

Ramadan and women's health

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BMed MD MPH CWH AFHEA

Topics to be covered

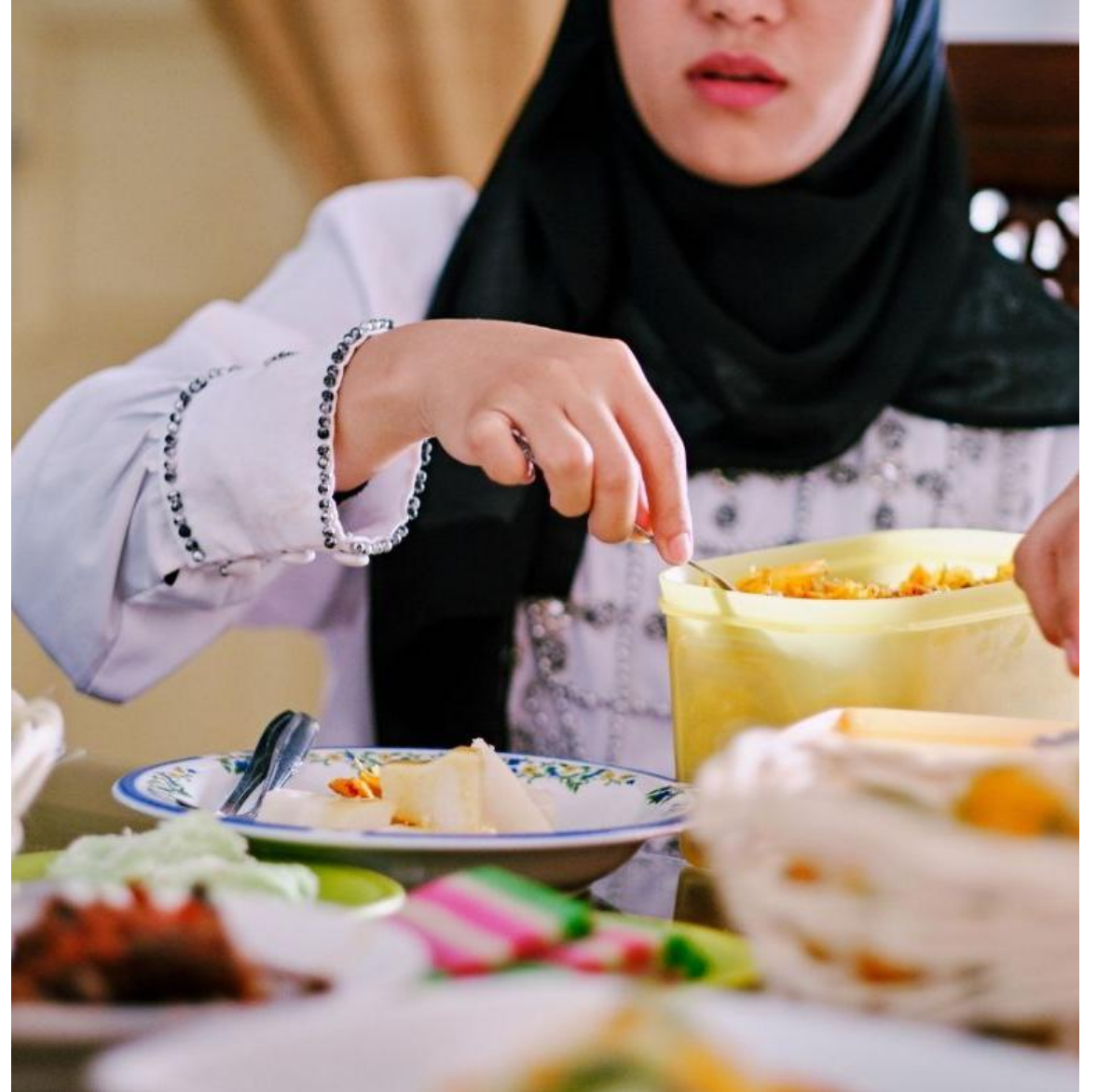
Pregnancy

Breastfeeding

Menstruation

Menopause

Ramadan and pregnancy




شَهْرُ رَمَضَانَ الَّذِي أُنزِلَ فِيهِ الْقُرْآنُ هُدًى لِّلنَّاسِ وَبَيِّنَاتٍ مِّنَ الْهُدَىٰ وَالْفُرْقَانِ ۚ فَمَن شَهِدَ مِنْكُمُ الشَّهْرَ فَلْيَصُمْهُ ۖ
وَمَن كَانَ مَرِيضًا أَوْ عَلَىٰ سَفَرٍ فَعِدَّةٌ مِّنْ أَيَّامٍ أُخَرَ ۗ يُرِيدُ اللَّهُ بِكُمُ الْيُسْرَ وَلَا يُرِيدُ بِكُمُ الْعُسْرَ وَلِتُكْمِلُوا الْعِدَّةَ وَلِتُكَبِّرُوا
اللَّهَ عَلَىٰ مَا هَدَاكُمْ وَلَعَلَّكُمْ تَشْكُرُونَ ۝ ١٨٥

