

Good Eating Makes Good Reading

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This month, the SOGC is proud to publish the long-awaited guideline, *The Canadian Consensus on Female Nutrition: Adolescence, Reproduction, Menopause, and Beyond*. Nutrition was not even in the curriculum when I was in medical school, and it certainly was not a part of residency education. Today, the consequences of poor nutrition fill our offices, and our patients look to us for guidance. We may feel that our advice on diet and nutrition will not be heeded, but there is ample evidence that women want and expect our advice and are more likely to attempt lifestyle changes that their health care providers recommend. We hope that this guideline becomes as close to hand as your prescription pad and that a diet / nutrition assessment and advice will become part of every consultation. We cannot talk about nutrition without addressing activity levels, as both are important, but we accept the reality that “we cannot outrun our forks,” and so, what we eat comes first.

The casual reader might think that Canada's Food Guide (CFG) has all we need to know about nutrition, but in the SOGC's guideline you will find numerous instances where the advice differs or goes beyond CFG; the authors draw attention to areas where there are genuine disagreements on the best advice and areas where there is no longer any doubt. As a society of obstetricians and gynaecologists, it might be argued that we are spectacularly ill-equipped to be taking on the challenge of a nutritional guideline. We could not have done this on our own; this guideline is the product of collaboration with dietitians and nutritionists as well as experts on fertility, adolescence, pregnancy, lactation, and menopause. We are forever indebted to those experts from other disciplines who are not SOGC members but who were prepared to contribute the hundreds of volunteer hours that were required to research, write, review, and revise this document. We appreciate the endorsements that this guideline has received from SOGC's sister organizations.

This guideline provides evidence-based recommendations for women's nutrition from adolescence through the reproductive years and menopause. At each of these stages,

the authors have called on the latest evidence that will help women be healthier today and will have long-lasting, healthful consequences for the future. We know that adolescence is when we build up our bone mass; that the maternal nutritional environment influences future health and risks of cardiovascular disease; that maternal nutrition or obesity have important influences on the future health of a woman's children; and that nutritional choices in menopause and beyond have a lot to do with whether women age healthily or frailly.

Advice will not be useful if it does not take into account the real barriers that many of our patients experience to putting wholesome food on the table. This guideline has been written and reviewed to meet the needs of Canadians living in remote and rural communities and incorporates the guidance of our Indigenous Women's Health Committee.

In the Senate's thoughtful and comprehensive report, *Obesity in Canada: A Whole-of-Society Approach for a Healthier Canada*, there are specific recommendations to address nutritional education of medical trainees and to encourage doctors to take a more active role in educating patients.¹ We are not going to turn around the obesity epidemic on our own, but we can, as health advocates, do a great deal to help. I hope that this guideline equips us all to help turn the ship.

REFERENCE

1. The Standing Senate Committee on Social Affairs, Science and Technology. *Obesity in Canada: A Whole-of-Society Approach for a Healthier Canada*. Ottawa: The Standing Senate Committee on Social Affairs; 2016. Available at: <http://www.parl.gc.ca/Content/SEN/Committee/421/soci/RMS/01mar16/Report-e.htm>. Accessed April 19, 2016.

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