



Policy and Prevention – New Pregnancy Guidelines

Hot Topic Conference: Obesity & Pregnancy



**World Health
Organization**

REGIONAL OFFICE FOR

Europe



**Organisation
mondiale de la Santé**

BUREAU RÉGIONAL DE L'

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**Всемирная организация
здравоохранения**

Европейское региональное бюро

Nathali Lehmann Schumann

**Nutrition, Physical Activity and Obesity Programme
Division of Noncommunicable Diseases and Promoting
Health through the Life-course
WHO Regional Office for Europe**

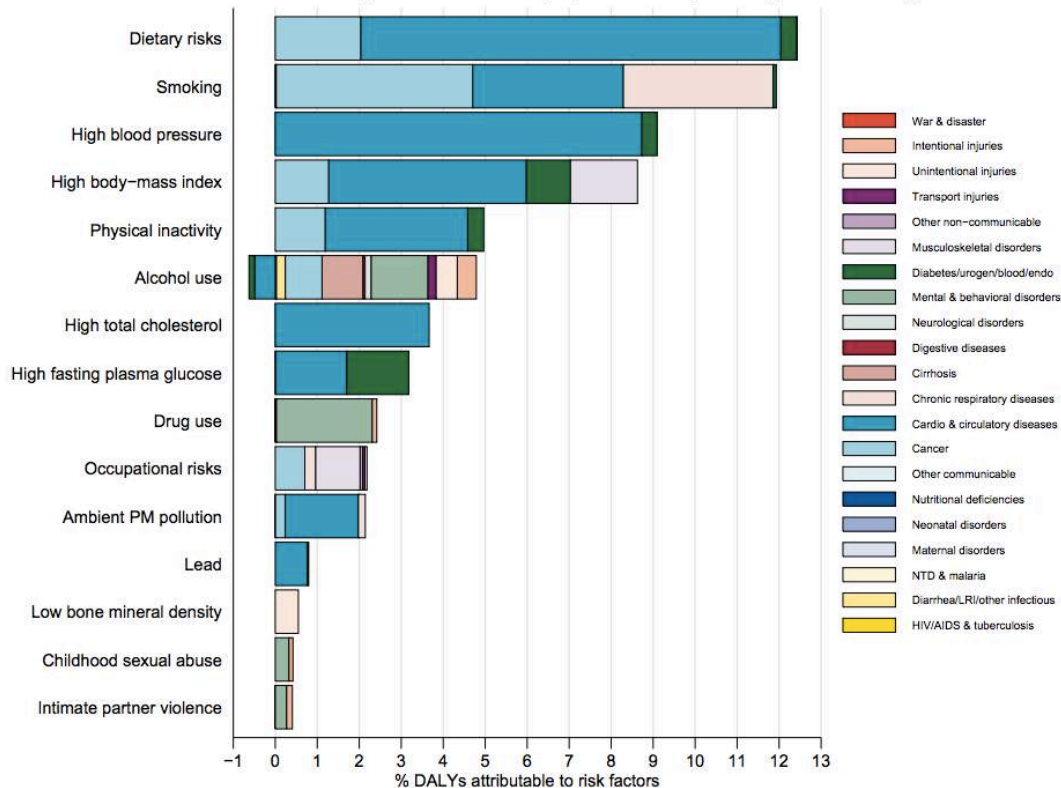
London, October 30th 2015

Overview

- Obesity – a WHO European Region overview
- Commitments by Member States
- Obesity during pregnancy
- Findings from a WHO European Region Survey
- Opportunities for actions and gaps in research

Burden of Disease - UK

Burden of disease attributable to 15 leading risk factors in 2010, expressed as a percentage of United Kingdom DALYs



Nutrition, Physical Activity and Obesity United Kingdom of Great Britain and Northern Ireland



This is one of the 53 country profiles covering developments in nutrition, physical activity and obesity in the WHO European Region. The full set of individual profiles and an overview report including methodology and summary can be downloaded from the WHO Regional Office for Europe website: <http://www.euro.who.int/en/nutrition-country-profiles>.

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DEMOGRAPHIC DATA	
Total population	63 700 000
Median age (years)	39.8
Life expectancy at birth (years) female / male	82.8 / 78.8
GDP per capita (USD)	36 327.6
GDP spent on health (%)	9.6

Monitoring and surveillance Overweight and obesity in three age groups

Adults (20 years and over)

Inter-country comparable overweight and obesity estimates from 2008 (1) show that 64.2% of the adult population (≥ 20 years old) in the United Kingdom of Great Britain and Northern Ireland were overweight and 26.9% were obese. The prevalence of overweight was higher among men (67.7%) than women (60.8%). The proportion of men and women that were obese was 26.0% and 27.7%, respectively. Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 31% of men and 30% of women will be obese. By 2030, the model predicts that 36% of men and 33% of women will be obese.¹

Source: WHO Global Health Observatory Data Repository (1).



Notes: The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data ranking for obesity is intentionally the same as for the overweight data. BMI: body mass index. Source: WHO Global Health Observatory Data Repository (1).

¹ Report on modelling adulthood obesity across the WHO European Region, prepared by consultants (led by T. Marsh and colleagues) for the WHO Regional Office for Europe in 2013.
The Regional Office is grateful to the European Commission (EC) for its financial support for the preparation of this country profile and the development of the nutrition, obesity and physical activity database that provided data for it.

