SCOPE AND PURPOSE

Globally, micronutrient malnutrition in pregnant women is widespread across regions and countries. It is estimated that approximately 32 million pregnant women are anaemic worldwide, 19 million suffer from vitamin A deficiency, and millions suffer from insufficient iron, folate, zinc or iodine stores. Vitamin and mineral deficiencies have been associated with pregnancy complications and poor birth and infant outcomes. It is calculated that approximately 20 million babies are born weighing less than 2500 g at birth (low birth weight), about 15 million are premature, and many more are born small for their gestational age, increasing their risk of morbidity and mortality during childhood.

Along with other nutrition and health interventions at population level, the World Health Organization (WHO) has recommended supplementing pregnant women’s with iron and folic acid to prevent and treat gestational anaemia since 1968. Currently, two WHO guidelines cover this intervention: one for daily supplementation and one for intermittent supplementation. WHO advises that both interventions be part of an integrated programme of antenatal and postnatal care. In spite of the evidence supporting the efficacy of these interventions, supplementation programmes in pregnancy, generally implemented in the context of antenatal care programmes, have had less than optimal results in many countries, including low intervention coverage and adherence. Reasons, among others, include women’s limited access to routine and timely antenatal care due to geographic distance, reduced number of facilities and other gender-related factors affecting women’s access to healthcare, including their beliefs and motivation about the daily use of the supplements and their own expectations of care. In other settings, low motivation, poor interpersonal skills and training of health staff have been limiting factors. Poor quality and insufficient supply of supplements, due to inadequate programme contextualization, may also affect programmes’ success.

Owing to the increased needs of various vitamins and minerals during pregnancy, WHO remarks that iron and folic acid formulations may also include other vitamins and minerals in a multiple micronutrient supplement. This intervention is being implemented in a few high, middle and low-income countries, and has also been implemented in emergency settings. There is evidence suggesting that there may be decreased risk of low birth weight and small-for-gestational age in comparison to iron and folic acid supplementation alone. However, before considering the implementation of this nutrition intervention as part of routine antenatal care at large scale,
particularly in middle and low-income countries, it is necessary to examine key implementation considerations for helping interested parties to successfully incorporate this intervention into existing programmes through appropriate delivery platforms.

The Evidence and Programme Guidance Unit, Department of Nutrition for Health and Development, World Health Organization, in collaboration with the United Nations Children’s Fund (UNICEF) and the Micronutrient Initiative (MI), are convening the ‘Technical consultation: Multiple micronutrient supplements in pregnancy: implementation considerations for successful incorporation into existing programmes’ to examine the programmatic evidence, including successful implementation experiences, best practices and lessons learnt, in order to inform the scale up of multiple-micronutrient supplementation during pregnancy in antenatal care programmes. The outcome of this technical consultation will contribute to the Member States’ efforts to strengthen their health systems and provide them with a summary of lessons learnt and a summary of implementation considerations, which can be useful in the integration of this nutrition intervention in antenatal care programmes.

OBJECTIVES

The objectives of the consultation are threefold:

(i) To examine implementation experiences of micronutrient supplementation interventions in pregnant women, their lessons learnt and best practices;
(ii) To discuss programmatic and technical considerations of interventions on multiple-micronutrient supplementation in pregnant women in high-, middle- and low-income countries;
(iii) To identify the needed implementation considerations that can be useful to scaling up efforts by Member States considering multiple-micronutrient supplementation in pregnant women as part of existing antenatal care programmes as well as other delivery platforms.

The consultation will draw on background papers and case studies that will be commissioned through a public call for papers. The papers, along with feature presentations from the convening organizations, will be presented at a meeting to be held in Geneva, Switzerland, on 18-20 August 2015. The outcome of the consultation will be summarized for future publication.