

Maternal Multiple Micronutrient Supplementation supports a great start in life



Undernutrition in mothers and babies in low- and middle-income countries is the underlying cause for almost half of deaths in all children under five⁴. Children who do reach the age of five face an increased risk of physical stunting and poor cognitive development, limiting opportunities later in life⁵. Despite strong evidence for social, economic and health benefits of antenatal multiple micronutrient supplements (MMS), they still only reach and support a fraction of the approximately 126 million annual pregnancies in low- and middle-income countries⁶.

Why antenatal Multiple Micronutrient Supplementation?

Recently, the World Health Organization included supplements with multiple micronutrients on the core list of Essential Medicines, to be used as an antenatal supplement for pregnant women based on public health needs and evidence of benefits in pregnancy outcomes⁷. Evidence^{8,9} shows that MMS helps to achieve better birth outcomes and enables healthier and brighter futures for mothers and children: when pregnant women receive MMS instead of only iron and folic acid (IFA) supplements, the risk of babies being born with low birth weight is reduced by 12-13% and preterm births by 5-6%.

DSM commits to enable the micronutrient gap of 800 million people to be closed by 2030

Providing MMS will significantly contribute to reaching the commitment, some examples:

- Ongoing engagement together with the Sight and Life Foundation from research to addressing supply chain issues, building scientific evidence and executing trials, such as in Bangladesh.
- Enabling implementation research for MMS adoption in Nigeria together with UNICEF.
- Enabling World Vision International to work on incorporating MMS to strengthen the health system of the Philippines, by improving supply and demand of MMS for the last mile.

With decades of experience in maternal nutrition, DSM is well-positioned to provide the scientific insights, technical know-how and nutritional solutions required to implement MMS programs across the world. DSM is part of the multistakeholder public private consortium Healthy Mothers, Healthy Babies Accelerator, which aims to advance the introduction of MMS programs through nearly \$50 million in financial and in-kind contributions predicted to reach 17.5 million pregnant women and their newborn globally.

We call on all nutrition community stakeholders for MMS acceptance, accelerated implementation and global multistakeholder action through partnerships

Regional public-private partnerships and cross-sector collaboration are needed to overcome current challenges by raising awareness among pregnant women about the benefits of MMS, ensuring adequate use, and securing supply and delivery of MMS. In view of ongoing food system disruptions, the need for MMS for healthy pregnancies and healthy babies is more pressing than ever.

- Governments, donors, academic institutions, businesses, and civil society must work together to shape local and regional policies, coordinate ambitious initiatives to scale up MMS interventions worldwide and include their contribution to MMS implementation in firm commitments.
- MMS must be included in national Essential Medicine Lists as a recognition of its potential. Country-specific data must be provided to demonstrate cost-effective health outcomes for policymakers via a [MMS Cost-benefit Tool](#), thereby spurring MMS health programs.

¹ UNICEF, (April 2021), <https://data.unicef.org/topic/nutrition/malnutrition/>

² Bill and Melinda Gates foundation, Goalkeepers, <https://www.gatesfoundation.org/goalkeepers/accelerators/maternal-nutrition/>, accessed 15 August 2021.

³ The World Bank, Birth rate, crude (per 1,000 people), <https://data.worldbank.org/indicator/SP.DYN.CBRT.IN?locations=XO>, accessed on 20 March 2020.

⁴ UNICEF, (April 2021), <https://data.unicef.org/topic/nutrition/malnutrition/>

⁵ Bill and Melinda Gates foundation, Goalkeepers, <https://www.gatesfoundation.org/goalkeepers/accelerators/maternal-nutrition/>, accessed 15 August 2021.

⁶ The World Bank, Birth rate, crude (per 1,000 people), <https://data.worldbank.org/indicator/SP.DYN.CBRT.IN?locations=XO>, accessed on 20 March 2020.

⁷ World Health Organization Model List of Essential Medicines – 22nd List, 2021. Geneva: World Health Organization; 2021 (WHO/MHP/HPS/EML/2021.02). Licence: CC BY-NC-SA 3.0 IGO

⁸ Keats, E. C., Akseer, N., Thuraiajah, P., Cousens, S., & Bhutta, Z. A. Multiple-micronutrient supplementation in pregnant adolescents in low-and middle-income countries: a systematic review and a meta-analysis of individual participant data.

Nutrition Reviews 2021. <https://academic.oup.com/nutritionreviews/advance-article/doi/10.1093/nutri/nuab004/6224392>

⁹ WHO (2020) Multiple micronutrient supplementation during pregnancy.