Diet - a Major Risk Factor in Europe



SALT

WHO recommends less than
5 grams per day

53 countries exceed this recommendation

SATURATED FAT

WHO recommends maximum
10% of total calories consumed per day

48 countries exceed this recommendation



SUGAR

WHO recommends less than 5% of total
calories consumed per day

in 24 countries, 25% of 15 year old boys
consume sugary drinks on a daily basis

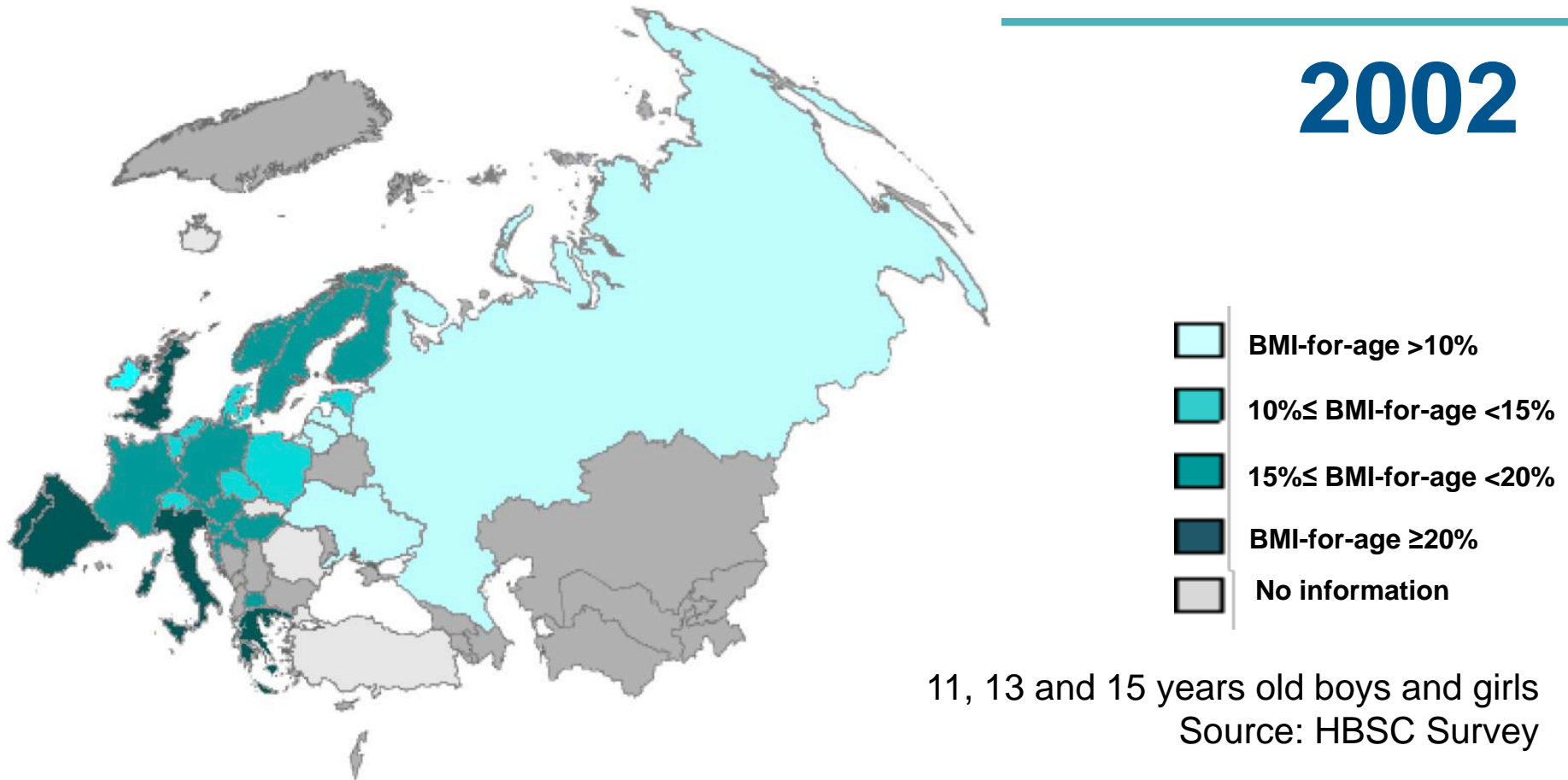
Trans fats,
low F&V....

Physical Inactivity - another Major Risk Factor



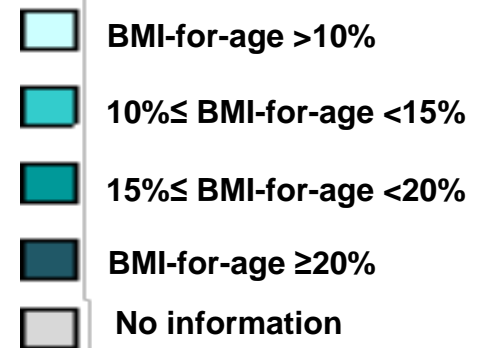
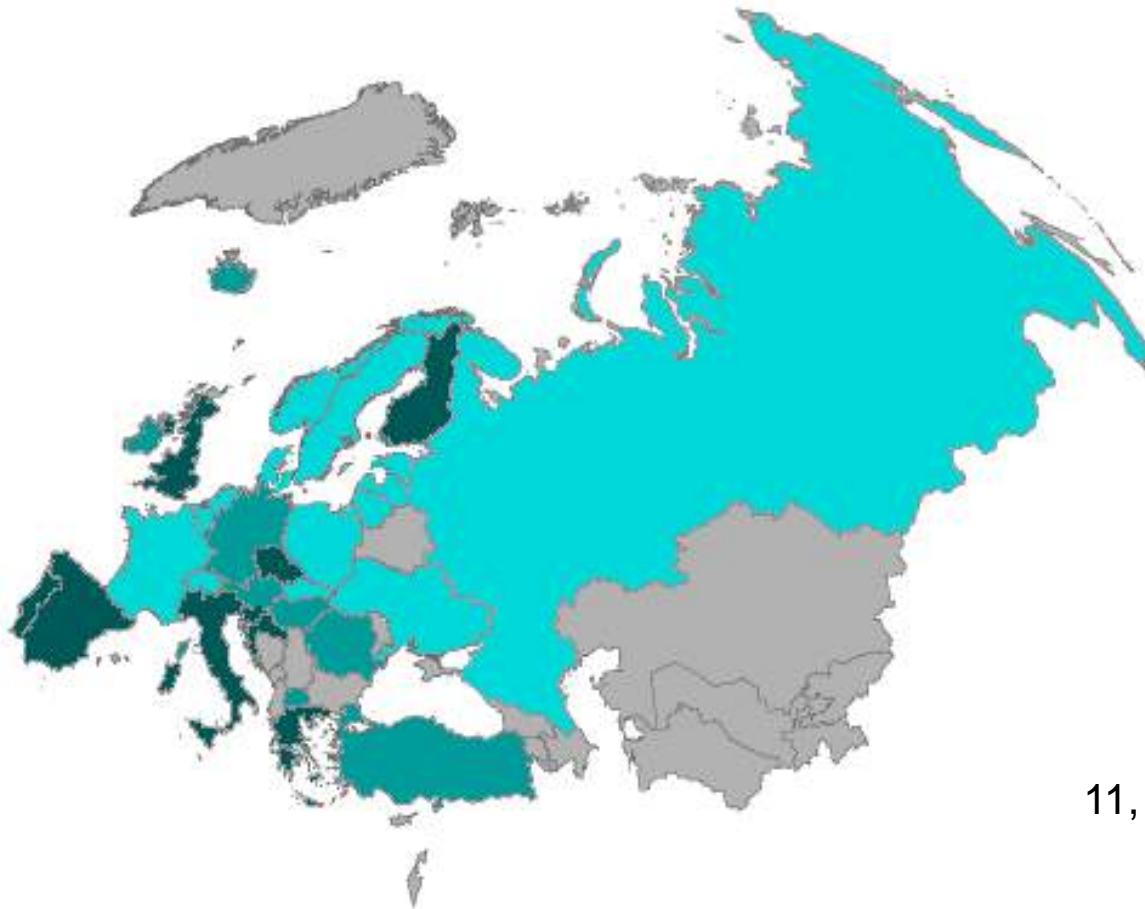
Prevalence of overweight among European adolescents

