• In many settings up to a third of pregnancies are complicated by medical problems including early pregnancy loss, anaemia, hypertension, gestational diabetes, pre-eclampsia, preterm labour, stillbirth and maternal mortality.
• Healthy nutrition can substantially reduce the rates of these potentially devastating complications.
• Poor maternal nutrition has detrimental consequences not only for pregnancy outcomes, but also for child health, including social and cognitive development, growth restriction, obesity, risk of allergy, and higher risk of non-communicable diseases.
• Unhealthy nutrition is of particular concern in adolescent girls, before, during and after birth, and has substantial long term consequences for both the mother and her children.
• Both under- and over-nutrition influence maternal and child health outcomes.

• More than 25% of maternal deaths globally are linked to pre-existing conditions such as anemia, diabetes, obesity and hypertension which have a nutritional basis.
• Longer-term risk for diabetes and obesity in both mother and child are related to mother’s nutrition before, during and after pregnancy.
• Poor nutrition in the mother is related to birth defects in her baby.
  › For example, despite the overwhelming evidence that dietary folic acid supplementation can prevent neural tube defects (NTDs), there remain challenges to reducing NTDs through such supplementation to women in preconceptional period. Some countries have addressed this by statutory fortification of wheat flour with folic acid. Data from South America indicates that several congenital anomalies have been substantially reduced following fortification. For example in Chile the prevalence of spina bifida and anencephaly fell by more than 50% following fortification, with substantial reduction in healthcare costs.

• By Thinking Nutrition First, we can promote the health and wellbeing, productivity and longevity of at least two generations.
• Scientific studies provide widespread recognition of the need to support good nutrition in the whole population, to avoid under- and over-nutrition, and ensure adequate provision of critical nutrients. But it is vital to identify and provide nutritional support for high risk groups.
• Preparing for pregnancy and parenthood by good nutrition in the pre-conception period is neglected by many couples and in many societies.
• Adolescents are a rapidly growing fraction of the population in many countries. They seldom access health services, lack awareness of health issues, do not make healthy diet choices, and are often micronutrient deficient. Despite the well-known risks of adolescent pregnancy they are often not considered to be a group of the population needing special attention. Yet this is a time when their nutritional and health behavioural patterns are often set for rest of their lives.
• Thinking Nutrition First has major long-term health, economic and humanitarian implications which will contribute to attaining the United Nations Sustainable Development Goals.
The Ten Action Points Needed to Think Nutrition First

1. Adopt the FIGO recommendations for Adolescent, Preconception and Maternal Nutrition (add link)

2. Refine the FIGO recommendations as appropriate for specific contexts

3. Integrate nutritional advice into health policy and ongoing programmes (e.g. smoking ban; sexual and reproductive health; alcohol consumption; physical activity)

4. Support measures to increase nutritional knowledge and understanding in the general population and in sub-groups such as adolescents (e.g. through promotion of simple front of pack labelling; educational curricula in schools; community engagement)

5. Limit exposure of at risk groups such as children and adolescents to advertising of unhealthy foods

6. Empower and encourage health care professionals at all levels to Think Nutrition First and to provide nutritional education and support to all members of the public at every opportunity

7. Ensure nutritional training for all health care professionals

8. Establish healthy food environments in settings such as hospitals, day care, schools, work places and sports facilities

9. Increase access to healthy foods in disadvantaged communities or groups of the population

10. Promote nutrient fortification or reformulation of specific foods (e.g. folic acid in flour; iodine in salt; reduce sugar content in beverages)