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| **Title of Research Presentation**  Promoting a healthy dietary intake in pregnant women with a low socioeconomic status in the Netherlands |
| **Background/Objectives**  A healthy dietary intake during pregnancy can prevent gestational complications and improve the child’s long-term health. Still, adherence to nutritional guidelines is insufficient, especially among pregnant women with a low socioeconomic status (SES). Dutch midwives play a central role in maternity care and are a trusted information source for most pregnant women, but nutrition communication in midwifery practice is currently limited. Therefore, this study aimed to gain insight into (1) factors influencing dietary intake in low-SES pregnant women, (2) midwives’ perception of their role in nutrition communication, and (3) resources needed by midwives to optimise pregnant women’s dietary intake.  **Methods**  Two systematic literature reviews were performed: one on factors influencing pregnant women’s dietary intake and one on the role of midwives in nutrition communication. These literature reviews provided useful input for in-depth interviews with 14 low-SES pregnant women and 20 midwives throughout the Netherlands.  **Results**  Factors influencing dietary intake of low-SES pregnant women were health of the baby, physical factors (e.g. taste preferences), knowledge, perception of their diet, self-efficacy, responsibilities, the social environment (e.g. partner, family, midwife), and culture. Most pregnant women indicated that they changed their dietary intake slightly by avoiding risky products and slightly improved dietary intake for the health of the baby. However, they were not strongly motivated to eat more healthily during pregnancy and did not feel the need for more nutrition information.  All midwives felt (partly) responsible for nutrition communication. They provided mostly basic nutrition information (e.g. about risks) and would like to provide more tailored communication. Resources needed for this are more knowledge about nutrition, time and funding for the innovative organisation of maternity care (e.g. group consultations), and methods to support women to have a healthier nutrition intake (e.g. methods to empower pregnant women).  **Discussion**  A tailored method is needed to promote a healthy dietary intake in pregnant women, taking into consideration individual, interpersonal, and socio-cultural factors in strategies to improve dietary intake. Midwives could potentially take up this role if they are supported by tools, training, and time.  **Keywords**  Pregnant women, Midwives, Nutrition, Socioeconomic status |