2002



Prevalence of overweight among European adolescents

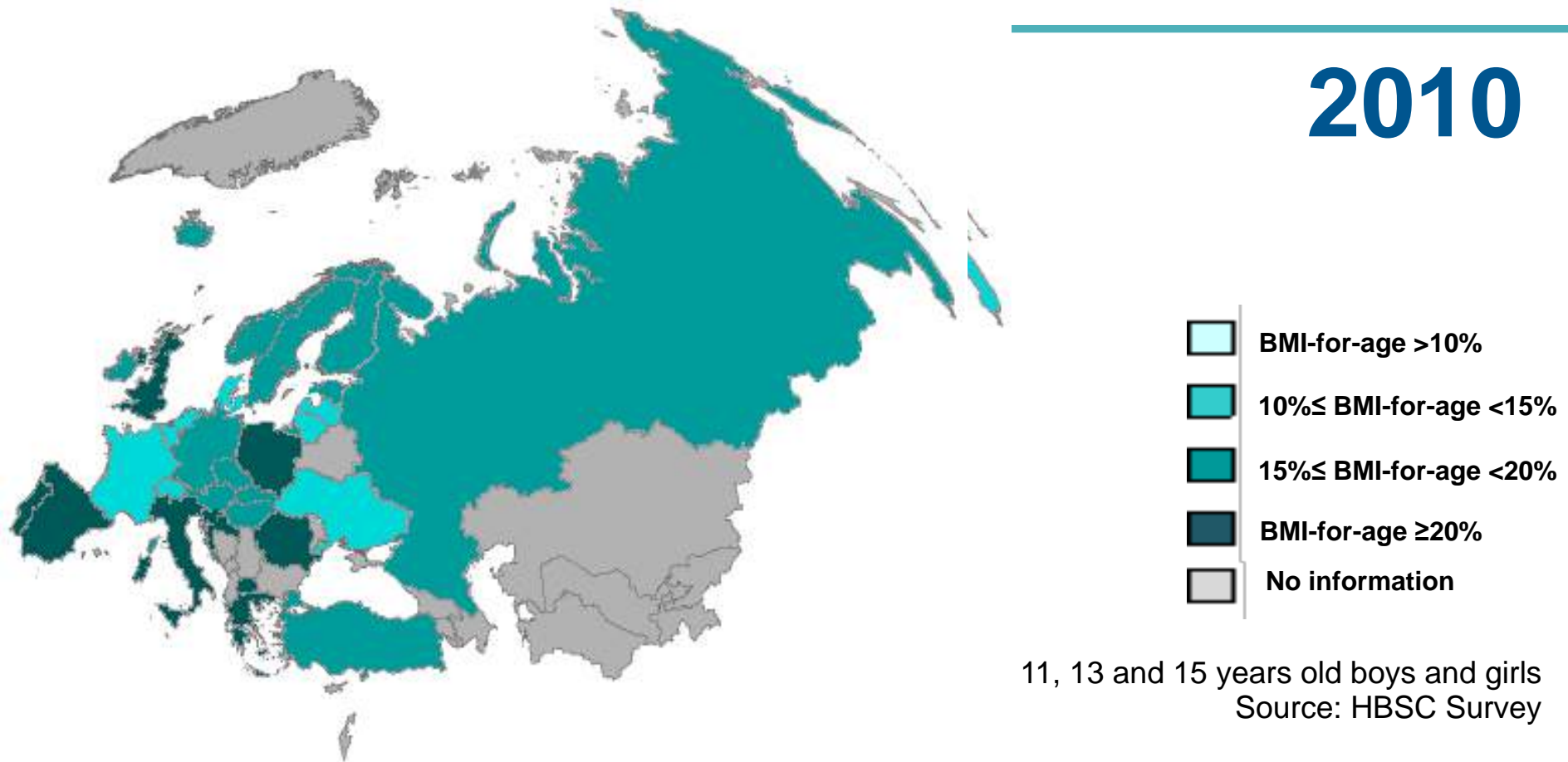
2006



11, 13 and 15 years old boys and girls
Source: HBSC Survey

