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Effectiveness of national guidance on foods and drinks to limit or avoid in pregnancy in England

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Women receive an array of health-related information in pregnancy, including on healthy eating⁽¹⁾. The NHS website also provides guidance on foods to avoid or limit because of microbiological, toxicological or teratogenic hazards⁽²⁾. The effectiveness of this guidance has not been evaluated. The primary aim therefore was to determine compliance with the guidance. The secondary aim was to determine the sources of information used by pregnant women to access the guidance. Recently postpartum women (≤ 12 months) resident in England for ≥ 6 months of their pregnancy were recruited to complete an online questionnaire. Women were asked to give data on: (1) consumption of food items that the NHS advises pregnant women to avoid or limit before and during pregnancy; (2) sources of information on the guidance and which of these were trusted most. The study is part of a larger mixed methods study on dietary exposure to toxic metals (Pregnancy, the Environment And nutrition (PEAR) Study)⁽³⁾. The questionnaire was completed by 598 participants. For most food items for which avoidance is recommended, compliance with the guidance was high ($>91\%$ for unpasteurised milk, pate, liver/liver products, alcohol, shark/marlin/swordfish), with evidence of avoidance during pregnancy for those who had eaten the food items before pregnancy. However, 81% (128/158) of consumers of game meat/gamebirds pre-pregnancy, 37% (176/478) of consumers of cured meats pre-pregnancy, and 17% (81/467) of consumers of soft cheeses pre-pregnancy did not completely avoid them in pregnancy. Fifty-two percent of women drank herbal teas more often in pregnancy than pre-pregnancy (195/372). The main sources of information on foods to avoid or limit were the NHS website and midwives, both of which were highly trusted. The NHS website is a key source of trusted information for women with online access. The complexity of some of the guidance on foods to avoid or limit in pregnancy, combined with evidence of concerning levels of non-compliance for some food items in this study, suggests a case for more prominent publicity and clarification of guidance specifically on game meat/gamebirds, soft cheese, cured meats and herbal tea. Delivery of dietary information by midwives may need to be supported by appropriate training and access to resources. Further research on barriers to the delivery and implementation of the guidance is needed.

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References

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