Ramaḍân is the month in which the Quran was revealed as a guide for humanity with clear proofs of guidance and the decisive authority. So whoever is present this month, let them fast. But whoever is ill or on a journey, then 'let them fast' an equal number of days 'after Ramaḍân'. Allah intends ease for you, not hardship, so that you may complete the prescribed period and proclaim the greatness of Allah for guiding you, and perhaps you will be grateful.

Women are exempt from fasting if they fear for their health or that of their baby



Research suggests most pregnant Muslim women still participate in fasting



Given a quarter of the world's population is Muslim, large proportions of Muslim women will be pregnant or breastfeeding during Ramadan

A comment on medical literature re Ramadan and pregnancy

- Whilst there are a lot of studies in the area, high quality evidence is lacking
- Available evidence is contradictory
- There are no clinical guidelines
- The following slides have been derived from an umbrella review of systematic reviews



Impacts of Ramadan fasting during pregnancy on pregnancy and birth outcomes: An umbrella review

- Maternal Ramadan fasting had no significant impact on gestational age at birth or preterm birth
- There was little evidence that maternal Ramadan fasting may reduce birth weight or increase the risk of low-birth-weight babies
- There was insufficient evidence to support the notion that Ramadan fasting during pregnancy may negatively affect fetal growth indices
- There is no evidence that maternal Ramadan fasting may increase the risk of delivery by cesarean section

Impacts of Ramadan fasting during pregnancy on pregnancy and birth outcomes: An umbrella review

- Maternal Ramadan fasting may reduce fasting blood glucose, but there was no evidence that it decreases or increases the risk of gestational diabetes or the risk of pre- eclampsia
- Ramadan fasting may reduce AFI, as Ramadan fasting implies refraining from all fluid intake (including water), which may lead to de-hydration, particularly when Ramadan coincides with the hot summer.
- No evidence that maternal Ramadan fasting can negatively impact the Apgar score

Impacts of Ramadan fasting during pregnancy on pregnancy and birth outcomes: An umbrella review

- None of the reviews reported evidence regarding the impacts of Ramadan fasting during pregnancy on rare but clinically significant pregnancy and birth outcomes such as stillbirth, miscarriage, or neo-natal deaths
- There was no significant difference in gestational weight gain between the fasting and non-fasting groups.
- Monitoring gestational weight gain during the month of Ramadan only showed that gestational weight gain was significantly lower among the fasting pregnant women compared with the non- fasting women

Ramadan fasting and offspring health outcomes – systematic review

- 31 publications, low to moderate evidence
- Not associated with difference in birth weight or likelihood of prematurity
- In childhood – children perform slightly poorer on cognitive tests
- Height amongst the exposed was reduced
- Childhood mortality was increased amongst lower income contexts
- Increased likelihood of hearing disability



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Ramadan Compendium

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Embryogenesis

- First trimester is the period of embryogenesis
- This phase of the pregnancy is very critical and is particularly vulnerable to environmental factors.
- In the first trimester, women often experience significant nausea and vomiting
- In theory, exposure to nutritional deficiencies or hypo-glycaemia due to Ramadan fasting during the first trimester could have a detrimental effect on the developing embryo.

Well women in the second and third trimester

- Safe to fast

Pregnancy with underlying medical conditions

- Women with underlying health conditions should be fully assessed by their midwife or doctor before Ramadan and their level of risk categorised as very high, high or moderate/low.
- The earlier the discussion, the better. Allows time for practice fasts.
- The very high-risk group must not fast, and the high-risk group should be discouraged from fasting. The moderate/low group could be assessed further for their ability to observe fasting safely.

