to promote healthy eating patterns and nutrition in children and families?
3. How can we build, sustain, and comprehensively evaluate complex “life-course” or integrative maternal and child health and nutrition programs?
4. How can we scale-up models which are successful as pilot or small-scale nutrition programs?
5. How can we provide a better “voice” to policy makers on the successes of effective nutrition programs?

## **Conclusions**

Maternal and Child Health and Nutrition (MCH/MCN) policy is currently undergoing a comprehensive transformation and rejuvenation. While many have always recognized the need for life-course approaches, recent research on the early origins of adult disease has attracted the attention and support of new partners. The time has come for all parties to work together to systematically build and sustain effective programs that accomplish a traditional agenda in MCH that prevents undernutrition and associated diseases and that will constitute a “new agenda” in preventing chronic disease, including obesity. These papers identify areas in which that work needs to proceed to promote healthy eating and dietary patterns now and for generations to come, focusing on children as well as the family.

## **Implications for Policy and Services**

The life-course approach to maternal and child health has implications for programs and services beyond that provided to children. Integrated programs for women and children are just that — integrated. There are traditional barriers between branches of medicine and other clinical care providers that need to be broken down. Breastfeeding promotion is one case in point: adequate promotion and support of breastfeeding can require the cooperation and commitment amongst multiple medical specialties, including obstetrics, neonatology, pediatrics, and family medicine. A life-course approach requires the melding of short-term and long-term considerations regarding what is best or optimal for the fetus, child, or family. Such an approach would essentially be a marriage between policy makers in MCH and chronic disease. While complex and unwieldy, this marriage will be necessary if we are to accomplish the goal of optimal nutrition and health in children and families over both the short and long terms.

## References

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