Questions Log:

Q: Will you share the slides of the presentation, and will this presentation be recorded for future reference?

A: Hello, yes the slides and the recording will be available in the next week or so.

Q: Do you know of any risks to the fetus of persistent low potassium? I know there is an increased risk of miscarrage. I work in an eating disorders service and see pregnant bulimics who can't stop purging.

I'm not over this area of research or clinical practice however I would assume it might depend on the duration of low potassium? I would imagine this is something that is treated acutely and managed conservatively so perhaps low potassium is part of a few factors here that would put the fetus in danger.

Q: How much Vit D supplementation does she recommend to vulnerable groups?

This was answered at the end of the talk – and as the WHO doesn't recommend routine supplementation during pregnancy, 'at risk' women need to be screeded early in pregnancy. Supplementation should be guided by testing women and will depend on hospital / antenatal care protocols.

Q: What does the evidence show is the most effective support to prevent PPWR?

We know that combined nutrition and exercise intervention is key! How it is delivered and at what stage during the postnatal period is not so clear. Healthy behaviours that span pregnancy and follow into the postnatal period have been shown to be successful. Women find one – on – on e support in the postnatal period extremely helpful in being able to attain healthy behaviours and be supported. New mothers groups and social networks are important.

Q: Do you find it difficult with other members of the healthcare team giving confusing or incorrect advice?

Again this was covered at the end of the talk but building relationships and supportive networks in practice is key! Consistent information and Dietitians advocating for nutrition and healthy pregnancies is so important!

Q: Do you Julie know of any nutritional assessment tools specifically for pregnant women? Prevents re-inventing the wheel.

A: No I don't Jade, we used MUST at Liverpool Women's Hospital - maybe we need to develop one?

Q: In the research, which foods or dietary particularly were associated with postnatal depression?

There has been some evidence that the Mediterranean diet and ‘healthy eating’ dietary patterns (fruit and veg, wholegrains) during pregnancy can lead to reduced risk of postnatal depression but the evidence is still emerging. I’m sure this will be a space to watch in the next few years / decade of research.

Vitamin D intake / deficiency has also been linked to postnatal depression but the evidence is still emerging.

Q: What is the standpoint on choline?

I’m not across this and have not had experience with research / practice in antenatal care with choline. Sorry!

Q: What is Paige's thoughts on taking a pregnancy multivitamin/nutrient supplement throughout pregnancy?

In line with folate / iodine supplementation guidelines – yes this important. In regards to other nutrients then I feel that multivitamins have their place if women are unable to meet requirements through dietary intake. Individual care and dietary advice is important and so is continued assessment each trimester.

Q: Are there impacts of a lower BMI on health or birth weight? Or prolonged sickness during pregnancy/limited diet impact on allergies/intolerance of infants?

Yes – underweight / malnutrition can increase risk for small babies / LBW / premature babies. I’m not so sure of the evidence with prolonged sickness – I suggest underweight or weight loss would be the factor here (and inadequate nutrition through vomiting) which would impact birth weight.

I am not across the evidence for SGA / LBW being directly associated with allergies – from what I understand there has been research conducted with some allergies and asthma I believe but I am not sure of the practice guidelines or impact – this would be interesting – I’d love to have some discussion about this!

Q: Do you have any knowledge on the impact the nutritional status of a woman and specific dietary approaches for the success of an IVF pregnancy? And also health outcome of the baby when mother strictly maintained very low carb diet (<90g)?

I’m a little reluctant to discuss IVF as I believe the evidence is still emerging and it’s not my area of research! I think this is so important – and key to considering support for pre conception.

Q: What would you suggest should be the first steps towards service provision?

This is a tricky question! There are many factors! Resource availability, guidelines and practice guidelines, the needs of women, barriers for practitioners such as time and referral networks etc. Also education and upskilling health professionals about nutrition. I would love to have a conversation with you about this!

Q: How do we help and motivate women to make positive changes in diet without seeming critical about their current choices?

Listening to them and being empathetic – an individualised approach is so important – and also understanding social and environmental influences.

Q: There has been some recent research suggesting it can be safe for overweight pregnant women to lose some weight. How risky do you believe this is or not?
A: Lindsay, my research shows that women with BMI>35 had fewer adverse outcomes when they avoided further weight gain (compared to women who continued to gain wt)

Q: In the UK, dietetics in antenatal is low in GDM, but minimal for antenatal obesity. Do you feel there could be any 'quick wins' with limited resources?

I'm not sure I understand the question? I think 'wins' for limited resources might need research and evidence targeted at practice (e.g. workloads and service provision) and perhaps economic burdens on healthcare systems – I don't think it can be 'quick' but approaching this in terms of the combined health and economic impact might be useful – it depends on the resources and systems you are asking for! And the setting etc. I'm keen to explore these systems / health service options for research so do reach out!

Q: If these women are overweight or obese pp then are they going to be at increased risk of prolapse or incontinence so less likely to engage in PA?

This would be plausible but I am not sure of the evidence at a population level?? Some findings from my PhD indicated that PA should be individualised and that walking is an effective postnatal activity for weight loss and health. It doesn't need to be about joining gyms, just moving and finding activities that are enjoyable.

Q: Would Paige want to join the groups Facebook page to answer more questions/interact more?

I think I have joined (I'm not on FB a lot!) I am happy to have a zoom meet up again!

Q: What about vit D supplementation in the UK - should it be winter months or all the way through?
A: During whole pregnancy & lactation