CLINICAL PRACTICE GUIDELINE

Canadian Consensus on Female Nutrition: Adolescence, Reproduction, Menopause and Beyond

This Clinical Practice Guideline has been prepared by the Nutrition Working Group; endorsed by Dietitians of Canada, the Canadian Association of Perinatal and Women's Health Nurses and the Canadian Nutrition Society; reviewed by the Society of Obstetricians and Gynaecologists of Canada (SOGC) Family Physician Advisory, Clinical Practice – Obstetrics and Clinical Practice – Gynaecology committees; Bureau of Nutritional Sciences and the Office of Nutrition Policy and Promotion of Health Canada; Drs. Debra Katzman and Alison Rodrigues from the Division of Adolescent Medicine at the Hospital for Sick Children; and approved by the Board of the SOGC.

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Abstract

Objectives: To provide health care professionals in Canada with the basic knowledge and tools to provide nutrition guidance to women through their lifecycle.

Outcomes: Optimal nutrition through the female lifecycle was evaluated, with specific focus on adolescence, preconception, pregnancy, postpartum, menopause, and beyond. The guideline begins with an overview of guidance for all women, followed by chapters that examine the evidence and provide recommendations

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Key to evidence statements and grading of recommendations, using the ranking of the Canadian Task Force on Preventative Health Care

Quality of evidence assessment*	Classification of recommendations†
I: Evidence obtained from at least one properly randomized controlled trial	A. There is good evidence to recommend the clinical preventive action
II-1: Evidence from well-designed controlled trials without randomization	B. There is fair evidence to recommend the clinical preventive action
II-2: Evidence from well-designed cohort (prospective or retrospective) or case-control studies, preferably from more than one centre or research group	C. The existing evidence is conflicting and does not allow to make a recommendation for or against use of the clinical preventive action; however, other factors may influence decision-making
II-3: Evidence obtained from comparisons between times or places with or without the intervention. Dramatic results in uncontrolled experiments (such as the results of treatment with penicillin in the 1940s) could also be included in the category	D. There is fair evidence to recommend against the clinical preventive action
III: Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees	E. There is good evidence to recommend against the clinical preventive action
	L. There is insufficient evidence (in quantity or quality) to make a recommendation; however, other factors may influence decision-making

*The quality of evidence reported in these guidelines has been adapted from The Evaluation of Evidence criteria described in the Canadian Task Force on Preventive Health Care.

†Recommendations included in these guidelines have been adapted from the Classification of Recommendations criteria described in The Canadian Task Force on Preventive Health Care.

for the promotion of healthy nutrition and body weight at each life stage. Nutrients of special concern and other considerations unique to each life stage are discussed in each chapter.

Evidence: Published literature, governmental and health agency reports, clinical practice guidelines, grey literature, and textbook sources were used in supporting the recommendations made in this document.

Values: The quality of evidence was rated using the criteria described in the report of the Canadian Task Force on Preventive Health Care.

ABBREVIATIONS

AI	adequate intake
ALA	alpha-linolenic acid
BMI	body mass index
CFG	Canada's Food Guide
CPNP	Canada Prenatal Nutrition Program
CVD	cardiovascular disease
DASH	Dietary Approaches to Stop Hypertension
DHA	docosahexaenoic acid
DRI	Dietary Reference Intakes
EAR	estimated average requirement
GDM	gestational diabetes mellitus
GWG	gestational weight gain
LGA	large for gestational age
NTD	neural tube defect
PCOS	polycystic ovary syndrome
PHAC	Public Health Agency of Canada
RDA	recommended dietary allowance
SGA	small for gestational age
SOGC	Society of Obstetricians and Gynaecologists of Canda
UL	tolerable upper intake level
WHI	Women's Health Initiative

Chapter 2: General Female Nutrition

Summary Statements

1. A balanced and varied diet higher in vegetables, fruit, whole grains, low- or non-fat dairy, seafood, legumes, and nuts; moderate in alcohol (for non-pregnant and non-lactating women); lower in red and processed meats; and low in sugar-sweetened beverages and refined grains reduces the risk of chronic diseases including type 2 diabetes, cardiovascular disease, and cancer. (II-2)
2. Women's health, including their nutritional status, can be adversely affected by psycho-social, economic, or geographic circumstances which comprise their "food environment." Barriers to healthy eating may include individual factors (e.g., physical ability, income), social factors (e.g., family situation, social support), community factors (e.g., proximity to grocery stores), and relevant policies (e.g., eligibility for social support programs). Women at high risk for poor nutritional status may benefit from additional dietary counselling or targeted interventions. (III)
3. A carefully planned vegetarian diet is healthy throughout the lifecycle; careful attention to protein is required. Other nutrients of concern for strict vegetarians (e.g., vegans) include zinc, iron, vitamin B12, and omega-3 fatty acids. (II-2)

Recommendations

1. Emphasize the importance of sound nutrition throughout the female lifecycle, with an overall focus on women's intake of nutritious foods in appropriate amounts for maintaining a healthy weight. (I-A)
2. Discussions of dietary intake with women should identify practical, easy to understand, easy to implement, and sustainable dietary practices. (III-B)
3. Stress the importance of maintaining a healthy body weight throughout the lifecycle. Body mass index (weight in kg/height in metres^2) and waist circumference (cm) provide a general idea of health risk and should be measured as a routine part of physical assessments. (II-2A) This recommendation does not apply to adolescents and women with eating disorders or women who are pregnant.
4. Support women in understanding specific nutrients of concern across the female lifecycle, which include calcium, iron, folate, vitamin B12, and vitamin D. Ensure that women are aware of foods rich in these nutrients, and encourage their regular consumption in appropriate amounts. (III-A)