

Australian Longitudinal Study on Women's Health

**Submission to the Clinical Practice
Guidelines: Pregnancy Care**

July 2020

Introduction

The Australian Longitudinal Study on Women's Health is a long-running survey that has tracked the health and health service use of women living across the country since 1996.

The Study is a national research resource funded by the Australian Government Department of Health and managed by the University of Queensland and the University of Newcastle. ALSWH surveys women in four cohorts which encompass the adult lifespan; women born in 1989-95, 1973-78, 1946-51, and 1921-26. The Study's purpose is to provide scientifically valid information – based on current, accurate data – that is relevant to the development of health policy and practice in women's health.

Since its inception in 1996, study participants in the 1989-95 and 1973-78 cohorts have reported over 24,000 pregnancies (with another 13,000 not to term). For many of these women the ALSWH has collected rich data on their pre-pregnancy, antenatal and postnatal health, quality of life and health service use.

On behalf of the Study staff, and its hundreds of collaborating researchers, we welcome the Department of Health call for comments on the Clinical Practice Guidelines for Pregnancy Care. Our submission specifically addresses the importance of information on preconception care.

ALSWH Submission

We note the Clinical Practice Guidelines for Pregnancy Care on page 5 state that the guidelines do not include information on preconception care. Yet we also note that the guidelines do reference the following:

- The importance of preconception care in Section 1: Nutrition and Physical Activity, specifically concerning preconception diet and dietary supplements (p. 8, 11).
- That low pre-pregnancy body mass index is linked with adverse birth outcomes (p. 30)
- That high pre-pregnancy body mass index is linked with adverse birth outcomes and increased risk of mothers' experiencing pregnancy and birth complications (p. 30).
- That gestational weight gain is associated with pre-pregnancy weight (p. 30-33).

We commend the guidelines for including these references to the importance of preconception care with regards to diet and body weight. Evidence from the ALSWH supports the importance of reference to these associations. For example, Adane et al. (2018) compared the body mass index of children whose mothers had a preconception long-term pattern of being overweight or obese with children whose mothers had a long-term pattern of being a healthy weight preconception. Adane found the children of mothers with long-term preconception overweight or obesity were more likely to be overweight or obese at age 8 (Adane et al., 2018). In the same study, Adane et al. showed second-born children of mothers with high weight gain between pregnancies (≥ 4 BMI units) were also at higher risk of being overweight or obese compared with children of mothers with stable inter-pregnancy weight. This reinforces the importance of pregnancy guidelines focussing on educating women about the importance of maintaining a healthy weight prior to subsequent pregnancies. In other ALSWH research, Adane et al. (2017) found that adiposity in women during early adulthood (that is between the years of 18–23) may have a long term effect on the development of hypertensive disorders of pregnancy in later pregnancies.

The importance of preconception care is further reinforced in the 2018 Lancet series on Preconception Health (Stephenson et al, 2018; Barker et al, 2018). We submit that mentioning preconception care for diet and body weight should not be counted as an exclusion in the Clinical Practice Guidelines for Pregnancy Care. We submit it should be reinforced:

- To target women who intend to become pregnant again, noting that women's prior experiences with preconception diet and weight and pregnancy diet, weight and weight gain are likely to influence their future experiences (Barker et al, 2018).
- Because changes to health practices and behaviours are often difficult and take time to change.
- Because raising awareness in clinicians of how preconception diet and weight can affect pregnancy outcomes is important and all opportunities for contact with women are important.
- Because although Australian general practitioners feel provision of preconception care is an important part of their role, only half report knowledge of any available guidelines (for example, by the Royal Australian College of General Practitioners or the Royal Australian and New Zealand College of Obstetricians and Gynaecologists) and fewer than half report routinely discussing topics such as nutrition, physical activity and weight (Kizirian et al., 2019) with their patients. Currently, Australia has no national guidelines for preconception care for clinicians (Dorney & Black, 2018).
- Because these guidelines are also intended as a reference for policy makers when developing policies for women of child bearing age. As such, policies that are targeted towards reducing incidence of adverse pregnancy outcomes for women and their children need to include information about preconception care.

References

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A detailed description of the background, aims, themes, methods, and representativeness of the sample and progress of the study is given on the project website. Copies of surveys are also available on the website, along with contact details for the research team, abstracts of all papers published, papers accepted for publication, and conference presentations.