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Strengthening Maternal Nutrition in Pakistan through Trained Healthcare Professionals: A Policy Brief

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Abstract

Background: *The Pakistan Maternal Nutrition Strategy 2022–2027 provides important direction for maternal nutrition, including multiple micronutrient supplementation (MMS), but its efficient implementation is lacking. Ante and postnatal nutrition counselling is inconsistent, and there is no uniformity of training or guidance for frontline health workers.*

Policy and implications*: This brief recommends engaging clinical personnel to integrate maternal nutrition into standard antenatal and postnatal services. The model is based on NICE NG247 (UK) and WHO guidelines, where nutrition counselling and supplementation are seen as a regular part of maternity care. In Pakistan, the following gaps are identified: routine counselling, support for breastfeeding, guidance on complementary feeding, and systematic monitoring.*

Recommendations: *Pakistan needs to have a standard maternal nutrition service package provided by midwives, lady health workers, nurses, doctors, and dietitians. In addition, training should cover nutrition screening, MMS counselling, breastfeeding support, and referral pathways. The package needs to be field tested in selected districts and subsequently expanded nationwide, while being monitored regularly.*

Conclusions: *The most practical gap is to improve the delivery of services with trained professionals. Such a strategy is in line with evidence-based practice and can enhance maternal and/or newborn outcomes at an affordable cost for Pakistan.*

Keywords: Maternal nutrition, Pakistan, MMS, healthcare training, health policy, antenatal care, breastfeeding, NICE guidelines

Introduction

The Pakistan Maternal Nutrition Strategy 2022–2027 is designed to safeguard and support women's diet, practices, and services during preconception, pregnancy, and post-partum, especially for preventing malnutrition and scaling up nutrition interventions like multiple micronutrient supplementation (MMS) (Government of Pakistan, 2022). Despite these policy goals, maternal undernutrition, anemia, and poor nutrition advice delivery are ongoing issues in Pakistan, and the biggest challenge is related to service delivery. A relevant model can be found in

the UK's NICE Guideline NG247 on maternal and child nutrition. NICE views maternal nutrition as a component of care during pregnancy, breastfeeding, and early childhood, provided by trained professionals providing tailored counselling, supplementation advice, breastfeeding support, and follow-up (National Institute for Health and Care Excellence, 2024).

WHO (2020) guidance also considers antenatal care as the primary platform for nutrition promotion, micronutrient supplementation, and counselling, with the counselling being able to facilitate better weight gain during pregnancy, reduce anemia, increase birth weight, and decrease risk of preterm delivery. The question that we are putting forward in this short piece: What do we need to do to make Pakistan's maternal nutrition strategy more robust, with the help of healthcare professionals? The goal is to suggest a feasible, evidence-based service model that can be incorporated into the antenatal and postnatal care service, incorporating training and monitoring elements (Institute of Health Visiting, 2024).

The Maternal Nutrition Strategy 2022-2027 already has a policy direction with MMS as a key intervention and is targeted to 50% of women by 2027. There is, however, an indication of implementation challenges in the form of poor operational packaging for counselling, monitoring, and routine service delivery. Nutrition International and partners have stressed the importance of incorporating maternal nutrition indicators in monitoring systems and improving implementation research. This is a comparison with 'NICE NG247'. The Pakistan strategy is more specific in terms of scaling up the system and delivery of micronutrients, particularly MMS, whereas NICE is a comprehensive clinical-public health guidance for supplementation, breastfeeding, weight management, infant feeding, and early child nutrition. The primary challenge in Pakistan is not that there is no strategy, but that the operational package that NICE integrates into routine care is weaker when it comes to counselling, monitoring, and routine service delivery. Key differences are illustrated in Table 1.

Table 1: Differences between NICE and Pakistan Maternal Nutrition Strategy

Gap area	NICE approach	Pakistan status
Routine counselling	Built into every ANC/PNC contact, with tailored advice and face-to-face or group support	Stronger policy intent than routine delivery evidence; implementation barriers remain
Vitamin supplementation	Clear system-level advice on supplements, including a vitamin D discussion	Strong focus on MMS, but broader counselling on nutrients and adherence is still developing

Breastfeeding support	Support before birth and in the first weeks after birth, including group and individual contacts	Mentioned in the strategy, but less visible as a structured service pathway
Infant feeding	Practical guidance on introducing solids at around 6 months and responsive feeding	Less explicit operational guidance in the strategy summary
Weight management	Addresses healthy eating, physical activity, and weight management in pregnancy	Pakistan's strategy is more malnutrition- and supplementation-oriented
Monitoring and indicators	NICE is implemented through routine NHS service pathways	Pakistan sources note the need to integrate maternal nutrition indicators into monitoring systems

Implications for Pakistan

The lessons that can be drawn from NICE's service delivery model are that the model itself is more valuable to Pakistan than its clinical content. The single most important thing Pakistan can learn is not the language of the policies, but what happens at the point of care. Adding structured counseling, regular monitoring, breastfeeding support, complementary-feeding support, and more explicit weight-management guidelines to the current MMS-based strategy would bring it much closer to a comprehensive maternal nutrition package for Pakistan. The most useful learning from NICE is the routine model of counseling and monitoring at each antenatal and postnatal encounter, as Pakistan already has a strategy but needs more robust implementation (Healthy Mothers Healthy Babies Consortium, 2022). A second high-value gap is around structured breastfeeding and complementary-feeding counselling, as NICE regards these as integral components of maternal-child nutrition rather than options to be added on. Thirdly, greater integration of weight management and healthy eating guidance for undernutrition and overweight/obesity, which is relevant as the Pakistani women are affected by the triple burden of malnutrition (BMJ, 2025).

