EuSalt
European Salt Producers' Association

POSITION PAPER 5

Salt in pregnancy

A growing part to play

Pregnancy: No salt restriction

Pregnancy is a particularly sensitive time for the body when optimum nutrition is vitally important to ensure the good health of mother and baby. Historically, pregnant women have been advised to lower their salt intake but current recommendations advise strongly against following a low-salt diet during pregnancy. In their technical bulletin 179, published in 1993, the American College of Obstetrics and Gynaecology state, "There is no clinical benefit in restricting sodium intake during pregnancy and there is the potential for harm."

Pre-eclampsia

Pre-eclampsia is a disorder that occurs only during pregnancy and affects both the mother and the unborn baby. Affecting at least 5-8% of all pregnancies, it is a rapidly progressive condition characterized by high blood pressure and the presence of protein in the urine. Pre-eclampsia and other hypertensive disorders of pregnancy are a leading global cause of maternal and infant illness and death. Salt restriction when pregnant can worsen pre-eclampsia by reducing blood flow to the kidneys and placenta. In pre-eclampsia, unrestricted use of salt and an increased consumption of water are needed to maintain normal blood volume and circulation to the placenta. Research being undertaken by the German pre-eclampsia organisation, Gestose Frauen, is currently examining whether additional sodium chloride would be beneficial to those suffering from pre-eclampsia and although they are in the early stages, the first trial results are positive.

Oedema

Many pregnant women are also casually advised by friends and family to restrict their salt intake to prevent 'swelling' of feet and ankles. This is not a current medical recommendation. Oedema (accumulation of fluid) in the feet and legs often occurs during pregnancy. This is a result of increased oestrogen production and greater blood volume. Oestrogen increases a mother's ability to absorb water into connective tissue, thus fluid retention is naturally higher. At the same time, progesterone increases the sodium content of urine, so more sodium than usual is lost by women during pregnancy. Therefore, despite the presence of oedema, the need for sodium increases in pregnant women.

Conclusion

The advice is clear; restricting sodium during pregnancy can cause problems for mother and her baby, by disrupting the body's delicate fluid balance.

(See our other related fact sheets; Salt & The Elderly, Salt & Physiology, Salt & Blood Pressure, Salt & Food Production)

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