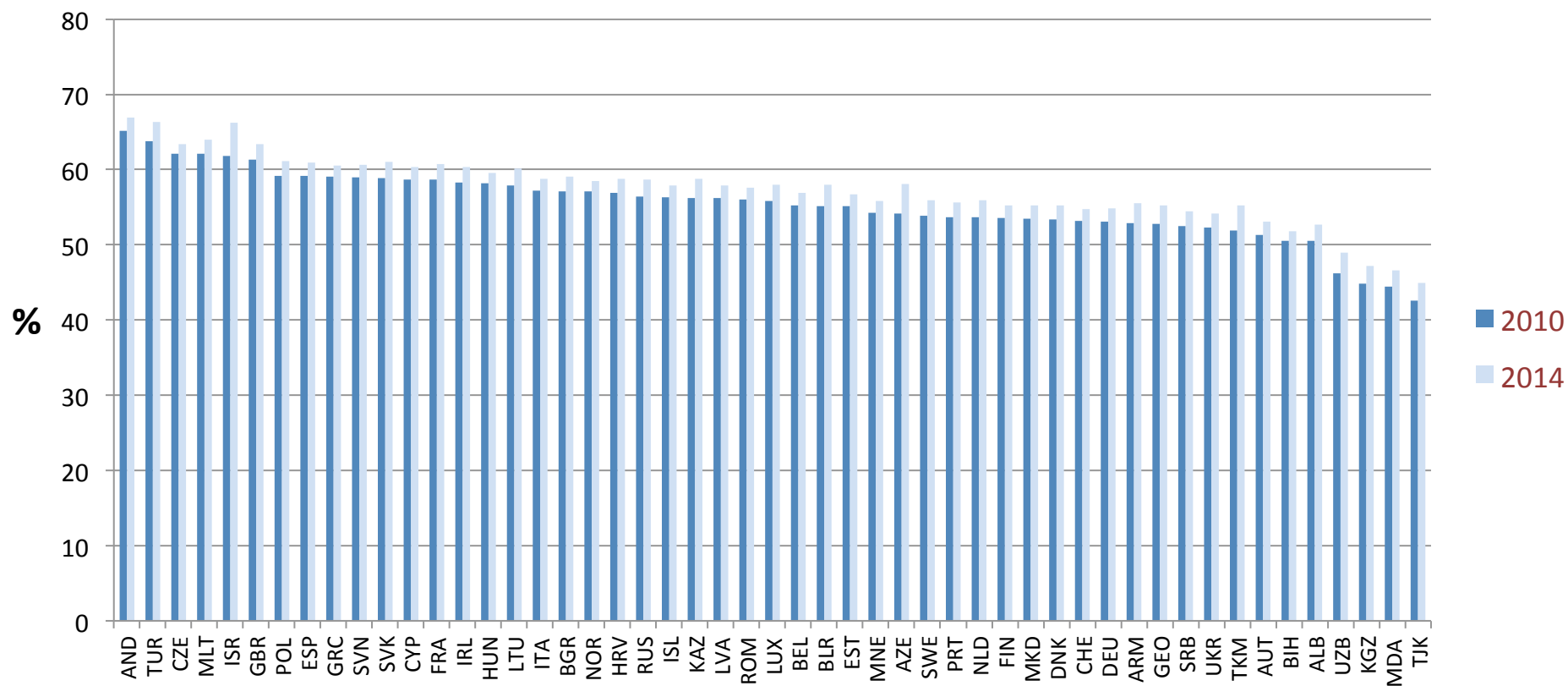
Prevalence of overweight among European adolescents

2010



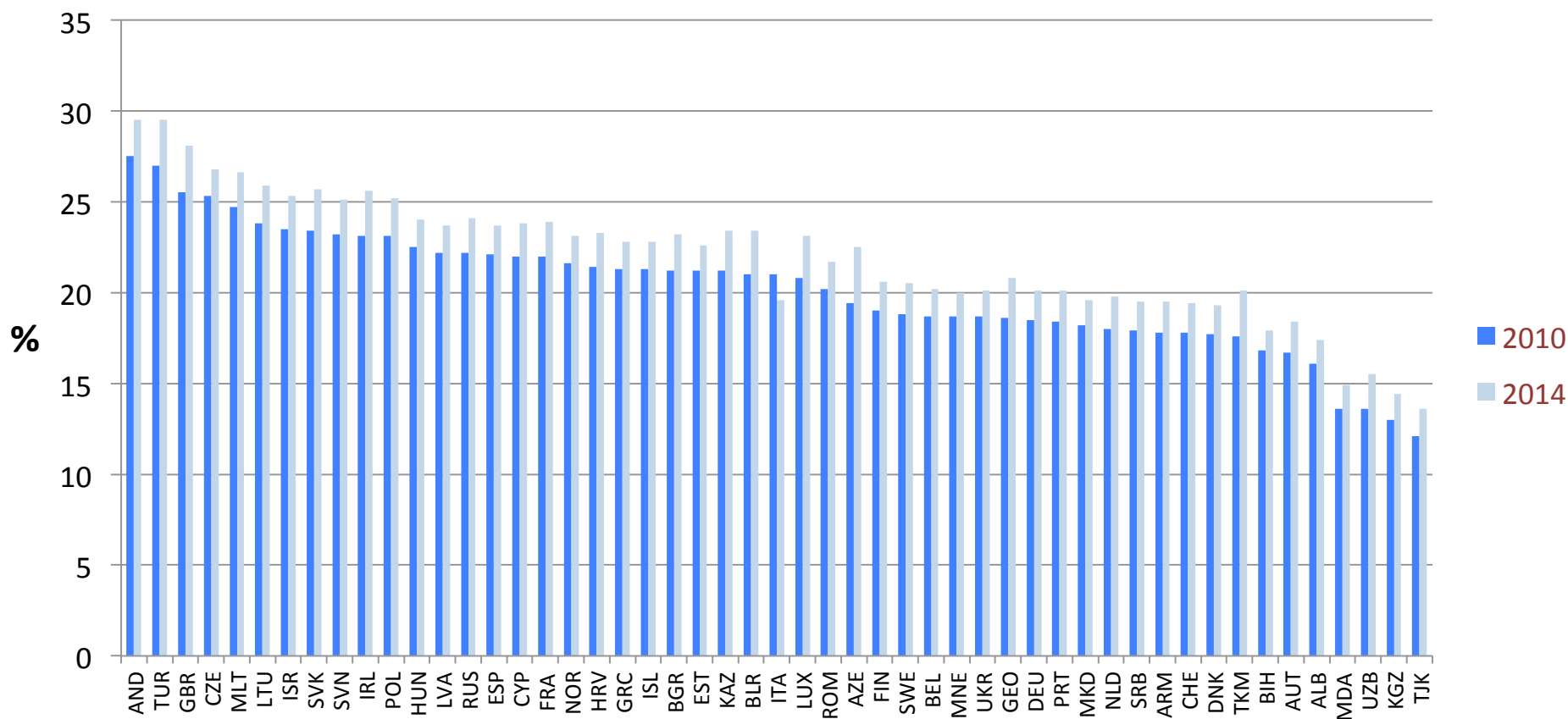
11, 13 and 15 years old boys and girls
Source: HBSC Survey

