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## Impact of locally made food multimix on maternal weight gain and outcome of pregnancy in Gauteng Province, South Africa

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Pregnancy weight gain (PWG) and its trajectory impact on birth outcomes<sup>(1,2)</sup> and birth weights. Providing adequate nutritional support at low cost in poor communities however remains a challenge. In this study we tested the effect of a locally produced ready to use food multimix on PWG and birth size in a low-income community in South Africa.

Following ethical approval, 120 healthy pregnant women were recruited from four antenatal clinics in a randomised controlled feeding intervention and assigned to intervention (n = 60) or control (n = 60) groups. Baseline health screening, repeated 24 hr recall dietary assessment and food frequency questionnaires were administered. The intervention group received Daily Diet plus 100 g of formulated food multimix (DD+FMM) of known energy and nutrient content. The control group, Daily Diet plus placebo (DD+P) in the form of a local powdered soup of known nutrient composition with regular supplies at 2-weekly follow-up. Maternal weight was monitored and birth weights of newborns recorded. Differences in means were tested for significance using independent t-test.

Mean daily energy and selected nutrient intake comparisons were: DD+P: energy, 6.67 ( $\pm 2.94$ ) MJ/d; protein, 69.29 ( $\pm 32.13$ ) g; Ca, 286.50 ( $\pm 200.83$ ) mg; Fe, 10.54 ( $\pm 10.84$ ) mg; Zn, 8.37 ( $\pm 5.46$ ) mg; Cu, 1.1 ( $\pm 1.14$ ) mg; folate, 222.33 ( $\pm 174.86$ ) mcg compared to DD+FMM which were 7.96MJ/d; 76.35 mg; 331.67 mg; 19.78 ( $\pm 4.45$ ) mg; 11.32(4.98) mg; 1.69( $\pm 1.22$ ) mg and 333.2 (143.92) mcg respectively. Mean total PWG and birth weights were 11.50 ( $\pm 1.35$ ) and 10.40 ( $\pm 1.59$ ) kg in intervention and controls (p<0.001); and 3.02(0.38) and 2.71(0.28) kg (p<0.001) respectively.

We conclude that locally produced complementary foods can contribute significantly to pregnancy outcomes.

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  2. Strauss RS & Dietz WH (1999) Low maternal weight gain in the second trimester increases risk of intrauterine growth retardation. *J. Nutr* **129**, 988–993