

## Does the impact of a plant-based diet during pregnancy on birthweight differ by ethnicity?

M.A. Zulyniak<sup>1,2</sup>, R.J. de Souza<sup>3</sup>, M. Shaikh<sup>3</sup>, D. Desai<sup>1,4</sup>, D.L. Lefebvre<sup>1</sup>, M. Gupta<sup>1,5</sup>, J. Wilson<sup>6</sup>, G. Wahi<sup>3,7</sup>, P. Subbarao<sup>8</sup>, A.B. Becker<sup>9</sup>, P. Mandhane<sup>10</sup>, S.E. Turvey<sup>11</sup>, J. Beyene<sup>3</sup>, S. Atkinson<sup>7</sup>, K. Morrison<sup>7</sup>, S. McDonald<sup>3</sup>, K.K. Teo<sup>1,4</sup>, M.R. Sears<sup>1</sup> and S.S. Anand<sup>1,3,4</sup>

<sup>1</sup>Department of Medicine, McMaster University, Canada, <sup>2</sup>School of Food Science and Nutrition, University of Leeds, LS17 5BL, <sup>3</sup>Department of Health Research Methods, Evidence, and Impact, McMaster University, Canada, <sup>4</sup>Population Health Research Institute, Hamilton Health Sciences and McMaster University, Canada, <sup>5</sup>Canadian Cardiovascular Research Network, Canada, <sup>6</sup>Six Nations Health Services, Canada, <sup>7</sup>Department of Paediatrics, McMaster University, Canada, <sup>8</sup>Hospital for Sick Children & Department of Paediatrics, University of Toronto, Canada, <sup>9</sup>Department of Immunology, Faculty of Medicine, University of Manitoba, Canada, <sup>10</sup>Department of Pediatrics, Faculty of Medicine and Dentistry, University of Alberta, Canada and <sup>11</sup>BC Children's Hospital, Department of Paediatrics, Faculty of Medicine, University of British Columbia, Canada.

Birthweight is an indicator of newborn health<sup>(1)</sup> and a strong predictor of health outcomes in later life, including cardiovascular disease, diabetes, and obesity<sup>(2)</sup>. Significant variation in dietary intake during pregnancy between ethnic groups<sup>(3)</sup> provides an ideal opportunity to investigate the influence of maternal diet on birthweight. We aimed to investigate the impact of maternal dietary patterns on birthweight in four multi-ethnic birth cohorts in Canada.

We analyzed 3,997 full-term mother-infant pairs from diverse ethnic groups. Multivariable regression was used to test the association between 3 principal component analysis-derived diet patterns (plant-based, Western, health-conscious) and birthweight. The foods comprising significant diet patterns were investigated to identify key foods contributing to this association.

No associations were identified between the Western and health-conscious diet patterns and birthweight; however, the plant-based dietary pattern was inversely associated with birthweight ( $\beta = -67.6$  g per 1-unit increase;  $P < 0.001$ ) and an interaction with non-white ethnicity and birthweight was present. Ethnically stratified analyses demonstrates that among white Europeans, maternal consumption of a plant-based diet associated with lower birthweight ( $\beta = -65.9$  g per 1-unit increase;  $P < 0.001$ ), increased risk of small for gestational age (SGA; OR = 1.46; 95 %CI: 1.08–1.54;  $P = 0.005$ ), and reduced risk of large for gestational age (LGA; OR = 0.71; 95 %CI: 0.53–0.95;  $P = 0.02$ ). Among South Asians, maternal consumption of a plant-based diet associated with a higher birthweight ( $\beta = +40.5$  g per 1-unit increase;  $P = 0.01$ ), partially driven by cooked vegetable consumption.

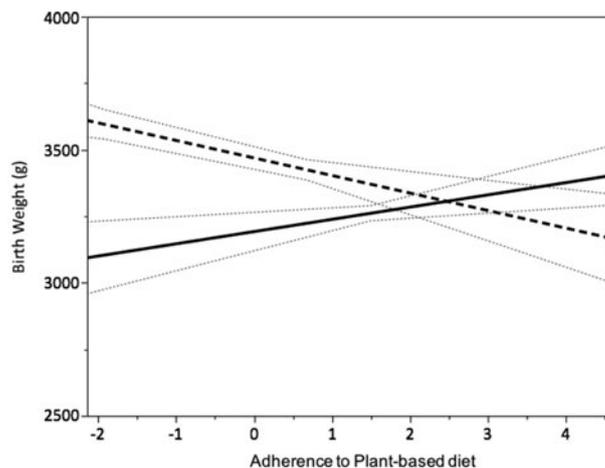


Fig. 1. Multivariable regression between maternal adherence to a plant-based diet (higher score reflects greater adherence) and birthweight in white Europeans (dashed line;  $n = 2,367$ ) and South Asians (solid line;  $n = 884$ ). Dotted line is the 95 % confidence interval.

In conclusion, maternal consumption of a plant-based diet during pregnancy is associated with birthweight. Among white Europeans, a plant-based diet is associated with lower birthweight, reduced odds of an infant born LGA, and increased odds of SGA, whereas among South Asians living in Canada, a plant-based diet is associated with increased birthweight.

1. Mikolajczyk RT, Zhang J, Betran AP, *et al.* (2011) *Lancet* **377**, 1855–1861.
2. Nordman H, Voutilainen R, Laitinen T, *et al.* (2015) *Horm Res Paediatr* **85**, 11–17.
3. de Souza RJ, Zulyniak MA, Desai D, *et al.* (2016) *J Nutr* **146**, 2343–2350.