Overweight among 18+ year-old adults



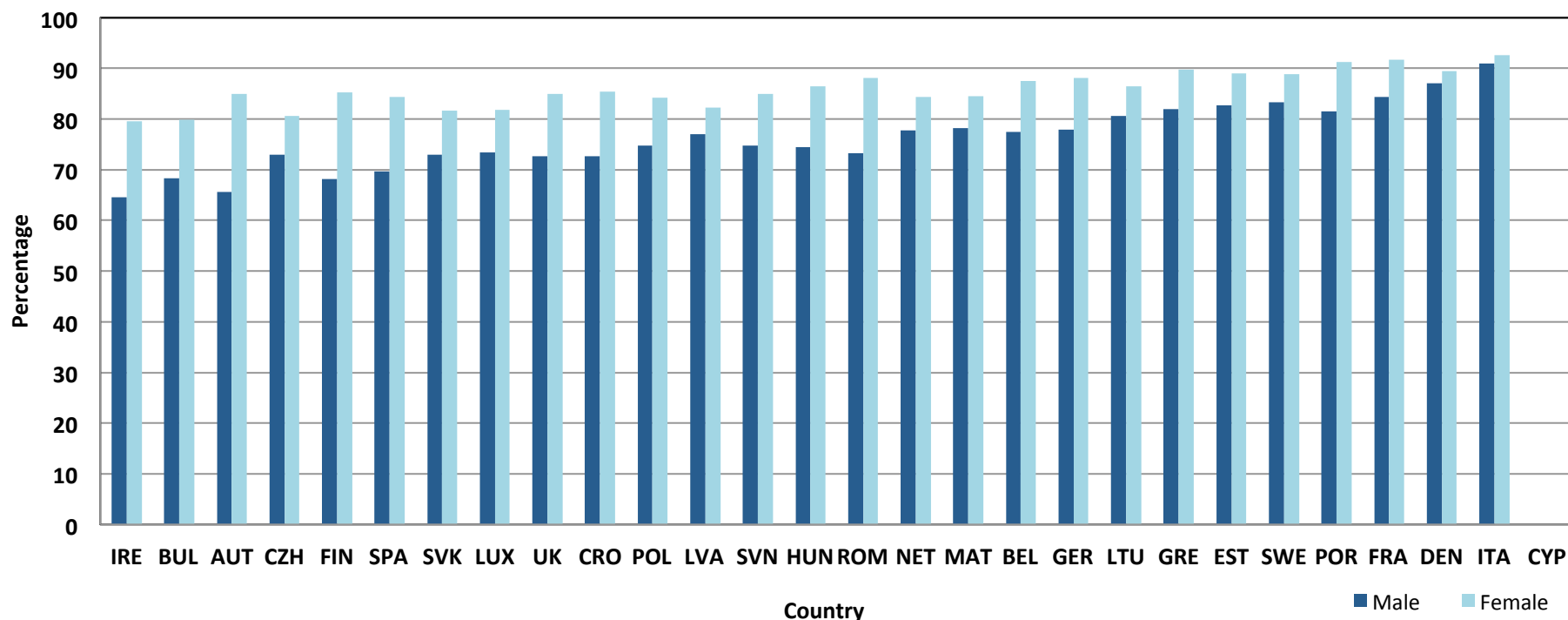
No data for MCO and SMR

Obesity among 18+ year-old adults

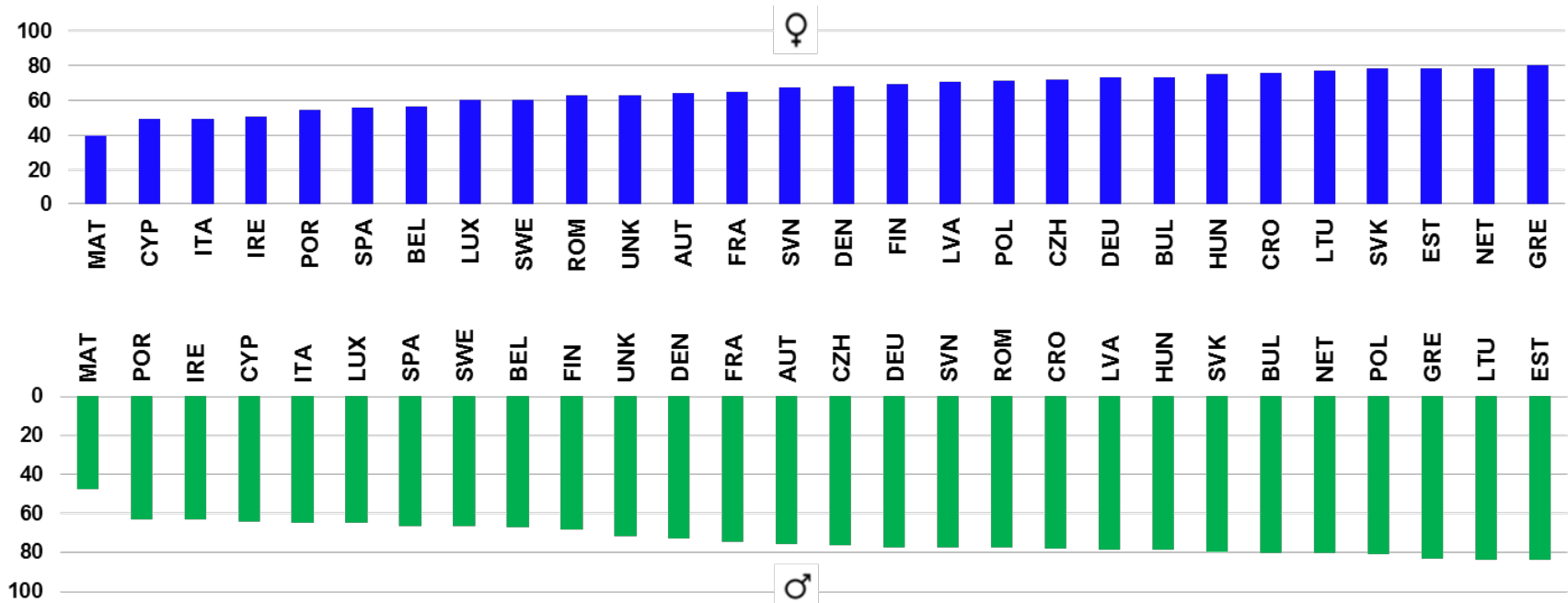


PA data (WHO GHO 2014)

