*Proceedings of the Nutrition Society* (2022), **81 (OCE4)**, E152 doi:10.1017/S0029665122001811

*Irish Section Conference 2022, 15–17 June 2022, Impact of nutrition science to human health: past perspectives and future directions*

# Nutrition education for midwives. A comparison between the UK and Brazil

J.C. Abayomi[1], A.K. Azevedo-Martins[2], G. Nonato[2] and L.M. Newson[3]
[1]*Faculty of Health, Social Care & Medicine, Edge Hill University, Ormskirk, UK.,*
[2]*School of Arts Sciences and Humanities, Univerisity of São Paulo, São Paulo, Brazil. and*
[3]*Faculty of Health, Liverpool John Moores University, Liverpool, UK.*

Optimal maternal nutrition and Gestational Weight Gain (GWG) are key to tackling dual burden malnutrition and preventing non-communicable disease and advising women of both is a key midwifery role [(1)]. The aim of this study was to explore the approaches to nutrition education of undergraduate midwives in Brazil in comparison to the UK. We collected published online demographic data and data on pregnancy outcomes, access to antenatal care and resources available for maternity care from the World Health Organisation [(2)] regarding UK and Brazil. We also reviewed the midwifery taught curriculum from two universities in the UK and in Brazil and discussed the delivery of nutrition education with staff from both institutions. Both countries have sizeable populations [UK = 65.789 million; Brazil = 207.653 million] with life expectancy of [Brazil = 71 years (men) and 78 years (women); UK = 79 years (men) 83 years (women)]. Expenditure of health as a % of GDP is similar [Brazil = 8.32%; UK = 9.12%]. However, the maternal mortality ratio in Brazil is much higher at 60 per 100,000 live births, whereas it is 7 per 100,000 live births in the UK. Furthermore, Brazil has the highest caesarean section rate in the world at 55.5%; whereas it is 20–25% in the UK. There are only 433 registered midwives for the whole of Brazil, but they receive comprehensive nutrition training designed and delivered by a nutritionist throughout their undergraduate course. They also monitor GWG throughout pregnancy, intervening when GWG is insufficient or excessive. Arguably, the UK has sufficient midwives in comparison, (26,778 in England alone), but they report a lack of knowledge, skills and confidence regarding maternal nutrition [(3)]. Weight is measured at booking-in, though not routinely monitored throughout, and there are no UK guidelines regarding optimal GWG. The UK has limited access to dietitians (9,469), compared to Brazil (with 132,000); most pregnant women will not routinely see a dietitian, so advice from midwives is crucial. There is a shortage of midwives in Brazil compared to the UK and this impacts maternal mortality ratios and caesarean section rates. However, unlike the UK, midwives in Brazil experience consistent nutrition education throughout their training, empowering them to communicate and translate key messages regarding nutrition and GWG to pregnant women.

## References

1. NICE (2017) *Antenatal care for uncomplicated pregnancies.* [Available at: https://www.nice.org.uk/guidance/cg62]
2. WHO (2017) *The Global Health Observatory.* [Available at: https://www.who.int/data/gho/data/countries/country-details/GHO/brazil?countryProfileId=4cb28d44-b963-4b91-a607-83e3d282291d]
3. McCann MT, Newson L, Burden C, *et al.* (2018) *Matern Child Nutr* **14**(2), e12520.