Symptoms that women may experience

- Fatigue
- Dehydration
- Vomiting
- Diarrhoea
- Dizziness
- Weakness

Note

- If you are losing weight during Ramadan, consider fasting every second or third day
- If you notice any of the following symptoms, contact your healthcare provider and consider breaking your fast
 - dark urine
 - feeling faint
 - contractions
 - reduced FM
- Risk of UTIs increased and important to test as appropriate

Situations in which fasting may not be recommended

If there are complications in your pregnancy such as

- fetal growth restriction
- inadequate weight gain during pregnancy
- hyperemesis gravidarum
- gestational diabetes
- or oligohydramnios

Antenatal care considerations during Ramadan

Vaccinations

- Influenza vaccination at any stage of pregnancy
- Pertussis vaccination from 20 weeks of pregnancy
- RSV vaccination 28-36 weeks

Supplements

- Pregnancy multi vitamin throughout pregnancy
- Folic acid one month before and up to 12 weeks pregnancy 400mcg daily or 5mg if risk factors
- Vegetarian or vegan diets – Vitamin B12
- Vitamin D supplementation if deficient
- Fe supplement if deficient – vitamin C improves absorption

Aspirin – absorption is better at nighttime

Blood tests and ultrasounds do not invalidate the fast

Oral glucose tolerance test



Avoiding listeria

If you (or someone in your household) has a weakened immune system, is elderly or pregnant, the best way to avoid Listeria is to eat freshly cooked or freshly prepared food.

Try to avoid

chilled, raw & smoked
seafood + pre-cooked prawns



cold cooked chicken

Soft, semi-soft and
surface-ripened cheeses
+ unpasteurised dairy products



Pre-prepared fruit or
vegetable salads



Rockmelon



cold meats from the deli



pâté or meat spreads



Soft serve ice cream

What to avoid eating in Ramadan

- Caffeine as it can make you feel more dehydrated
- Foods which are difficult to digest
- Acidic or greasy foods that could give you heartburn
- Too many sugary foods and drinks, as these give you an immediate boost of energy but won't keep you going
- Any foods that are unsafe in pregnancy

Recommendations re breastfeeding

﴿ وَالْوَالِدَاتُ يُرْضِعْنَ أَوْلَادَهُنَّ حَوْلَيْنَ كَامِلَيْنِ لِمَنْ أَرَادَ أَنْ يُتِمَّ الرَّضَاعَةَ ﴾ (2:233)

- Mothers may breastfeed their children two complete years for whoever wishes to complete the nursing [period].
- Breast milk is recommended as the infant's sole source of nutrition for the first 6 months of life (WHO).
- Complementary foods be added to the infant's diet at 6 months of age and that breastfeeding continue up to two years of age and beyond (WHO).

Benefits of breastfeeding

For babies. Lower risk of:

Infections – gastrointestinal, middle ear, urinary tract, respiratory

Atopic disease (including eczema and asthma)

Obesity in childhood and later life

Type 2 diabetes in childhood or later life

Some childhood cancers

Sudden infant death syndrome (SIDS).

Hospitalisation

Increased bonding with mother

Benefits of breastfeeding

For women:

Reduced post partum bleeding

May help you return to your pre-pregnancy weight.

Reduces your risk of developing breast and ovarian cancer and osteoporosis.

Convenient, free and there is very little preparation before each feed

Increased bone density, decreased incidence of hip fractures

Positive correlation with mental health

Ramadan and breastfeeding

- There was no significant difference between the energy, carbohydrate, protein, and lipid composition of breast milk in fasting and non-fasting mothers.
- Although daily energy, protein, carbohydrate, fiber, and vitamin intakes between two groups were similar, mean daily intake of lipid, sodium, chloride, iodine, and omega-3 fatty acids was determined significantly higher in study group.
- There was no difference in the weight gain of babies during the month of Ramadan.

Conditions to avoid breastfeeding in

If you are
exclusively
breastfeeding

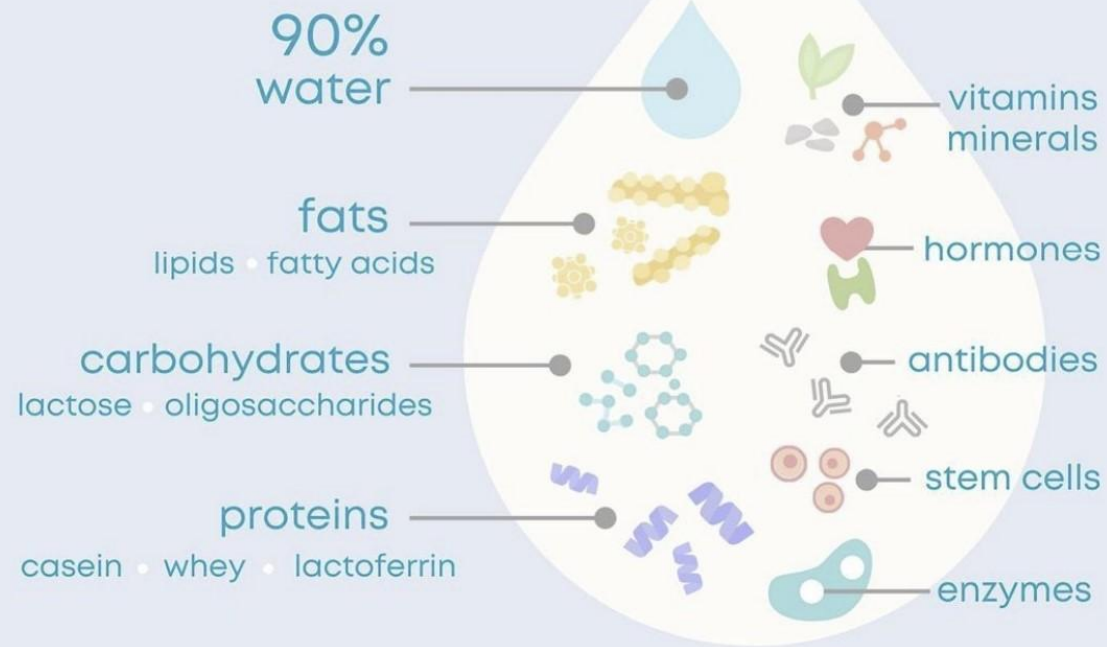
If you have issues
with breast milk
supply