Prevalence of physical inactivity (%) among adolescents (11-17 years) in the EU



Proportion of adults (18+) meeting minimum WHO PA recommendation



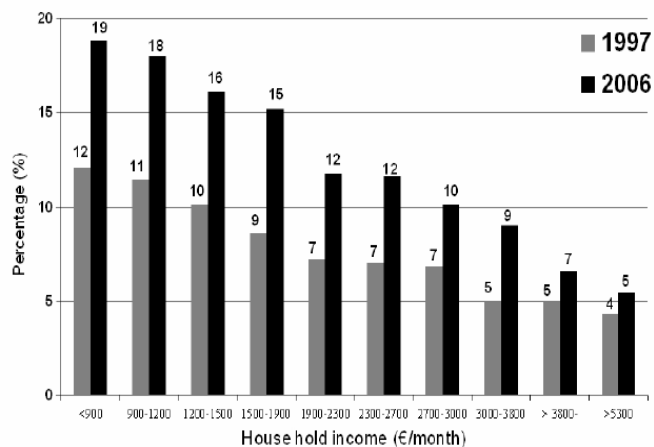
Obesity and inequalities

Curr Obes Rep (2014) 3:1–15
DOI 10.1007/s13679-013-0087-2

ETIOLOGY OF OBESITY (MS WESTERTERP-PLANTENGA, SECTION EDITOR)

Social Inequalities in Obesity Persist in the Nordic Region Despite Its Relative Affluence and Equity

Maria Magnusson • Thorkild I. A. Sørensen • Steingurdur Olafsdottir •
Susanna Lehtinen-Jacks • Turid Lingaas Holmen •
Berit Lilienthal Heitmann • Lauren Lissner



International Journal of Obesity (2010) 34, 420–428
© 2010 Macmillan Publishers Limited All rights reserved 0307-0565/10 \$32.00
www.nature.com/ijo

ORIGINAL ARTICLE

A nationally representative study of maternal obesity in England, UK: trends in incidence and demographic inequalities in 619 323 births, 1989–2007

N Heslehurst¹, J Rankin², JR Wilkinson³, CD Summerbell⁴

THE PARADOXAL LINK BETWEEN FOOD INSECURITY AND OBESITY IN PORTUGUESE ADULTS

M J. Gregório¹, P. Graça^{1,2}, C A. Santos², S. Gomes², P J. Nogueira^{2,3}

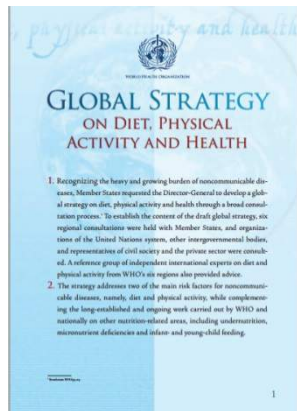
¹Faculty of Nutrition and Food Sciences of University of Porto, Porto, Portugal

²Directorate-General of Health, Lisbon, Portugal

³Institute of Preventive Medicine - Faculty of Medicine – University of Lisbon, Lisbon, Portugal

Ann Nutr Metab 2013;63(suppl 1):1–1960

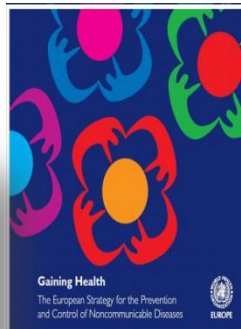
Commitments by Member States



European
Charter on
Counteracting
Obesity



European
Strategy for the
Prevention and
Control of NCDs



Vienna Declaration
on Nutrition and
NCDs



WHO European
Food and Nutrition
Action Plan
2015-2020



Physical Activity
Strategy for the
WHO European
Region 2016-2025



The Minsk
Declaration



How can we support national efforts?

WHO provides upstream policy advice to set national targets

6 global targets for nutrition
to be attained by 2025



<5%

Reduce and maintain childhood wasting to less than 5%

-40%

40% reduction in number of children under-5 who are stunted



-50%

50% reduction of anaemia in women reproductive age

≥ 50%

Increase the rate of exclusive breastfeeding in the first six months to at least 50%

