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## Dietary iodine: awareness, knowledge and current practice among midwives

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With new evidence that UK schoolgirls are now iodine deficient<sup>(1)</sup> and in absence of iodine prophylaxis in the UK, women should be made aware of the increased iodine requirement throughout pregnancy, its importance and how to achieve sufficiency. Midwives are crucial in disseminating nutrition and lifestyle recommendations to pregnant women; here, we assessed awareness and knowledge of iodine in the light of current practice among midwives.

Sixty NHS midwives were recruited in hospitals around Glasgow from July to September 2011. A short questionnaire, which consisted of three main sections (demographics, dietary and nutrition advice and confidence and awareness) was administered face-to-face.

Respondents had spent a median 12.5 years in practice and were based in the community (18%) or hospital (56%) with 16% indicating working in ante-natal clinics and 18% on the labour wards. Most saw women in the last two trimester of pregnancy (59%), with 30% seeing women throughout the pregnancy. A majority advised women routinely on nutrition (50%), with 58% seeing advising on nutrition as one of their responsibilities.

In practice, specific dietary and lifestyle advice was routinely provided for weight management, food safety and specific micronutrients such as iron, vitamin A and folic acid (which may not be mentioned as often as expected due to the majority of the respondents dealing with women in the last two trimester of their pregnancy). Iodine, however, is most often not mentioned (67%), and if so, mainly upon direct enquiry (23%).

	Never mentioned	Circumstances if mentioned		
		Direct enquiry	Routinely provided	Both
Weight	13%	26%	13%	39%
Food safety	16%	11%	13%	31%
Folic acid	15%	8%	18%	38%
Iron	3%	8%	18%	38%
Iodine	67%	23%	2%	5%
Calcium	26%	23%	5%	18%
Vitamin A	16%	15%	13%	25%
<b>Vitamin D</b>	31%	20%	10%	16%

While nearly all respondents reported awareness of the role of folate deficiency in increasing the risk of neural tube defects (97%), few could link iodine deficiency with hampered fetal brain development (20%) or were aware of the increased iodine requirement during pregnancy (10%). Fish and dairy/milk were correctly mentioned as iodine-rich foods (by 46 and 23%, respectively). Respondents were “very confident” for knowledge on general nutritional and “confident” regarding knowledge of dietary guideline (modes 7 and 5 on a 7-point likert scale, respectively). They were, however, “unconfident” regarding all aspects iodine in pregnancy (including requirements, implications for fetal health, ways to increase intake and identifying groups at risk). A majority (95%) indicated a need for further education in this area.

Midwives have previously identified a need for further nutritional education<sup>(2)</sup>. Dietary iodine is fast becoming a public health concern in the UK, and it is essential that health care professionals involved in pregnancy receive adequate information and training. Open-learning materials, which have been shown to increase nutritional knowledge, may be a useful tool to achieve this<sup>(3)</sup>.

1. Vanderpump M, Lazarus J, Smyth P *et al.* (2011) *Lancet* **377**, 2007–2012.
2. Mulliner CM, Spiby H, Fraser RB (1995) *Midwifery* **11**, 37–41.
3. Barrowclough D & Ford F (2001) *Nutr Food Sci* **31**, 6–12.