If you are
diabetic

The Composition of BREAST MILK

200+
components
.....

Made for Babies



..... Breast Milk is Living Tissue

Ramadan and breastfeeding

Stay hydrated

Eat a well-balanced diet including complex carbohydrates during suhoor

Avoid spicy and salty foods that may make you thirsty

Your baby may feed more at night

Check your baby's hydration by keeping an eye on their wet nappies

Stick to a regular feeding schedule

See a lactation consultant



**Australian
Breastfeeding
Association**

**Breastfeeding Helpline
1800 mum 2 mum**

1800 686 268

Maternal and Child Health (MACH) early parenting support line **(02) 5124 1775**

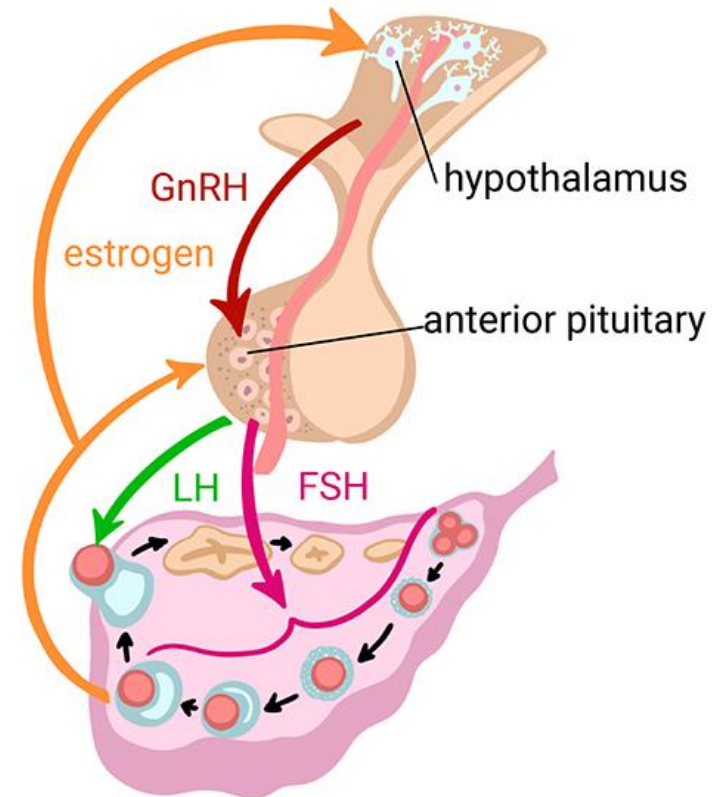


How to know if baby is getting enough milk:

- Your baby has at least 5 heavily wet nappies in 24 hours
- Your baby's urine is clear and odourless
- Your baby poos regularly and it is soft or runny
- Your baby has good skin tone and colour
- Your baby is generally content and alert
- Your baby is growing well and gaining weight.

Ramadan and menstruation

- Changes in menstrual cycles common
- Should not fast during haydh or nifas



Postponing periods

Divine wisdom

Consider hormonal medication for managing heavy or painful menstrual periods in discussion with a scholar and a doctor if needed

Do not start hormonal medications close to Ramadan as they may cause irregular bleeding

Menopause

Topical and intra-uterine administrations of HRT are fasting friendly

Tablets may be taken at nighttime or suhoor

Peri menopausal bleeding needs ix

Adequate calcium and vitamin D intake to combat osteoporosis risk

Fasting can improve cardiovascular health which is at risk in the menopause

Annual screening – mammogram, CST, FOBT, lipids/glycaemic index

References on request