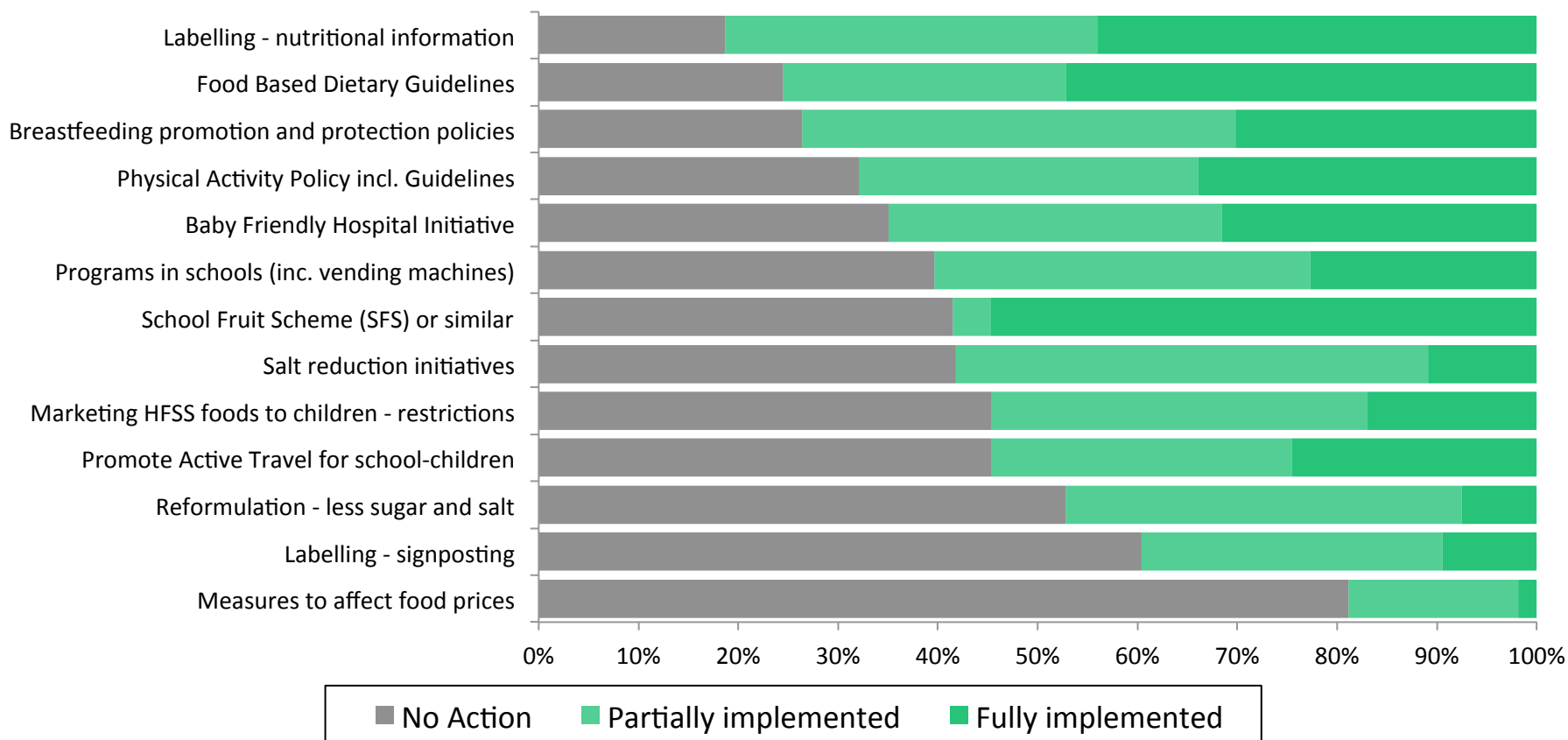
-30%

30% reduction in low birth weight

0%

No increase in childhood overweight

Overview Policy Actions Implementation 53 WHO/Europe Member States – 2012/13



Promoting Health around Pregnancy

- Diet
- Physical activity
- Weight optimization
- Weight gain during pregnancy
- Postpartum weight retention
- Protection policies (e.g. paid maternity leave, the Code, food access and availability – fiscal policies, food composition and labeling regulations)
- Supportive environment setting (e.g. training of primary health care professionals, maternity services and facilities – BFHI, food services within public institutions)

Maternal Obesity (incl. EGWG)

- Increased health risks for the mother both short and long term
- Increased health risks for the baby both short and long term
- One of the most common risk factors seen in obstetric care
- Creates an additional demand for health-care services
 - Routine obstetrics care pathway requires alteration to ensure the most optimal care of obese women and their babies (e.g. equipment, multi-disciplinary teams of health-care professionals)
 - Increased economic cost of obstetric care per obese pregnancy as pregnancy-related complications can require extra and more specialized check-ups and longer hospitalizations

Maternal Obesity – Increased Risks

Common increased risks of complications for the mother are, e.g.:

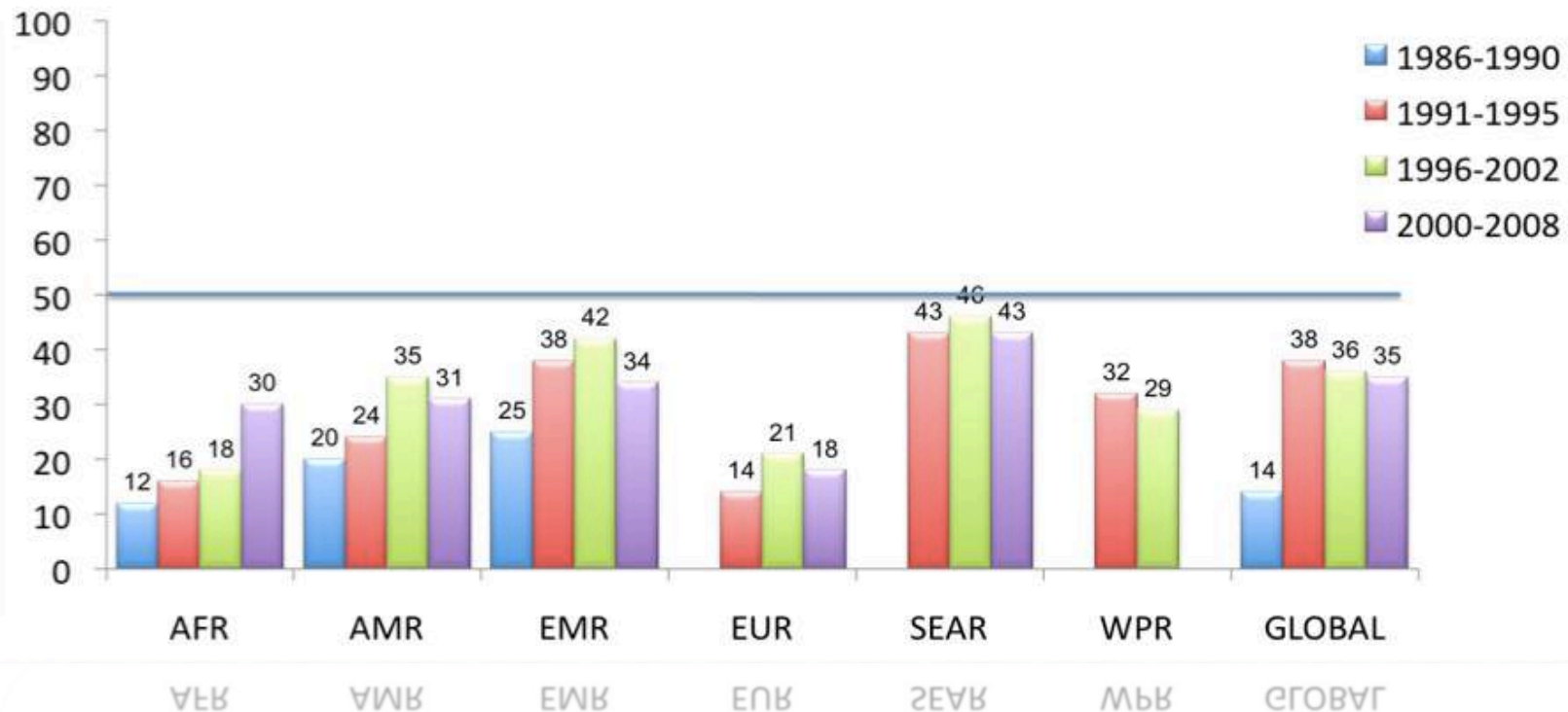
- ☐ Gestational hypertension
- ☐ GDM
- ☐ Pre-eclampsia
- ☐ C-section
- ☐ Preterm delivery
- ☐ Infections
- ☐ Miscarriage
- ☐ Postpartum haemorrhage
- ☐ Postpartum depression