Actionable Recommendations

Rather than the current local service delivery system, establish a national maternal nutrition service system. There should be a standardised package of maternal nutrition integrated into a routine antenatal and postnatal package and provided by trained health care providers. This package should contain:

1. **Assessment and Counselling**
    - Laboratory testing (CBC, BUN, glucose, and other tests as indicated by the diet risk assessment)

- Parents to receive counselling on diet diversity, MMS/iron-folic acid adherence, calcium and vitamin D Diet, weight monitoring, and advice for undernutrition and overweight.
- Counselling before and after the birth of a child to encourage breastfeeding.
- Pre- and post-perinatal breastfeeding counselling. Complementary feeding counselling, starting from the 6th month of age onwards.
- Referral of high-risk women to nutritionists/obstetric care

2**. Train all Front-Line Maternal Health Workers.**

Before implementation, all the frontline maternal health workers, including midwives, lady health workers, nurses, doctors, dietitians, and pharmacists should be provided with short competency-based training. Training should include:

- The health effects of feeding habits on the mother
- Counselling about MMS, iron-folic acid, calcium, and vitamin D.
- Monitoring weight gain during pregnancy.
- Support and early feeding practices for babies and young children
- Managing anaemia and undernutrition
- Communication skills for low-literacy settings
- Referrals and follow-up systems
- Data collection and quality enhancement.

The training should be made obligatory, offered at least 6 – 12-month intervals, and offered within the job, mentorship, job aids, counselling cards, and clinical algorithms.

3. Scale Nationwide through the use of district training teams,

Develop standard operating procedures, health information system coverage indicators of counselling, supplement use, and breastfeeding support. Announce regular monitoring indicators. Maternal nutrition indicators should be included in health information systems of Pakistan, as it is currently tracked in: This involves the participation of counsellors during ANC and PNC visits. This includes counselling during ANC and PNC visits. Noting whether MMS/iron-folic acid uptake and adherence are linked to the micronutrient status of mothers and their children.

Conclusions/Discussion

This policy paper suggests a feasible approach for Pakistan to enhance maternal nutrition by embedding nutrition services into the existing mainstream antenatal/postnatal services provided by trained healthcare workers. The model is aligned with guidance from the WHO on antenatal

nutrition counselling and NICE NG247, where maternal nutrition is integrated into the care provided during pregnancy and early childhood. The important point that the Ministry of Health needs to understand is that the direction to act is already present in Pakistan; it is just a matter of training providers, introducing standard counselling tools, and monitoring to make it work at scale. The policy statement can be drafted as: "Pakistan should incorporate maternal nutrition into the provision of routine antenatal and postnatal care by trained health care professionals, standard counselling, MMS support, breastfeeding advice, referral, and routine monitoring". With proper application, this model will increase adherence to supplements, support breastfeeding, provide nutrition counselling coverage, and enhance the maternal-newborn results. It also assists Pakistan in bridging the largest gap identified between the policy intent and service delivery, as observed when compared with NICE NG247's strategy. The effect of this model on maternal and newborn outcomes, adherence to this model, and its cost-effectiveness should be evaluated in future studies; it should also be explored to see how the training package can be adapted to different provincial contexts in Pakistan.

Data Availability Statement
This article does not have any attached data.
Competing Interests
There were no conflicting interests to be reported.
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References

Healthy Mothers, Healthy Babies Consortium. (2022). *Maternal Nutrition Strategy 2022–2027 Pakistan*. Healthy Mothers, Healthy Babies Consortium. Healthy Mothers Healthy Babies Consortium

Government of Pakistan. (2022). *Pakistan maternal nutrition strategy 2022–2027*.

National Institute for Health and Care Excellence. (2024). *Maternal and child nutrition: Nutrition and weight management in pregnancy, and nutrition in children up to 5 years (NG247)*. NICE. NICE Guideline NG247

World Health Organization. (2020). *Multiple micronutrient supplements during pregnancy*. WHO. WHO Multiple Micronutrient Supplements During Pregnancy

Nutrition International. (2023). *Nutrition International applauds the Government of Pakistan on declaration to advance maternal nutrition*. Nutrition International. Nutrition International

Institute of Health Visiting. (2024). *Updated NICE guideline on maternal and child nutrition*. IHV. Institute of Health Visiting News

BMJ. (2025). *Nutrition and weight management in pregnancy*. BMJ, 389, r954. BMJ Article