Maternal Obesity – Increased Risks in Infant

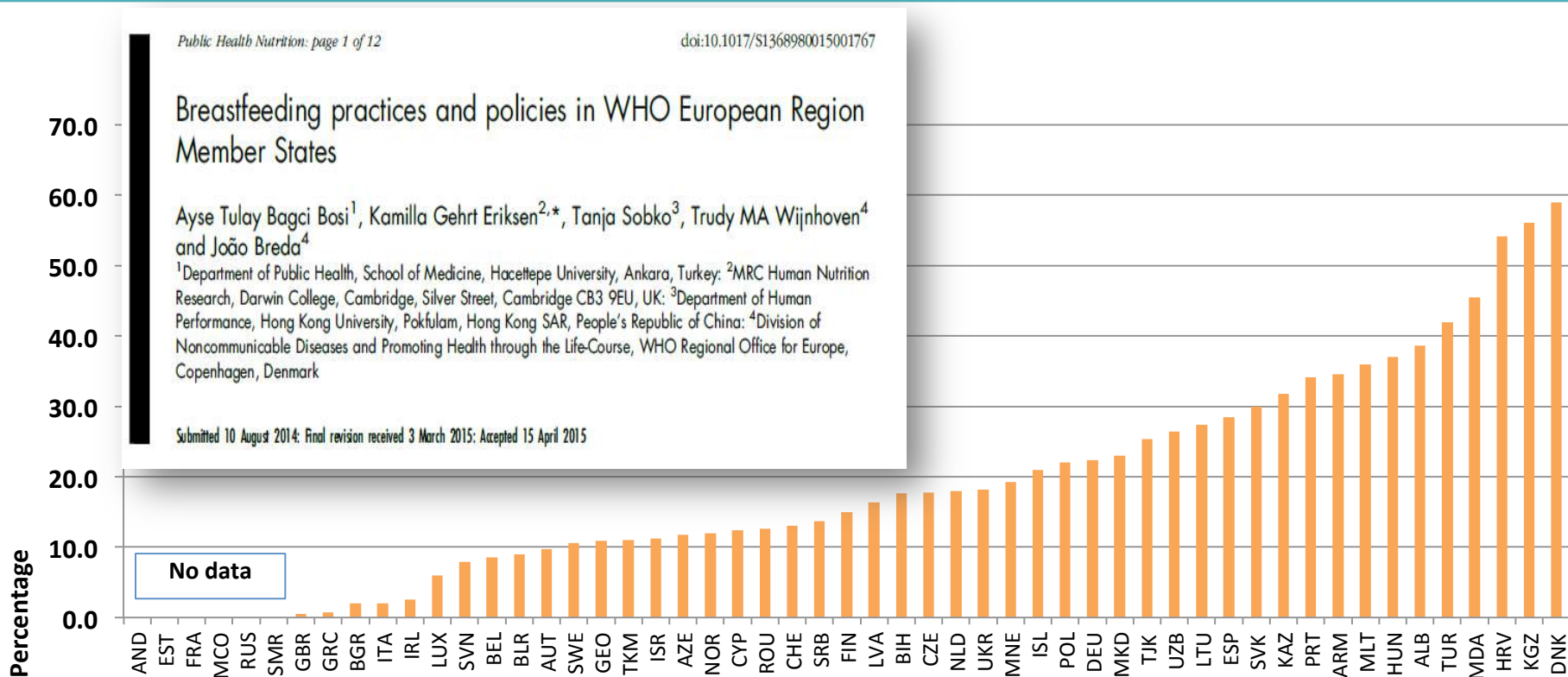
Common increased risks of e.g.:

- ☐ Inter-uterus growth restriction
- ☐ Neural tube defects
- ☐ Congenital anomalies
- ☐ SGA
- ☐ LGA
- ☐ Micronutrients deficiencies (iodine, iron, vitamin A, zinc)
- ☐ Overweight/Obesity
- ☐ Earlier onset of NCDs (CVDs, T2DM)
- ☐ Shorter period of exclusive breastfeeding

Exclusive breastfeeding rates children <6M in WHO Europe need improvement



Exclusive BF 6M – different national surveys



UPCOMING WHO/EURO PUBLICATION AND SURVEY (2014) – UNPUBLISHED DATA

Sum Up:

Interventions to improve maternal and infant nutritional health are needed

- Life-course approach
- Nutrition - healthy behaviours (advice, guidelines fiscal measures, labelling, food reformulation, healthier food retail environment)
- Physical activity (advice, guidelines, environmental structure)
- Weight optimization (especially before pregnancy) and weight gain during pregnancy (advice, guidelines)

Sum Up:

Interventions to improve maternal and infant nutritional health are needed

- More evidence for what works
- Political will
- Training and capacity building
- Pregnancy is a window of opportunity to promote behavioral change
- Investment (considering all stages of the life-course)
- Tangible effective actions
- Surveillance, monitoring and in general better quality data
- Innovation and new technologies
- Collaboration with stakeholders
- Reaching most vulnerable groups
- Intersectoral coordination
- Sustainable and cost-effectiveness
- Inspiring guidelines and share best practices



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